



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 driven 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 City Council's Public Health Department to run 8, 20-week Postural Stability Instructor led exercise courses over a year across Gateshead. The project aims to reduce the prevalence of falls in the area and increase the opportunities available to older people in Gateshead who are at risk of falls.

Staying Steady is the name which we branded our Level 4 Postural Stability Instructor led strength and balance course. The course includes a series of evidence based exercises to improve strength and balance and is recognised to reduce falls.

Each class had a maximum of 15 participants and in order to enrol onto the course, participants were required to meet our inclusion criteria which was set by the Postural Stability Instructor along with Gateshead 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.

Course 2

After completing course 1 in August 2016, planning commenced for the second round of courses, which began in September 2016 at the following locations:

Lobley Hill Community Centre (Inner West)

Bradbury Centre for Sight, Pelaw (East)

St Joseph's Church Hall, Blaydon (Outer West)

Deckham Village Hall (Central)

There were some areas of learning from course 1, and in course 2 we made two main changes to the course:

Firstly, we decided to deliver all four sessions at community venues instead of sheltered schemes. This was because we found that both course adherence and progression levels were higher in community venues. Through accessing community venue, participants were more likely to become comfortable with facilities and venue staff and were more likely to access other activities that the venue had to offer.

Secondly, we formalised the education element of the course, as in course 1 the education element was optional and many of the participants would take the handout and leave the class straight after the exercise had ended.

Over the 20-week course, participants completed an hour of exercise which became progressively more dynamic and challenging as the weeks went by, adding tasks such as walking and turning, bending and reaching as well as progressing strength and balance exercises. The hour of exercise was followed by a talk lasting around 30 minutes and included topics such as bone health, getting up from the floor, medication and their side effects and home safety.

The final 5 weeks of each course focused on progression, where the course would take the shape of the community exercise classes available either at the venue or nearby including circuits, Tai Chi and Easyline Gym. This was to increase the confidence of the participants

Participants were also provided with a home exercise guide and theraband at the beginning of the course and were asked to complete home exercises at least twice a week.

50 participants enrolled onto course 2 and 40 of these individuals completed the course (80% retention).



Evaluating Staying Steady

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 Scale (WEMWBS)
- Short FES-I Questionnaire (Fear of Falling Scale)
- ConFBal (Confidence in Maintaining Balance Questionnaire)

The Postural Stability Instructor also carried out individual functional tests with each 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, but also to help the participants to set their goals and to tailor their home exercise programmes to suit their needs. Participants were also provided with a short questionnaire about how they enjoyed the course, how they think their strength, balance and confidence has improved and if they have learnt something new during the educational element.

Of the 40 participants who completed the course, 32 were available on the assessment dates to carry out the functional assessments and complete follow up surveys. Therefore, the below statistics are based on 80% of the participants who completed the course.

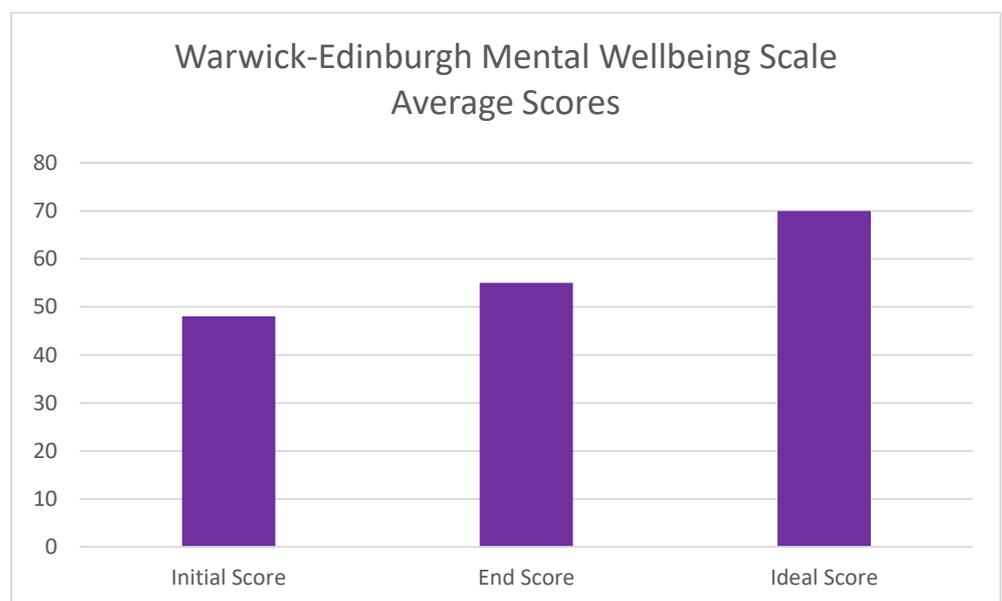
Results

Warwick-Edinburgh Mental Wellbeing Scale (WEMWMS):

This scale is designed to monitor the wellbeing of the participants and includes a 14 statement scale with 5 response categories. The scores from each statement are summed up to provide a single score ranging from 14-70 (the higher the score, the better).

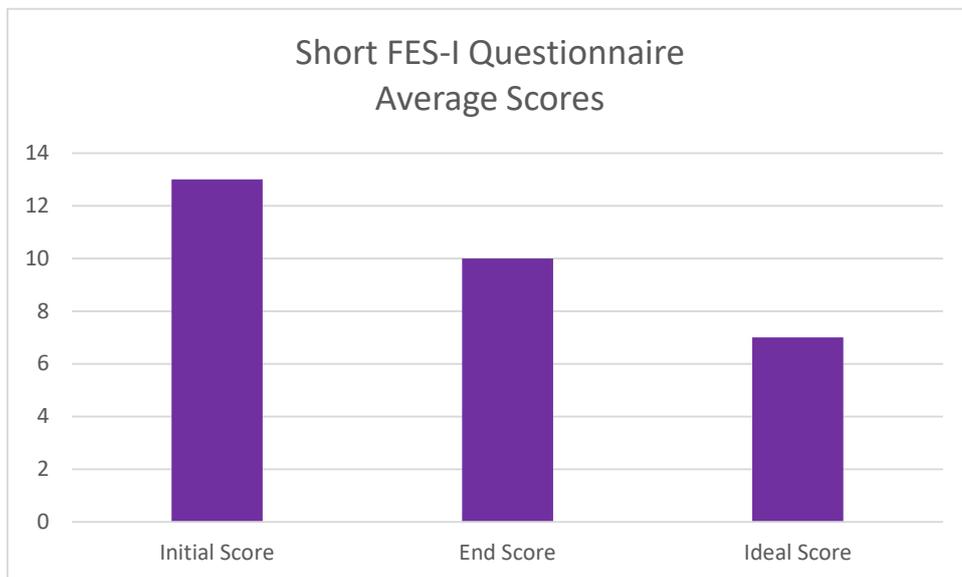
This chart shows the average scores of 32 participants at the beginning of the course (48) compared to the end (55) alongside the ideal score of 70.

This indicates an improvement of approximately 15% over the 20-week course.



Short FES-I Questionnaire:

The FES-I survey is designed to measure fear of falling in older people and includes 7 'scenarios' in which the participant is asked to rate their level of concern when carrying out the task. The levels of concern are scored between 1-4 and the scores from each scenario are totalled to provide a single score ranging from 1-28 (the lower the score, the better).



This chart shows the average scores of the participants at the beginning of the course (13) compared to the end (10) alongside the ideal score of 7.

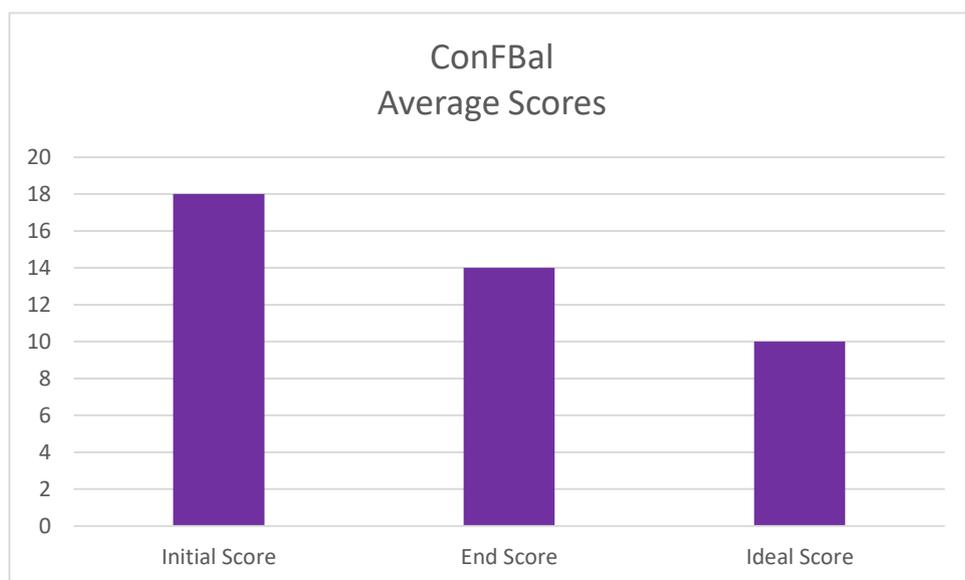
This indicates an improvement of approximately 30% over the 20-week course.

ConFBal:

The ConFBal is a tool designed to measure confidence in balance in older people. It includes 10 questions relating to levels of confidence in different scenarios, for example; "How confident are you that you can pick up something from the floor without losing your balance?". The participant chooses from 3 answers; 'not confident' (3), 'slightly confident' (2), or 'confident' (1). The numbers from each response are totalled to provide a single score ranging from 10-30 (the lower the score, the better).

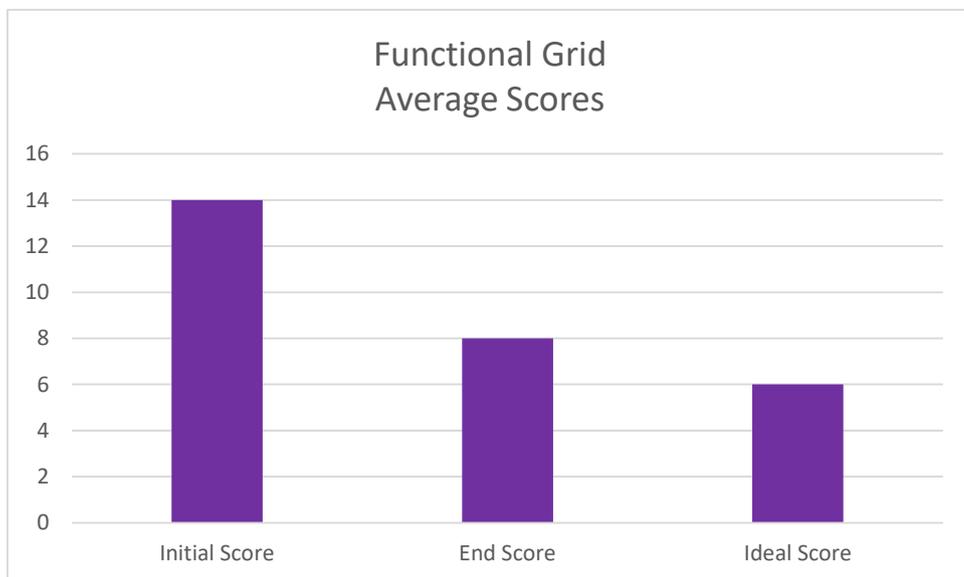
This chart shows the average scores of the participants at the beginning of the course (18) compared to the end (14) alongside the ideal score of 10.

This indicates an improvement of approximately 29% over the 20-week course.



Functional Grid:

There are 6 functional assessments scored on a system ranging from 1-6. Participants scoring 1 will have no limitation and participants scoring 6 will have a severe limitation or will be unable to complete the task. This grid is used to assess participants to determine whether or not they are suitable for the programme, as well as prescribing home exercises to address current weaknesses and areas for improvement. For the purpose of this evaluation, the scores from each of the 6 tasks have been totalled to give an overall score ranging from 6-36 (the lower the score, the better). Tasks included; seated shoulder external rotation flexibility, seated shoulder internal rotation flexibility, seated hamstring flexibility, 180 degree turn, functional reach, 6m timed up and go.



This chart shows the initial average score of 14 compared to the average score of 8 at the end of the 20-week programme. The ideal score for the Functional Grid is 6, therefore on average participants have improved in functional capacity.

In many cases, participants reported that they were starting to find day to day tasks easier, such as getting dressed, washing hair and making a meal.

Across the board, participants have improved in general wellbeing, reduced fear of falling, increased in confidence and have improved in functional capacity. Many participants have reported that they have been able to become more independent, through leaving the house without support, accessing public transport instead of using taxi's and many participants have formed friendships and have started to access other local community groups together.

Case Study: Theresa Elliott (Blaydon)

Theresa is 62 years old and joined the Blaydon Staying Steady class in September 2016. She joined the course with her mother, Pat and wanted to come along to the class not only to support her mother, but to improve her own balance and mobility due to her starting to find day to day tasks such as gardening, more difficult.

During initial assessment, it was identified that Theresa needed to improve her shoulder flexibility and functional reach. She also lacked in confidence when using stairs, as well as reaching up, and bending down to pick items up from the floor.

Theresa thoroughly enjoyed the course and always ensured that she had perfected the technique of each exercise in the class. She always asked questions and ensured that she got the most out of each exercise. Theresa began to exercise more frequently both at home and in the community. She became a more active member of a local cycling group and reported that the mobility exercises had allowed for her to become a confident cyclist, as she was able to turn and look over her shoulder without losing balance. She used the information from the healthy eating element of the course to make some changes to her eating habits and has since lost 2 stones and feels a lot fitter.

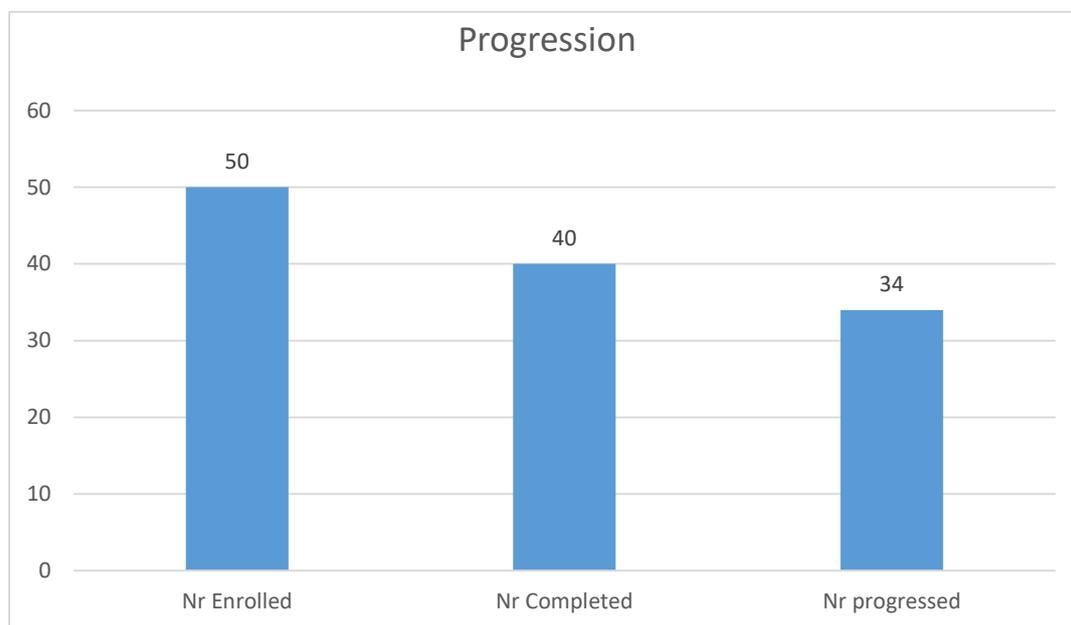
As Theresa's confidence grew, she started to access more community classes and encouraged others to do so too and she took on a buddying role, accompanying three fellow Staying Steady participants to community exercise classes such as the LIFE circuit programme.

Since finishing the course in February, Theresa has been a regular attendee at the LIFE circuit classes where she has accompanied her mother and two others who attended the Staying Steady course. She has also attended a Nordic walking taster session (pictured) and is keen to join the Gibside walking group. She has recently carried out training to become a 'Breeze Champion' and a First Aider and is now helping to lead local cycle rides for beginners.



Progression

The chart below shows the number of people from the course who have progressed onto further exercise after completion of the Staying Steady course. Initially, 50 individuals enrolled onto the Staying Steady course, 10 of which dropped out due to various reasons (illness, transport, caring for family members). 40 participants completed the course, giving the course an 80% completion rate. 34 of the 40 people who completed the course went on to attend community exercise groups equating to 85% of total completers and 68% of the total enrolment figure.



Community exercise groups accessed by participants include:

- Circuit Classes,
- Tai Chi,
- Easyline Gym,
- Walking Groups
- Beginners Cycling

This figure does not include those who have continued with home exercises, those who have joined non-exercise groups and those who have continued with a new found active lifestyle. Two participants who completed the course but could not progress onto community exercise classes due to the nature of their long-term conditions have been referred to the Special Olympic Coaches to take part in an OTAGO course.

Learning

A learning point from course 1 was that the two courses that were held in sheltered accommodation schemes were less successful in terms of uptake and adherence compared to the courses held in community venues. For course 2, all four sessions were held in community venues. We also ensured that all four venues hosted additional activities for participants to progress towards, such as Tai Chi, Circuit classes or Easyline Gym.

The other main change from course 1 to course 2 was the formalisation of the educational element. This is something that we feel has added a lot of value to the course and we have had positive feedback from the participants that the educational element was both interesting and informative and at times led to increased access to support services (for example one gentleman booked a hearing test the same day that we were discussing eyesight and hearing). This is something that we wish to continue into course 3.

Another change is that we have decided to take the EQ-5D-5L tool out of the evaluation, as we felt as though it didn't add a great deal of value to the collection of tools and was time consuming during the data entry.

Added Value

The formal education element adds value to the Staying Steady course by providing valuable information and discussion points. Conversations during these sessions have often led to individuals changing their lifestyle in some way, or accessing a community service which they wouldn't have usually contacted. It also provided the group with a social element, where people can share their stories and thoughts and offer each other support. We have found that this has provided the groups with an opportunity to form closer friendships with fellow participants. Topics include:

- 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?

We also offer additional support to participants by providing them a Later Life Training Postural Stability exercise guide along with their own theraband. We recommend that each participant carries out home exercises at least twice a week in addition to the Staying Steady class in order to meet the recommendations set out within the NICE guidelines. During the initial assessment, all participants will also be advised on additional exercises that they should do regularly at home in order to meet their goals and to improve their functional ability in relation to their functional grid scores.

On enrolment, participants are also provided 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. They were also provided with a Get Up and Go booklet; a booklet full of useful contacts and information in relation to falls prevention. Those who used walking aids were also shown how to check that their aids were set at the right height and were encouraged to regularly check their ferrules and where appropriate, the instructor would help to change the ferrule for the participants.