

A photograph of an elderly man with grey hair, wearing a red and white checkered shirt, smiling broadly. A young boy with dark skin and short hair is sitting on his shoulders, also smiling. They are outdoors, with a blurred background of green trees and foliage. The lighting is warm, suggesting late afternoon or early morning.

**we
can
move**

**The development, delivery
and learning from a community
level, physical activity approach
to falls prevention in
Gloucestershire**

The background and aims of Fall-proof

Why falls prevention?

- Ageing county above national average
- 129,000 over 65's (30,000 likely to be at high risk of having a fall)

Why physical activity?

- Significant data and research on the effectiveness of PA as a falls prevention tool

Why behaviour change?

- The need to do something different
- Wheel of behaviour change, a model which used 19 behaviour change frameworks to make a change at policy and intervention level

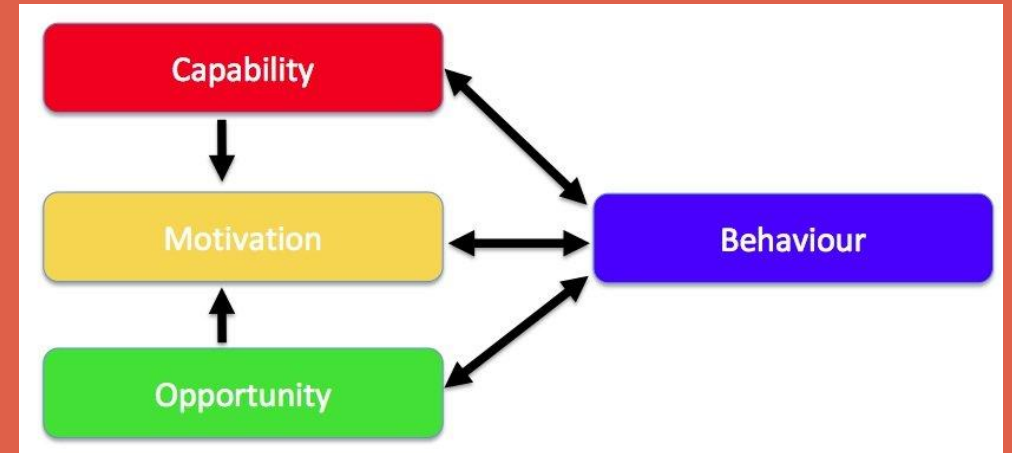
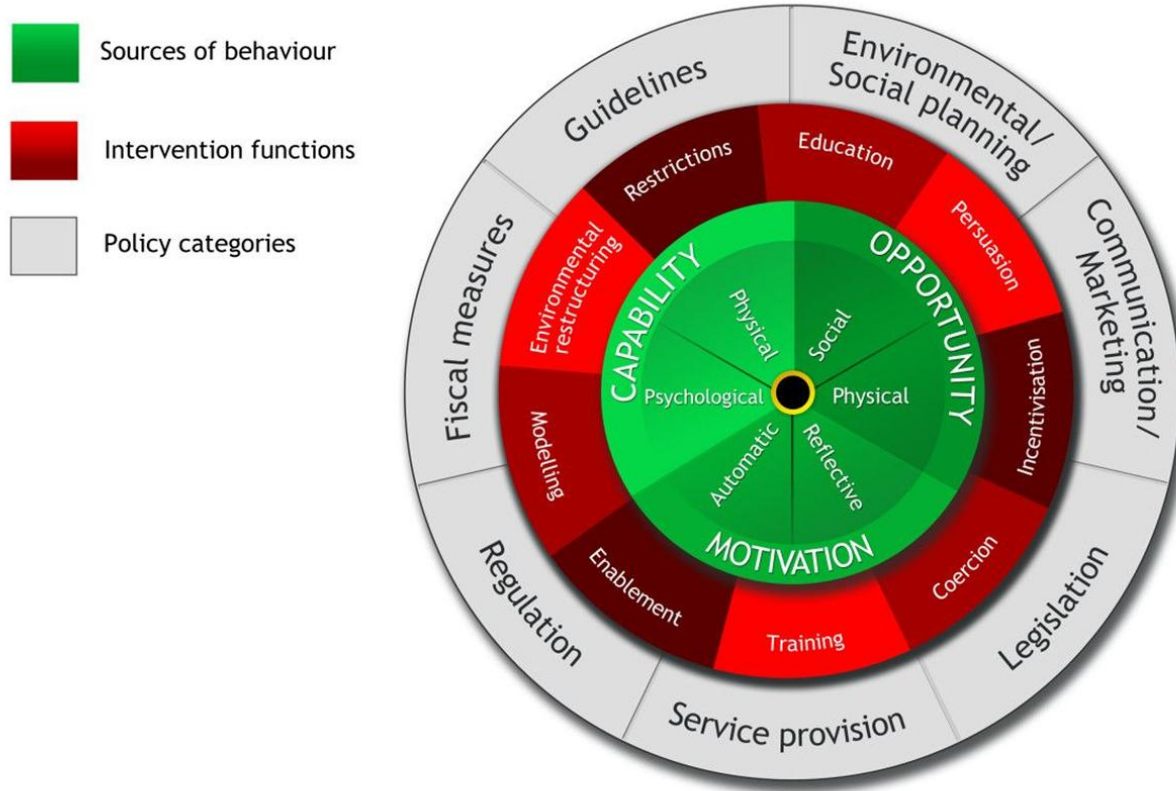
Reduce morbidity associated with falls in older adults in Gloucestershire

Aims

- 160 falls reduction over 3 years
- Savings of £500,000
- Increase in use of community strength and balance classes in four areas of the county

By using a behaviour change physical activity intervention

Co-designing of a behaviour change intervention to reduce morbidity associated with falls in Gloucestershire



Co-designing of a behaviour change intervention to reduce morbidity associated with falls in Gloucestershire

Before we conducted a behavioural diagnosis using the wheel of behaviour change we wanted to consider the wider system surrounding them:

1. Who influences older peoples behaviour
2. Who do older people trust
3. Where do older people spend their time
4. What is the availability of community exercise classes for older people
5. How do HCP's signpost to community provision

Outcome:
Reducing morbidity
associated with
falls in older adults
in Gloucestershire

Primary Behaviour
Eligible frail older
adults taking part
in a community
strength and
balance class

Secondary
Behaviour
Older adults in
Gloucestershire
engaging in self-
directed strength
and balance
exercises to
maintain
functioning

Capability:
Knowledge and
Skills

Opportunity:
Social and
Environmental
Influences

Motivation:
Identity, Beliefs,
Habits and
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Not knowing where to access classes, that they exist or their purpose

Lack of physical strength and mobility to get to classes

Current courses are not in places that are easily accessible to those most at risk

No role models of OA's participating in CSB classes

Key motivational influence for OA's is maintenance of independence

OA's do not know how engaging in a class will benefit them, or what will be expected of them

Fear associated with trying something unknown or new, or failing at something

Not knowing that they are at risk of a fall or the consequences of a fall

Not knowing how to identify whether they are at risk of a fall

No prompts for OA's to engage in SB exercises

OA's often pressed for time and believe that they do not have time to do SB exercises

Current guidance on assessing risk and what to do to reduce risk is very medicalised, confusing and not easily accessible to the lay person

Culture of asking supporting OA's to 'take it easy' may be contributing to lack of engagement and loss of function

Many OA don't see themselves as being physically vulnerable and so recommendations currently don't connect with identity

Fear of losing independence is a strong motivator for behaviour in this age group

Many SB exercises can be made habitual and so take up less time

Primary Prevention
Eligible frail older adults taking part in a community strength and balance class

Capability:
Knowledge and Skills

Not knowing where to access classes, that they exist or their purpose

Lack of physical strength and mobility to get to classes

Opportunity:
Social and Environmental Influences

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Motivation:
Identity, Beliefs, Habits and Emotions

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Secondary Prevention
Older adults in Gloucestershire engaging in self-directed strength and balance exercises to maintain functioning

<p>Education</p> <ol style="list-style-type: none">Simple, easy to understand information on:<ol style="list-style-type: none">How to assess their own risk and vulnerability to a fall (self assessments, notice in day to day life)How to do strength and balance exercises in such a way as to reduce their riskWhat to do (reps, sets, etc)Benefits of doing such exercisesInformation on the availability of classes (where, when, how to get to them etc) in formats that are accessible to this group
<p>Training</p> <ol style="list-style-type: none">Equip people with the skills to perform strength and balance behaviours in ways that lead to risk reductionEnsure that instructions to do the exercises incorporate principles of self-management so that they are more likely to be adopted and become habitual
<p>Modelling</p> <ol style="list-style-type: none">Ensure that models of people doing the entire range of behaviours (going to class, doing S&B in daily life) are highly visible and appropriate to the age group. E.g. ensuring that models for doing habitual SB exercises include people in their 50's, not just frail older adults
<p>Persuasion</p> <ol style="list-style-type: none">Communications about the behaviour should appeal to the emotions generated by: (story telling?? + outcome as did S&B, - outcome as didn't)<ol style="list-style-type: none">Fears associated with loss of independenceHopes about what might be gained from maintaining independence for longerFears associated with performing behaviour (e.g. feeling stupid if can't do it)
<p>Environmental Restructure</p> <p><u>Physical</u>; need to be more prompts to make people think about their strength and balance aspects of their wellbeing/fitness, as well as prompts to perform the actual behaviours.</p> <p><u>Social</u>; need to change the public understanding of the role of strength and balance in healthy aging, including (a) changing the norm that this is only something that really old people need to think about, and (b) challenging the notion that lives of older adults should be as physically unchallenging as possible.</p>
<p>Enablement</p> <p>Need to create public health style guidance on preserving strength and balance, based on existing guidance but simplified for use in public health context, and written in a way that supports behaviour change (e.g. including behaviour change techniques that support self-regulation)</p>

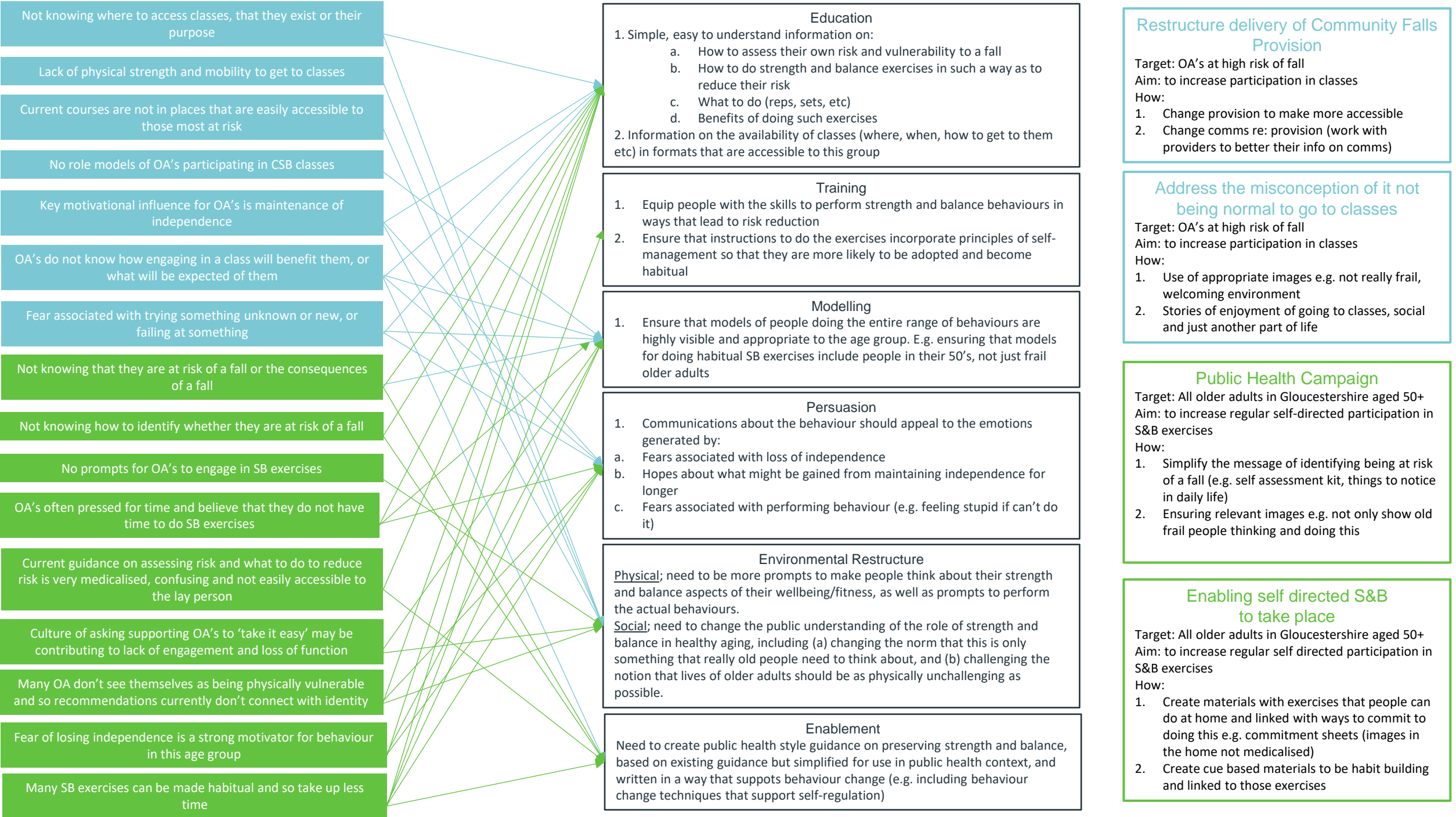
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- Not knowing where to access classes, that they exist or their purpose
- Lack of physical strength and mobility to get to classes
- Current courses are not in places that are easily accessible to those most at risk
- No role models of OA's participating in CSB classes
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- Not knowing that they are at risk of a fall or the consequences of a fall
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- No prompts for OA's to engage in SB exercises
- OA's often pressed for time and believe that they do not have time to do SB exercises
- Current guidance on assessing risk and what to do to reduce risk is very medicalised, confusing and not easily accessible to the lay person
- Culture of asking supporting OA's to 'take it easy' may be contributing to lack of engagement and loss of function
- Many OA don't see themselves as being physically vulnerable and so recommendations currently don't connect with identity
- Fear of losing independence is a strong motivator for behaviour in this age group
- Many SB exercises can be made habitual and so take up less time

- Education**
1. Simple, easy to understand information on:
 - a. How to assess their own risk and vulnerability to a fall
 - b. How to do strength and balance exercises in such a way as to reduce their risk
 - c. What to do (reps, sets, etc)
 - d. Benefits of doing such exercises
 2. Information on the availability of classes (where, when, how to get to them etc) in formats that are accessible to this group
- Training**
1. Equip people with the skills to perform strength and balance behaviours in ways that lead to risk reduction
 2. Ensure that instructions to do the exercises incorporate principles of self-management so that they are more likely to be adopted and become habitual
- Modelling**
1. Ensure that models of people doing the entire range of behaviours are highly visible and appropriate to the age group. E.g. ensuring that models for doing habitual SB exercises include people in their 50's, not just frail older adults
- Persuasion**
1. Communications about the behaviour should appeal to the emotions generated by:
 - a. Fears associated with loss of independence
 - b. Hopes about what might be gained from maintaining independence for longer
 - c. Fears associated with performing behaviour (e.g. feeling stupid if can't do it)
- Environmental Restructure**
- Physical; need to be more prompts to make people think about their strength and balance aspects of their wellbeing/fitness, as well as prompts to perform the actual behaviours.
- Social; need to change the public understanding of the role of strength and balance in healthy aging, including (a) changing the norm that this is only something that really old people need to think about, and (b) challenging the notion that lives of older adults should be as physically unchallenging as possible.
- Enablement**
- Need to create public health style guidance on preserving strength and balance, based on existing guidance but simplified for use in public health context, and written in a way that supports behaviour change (e.g. including behaviour change techniques that support self-regulation)



Findings


- Not aware that they are at risk
- Many do not know what to do
- Or how to embed these things into daily routine
- Accessibility of classes is mixed
- It isn't currently socially normal for OA to do this / these activities
- Lack of suitable role models
- Lack of conversation on this topic



- Simplified and easy to understand public health style message
- Training on how to do activities and create habits
- Appropriate modelling
- Persuasive communications - independence / improving quality of life
- Working with community influencers (lunch clubs, coffee mornings, friendship clubs, faith leaders) to have conversations on the subject with OA's
- Easy to access community classes

Phase one:

Develop campaign materials



Stand like Stan.

Visit www.fallproof.me to find out more

Your easy to use Strength and Balance Plan.

Many of us are young at heart, aren't we? To help us stay active and able, we need to care for ourselves in a different way as our body changes. If you know someone who has had a fall, you may have noticed how this makes them worry about it happening again and the effect this may have on their independence. As our bodies change, different exercises can help with keeping us strong and steady later on.

This is an easy-to-follow guide which includes:

- Your 'how are you doing now' self-check
- Six simple exercises you can do alongside other activity, to keep you feeling younger and stronger
- A progress chart to fill in, that you might want to share with friends and boast about, as you progress!

Exercise 1.

☆☆☆☆
CHALLENGE RATING

Heel to toe standing and walking.

What's the benefit?
This will help you to keep your balance when you walk through tight spaces.

Starting position
Hold on to something solid and immovable (your kitchen counter might be good) and stand with your heel to your toe. Like standing on a tightrope.

Step one
Hold on for 10 seconds. Try to gradually reduce your hand support.

Step two
Complete this with the other foot in front and aim to repeat twice.

Progress ★☆☆☆
Progress this by slowly walking along the counter, heel to toe in a straight line. Turn around and go back again. Walk for a few steps in each direction. You can also progress this by reducing your hand support.

TOP TIP
You could do this exercise whilst you wait for the kettle to boil.

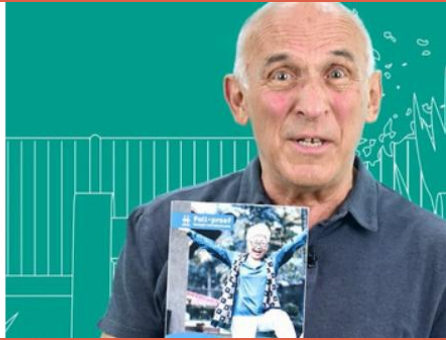
CHALLENGE YOURSELF ★★★★★
If you feel strong enough, hold the balance for longer, or try walking backwards slowly, toe to heel, using hand support at first if needed.



RESOURCE

Fall-proof champions

Are you an inspirational individual who want to support older adults?



Fall-proof

13 videos • 230 views • Last updated on Jul 2, 2020

Strength and balance exercises for falls prevention.

Active Gloucestershire **SUBSCRIBE**

- 1 Fall-proof - Strength and balance campaign Active Gloucestershire 2:17
- 2 Fall-proof - Six simple exercises to help you stay active Active Gloucestershire 4:18
- 3 Fall-proof exercise 1 - Heel toe standing and walking Active Gloucestershire 1:32
- 4 Fall-proof exercise 2 - Single leg balance Active Gloucestershire 0:50
- 5 Fall-proof exercise 3 - Heel and toe raise Active Gloucestershire 1:11
- 6 Fall-proof exercise 4 - Side leg raises and sideways walks Active Gloucestershire 0:50

Your progress chart.

Remember to repeat this seven day progress chart every week to monitor your progression over time.

Name: _____

Date: _____	Day one	Day two	Day three
Heel to toe standing and walking			
Single leg balance			
Heel to toe raise			
Side leg raises and walks			
Sit to stand			
Stepping up a step			

Sit to stand score after one month: Sit to stand score after two months:

Collateral related to behavioural diagnosis



Modelling and persuasion -
Catchy strapline related to
benefits of behaviour and
relevant imagery

You Self-check.

If you have had a fall and you have not seen a doctor or medical professional, please do this before starting these exercises. Answer from one of the 3 boxes next to each question:

	Never	Sometimes	Often
Do you find it more difficult walking through narrow spaces?			
Do you feel unsteady or find it hard work getting in and out of the car, or			

Education - Self check
on daily activities

Enablement
and training
– self
regulation

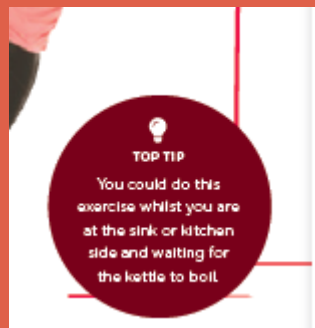
Your progress chart.

Name: _____

Date: _____

	Day one	Day two	Day three
Heel to toe standing and walking			
Knee raise			
Heel to toe raise			
Side leg raises and walks			
Sit to stand			
Stepping up a step			

Sit to stand score after one month: Sit to stand score after six months:



Tips on how to
embed the
behaviours –
habit stacking



Prompts to remind you
to do the behaviour –
Environmental
restructure in the home

Phase one: delivery

- Network of 200 older people champions who will 'spread the word' – recruited from existing community groups, lunch clubs, faith groups
- Printed material that they can give out:
 - Pack per individual – self assessment, six exercises, progress chart, in-home reminder e.g. fridge magnet
- Find out how people are getting on through champions
- Promotional campaign – tell us your story – radio, social media
- Mapping of all strength and balance providers and list available (print and online)
- Training and printed material for all strength and balance providers
- MECC/bespoke S&B training available to networks
- Integrated Fall-proof into Gloucestershire NHS patient care systems
- Continued to work closely with specialist Falls physiotherapy team

Objectives - evaluation

Once the intervention had been developed, the following objectives to measure were agreed – to contribute to achieving our 160 reductions in admissions from a fall.

1. Increase % of older adults in social groups who say they are aware of the risk of falling
2. Increase the number of older adults who enquire at or attend S&B classes
3. Increase % of older adults in social groups that report doing S&B exercises at home
4. Build a network and equip the workforce with knowledge and skills to guide older adults to be active

Findings to date

