

## Gateshead Older People's Assembly

### Staying Steady

### Impact and Evaluation Report

September 2016



#### About Gateshead Older People's Assembly

As a charitable organisation, Gateshead Older People's Assembly exists to support older people (50+) across Gateshead and does this in a number of ways. The projects undertaken by the Assembly and the services it provides are guided by the organisation's Strategic Delivery Plan, which was created by the charity's trustees, themselves older people from Gateshead.

The Strategic Delivery Plan is underpinned by nine strategic objectives:

1. Increase older people's knowledge of issues affecting them
2. Be the voice of older people in Gateshead
3. Reduce loneliness and Isolation for older people in Gateshead
4. Increase opportunities for older people to live fuller lives
5. Improve the health and wellbeing of older people in Gateshead
6. Reduce the number of falls suffered by older people across Gateshead
7. Build stronger networks to support older people across Gateshead
8. Increase opportunities for older people to participate in wider society
9. Increase community safety and awareness of safeguarding issues

These objectives are not mutually exclusive and the Assembly's management aims to meet at least three of the objectives with every project it undertakes.

#### About Staying Steady

Gateshead Older People's Assembly received funding from Gateshead Borough Council's Public Health Department to run 8, 20-week Postural Stability Instructor Led exercise courses over a year across Gateshead, in order to reduce the prevalence of falls in the area and to increase the opportunities available to older people across Gateshead who are at risk of falls.

We branded our Level 4 Postural Stability Instructor led strength and balance course as **Staying Steady**, which we felt would appeal to our target group. The course includes a series of evidence based exercises to improve strength and balance and is recognised to reduce falls.

The Postural Stability Instructor began her role at the Assembly in March 2016 and started delivery in four neighbourhood areas around Gateshead a month later. These areas were:

- Deckham Village Hall (Central)
- Angel Court, Harlow Green (South)
- Dunston Community Centre (Inner West)
- Mosspool Communal Lounge, Winlaton (Outer West)

Each class had a maximum of 15 participants and in order to enrol onto the course, participants were required to meet the inclusion criteria which was set by the Postural Stability Instructor along with Gateshead City Council's Falls Coordinator, using the Later Life Training guidance. Participants were required to:

- Be in control of any long-term health conditions they may have.
- Be able to either mobilise independently, with a stick or with two sticks.
- Be able to carry out standing exercises for a minimum of 5 minutes.
- Be able to make their own way to the classes.

A total of 50 participants out of a possible 60 enrolled onto the first 4 Staying Steady classes. 46 of these participants carried out the initial assessment and four participants missed the cut-off time for initial assessments, which was 8 weeks into the course.

Over the 20 weeks, participants took part in an hour-long exercise class which became progressively more dynamic and challenging each week. At the end of each class there was an education session where participants would receive information about staying steady, a short talk and a chance to socialise. The educational themes link closely to falls (getting up from the floor, home safety, bone health). Participants were also provided with some home exercises to complete in their own time and were provided with their own theraband for the strengthening exercises.

### Evaluating the project

Participants were sent a starter pack which contained an enrolment form, a pre-exercise readiness questionnaire (PAR-Q) and an informed consent form, as well as a set of evaluation forms chosen to measure the impact that the project had on mental wellbeing, confidence, fear of falling and perception of general health. These surveys included the following:

- Warwick Edinburgh Mental Wellbeing Survey (WEMWBS)
- Short FES-I Questionnaire (Fear of Falling Scale)
- ConFBal (Confidence in Maintaining Balance Questionnaire)
- EQ-5D-5L

The Postural Stability Instructor also carried out individual functional tests with each of the participants using the Functional Grid tool, which included the following tests:

- Seated shoulder external rotation flexibility
- Seated shoulder internal rotation flexibility
- Seated hamstring flexibility
- 180 degree turn
- Functional reach
- 6m timed up and go

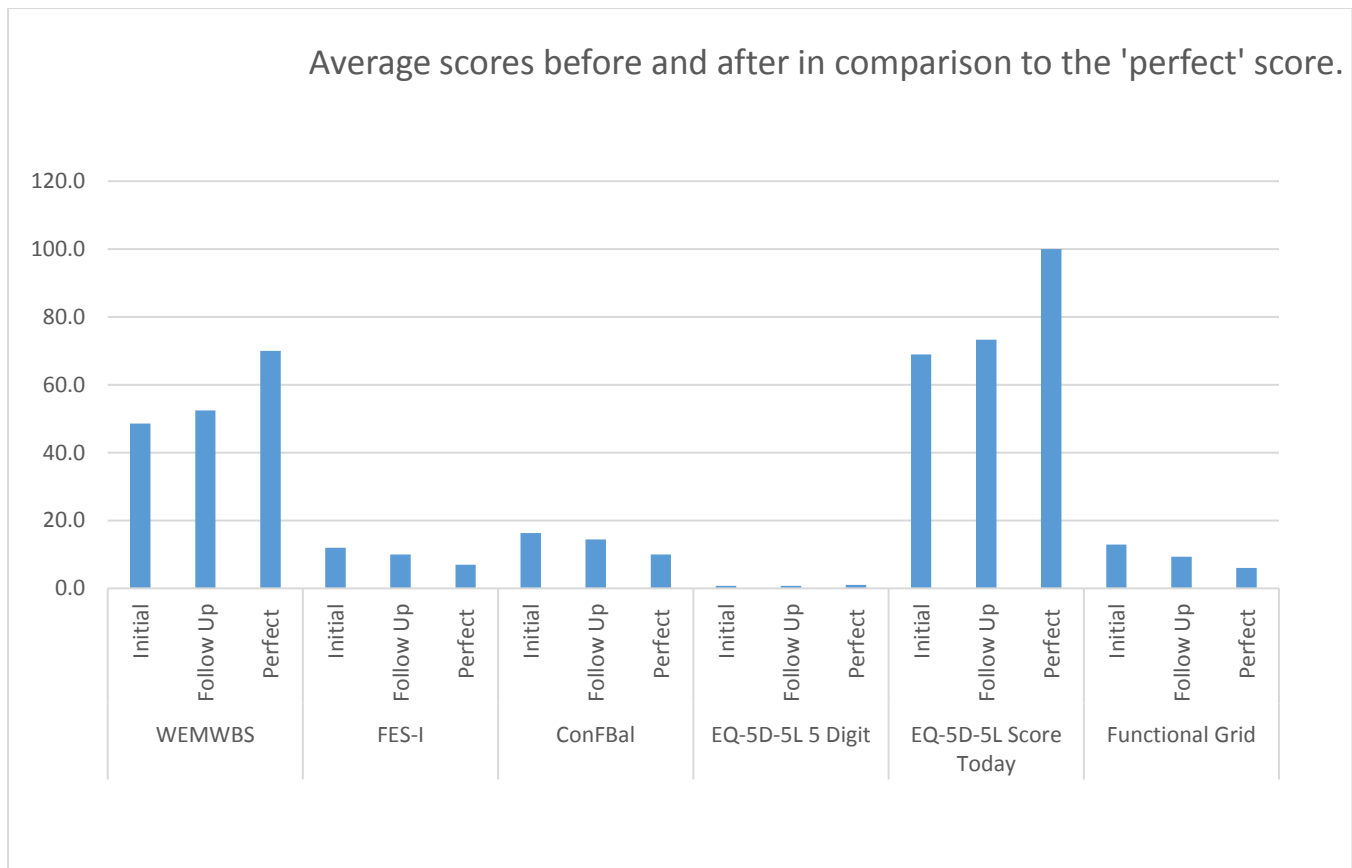
Tests were carried out at week 1 and week 20 of the course in order to measure the impact. Participants were also provided with a short questionnaire about how they enjoyed the course, how they think their strength, balance and confidence improved and if they have learnt something new during the educational element.

The data from the surveys and the functional assessments can be found on the table below, along with total scores, averages and percentage improvement.

Participant Number	WEMWBS		FES-I		ConfBal		EQ-5D-5L 5 Digit		EQ-5D-5L Score Today		Functional Assessment	
	Initial	End	Initial	End	Initial	End	Initial	End	Initial	End	Initial	End
1	39	40	13	10	15	10	0.624	0.725	65	85	9	8
2	42	40	13	9	18	12	0.679	0.906	75	75	17	12
3	50	45	12	13	17	17	0.679	0.567	50	55	13	8
4	41	42	14	19	21	20	0.806	0.555	90	40	14	10
5	49	56	8	15	16	17	0.879	0.721	90	70	13	8
6	62	63	10	7	12	12	1.000	1.000	50	65	13	10
7	43	70	16	9	16	14	0.573	0.837	48	90	12	9
8	49	43	7	7	14	14	0.837	0.796	100	80	16	10
9	54	52	15	11	16	14	0.592	0.649	80	90	17	10
10	59	62	15	15	24	23	0.604	0.604	70	80	11	8
11	36	46	17	10	16	14	0.739	0.710	60	65	12	10
12	57	57	10	8	16	11	0.877	0.837	75	80	12	9
13	52	54	15	9	20	16	0.575	0.708	40	45	10	7
14	49	65	12	12	15	16	0.765	0.740	50	60	13	9
15	53	56	7	9	10	12	0.767	0.837	90	80	11	8
16	56	70	9	7	19	16	0.836	1.000	80	100	15	11
17	39	41	20	12	22	17	0.836	0.716	70	75	19	11
18	54	54	10	10	14	13	0.735	0.735	90	80	12	10
19	70	67	7	7	10	10	1.000	1.000	100	100	10	10
20	31	50	12	9	18	13	0.768	0.879	60	55	10	8
21	62	52	11	7	15	12	0.636	0.678	50	75	14	12
22	40	42	8	7	14	12	1.000	1.000	90	95	9	8
23	55	53	9	7	14	14	0.498	0.696	70	70	15	9
24	37	51	14	10	16	12	0.654	0.795	60	80	14	12
25	45	50	11	8	16	14	0.427	0.498	40	65	15	10
26	38	43	16	12	19	19	0.848	0.696	50	50	10	6
Total	1262	1364	311	259	423	374	19	20	1793	1905	336	243
	WEMWBS		FES-I		ConfBal		EQ-5D-5L 5 Digit		EQ-5D-5L Score Today		Functional Assessment	
	Initial	End	Initial	End	Initial	End	Initial	End	Initial	End	Initial	End
Average	48.5	52.5	12.0	10.0	16.3	14.4	0.73	0.77	69.0	73.3	12.9	9.3
Improvement	11%		17%		12%		5%		6%		28%	

26 participants were present for both initial and follow up assessment days and overall, participants significantly improved in all areas, indicating that participants improved in strength and balance, functional capacity, mental wellbeing, confidence, and reduced their fear of falling. The most significant improvement was in the functional assessments where overall participants improved by 28%. Many participants reported that they were starting to find everyday tasks easier and were able to do things that they have not been able to do for a long time, such as using public transport, going out for walks and using stairs when out and about.

The chart below highlights the significance of the scores, showing how on average, participants progressed towards the 'perfect score' i.e. the best score that a participant could possibly achieve within each assessment.



The table shows how in all assessments, participants have improved and in some cases have made a significant step towards achieving what is deemed to be a perfect score.

In many cases, participants would discuss the progress they had made through the weeks and how the Staying Steady programme has made a difference to their lives. Below are two case studies of participants who took part in the course between April and August 2016.

## Case Study 1: Isobel Logan

Isobel is 72 years old and lives in sheltered accommodation in Dunston. She lives a short walk from Dunston Community Centre and prior to taking part in the Staying Steady class she would visit the centre twice a week; once on a Tuesday for Bingo and once on a Thursday for Art. She walks to the centre using her 4 wheeled walker, but can mobilise independently at home without using any walking aids.

In April 2016 Isobel began Gateshead Older People's Assembly's Staying Steady programme at Dunston Community Centre on a Tuesday. During her initial assessment it was highlighted that her shoulder flexibility was severely limited due to previous injury. This prevented her from doing many day-to-day tasks and for the last 20 years she has been unable to play bowls, something that she used to enjoy. It was also highlighted that she walked with a kyphotic posture, and when using her walker, she would lean onto the frame to take the strain off her legs.



After her initial assessment, the Postural Stability Instructor recommended a home exercise programme to Isobel, which included carrying out daily shoulder mobilisers and a triceps stretch, which improves shoulder flexibility. The instructor also spent some time with Isobel practicing mobilising with her walker, encouraging her to walk tall using a heel-toe motion and then encouraging her to rest when she needed to (as oppose to resting on the bars whilst walking).

Isobel used this advice well and has stuck to her programme and is now walking taller and does not have to sit down as often as she used to. She has also been carrying out her shoulder exercises and can now reach the back of her neck. After 6 weeks Isobel started back at a local bowls class after her 20-year break. She says that she is not a great player, but is getting there and is working towards a competition in September.

## Case Study 2: Mrs T

Mrs T is 72 years old and lives in Gateshead. She is widowed and lives alone but has a healthy social life. She is relatively fit and well but struggled to walk very far, as she has had two knee replacements and has never previously taken part in exercise so gets out of breath quite easily. Mrs T has fallen twice prior to starting the Staying Steady course; once whilst getting dressed and once whilst climbing the stairs.

Mrs T joined Staying Steady in April 2016 and drives to the class every week, as her home is a few miles away from the class venue. During her initial assessment it was highlighted that Mrs T was lacking in confidence and had a fear of falling when getting dressed, taking a bath or shower, walking up or down stairs, and walking up or down a slope. She reported feeling 'fairly concerned' on these particular tasks. She reported that she avoids using stairs when out in public as she worries that she is slowing others down. She also reported that she struggles to get up from low chairs and is anxious when she meets with friends at the local pub each month, as they always sit on low chairs and she needs assistance when getting up.

It was identified that Mrs T had poor flexibility around her knee joint, particularly when trying to bend her knee. This was causing her to have to adapt her technique when using stairs (abducting her hip to swing her leg around) and also causing her difficulty when getting up from a chair. We worked on Mrs T's sit to stand technique and progressed her knee bends to increase the range of movement. She was also prescribed some stretches to help to bend and straighten the knee.

On reassessment, Mrs T reported improved confidence and reduced fear when getting dressed and using the bath or shower (not concerned at all) and in going up or down stairs or up and down a slope (somewhat concerned). She also reported that she no longer needed assistance when getting up from the lower chairs in the pub when she meets her friends each month. Mrs T still uses the stairs with caution but is more confident and her technique has improved. She has been advised to continue with her mobility exercises for her knee, but has made excellent progress over the 20 weeks. She has also progressed to joining the Tai Chi group and has decided to take up regular exercise after finishing the Staying Steady course.

## Areas for Improvement

When initially deciding upon venues for the first four courses, two sheltered accommodation schemes and two community centres were chosen. It was thought that the sheltered accommodation venues would have a greater uptake due to the interest from the residents on site. However, this was not the case. We found that the groups held at sheltered accommodations were less consistent with attendance, as residents viewed the course as an optional activity available at their scheme. When contacted to discuss attendance, reasons were often issues such as having visitors, being busy cooking or just forgetting that the class was on.

Those sessions held at Deckham Village Hall and Dunston Community Centre were not only the most popular sessions, but were the most consistent in attendance figures. Participants viewed the project as a course and looked forward to the group each week. Any reasons for non-attendance were often important medical appointments or holidays and the participants would usually inform the instructor in advance. It was also found that participants who would travel to the venue were more likely to join in other activities available at the centre. Future classes will not be held in sheltered accommodation schemes as a result of this learning.

## Added Value

When designing the Staying Steady course we decided to add an educational element in order to provide participants with information on how they can prevent future falls. The education element included the following topics:

- About Staying Steady
- Dealing with a fall
- Fitter feet & footwear
- Home safety
- Medication & side effects
- Nutrition, hydration & alcohol
- Bone health
- Eyesight and hearing
- Staying safe when out and about
- Keeping active
- What's next?

The topics were used both to provide participants with information as well as prompting discussion around each topic. Occasionally, discussion would lead to referrals or the instructor could provide participants with additional information or support. The final session, 'what's next', was used to discuss activities for which the participants to progress towards. Participants from the first course have moved on to activities such as Tai Chi, the LIFE circuit classes and Dancercise classes. The Dunston class have also formed their own group and have continued to meet up weekly to work through their home exercise plans together at the Community Centre before having lunch together, followed by a game of bingo.

Another way in which we provided added value to the participant's experience is by providing them with a Nexus Bridge Card; a card that people can use when using public transport to inform the driver that they need some additional support. This meant that the driver was more likely to lower the step and wait until the person had sat down on the seat before driving off. They were also provided with a Get Up and Go booklet; a booklet full of useful contacts and information in relation to falls prevention.

Upon registration and initial assessment, each participant was provided with a home exercise plan and a theraband. The Postural Stability Instructor also spent some time with each participant looking at their initial assessments to identify specific exercises which would target areas for improvement and helped each participant set goals to work towards.

## Conclusion

The results of the assessments show a significant benefit to the participants' functional capacity, which on average was an improvement of 28%. Many participants have commented on how they can carry out day to day tasks easier, or how they can carry out tasks that they have not been able to for a long time (such as getting down to the floor to clean skirting boards or getting onto a bus).

There have also been improvements in mental wellbeing, a rise in confidence levels and a reduction in fear of falling. Through joining the Staying Steady groups, members have met new people, formed friendships and in many cases have continued to exercise with people who they have met in the groups.

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