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Ageing in Recovery in Tameside

Ambition for Ageing “Ageing Equally?”

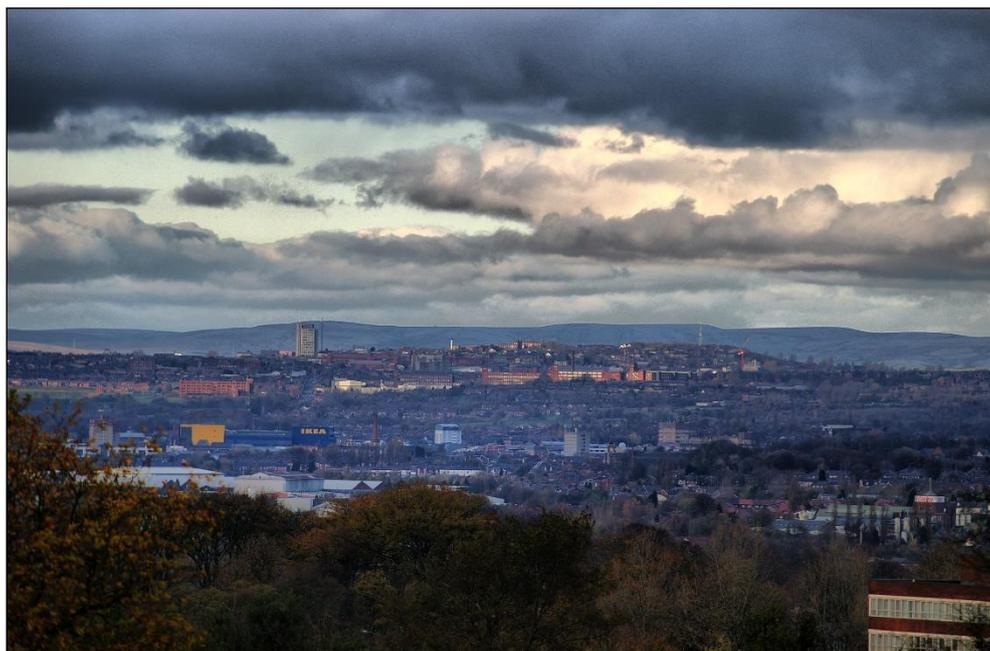
Research Project

by CGL Tameside and Broome|Gekoski

Simpler summary report

This is an easier to read summary of the “Ageing Equally?” research report by Change Grow Live in Tameside and Broome|Gekoski.

It contains some background to the research, the main findings, conclusions, and recommendations. The Equalities Board team have written it to help people understand the research more easily, and to make it easier to use the findings to make places better for older people.



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Glossary

Ambition for Ageing (AfA) = a Greater Manchester programme that aims to make communities more age-friendly and improve older people's quality of life

Communities of identity or experience = a group of people who share a common identity or experience (e.g. Bangladeshi people, LGBT people, or people living with dementia)

Data = information

GMCVO = Greater Manchester Centre for Voluntary Organisations, the organisation that is responsible for managing the Ambition for Ageing programme

Identity = your sense of your self

Intersectionality = the way that a person can be affected by many types of discrimination because of being a member of more than one minority community, e.g. being older and in recovery

Interviewee = someone who is interviewed for a research project

Mainstream = catering for the majority, not specialised

Marginalised = the result of being pushed to the margins of society: excluded or ignored

Minority = a group of people who are different in some way from the majority of the population

Participant = someone who takes part in a project

Recovery = taking steps to tackle drug or alcohol misuse. In this project people self-identified if they were in recovery

Recovery capital = the personal and social resources that someone can draw on to start their recovery journey and keep it going

Social capital = networks of people who can help you such as friends and family

Social infrastructure = community resources and places, including shops, parks, health services, etc.

1. Introduction and background

Change Grow Live and Broome|Gekoski

Change Grow Live (CGL) is a national health and social care charity which helps people deal with challenges around drugs and alcohol, housing, justice, health and wellbeing. CGL run My Recovery Tameside, which supports people who use drugs and alcohol, or who are concerned about someone else's drug or alcohol use.

Broome|Gekoski is a small research company committed to social justice and empowerment.

Older people in recovery in Tameside

Older people in recovery often face multiple barriers to ageing well in communities. They may face both ageism in access to treatment, and stigma about their substance use from other services and the wider community. They may face particular risk of social isolation because they need to leave behind social networks that include substance misuse, and avoid places that serve alcohol. They may also lack social confidence.

The health of people in Tameside is poorer than the national average,

with higher levels of alcohol related harm than average. Life expectancy for both men and women is lower than the national average.

Aims of the research

CGL know that being socially connected to recovery communities and the wider local community is key to successful recovery. They wanted to find out: “What makes a good place in which to grow older for older people in recovery from substance misuse?”

Summary of findings

People in recovery in their 50s and 60s who live in Tameside had a stronger recovery identity than ageing identity. However many people are isolated and would like to know more about services and activities for older people. They need support in all areas of their life to support their social connectedness – taking a ‘whole person approach’. But a picture of the wider community is also important in supporting people’s recovery journeys – taking a ‘whole community approach’.

2. Method: How CGL and Broome|Gekoski did their research

The research was coproduced by a Community Research Group (CRG) made up of six local residents in recovery aged over 50. They helped design, promote and carry out the research. Forty people completed a survey, and there were also two workshops and six interviews with individuals.

Almost 90% of survey participants were in their fifties, with the rest aged 60-64, so the research findings are mostly about the needs of 'younger older' people. Two thirds of survey respondents were male, and almost all were White British. Over half were unemployed, and over half lived alone. Over 40% had lived in Tameside for more than 20 years. Sixty nine percent were in recovery from alcohol use, 44% from illicit drug use, and 14% from prescription drugs, with some overlap of these.

Participants, service commissioners and service providers were invited to a community playback event to help write recommendations based on the research findings.

3. Findings: What CGL and Broome|Gekoski found out

a) Older people and 'recovery capital' resources

The report talks about five kinds of recovery capital. For people in recovery aged 50-64 their recovery identity was more important than their ageing identity. This was reflected in the support and services they used.

Personal recovery: good enough health, housing and income, and a sense of purpose in life. The research found the main challenges for people were mental and physical health, and a sense of purpose.

Community-based recovery capital: community resources that help people in recovery, including GPs, shops, and parks. This was the most commonly used resource to help people age well.

Recovery-oriented capital: recovery services and groups. Most people made use of this.

Age-oriented capital: ageing services and groups. Only 30% said they knew what ageing activities and services were available locally, and they did not rely on them. Many people did not have access to information about ageing support.

Social recovery capital: social networks such as friends and family that can support recovery. Only 30% of people said that they had hobbies or interests and these were mainly solo activities. The research found that loneliness was the most common challenge to people ageing well in recovery.

b) Diversity amongst people ageing in recovery

The research found that each person's recovery and experience of ageing was influenced by identity and experience. Some people had access to many more resources than others. People in recovery need person-centred support which looks at their physical, mental, social and economic wellbeing.

c) Tameside as a place to age well in recovery

Most people felt satisfied or neutral towards Tameside as a place to age in recovery. They felt services had positive attitudes towards people in recovery and older people, but felt local people had more negative views especially towards people in recovery. Only half of survey respondents felt they belonged to a local community "at least some of the time". This was lower for people in recovery from drug use. Some people felt the 'deprived' physical environment was a barrier to spending time in public spaces and making connections.

CGL and Broome|Gekoski's recommendations

These included:

- Whole person 'ageing in recovery' checks, including at milestone birthdays
- Better coordination and networking between recovery and older people's services
- Building on the investment of time and support in the community research group by developing more peer support services with them, for example buddying or befriending
- Using a greater variety of networks to get information out and testing different types of communication including positive stories of ageing in recovery
- "Quick wins" could include promoting existing resources and building on existing interests while longer term projects are developed to fill gaps

4. What can we learn from this research about what makes a good place to grow older for people in minority communities?

- People with minority identities need support to build personal, community, and social capital so they can stay connected to others as they age.
- Service providers need to understand the wider community and take a “whole community approach”. This makes it easier for marginalised communities to support elders as they age, and for the wider community to address stigma.
- Service providers need to understand the whole person and take a “whole person approach” to ageing well so that they can take intersectionality into account and address all aspects of wellbeing.

About the “Ageing Equally?” Research Programme

Depending on their backgrounds, culture and life circumstances, different people need different things to feel socially connected and supported in their daily lives. Ambition for Ageing funded the ‘Ageing Equally?’ research programme to find out more about this by asking: “What makes a good place to grow older for people who belong to minority communities?”

More information

This is a simpler summary of the full report, which contains a lot more information about the background of the research, and details of CGL Tameside and Broome|Gekoski’s findings. You can read and download this summary, the full report, and all the ‘Ageing Equally?’ project reports and summaries from the Ambition for Ageing website here:

<https://www.ambitionforageing.org.uk/ageing-equally>

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