

Raising the bar on strength and balance: The importance of community-based provision

Centre for Ageing Better

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About us

Centre for Ageing Better

The Centre for Ageing Better is a charity, funded by an endowment from The National Lottery Community Fund, working to create a society where everyone enjoys a good later life. We want more people to be in fulfilling work, in good health, living in safe, accessible homes and connected communities. By focusing on those approaching later life and at risk of missing out, we will create lasting change in society. We are bold and innovative in our approach to improving later lives. We work in partnership with a diverse range of organisations. As a part of the What Works network, we are grounded in evidence.

To find out more visit:

www.ageing-better.org.uk

The Healthy Ageing Research Group at the University of Manchester

The Healthy Ageing Research Group is based in the School of Health Sciences at the University of Manchester and linked to the Manchester Institute for Collaborative Research on Ageing (MICRA). The Group's research revolves around six inter-related themes for older people and younger older people: falls and falls prevention, activity and exercise promotion, musculoskeletal conditions and chronic pain management, use of novel technologies, social and residential care, and access to services and treatments. The Healthy Ageing Research Group undertakes high quality research with an emphasis on healthy and active ageing so to ensure the promotion of good health and active participation in society. The Group aims to develop research capacity in the topic of healthy and active ageing and ensure that our work demonstrates change in policy and practice for older people at a local, national and international level, as well as engages the involvement of the public and patients in research activities.

To find out more visit:

www.bmh.manchester.ac.uk/research/nursing-groups/healthy-ageing/

www.micra.manchester.ac.uk

Later Life Training

Later Life Training (LLT) is a not-for-profit organisation who provide specialist evidence-based exercise training for health, social care and exercise professionals working with older people and older people experiencing significant loss of capacity.

To find out more visit:

www.laterlifetraining.co.uk



Executive summary

Maintaining and improving muscle strength and our ability to balance is crucial to helping people live independently as they age and to reducing their risk of a fall.

We know that poor muscle strength and balance are the two most common modifiable risk factors for falls. We also know that falls have a huge impact on people who can lose mobility and confidence to keep doing things on their own after having a fall, often ending up requiring more hospital and social care. Every year there are over 210,000 falls-related emergency hospital admissions among people aged 65 and older in England (PHE, 2018). It is estimated that falls cost the NHS around £1 billion a year (Leal J et al, 2016).

For individuals who are experiencing a decline in their ability to do everyday activities, or who have already had a fall, there are some NHS rehabilitation services that provide strength and balance programmes. However, these are often of limited length, making it essential that there are effective community-based strength and balance programmes in their local areas to move on to. What is needed is a more holistic response that doesn't simply medicalise the problem but focuses on supporting people to age well and remain independent more broadly.

Falls are not an inevitable part of ageing and can be prevented. Raising awareness of the risk of falls as well as what older people can do to prevent them is an important part of engaging local populations, increasing uptake of community-based strength and balance programmes.

The evidence that funding strength and balance programmes in the community is cost effective is clear, yet such programmes are often underfunded and there is a significant difference between what the evidence says and what is delivered on the ground. Local services do not always join up and work together, leaving a patchwork provision.

To address this, the Centre for Ageing Better commissioned the University of Manchester to bridge the gap between evidence and practice, to work directly with communities to better understand their local challenges and to identify practical examples of doing things differently. There is a great deal of variation in what is provided across England. This report presents the models of delivery, issues, barriers and innovative solutions that we found in our work. It focuses on community-based strength and balance programmes targeting all older adults and includes evidence-based programmes to reduce falls. The findings have been organised into five themes.

Within each theme, there are five key points that we believe should be taken on board to ensure that strength and balance exercise programmes are delivered to the right people, at the right time, and by the right workforce/people with sufficient challenge, so that older adults achieve positive results.



1

Raising awareness

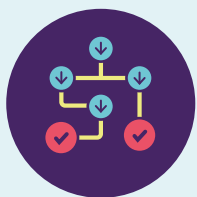
- Fund and develop marketing campaigns
- Tailor messages for target audiences
- Make sessions appealing
- Develop peer champions
- Work across stakeholder groups



2

Encouraging uptake

- Challenge negative beliefs
- Person-centred goals to increase motivation
- Build relationships across organisations
- Exercise sessions – something for everyone
- Address barriers and provide solutions



3

Exercise referral pathways that work

- Develop referral pathways collaboratively
- Share pathways throughout local networks
- Provide good assessments for appropriate referrals
- A recommendation is not the same as a referral
- Successful exercise referral pathways across England



4

Sticking to the evidence

- Provide person-centred assessment
- Supplementary home exercise for success
- Tailor programmes for individual progress
- Moving on to other programmes/activities
- Support instructors to deliver the evidence



5

Monitoring for outcomes and improvement

- Create a monitoring framework
- What to include to capture success
- Identify tools for assessment and monitoring progression
- Digital tools for monitoring progress and recording outcomes
- Make the most of data

Recommendations for commissioners, providers, instructors, health and allied healthcare professionals

We have also developed some key recommendations to share across localities, with commissioners, providers, instructors and health and allied healthcare professionals to support successful programme delivery across England.

Commissioners/Directors of Public Health

- ✓ Understand that strength and balance exercise programmes are cost-effective and will help achieve good outcomes with local populations
- ✓ Design and support services that enable/encourage evidence-based approaches to be followed
- ✓ Include funding for education and awareness raising campaigns to form part of a wider strategy for preventing falls
- ✓ Include funding for assessment time and for conversations around behaviour change and motivations
- ✓ Develop a collaborative referral pathway with a supporting decision-making tool and share it with referrers
- ✓ Embed quality assurance and evaluation into all programmes
- ✓ Embed strength and balance messages in local programmes and map the activities that are available locally

Providers of strength and balance training

- ✓ Identify suitable levels of training for the workforce
- ✓ Offer ongoing training, support and CPD opportunities for staff
- ✓ Facilitate instructor meetings for shared learning to standardise delivery across a locality, inform how to deliver classes and to further staff development
- ✓ Embed messages about strength and balance across all exercise class provision (e.g. walking sports and dance classes)
- ✓ Foster good communication pathways between referrers and across professions
- ✓ Allow time for pre and ongoing assessment in programmes
- ✓ Quality assure sessions to support workforce and deliver in line with the evidence base
- ✓ Ensure health and safety, plus risk assessments including emergency plans, are in place

Instructors delivering strength and balance training

- ✔ Understand and respect the scope of practice that your training provides. Ensure that it is informed by evidence
- ✔ Provide clear inclusion criteria to referrers to support appropriate referrals
- ✔ Include conversations about goal setting and motivation as part of all start, mid and end point assessments
- ✔ To achieve the required amount of exercise needed, ensure your programme includes supplementary home exercise as an integral part of your programme and ask participants about completion
- ✔ Refer those who progress quickly onto exit programmes as soon as they are ready
- ✔ Be aware that not all participants will be ready for an exit programme at the end of the programme timeframe

Healthcare and allied healthcare professionals

- ✔ Collaborate on creating and developing referral pathways and documentation to inform processes and build relationships
- ✔ Observe the community session you are potentially referring into
- ✔ Ask exercise instructors about the qualifications they hold – it is your responsibility to understand what programmes you are referring into
- ✔ Ensure healthcare and allied healthcare professionals understand the difference between formal referrals and informal recommendations
- ✔ Include/embed onward referral information as part of physiotherapy interventions to better support and prepare people for longer term gains
- ✔ Include information that strength and balance gains made during physiotherapy will not be sustained unless exercise is continued

Characteristics of local areas working towards success



Glossary of terms

There is currently an active debate around use of the term 'frailty'. Added to this are a number of alternative terms often used in its place, including 'low/limited function', 'capacity', 'mobility' and 'capability'. For the purpose of this report we will use the term 'capability' as a measure of someone's ability to carry out activities of daily life, such as being able to wash, bathe, toilet and feed oneself without requiring help.

Due to the variation in language that is used in exercise provision and research, and with a view to assist understanding of the content of this report, we have included a glossary of terms.



Commonly used words in the field of strength and balance exercise research and provision

Capability	Refers to body systems/physiology being capable to perform given activity.
Community of Practice	Instructors meet together to share and learn from experiences, discuss standardisation of delivery across a locality.
FaME	Falls Management Exercise Programme. FaME progresses the Otago Exercise Programme balance exercises to include other components of fitness and activities. FaME includes upper limb strength exercises to support getting up off the floor. Delivered by Postural Stability Instructors. Suitable for all older adults and appropriate for a range of older people.
Fidelity	Being true to the evidence/replicating what happened in research i.e. duration, dose, frequency, progression, sticking to the evidence.
Multifactorial Risk Assessment	An assessment with multiple components that aims to identify a person's risk factors for falling.
Otago	The Otago Exercise Programme (OEP) is a lower limb strength and balance programme (plus walking and motivational support strategies) of pre-set exercises with progression guidance. Delivered by OEP Leaders.
Pathway	An agreed 'route' of processes across/between services, sectors, teams and professionals in order to get the older person to where they need to be to positively affect outcomes (person-centred approaches).
Progression	A core principle of exercise training/science. When the principle of progression is applied 'effectively' (appropriate overload/stimulus to body systems), gains in components of fitness e.g. strength, balance, flexibility can be expected. 'Reversibility' is another exercise training principle; when training progressions are insufficient or when participation in the programme stops, the gains/benefits will be lost.
Recommendation	Health professionals may recommend a list of exercise programmes to attend in the locality but without imparting any information (about health status, medications, contraindications for exercise etc.) to the instructor.
Referral	A formally agreed system including inclusion and exclusion criteria and aligned with best practice referral processes.
Strength and Balance	Two components of fitness (there are others) that inform our capacity to be physically active i.e. reduced strength and balance will impact on our ability to perform activities of daily living.
Uptake	When an older person starts to participate in an activity or structured exercise programme.



Background

Why is muscle strength and balance important for older people?

As we get older, we begin to lose muscle and bone strength and our balance gets worse. Low muscle strength is linked to a decline in our ability to carry out daily activities such as bathing and getting dressed on our own, doing housework and going out. Muscle weakness and poor balance are also the two most common modifiable risk factors for falls, which can lead to injuries like hip fractures and make us more likely to end up in hospital or need social care.

Recent evidence reviews, funded by the Centre for Ageing Better, in partnership with Public Health England, have confirmed the importance of muscle strengthening and balance activities across the life course as part of recommended levels of physical activity (Foster et al, 2018).

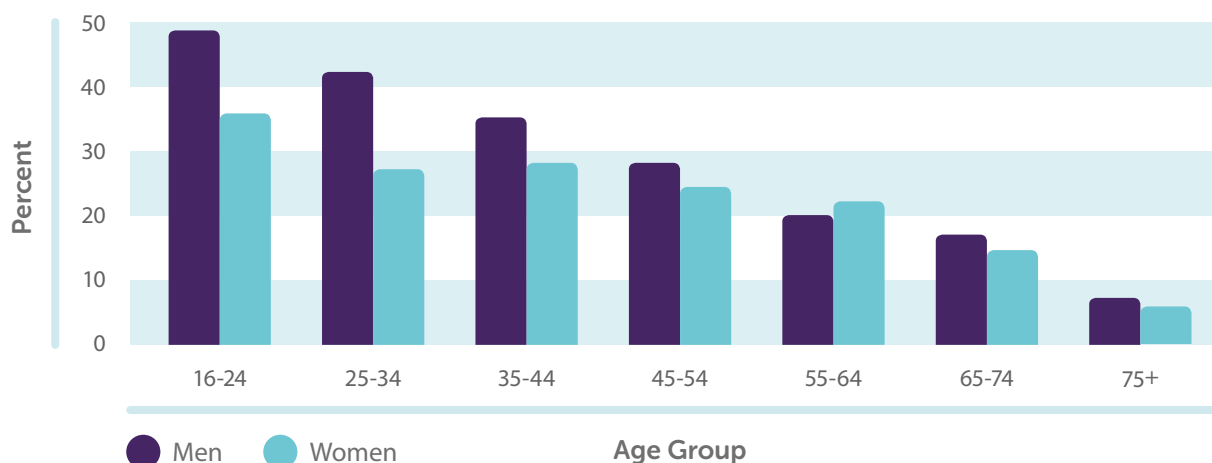
The UK's Chief Medical Officers' (CMOs) physical activity guidelines, presented in 'Start Active, Stay Active', recommend 150 minutes of moderate intensity, 75 minutes of vigorous activity for those already regularly active, or a combination of vigorous and moderate physical activity per week.

This is to be performed in bouts of ten minutes or more, plus activity to improve muscle strength on at least two days per week.

In addition, adults 65 years and over should perform balance and co-ordination activities on at least two days each week (CMOs, 2011).

However, evidence tells us that the number of older adults meeting these guidelines is low. The most recent Health Survey England (NHS Digital, 2016) found that, in adults aged 19-64, only 34% of men and 27% of women met both the aerobic and muscle-strengthening guidelines. This number declines rapidly with age. For those aged over 65, 13% of men and 10% of women meet both guidelines, with those over 75 both reporting closer to 5%.

Proportion meeting both the aerobic and muscle-strengthening guidelines, by age and sex



Background














To address the low activity levels amongst older adults specifically, additional guidance was produced, based on the World Report on Health and Ageing (WHO, 2015), which identified three sub-populations of older people aged 65 years and over: high and stable capacity; declining capacity and significant loss of capacity. This guidance recognised the different opportunities and physical limitations affecting older adults in these different phases of life.

Advice and recommendations are tailored to individual abilities and circumstances, from increasing current physical activity and breaking up sitting to structured classes delivered by appropriately qualified instructors.

For active older adults who have high and stable capacity, it is recommended they incorporate strength and balance activities into their existing routines and exercise. Table 1 shows the types of physical activities that are most effective at improving muscle function, bone health and balance (Foster et al, 2018).



Table 1

Type of sport, physical activity or exercise	 Improvement in muscle function	 Improvement in bone health	 Improvement in balance
 Running	★	★★	★
 Resistance Training	★★★	★★★	★★
 Aerobics, circuit training	★★★	★★★	★★
 Ball Games	★★	★★★	★★★
 Racquet Sports	★★	★★★	★★★
 Yoga, Tai Chi	★	★	★
 Dance	★	★★	★
 Walking	★	★	☆
 Nordic Walking	★★	?	★★
 Cycling	★	★	★

★★★ Strong effect ★★ Medium effect ★ Low effect ☆ No effect ? Not known

Source: Public Health England

For older adults whose capacity is declining, or for those experiencing significant loss of capacity, strength and balance training programmes need to steer towards evidence-based falls prevention interventions, such as Otago and FaME.

When considering the types of activities and interventions that are most beneficial to the three population groups identified, it is useful to think about appropriate settings for delivery, workforce and qualification requirements, together with opportunities to embed messaging around strength and balance across the spectrum. Table 2 demonstrates these considerations.

Why is improving muscle strength and balance important for reducing falls?

Table 2

	Population group		
	High and stable capacity	Declining capacity	Significant loss of capacity
	Already active but could benefit from increasing physical activity or addressing specific aspects of fitness.	Declining capacity due to inactivity. This group represents the largest population subgroup with the greatest to gain.	Low physical or cognitive function, disease or ageing process, requiring therapeutic approaches and falls prevention.
Activity types	Sports: swim, cycle, run, walk, group exercise, gym programmes.	Programmes should include a pre-exercise assessment due to potential co-morbidities requiring liaison with GP. Participants may need to speak to their GP before participating in exercise programmes.	To achieve falls prevention outcomes, individuals should take part in evidenced-based falls prevention programmes requiring pre-exercise assessment and agreed referral pathways. Other programmes exist for outcomes relating to reducing isolation and promoting physical activity for example.
Who can deliver the activity?	Exercise instructors, volunteers.	Exercise instructors, support workers, carers, physiotherapists.	Exercise instructors, physiotherapists, therapy teams, specialist teams.
Qualification requirement for those delivery activity	Fitness specific qualifications/leadership awards for community settings.	Additional fitness specific qualifications (e.g. Level 3 REPs Exercise Referral).	For falls prevention outcomes: specialist training; Otago Leadership Award and REPs Level 4 Specialist Postural Stability Instructor. A range of qualifications exist for exercise programmes that do not primarily seek to reduce falls.
Settings where activities can be delivered	Recreation/leisure centres, parks, community venues, gyms.	Recreation/leisure centres, parks, community venues, gyms.	Home/packages of care, residential settings, day hospitals, rehabilitation settings.

Poor muscle strength and balance is known to contribute to an increased risk of falling (NICE, 2015). In the two years to 2016, more than a quarter (28%) of adults over the age of 60 and nearly four in ten (38%) adults over the age of 80 reported a fall (Banks et al 2018). About 5-10% of such fallers will sustain a serious injury (McClure et al, 2008). This has implications for people's independence, quality of life and cost to health and social care services (DH, 2009).

The National Falls Prevention Coordination Group (NFPCG), a group of over 30 member organisations involved in the prevention of falls, care for falls-related injuries and the promotion of healthy ageing, recommend commissioning evidence-based strength and balance services as a key intervention to reduce risk of falls (Public Health England, 2017).

To be effective, programmes should comprise a minimum of 50 hours or more, delivered for at least two hours per week, for a minimum of six months. However, strength and balance exercise programmes (SBEP) delivered by NHS falls rehabilitation services are often inadequate in length with usual duration of strength and balance training ranging from six to eight weeks. Across the NHS, 73% of patients supervised at home indicate that their programme lasted for three months or less (Royal College of Physicians, 2012), which does not provide a sufficiently high exercise dose (Sherrington et al, 2017). This makes transitioning individuals from NHS-based to community-based programmes, to continue delivering challenging balance training and progressive strength training, of utmost importance.

The current state of provision of strength and balance programmes

Within this project, we found great diversity in the ways in which SBEP are being delivered. In some localities, programmes are commissioned by Public Health, in others by Clinical Commissioning Groups (CCGs), or a combination of both. There is huge disparity in the amount of funding allocated to SBEP, and no standardised approach to physical function and quality of life outcomes exists.

In some localities, funded and co-ordinated community-based SBEP are non-existent, and in others provision is reliant on self-employed specialist instructors and private physiotherapists delivering group exercise sessions in our communities, which lie outside of funded or co-ordinated services. This lack of consistent provision across the country impacts greatly on opportunities and choices for older people to participate in quality evidence-based exercise programmes. But in some areas this challenge has been met with some creative and innovative models of delivery, which we have sought to highlight in this report.

For example, in several areas Age UK brand partners are funded to deliver exercise programmes. This means that participants attending SBEP classes can also easily access other services those organisations provide, including information and advice.

In other areas, SBEP are delivered by Leisure Services. The advantage here is that appropriately qualified Leisure Services staff can signpost people on from the SBEP to other activities that incorporate strength and balance, such as Tai Chi, yoga, resistance training and circuit training.

We came across a private health and leisure provider who has been commissioned to deliver a falls prevention programme, with clear and challenging targets for success, reported quarterly. As a private provider, it is in their interest to hit, or exceed these targets.

This project focused on community-based strength and balance programmes targeting all older adults and includes evidence-based programmes to reduce falls. The aim of this report is to highlight both the challenges and innovative solutions we found working with local areas across England (see Appendix 1: project process for more information). We have organised our findings and recommendations for those involved in commissioning, referring and delivering SBEP into five themes: Raising awareness, Encouraging uptake, Referral pathways that work; Sticking to the evidence; Monitoring for outcomes and improvement.



Raising awareness

Appropriately raising awareness that falls are not an inevitable part of ageing, and what older people at risk of falls can do to prevent them, is an important part of any SBEP.



There are opportunities to raise awareness at many levels, and commissioners, local Public Health bodies, service providers and class instructors all have a role to play in raising awareness. But it is equally important that this does not become the sole message. Broad ranging SBEP should aim to target all population groups, supporting individuals to maintain their independence and enabling us to continue to live life to the full, regardless of age. These positive messages are as important to get strength and balance 'on the map' of the independently active older people, not just those at risk of a fall.

Before engaging in SBEP, older people want to know how such a programme will help them specifically. Commissioners should understand which SBEP are cost effective (and for which population groups) and will therefore help them achieve meaningful outcomes for older people living in their localities. Furthermore, raising awareness and agreeing consistent messages among all those who come into regular contact with older people, not just health professionals but also, for example, fire fighters, crime reduction officers, community pharmacists, and neighbourhood schemes, further embraces and reinforces the message that falls prevention is everyone's business and they all have a part to play. We have outlined five key ways to raise awareness which represents what we found in local areas:

- **Fund and develop marketing campaigns**
- **Tailor messages for target audiences**
- **Make sessions appealing**
- **Develop peer champions**
- **Work across stakeholder groups**

Fund and develop marketing campaigns

Marketing campaigns that include materials describing strength and balance exercises, which are evidenced to reduce falls, were effective in increasing uptake in local areas we worked with.

Communication plans that are developed together between multi-agency groups ensure that all stakeholders and gatekeepers hear and disseminate consistent messages regarding SBEP. Ensuring there is sufficient funding for this type of activity will result in an increase of referrals (self/healthcare) into SBEP. Awareness campaigns serve to provide 'inroads' to creating opportunities for one-to-one interactions when truly person-centred conversations can take place and information and messages are tailored to the individual.

In Lambeth and Southwark leaflets promoting their programme were posted out to local residents, placed in prescriptions for anyone over the age of 65 and available in GP surgeries.



Lambeth and Southwark: Raising Awareness

Information printed on materials that older people might have in their home, such as a tea-towel, a calendar or a flyer that could be put up on a wall or fridge, are further examples of ways to keep strength and balance exercises in mind. [The ProFouND Falls Awareness Campaign Pack](#) offers a guide on running campaign activities and includes information on engaging older people, working in partnership, event examples and measuring success. [Scotland's Active and Independent Living programme](#), 'Take the balance challenge' campaign, included promotion of the 'Super Six' exercises evidenced to reduce falls. [Ageing Well Wales](#) has a hub of resources that offer guidance and advice for both older people and those working with older people at risk of falls.



Tailor messages for target audiences

The language that we use is a powerful tool for raising awareness, therefore tailoring messages with a view to increasing uptake to SBEP is important. We know that focusing on positive outcomes and using positive language is more appealing to older people than focussing on risk of falling (Yardley et al, 2007) and where possible avoiding the 'F' word (fall) (Yardley et al. 2005).

When promoting community exercise programmes, it is important to think about how the SBEP will be perceived by older people, using attractive and informative promotional materials that show local programmes are: easily accessible in terms of transport and connections; affordable; welcoming; sociable; and that information about the class is provided before first time attendance (Boulton et al, 2018). Running local focus groups to find out what messages appeal to your communities is a great way to co-create leaflets and flyers to raise awareness. This is especially relevant when targeting hard to reach communities.

Featuring personal stories of how attending a local strength and balance class has impacted on the lives of attendees acts as a powerful message and can work to increase uptake.



[Derbyshire: Participant Stories](#)

In Cambridgeshire and Peterborough a positive and aspirational strength and balance social marketing campaign was developed with engagement and personal stories from women aged 70+ years old. 'The Stay Stronger for Longer' campaign messages were disseminated widely using a communications toolkit, posters, a locally adapted 'Super six' leaflet, and website. The person centred approach helped to attract TV and radio coverage. Preliminary analysis indicates an increased uptake of exercise classes.



[Cambridge Stronger for Longer campaign toolkit](#)



[Don't Mention the F Word, Age UK, 2012](#)

Make sessions appealing

Linking social activities to the classes can provide a strong motivation for people to attend, as can linking other activities, such as visiting speakers, trips and refreshments before or after the session. When classes are provided as a follow-on from rehabilitation, it is useful if the same venue is used to allow groups to stay together. This is particularly helpful if classes are delivered to participants in local areas so that access is easier and venue familiarity is established (Hawley-Hague, 2017).



It's great fun and it's a social thing as well, three of us go for coffee afterwards and so it would be a great thing for people who are living alone and don't really see many people.





Develop peer champions

Older people who have experienced the benefits of SBEP first hand, and believe in the difference regular attendance can make to their quality of life, are the most valuable of messengers. Training peer volunteers to deliver talks, presentations and roadshows at local community and neighbourhood groups and events, in residential and care home settings and in hospitals, can be of mutual benefit for all involved, the volunteers, and their audiences.

As part of the Royal Society Prevention of Accidents (RoSPA) 'Stand Up Stay Up' programme, Blackburn with Darwen have worked with a group of active champions to develop a sketch show explaining how falls can be prevented. This includes demonstrating how to get up from the floor after falling, giving out copies of 'Get up and Go: A guide to staying steady' as well recruiting people onto the local SBEP.



[Blackburn with Darwen: Peer Champions](#)



['Get up and Go: A guide to staying steady' Chartered Society of Physiotherapists, 2015](#)

In Wigan, peer champions form a central part of provision being trained to support instructors during class as well as accompanying instructors on home visits to encourage community-based class attendance. This has been particularly effective in trying to engage older men in SBEP.



[Wigan: Reaching out to men](#)

Work across stakeholder groups

Falls need to be everybody's business, which is why establishing a falls collaborative group that includes representatives from all stakeholder and key influencers, works as an important factor in developing a co-ordinated approach to falls and strength and balance provision in a local area. Appointing a person to convene and lead that group is a success factor that allows a whole-system approach to be realised.

We found examples of this in Bolton, Bristol and Leeds. Having a central point of contact, dedicated to the multi-component issue of falls prevention, has prevented some of the dilution of its importance that we found in other areas. It means that awareness raising can take place as part of a co-ordinated approach, from acute hospital settings to general population.

In Leeds, the local Falls Lead proactively delivers a range of awareness raising and training programmes to local stakeholder work forces (e.g. fire fighters, community crime officers, community pharmacy, neighbourhood schemes) on SBEP and falls prevention.



[Raising Awareness in Leeds: The Fallproof Programme](#)



Encouraging uptake

To encourage uptake; when an older person starts to participate in an activity or structured exercise programme, there are a number of things that can be done and that we found to be effective in local areas.



- Challenge negative beliefs
- Person-centred goals to increase motivation
- Build relationships across organisations
- Exercise sessions – something for everyone
- Address barriers and provide solutions

Challenge negative beliefs

The myth of ageing and the impact of a ‘what do you expect at my age’ narrative can significantly impact on uptake of SBEP. It is important to understand these commonly held beliefs and to work to support older people, carers, families and to some degree healthcare professionals to think differently about ageing. This can be done both through providing factual information about the potential for improvement regardless of age and through correct messaging and new narratives for ageing well.

The Functional Fitness MOT approach is based on this premise and has been developed to help those working with older people to have meaningful conversations with older adults to support behaviour change, increase engagement in local programmes and to ‘move more’. Moving Medicine is a website that delivers a step-by-step guide for healthcare professionals to promote good quality conversations about prescribing movement, broken down into conversation blocks of one minute, less than five minutes, five minutes or more.

Person-centred goals to increase motivation

We know from research that a desire to reduce risk of falling is not a key motivation for older people to uptake strength and balance (Yardley et al, 2007). It is for this reason that behaviour change strategies are required, in order to encourage meaningful conversations to support uptake and continued attendance for SBEP.

Omitting or failing to provide pre-exercise assessments majorly influences opportunities to support behaviour change in the longer term. To get people off to a good start instructors need sufficient time to have person-centred conversations about individuals’ concerns, barriers and about what is important to them – thereby actively supporting them towards success and achieving their personal goals.

People are more likely to remain engaged in programmes if they are achieving success and enjoying themselves in the process. These successes, when captured and documented in terms of functional ability and quality of life, contribute to achieving outcomes of the service as set out by commissioners.



[Wigan: Asset based approach / motivational conversations](#)



I’m much more independent now, I can do the garden, I can go to town on the bus. Coming to this class has really made a difference to me, I now have much more balance, and I don’t use my stick.





Build relationships across organisations for consistent messages

Transitions from physiotherapy settings to continued exercise in the community can be better supported when consistent messages are used during physiotherapy. The perception of 'I'm fixed' (therefore no need to continue with suggested exercise programmes/home exercise programmes) can be a factor in the poor uptake of community-based programmes. In order to maintain or improve gains achieved, both allied health professionals and exercise instructors need to repeat consistent messages about the need for continued exercise.

Specialist exercise instructors qualified to work with older people at risk of falls are best placed to work in partnership with therapy services. Partnership working can build on gains made in physiotherapy and progress individuals towards longer term participation in exercise programmes to achieve sufficient exercise dose of strength and balance programme to reduce falls. Consistent messages to reinforce and explain how exercise benefits are lost when the exercises stop is a critical educational message and potential motivator.



[Wigan Partnership Working: Physiotherapist](#)



[Wigan Partnership Working: Occupational Therapist](#)



[Wigan Partnership Working: Community Link Worker](#)

Exercise sessions – something for everyone

Offering choice to meet a range of preferences is fundamental to increasing the number of people who participate. Strength and balance are elements of physical fitness that are of importance across the life course and are integral to most well designed exercise programmes, but they are of increasing significance when it comes to preventing age-related decline.

Not all strength and balance programmes are evidenced to reduce falls and not all older people need 'falls prevention' programmes. Broader strength and balance provision should be available in localities, so that older adults have a choice of activities and programmes, which suit their functional abilities and needs. Commissioners and Public Health bodies need to understand the evidence for falls prevention exercise and the qualifications and skill sets required to deliver the evidence-based programmes.

Offering a range of provision, in a number of settings also works to increase participation. This is especially important when targeting people from a range of religious, cultural, ethnic and socio-economic backgrounds. A commitment to work in partnership with local community centres and organisations that represent the diversity in local areas can effectively increase engagement of a broad range of community groups.

CASE STUDY - Guy's and St Thomas' NHS Foundation Trust Community rehabilitation and falls service in Lambeth and Southwark



Engaging with hard to reach communities

In Lambeth and Southwark, engagement with the Somali Integration and Development Association (SIDA) has resulted in the establishment of two new classes aimed at the local Somali community. Hosted within SIDA, the two classes include one for women with a female instructor and one for men with a male instructor.

Instructors have had to adapt their delivery style and content to encourage uptake and regular attendance, whilst also religious festivals such as Ramadan are taken into account. Classes are hosted in SIDA's venue and have resulted in some fantastic outcomes.

// Since coming to the class I've able to get down on the floor to pray at the mosque which I've not done for many years //



Address barriers and provide solutions

Through our work with local areas during this project, we identified a number of common barriers to uptake as well as some ideas on how to address these:

Common barriers

Ideas to address barriers

Time: busy life and/or carer or family responsibilities

Promote self-help strength and balance exercises through campaigns (e.g. Get up and GO! booklet, NHS Choices).

Offer Lifestyle-integrated Functional Exercise (LiFE), which makes suggestions for situations in which strength and balance exercises can be performed safely, yet with sufficient challenge, as part of people's existing daily routines (Clemson et al, 2012).

Money: session admission fees too expensive

Promote self-help strength and balance exercises through campaigns (e.g. Get up and GO! booklet, NHS Choices)

Offer subsidised sessions initially to allow for behaviour change conversations to increase motivation.

Offer subsidised sessions in areas of higher deprivation and in rural areas where participant numbers may be low.

Transport: cannot get to the community session

Collaborate with volunteer organisations to provide community transport.

Create buddy systems for participants to pick up friends to bring to the session – class attendees often gain confidence and start driving one another.

Base classes near people's homes to maximise attendance.

Offer supported home exercise programmes with monthly visits and interim phone calls.

Venues: insufficient or inappropriate community venues available in the localit

Collaborate with local venues, libraries, GP surgeries, housing schemes, local community venues, halls etc. for space/affordable room hire.

Offer supported home exercise programmes with monthly visits and interim phone calls.

No confidence in the instructor: will they understand my problems/are they qualified?

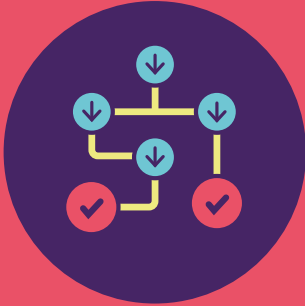
Clearly communicate information about instructor qualifications and expertise in areas important to older people/the ageing process and fall risks.

Provide information that instructors are part of a co-ordinated approach/referral pathways/liason with GPs, where required.

Family barriers: 'my family don't think it's a good idea for me to exercise'

Provide initiatives and literature to support understanding of strength and balance and physical activity for families and informal caregivers.

Have meaningful conversations that enable identification of person-centred goals. These can form the basis of changing behaviours and challenging barriers.



Referral pathways that work

What is a referral pathway?



Engagement in evidence-based interventions to improve muscle strength and balance has been shown to reduce both falls and the fear of falling amongst older adults with low, moderate and high risk of falls (Campbell et al, 1997; Gillespie et al, 2012; Robertson et al, 2002; Skelton and Dinan, 1999). It is therefore essential that commissioners design and support services that enable evidence-based approaches as part of their broader strength and balance offer. Programmes with insufficient exercise dose (e.g. six, 12 or 16 weeks) will not be effective in reducing falls. Establishing referral pathways, processes and documentation serves to support a progressive approach to longer term participation (provided that a range of exercise programmes exist in the locality that support onward signposting and progression).

Most health professionals acknowledge the benefits of referring individuals into community-based SBEP. However, not being aware of availability in nearby areas, lack of formally agreed pathways and concerns about the credentials of the instructors/leaders were recurring themes across localities. Healthcare professionals also commonly misperceive that their patients either cannot get to community sessions or are not motivated to attend. For this reason, referrals into community provision can be problematic and ineffective.

To address these barriers, we have outlined five areas of creating more effective referral pathways:

- **Develop referral pathways collaboratively**
- **Share pathways throughout local networks**
- **Provide good assessments for appropriate referrals**
- **A recommendation is not the same as a referral**
- **Successful exercise referral pathways across England**

Develop referral pathways collaboratively

Healthcare and allied health professionals as referrers (e.g. GPs, physiotherapists) need agreed pathways to efficiently refer older people onto the most appropriate programme for them. Effective referral partnerships are founded on trust and understanding between people working in different settings and across health and leisure sectors. Those working in health settings must have confidence in the community-based SBEP instructors if they are going to refer patients into programmes. In line with professional standards of practice, specialist instructors delivering SBEP must receive appropriate incoming referral information so they can support success, enjoyment and safety. Developing local referral pathways should be carried out as a collaboration between all agencies working with older adults, to ensure pathways are effective.

Share pathways throughout local networks

To achieve appropriate and good quality referrals, referrers need to be familiar with pathways and inclusion criteria. If older people are repeatedly not accepted onto SBEP, referrals will reduce or, ultimately, stop altogether. Information sharing between professionals in organisations, on-going analysis of referral numbers and criteria, and dialogue about referral numbers and uptake, are important for pathways to develop and adapt. Increasing the number of appropriate referrals will result in stronger partnerships and in more older people receiving effective durations/amount of appropriate exercise.



Provide good assessments for appropriate referrals

Pre-exercise assessment is part of best practice delivery to support effective exercise programming and goal setting and is essential in ensuring that older people are directed to the most appropriate programme for them at that time. For older people with high and stable capacity (active) and those with declining capacity (in transition) who may self-refer onto programmes, it is important to complete a Physical Activity Readiness Questionnaire Plus (PARQ+, 2018). This will guide instructors as to whether or not further advice is required from a GP before becoming more physically active. For those older people who have experienced a significant loss of capacity, in addition to a PARQ+, a more detailed assessment is recommended. Note currently the National Quality Assurance Framework (NQAF) (DH, 2001) is pending review as part of the work being undertaken and co-ordinated by the Chartered Institute for the Management of Sport and Physical Activity (CIMSPA).

A recommendation is not the same as a referral

The NQAF provides guidance for exercise professionals and referrers on the information a clinician should provide to the exercise professional. A recommendation, e.g. 'there's an exercise class in your local community venue you could go to' (statement from a GP), does not constitute a referral and a self-referral does not necessarily exclude the need for liaising with the GP. Specialist exercise services working with older people at risk of falls should have clear referral pathways in place. Whereby older people are screened and assessed for suitability for referral into community programmes and are referred onto therapy services as required for multi-factorial falls assessment and can also be referred on to associated other health professionals as required.

Successful exercise referral pathways across England

We came across a broad range of referral pathways during this project. These are each outlined in the case study examples available online:

CASE STUDY

Derbyshire



Strictly No Falling Programme: Participant Referral Process



Ask Assess Act Falls Pathway Document (PDF)

CASE STUDY

West Sussex



Private Sector Provision



Mid Sussex Falls Referral Pathway (PDF)

CASE STUDY

Lambeth and Southwark



Clinical Telephone Triage



Lambeth and Southwark Telephone Triage Form (PDF)



CASE STUDY

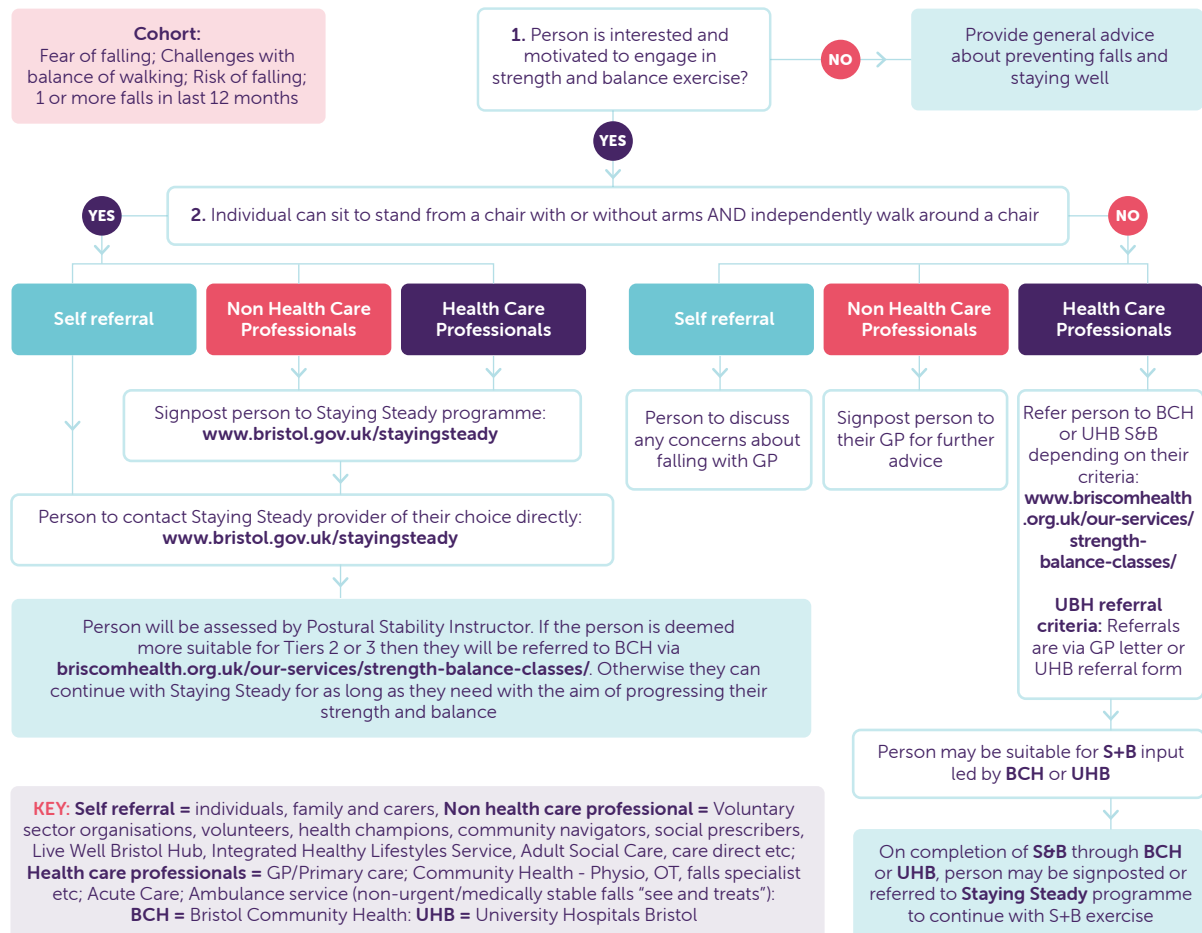
Bristol



Integrated Care Model: Referral pathway and decision-making tool

Bristol's community-based 'Staying Steady' FaME programme is part of an integrated care model, with clear routes supported by decision-making tools for assessors (Figure A). Older adults can self-refer into the programme and health and social care professionals are encouraged to signpost people to it (Figure B). 'Staying Steady' can also be a 'step-down' programme from the rehabilitation strength and balance exercise provided by local health services. To ensure this service operates effectively, all instructors have been trained as Postural Stability Instructors (Level 4) so that they possess the necessary qualification level to accommodate a broad range of older people with a variety of needs.

Observations on the programme include feedback that people come for longer because they have self-referred, compared to those who were 'sent by a clinician to a clinic/intervention'; older people are getting themselves along to the sessions by various means of transport, despite concerns that 'if you don't provide transport they won't come'; participants are happy to pay £3.50, even in deprived areas; group sessions can be popular and people from deprived areas attend, including men and those from BAME groups.





CASE STUDY

Wigan

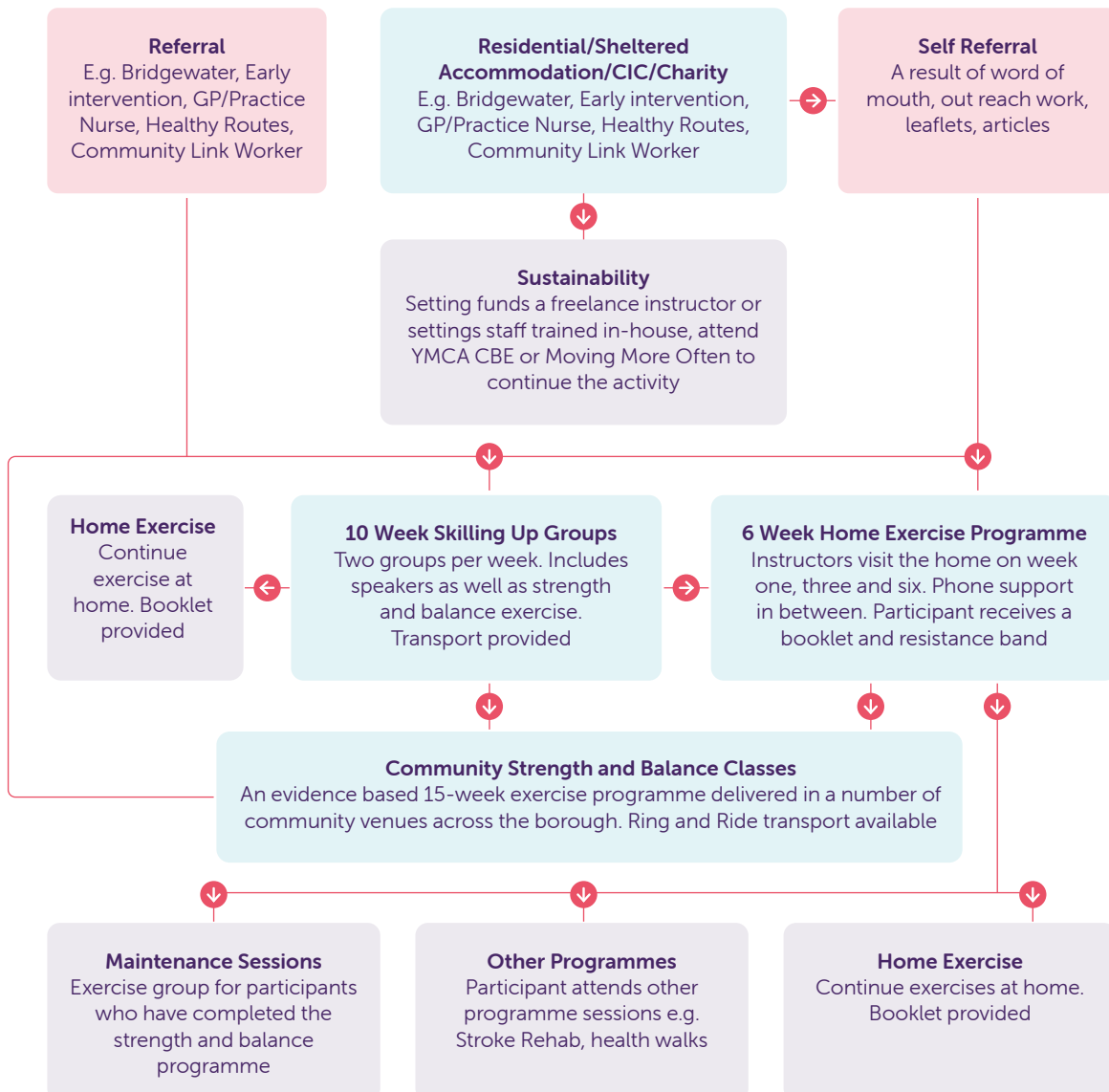


Leisure Services: Progressive Pathway

In Wigan, the pathway includes a six-week supported home exercise programme, followed by ten-week group-based 'skilling up' sessions, 15-week evidence-based SBEP and long-term maintenance sessions, all of which are supported by a home exercise booklet.

Older adults can move through the pathway in this order, or they can access groups directly along the pathway, depending on their assessed level of need.

 **Wigan: Active Later Life Pathway**





CASE STUDY

Cambridgeshire and Peterborough

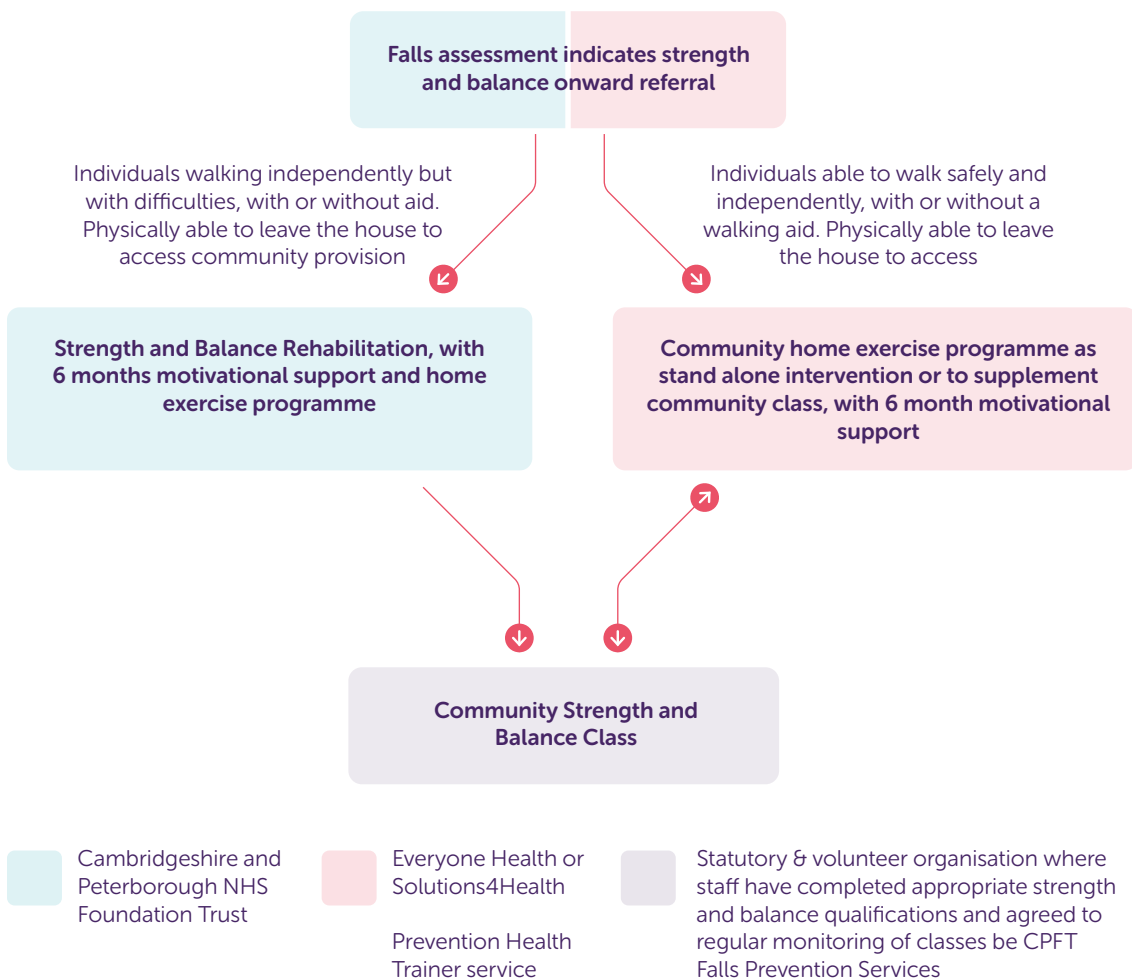


Onward Referral Pathway

Cambridgeshire and Peterborough's 'Falls Prevention Exercise Onward Referral Pathway' is a good example of an effective onward referral pathway. Following a multi-factorial falls risk assessment identifying a need for strength and balance exercise, individuals are referred into either an NHS Strength and Balance Rehabilitation class (with six months motivational support and home exercise) or community Home Exercise Programme provided by the Falls Prevention Health Trainer Service of Everyone Health or Solutions4Health (also with six months motivational support).

Referral depends on their ability to walk safely and independently, and their ability to access community provision.

Those receiving the community Home Exercise Programme are also encouraged to attend quality assured community-based strength and balance classes alongside the 1-2-1 support to improve motivation and compliance of recommended level of exercise. Those referred into the Rehabilitation Strength and Balance classes are signposted to the community-based classes on completion of the programme, for long-term maintenance of exercises.





Sticking to the evidence

Right person, right programme,
at the right time for them.



Carrying out a person-centred pre-assessment is a key factor in ensuring the right person is on the right programme, at the right time for them. This is critical for programme effectiveness, and individual enjoyment, safety and achieving anticipated functional and quality of life outcomes. Having the wrong person in the wrong programme, at the wrong time will not support uptake, longer term participation or health outcomes. For example, the Otago Exercise Programme has been shown to be most effective for older adults with significant loss of capacity, aged 80 years and over (Robertson, et al, 2002), Tai Chi for those with mild deficits in strength and balance (Gillespie et al, 2012) and falls management exercise (FaME) for independently living frequent fallers (Skelton and Mavroedi, 2018).

Once the appropriate people are in the right programme, the next step is to support and ensure instructors stick to the evidence base. For exercise programmes to be effective for falls prevention, individuals need to reach a minimum effective dose (at least two hours per week totalling 50 hours over six months), be progressive and contain highly challenging balance activities before a significant reduction in falls is achieved. Exercise programmes also need to be ongoing for reduced falls risk to be maintained (Sherrington et al. 2017) and for the return on investment to be realised (PHE ROI, 2017).

Achieving the required dose for programmes to be effective depends on instructors having the knowledge and skills to apply principles of exercise progression and to tailor the evidence-based programmes to the needs of individuals within group exercise formats. An ineffective instructor will result in an ineffective programme, which is not evidence-based at all. This level of 'sticking to the evidence', which is also known as 'fidelity', is only really achieved if it is monitored through a supportive quality assurance process. We outline five areas to ensure programmes achieve this fidelity:

- **Provide person-centred assessment**
- **Supplementary home exercise for success**
- **Tailor programmes for individual progress**
- **Moving on to other programmes/activities**
- **Support instructors to deliver the evidence (quality assurance)**



Person-centred assessment

Person-centred assessment and conversations with an individual enable more effective starting points for exercise programme design. Carrying these out with the individual ensures exercises are not too difficult or too easy, which would otherwise result in early loss of motivation and engagement. Instructors need both sufficient time to carry out assessments and some understanding of theories of behavioural change, so they can focus on what motivates people to engage with SBEP specifically and in being physically active in general (Hawley-Hague, 2017, Boulton et al, 2018).

Taking a person-centred approach enables instructors to tailor exercises to individual needs and circumstances, including the person's own outcome goals, which play a huge role in ongoing attendance (Hawley-Hague, 2009, Boulton et al, 2018).

In addition, making home visits before an older person starts a class can help the older person feel reassured about starting a new class, as well as motivate them to attend once they have met their instructor.

In Derbyshire, some self-employed instructors make home visits:

[Derbyshire: The benefits of home instructor visits](#)



Before someone will start the class they need to complete health screening forms...I go out to home visit... I can do a risk assessment to see if they need any additional support ... so generally by doing a home visit it makes them feel more comfortable about starting a home exercise class which can be a bit daunting, particularly for people with injuries.

Lisa, Self Employed Instructor, Derbyshire



Supplementary home exercise for success

Exercise instructors have an important role to play in designing and supporting home exercise to ensure participants reach the evidence-based dose of strength and balance (Hawley-Hague, 2016). To help achieve the appropriate dose of three times per week, instructors need to encourage home exercise and include feedback on home exercise completed, as part of a weekly class update. In some local areas, participants have a home exercise booklet to support their SBEP classes and ensure that they achieve the required 50 hours of exercise. Home exercise booklets can include suggestions for situations in which strength and balance exercises can be performed safely and with sufficient challenge.



[Leeds: The importance of home exercise](#)

Building on this, strength and balance exercises and activities should become habitual for older adults, so that they continue to perform them in sufficient amounts throughout their lives. Once correct performance of the exercises has been learned, older adults should be encouraged to think of ways in which they can perform these exercises in their daily lives; for example, by performing a tandem stand whilst waiting for the kettle to boil or squatting to reach a low level shelf. 'Lifestyle-integrated Functional Exercise' has been shown to have positive outcomes on rates of falling, confidence and adherence when delivered as a programme supported by therapists (Clemson et al, 2012).



I do make sure I walk up and downstairs at least three times a day just to keep the momentum going.





Tailor programmes for individual progress

Participants should be supported and challenged to progress through SBEP so that they continue to achieve improvements and feel the benefits. To ensure improvement and appropriate challenge is achieved, the instructor must tailor the exercises to each person's ability. Tailoring exercises to meet the needs of the individual requires the instructor to be knowledgeable, skilled and experienced. To ensure movement across the population group continuum (whole range of programmes in the locality), it is critical that progression within a programme is a core focus of provision.

Moving on to other programmes/activities

Older people, when offered exercise of appropriate dose and instruction, are likely to progress greatly during the programme, but it is most important to remember that not all will progress at the same rate and not everyone starts with the same level of capability and confidence. This means that, although progress is made, we cannot assume that 'moving on/progressing' to another programme, or exiting out of the specialist remit of a falls prevention programme, is appropriate. This is because exit programmes are unlikely to have instructors with the same skill sets/expertise.

A critical role of the instructor is to identify when a participant is ready to progress out of one programme and into another. Advising and offering progression choices into other community-based classes, such as dance, yoga and Tai Chi, is key.

In Lambeth and Southwark, following participants through programmes and then on to other classes in the local community, which have been assessed by qualified instructors, is effective.



Lambeth and Southwark: Keeping up the good work

In West Sussex, the Wellbalanced SBEP classes are hosted in a local leisure centre, where other exercise opportunities are available. Having a continuity of skilled instructors is part of a step down model where participants can be referred onto a more challenging programme and/or uptake an additional programme complementing the SBEP.



West Sussex: Integrating Strength and Balance Classes with Leisure Services

In Leeds, the 'Active Leeds Make it Fall Proof Quality Assurance Scheme' has been set up to develop a range of physical activity sessions that complement the 20-week FaME programme. The 'Is it Fall Proof' logo is provided to groups delivering activities that have been quality assessed as being suitable to reduce falls risk and include exercises to improve strength and balance.



Leeds: Fallproof quality assurance

In Wigan there is a traffic light system to indicate whether community-based exercise programmes include strength and balance components, to inform onward referral from SBEP.



Support instructors to deliver the evidence (quality assurance)

Establishing co-ordinated services can support instructor teams to better understand and utilise the available exercise continuum, and is required to achieve effective outcomes for older people. However, the remit, scope and responsibilities of specialist instructors is not always well understood by providers and their managers. Falls prevention exercise programmes require clear understanding of inclusion criteria, supervision requirements, risk assessment, instructor ratios, and pre-exercise assessment time.

Without a level of technical expertise at co-ordinator level to address the significance and impact of all these elements, instructors are at best left unsupported and at worst left to deliver sessions that may not be 'true to the evidence'. Instructors benefit from well-rounded support to continue to develop their offer and progress their own learning needs.

CASE STUDY - Community of Practice Age UK Somerset



Age UK Somerset has established a community of practice that brings together all their instructors, via a WhatsApp group, to encourage peer support and maintain commitment and motivation. Age UK staff provide instructors with resources needed to encourage and support attendance of participants and offer mentoring to instructors to help them work through issues as they arise. They host instructor CPD days to introduce standardised procedures for dealing with participant falls. The co-ordinating staff have regular contact with all practising instructors to ensure that their needs are met and problems resolved. This approach also works to ensure instructors stick to the evidence base/maintain fidelity to the Otago exercise programme.



We feel that one of our strengths as a department is that we are as united as a very busy group of instructors can be. We are very fortunate to have such a strong and skilled team to deliver our 'Stay Strong, Stay Steady' classes all across Somerset. //

Di Ramsay,
Ageing Well Manager,
Age UK Somerset

Of course not all instructors are part of locality team/workforce. In identifying the need for increased exercise opportunities for all older people, there are many localities where private or self-employed instructors may be working to support their community.

Being open to working with instructors outside of commissioned services can serve to include these instructors in some co-ordinated way, to embrace consistent messaging and progression as part of a bigger 'movement' to raise the bar on effectiveness.





Monitoring for outcomes and improvement

**Demonstrating
programmes work.**



In a climate of funding constraints, every service commissioned by Public Health or a Clinical Commissioning Group will be subject to scrutiny and review. Being able to demonstrate good outcomes for people, including reductions in fear of falling and health care use, will provide strong justifications for continued funding. More and more areas are using outcome-based commissioning approaches, so having efficient systems in place for this will become a necessity. In addition to the need for and benefits of robust evaluation, quality assurance of instructor delivery of evidence-based falls prevention programmes is required. It is of utmost importance to check that instructors are delivering programmes as intended and that they are sticking to the evidence.

To ensure that SBEP deliver the evidence-based exercise programmes and deliver positive outcomes for participants, it is essential that programmes are monitored and outcomes are measured. At the participant level, assessing start points and monitoring progress can be a powerful tool in motivating people to engage with SBEP, encouraging them to perform their exercises at the right dose. Participants are far more likely to engage if they notice improvements in their abilities and experience positive results that translate into their everyday lives.

Good monitoring and identification of areas for improvement is also a powerful tool to help encourage referral into community-based SBEP by health practitioners. By seeing the impact of SBEP on participants' quality of life, health practitioners will feel more confident that referral into these programmes is a key to ongoing success.

- **Creating a monitoring framework**
- **What to include to capture success**
- **Tools for assessment and monitoring progression**
- **Digital tools for monitoring progress and recording outcomes**
- **Make the most of data**





Creating a monitoring framework

It is important to ensure funding is allocated for monitoring and that this is considered at the onset of all programmes, rather than as an afterthought. Developing a monitoring framework that is designed specifically for your programme is an example of good practice that we found in Bolton, Bristol, West Sussex and Wigan. These areas clearly embedded monitoring into all aspects of their SBEP, making it fit for purpose in terms of their programme aims and objectives.



[The PhiSiCALstudy toolkit](#)



[Outcomes and Monitoring Framework \(PDF\)](#)

What to include to capture success

We found several examples of monitoring SBEPs, many of which had been used to support arguments for continued or increased funding. Key elements of these evaluations included:

- Measuring participation in SBEP classes – number of classes, number of participants commencing the programme, number completing the programme, number of sessions attended during the timeframe, completion of home exercise programmes
- A record of progressions used for strength, for example a simple record of resistance band colour changes across the duration of the programme
- Gender, age, ethnicity
- Measuring improvements – functional outcomes measures and quality of life questionnaires
- Self-reported changes in physical activity
- Cost effectiveness and return on investment (ROI), which includes health care use

Tools for assessment and monitoring progression

There are a large number of validated assessment tools that can be used for assessing progress of participants. Assessments are typically carried out at the beginning, half way through and again at the end of a fixed programme. Some examples of tools in common use are: Timed Up and Go (TUG), Chair rise, 180 turn, Functional Reach, Berg Balance, Confidence in Maintaining Balance, FES-I, EQ5D5L, Tinetti, SF12. In addition to strength and balance tools, some local areas include a more holistic set of tools to measure goal-setting, social isolation, happiness, social trust as well as noting new skills acquired, such as getting up from the floor.

RoSPA's 'Stay Up Stand Up' programme is currently pilot-testing a common dataset toolkit across the ten local areas involved in their programme. This includes the above measures, along with assessment tools. Bristol uses a 'successes' booklet at each class, which instructors ask participants to contribute to each week, as a means of capturing meaningful progress in their lives.

In West Sussex, as a private / public partnership, the Wellbalanced SBEP was required by contract to collect a range of data to inform quarterly reporting. These criteria included attendance, progression assessments, as well as Five Ways to Wellbeing, plus post programme activity levels at three and six months.



[West Sussex: Assessment and Monitoring](#)



Digital tools for monitoring progress and recording outcomes

In a world of technical advancement, many assessment tools have been translated into digital formats to maximise access and use. At the time of writing, several assessment tools were digitally available while a number were in the process of being created and tested. As part of this project, we found an example of a software platform that was being used specifically for community-based SBEP in 13 local areas across England. The digital platform is designed to monitor class attendance, trigger assessment reminders for instructors at set points related to the participants' progress, can be linked to a referral pathway and has a number of additional functionalities that can be added. This includes generating messages to contact participants or to their nominated family member or person when classes are missed.



[West Sussex: Using Digital Data Collection Tools](#)

Make the most of monitoring data

Monitoring data is critical for showing return on investment and to secure further funding for programmes year on year. In addition to this, participant data offers important validation for community-based SBEP and will increase the confidence in its effectiveness for those referring into programmes. Monitoring forms a concrete part of any business case for SBEP and should always be included in any application for funding. Data can also form part of a wider whole service evaluation as with the Leeds Data Model, where data from health and social care, plus local government, is linked up to allow data flow for analysis. This system tracks population behaviours and interaction across systems.



[Leeds: Data Model](#)





Conclusion and recommendations

Increasing uptake of strength and balance activities to reduce the risk of falls and help individuals maintain independence in later life is a shared responsibility, from commissioners and health and allied health professionals to exercise providers and instructors, as well as the voluntary, public and private sectors.

The responsibility for sustaining individuals' capacity as they grow older and helping them to rehabilitate after having had a fall cannot solely fall on the NHS, which has neither the capacity nor the funding to do so. This is why we need an effective community-based response that does not simply seek to medicalise the problem.

Yet despite this, we know that strength and balance programmes are underfunded and there is significant inconsistency in the way they are delivered across the country. Often, local services are fragmented and those involved in commissioning and delivering programmes are not working together in an effective way. Our work across a number of local areas has also demonstrated a gap between what the evidence says and how community-based programmes are delivered in practice.

Through this project we highlighted what the evidence says, and we have gathered further practical examples to share across localities, with commissioners, providers, stakeholders and older people.

This insight report has demonstrated how areas have addressed their local challenges and found solutions that work for them. While these might not be perfect solutions, or be directly transferable to all other areas, we hope that they will trigger innovative thinking across services working to promote healthy ageing and reduce falls.

We found a great willingness from those we worked with to share and to learn from other areas. We hope that this report, and the resources linked to it, will foster more sharing and new collaborations as falls prevention and provision of strength and balance programmes becomes a shared responsibility. Achieving this will require action from a number of key actors. Follow our recommendations on the next page.

Recommendations:

Commissioners/Directors of Public Health

- ✓ Understand that strength and balance exercise programmes are cost-effective and will help achieve good outcomes with local populations
- ✓ Design and support services that enable evidence-based approaches to be followed
- ✓ Include funding for education and awareness raising campaigns to form part of a wider strategy for preventing falls
- ✓ Include funding for assessment time and for conversations around behaviour change and motivations
- ✓ Develop a collaborative referral pathway with a supporting decision-making tool and share it with referrers
- ✓ Embed quality assurance and evaluation into all programmes
- ✓ Embed strength and balance messages in local programmes and map the activities that are available locally

Providers of strength and balance training

- ✓ Identify suitable levels of training for the workforce
- ✓ Offer ongoing training, support and CPD opportunities for staff
- ✓ Facilitate instructor meetings for shared learning to standardise delivery across a locality, inform how to deliver classes and to further staff development
- ✓ Embed messages about strength and balance across all exercise class provision (e.g. aerobic and dance classes)
- ✓ Foster good communication pathways between referrers and across professions
- ✓ Allow time for pre and ongoing assessment in programmes
- ✓ Quality assure sessions to support workforce and deliver in line with the evidence base
- ✓ Ensure health and safety, plus risk assessments including emergency plans, are in place

Instructors delivering strength and balance training

- ✓ Understand and respect the scope of practice that your training provides. Ensure that it is informed by evidence
- ✓ Provide clear inclusion criteria to referrers to support appropriate referrals
- ✓ Include conversations about goal setting and motivation as part of all start, mid and end point assessments
- ✓ To achieve the required amount of exercise needed, ensure your programme includes supplementary home exercise as an integral part of your programme and ask participants about completion
- ✓ Refer those who progress quickly onto exit programmes as soon as they are ready
- ✓ Be aware that not all participants will be ready for an exit programme at the end of the class timeframe

Healthcare and Allied Healthcare Professionals

- ✓ Collaborate on creating and developing referral pathways and documentation to inform processes and build relationships
- ✓ Observe the community session you are potentially referring into
- ✓ Ask exercise instructors about the qualifications they hold – it is your responsibility to understand what programmes you are referring into
- ✓ Ensure healthcare and allied healthcare professionals understand the difference between formal referrals and informal recommendations
- ✓ Include/embed onward referral information as part of physiotherapy interventions to better support and prepare people for longer term gains
- ✓ Include information that strength and balance gains made during physiotherapy will not be sustained unless exercise is continued

Acknowledgments and resources

We would like to extend our thanks to all partners who have contributed to and supported the project, offering their time, insights, innovation and collaboration throughout.

Links to local area partners and collaborators involved in this project

Bolton

www.ageuk.org.uk/bolton/our-services/falls-prevention/

Bristol

www.bristol.gov.uk/social-care-health/staying-steady-classes

Calderdale

www.cht.nhs.uk/services/clinical-services/community-rehabilitation-services/

Cambridgeshire and Peterborough

www.cambridgeshire.gov.uk/strongerforlonger

Cheshire West and Chester

<https://www.ageing-better.org.uk/sites/default/files/2019-02/falls-prevention-strategy-final-2017-09-28.pdf>

www.ageuk.org.uk/cheshire/our-services/falls-prevention/

Derby & Derbyshire Age UK

www.ageuk.org.uk/derbyandderbyshire/activities-and-events/snf-classes/

www.dchs.nhs.uk/strictly-no-falling

Lambeth and Southwark - Guy's & St Thomas' NHS Foundation Trust

www.guysandstthomas.nhs.uk

Leeds Fallproof

www.leeds.gov.uk/residents/health-and-social-care/keeping-well-and-healthy/improving-your-health/are-you-fallproof

active.leeds.gov.uk/classesandactivities/sports/active-ageing/

www.leeds.gov.uk/docs/ls%20it%20fallproof.pdf

Greater Manchester Ageing Hub

www.greatermanchester-ca.gov.uk/

Somerset Age UK

www.ageuk.org.uk/somerset/our-services/ageing-well-exercise-sessions/stay-strong-stay-steady/

Public Health, Somerset County Council

www.somerset.gov.uk/organisation/departments/public-health/

Swindon Falls and Bone Health Collaborative

www.swindonccg.nhs.uk/your-health/falls-prevention/

www.market.mycaremysupport.co.uk/media/11217/Steady%20Steps%20Useful%20Contacts.pdf

West Sussex Public Health

www.midsussex.westsussexwellbeing.org.uk/

Wigan Inspiring Healthy Lifestyles

www.inspiringhealthylifestyles.org

For a full list of resources visit

www.ageing-better.org.uk/strength-balance-resources



References

Age UK (2012), 'Don't Mention the F-Word, Advice to practitioners on communicating falls prevention messages to older people', London: Age UK, available at: <https://www.ageuk.org.uk/documents/EN-GB/For-professionals/Health-and-wellbeing/Falls%20prevention%20-%20Dont%20Mention%20the%20F-Word%202012.pdf?dtrk=true> [Accessed: 14 December 2018]

Boulton E, et al (2018), 'Multiple influences on participating in physical activity in older age: Developing a social ecological approach', *Health Expectations*, Vol. 12(No. 1), pp: 239-248.

Campbell J, et al (1997), 'Randomised controlled trial of a general practice programme of home based exercise to prevent falls in elderly women', *BMJ*, Vol. 315(No. 7115), pp. 1065-1069.

Chartered Society of Physiotherapists (2015), 'Get Up and Go. A Guide to Staying Steady', available at: https://www.csp.org.uk/system/files/get_upand_go_0.pdf [Accessed: 14 December 2018]

Chief Medical Officers (2011), 'Start Active Stay Active', London: Department of Health.

Clemson L, et al (2012), 'Integration of balance and strength training into daily life activity to reduce rate of falls in older people (the LiFE study): randomised parallel trial', *BMJ*, Vol. 345:e4547.

de Long LD, et al (2018), 'The appeal of the Functional Fitness MOT to older adults and health professionals in an outpatient setting: a mixed-method feasibility study', *Clinical Interventions in Aging*, Vol. 13, pp. 1815—1829.

Department of Health (2001), 'Exercise referral systems: A national quality assurance framework', London: Department of Health.

Department of Health (2009), 'On the State of Public Health. Annual Report of the Chief Medical Officer', London: Department of Health.

Foster, C. and Armstrong, M. (2018), 'What types of physical activities are effective in developing muscle and bone strength and balance?', *Journal of Frailty, Sarcopenia & Falls*, Vol. 3(No.2), pp. 58-65.

Gillespie et al (2012), 'Interventions for preventing falls in older people living in the community', *Cochrane Database of Systematic Reviews*, 2: CD007146.

Hawley-Hague, H. (2009), 'Older adults' perspectives on home exercise after falls rehabilitation: Understanding the importance of promoting healthy, active ageing', *Health Education Journal*, Vol. 68(No. 3), pp. 207-218.

Hawley-Hague H, et al (2016), 'Older adults' uptake and adherence to exercise classes: Instructors' perspectives', *Journal of Ageing and Physical Activity*, Vol. 24, pp. 119–128.

Hawley-Hague H, et al (2017), 'The evaluation of a strength and balance exercise program for falls prevention in community primary care', *Physiotherapy Theory and Practice*, Vol. 33(No. 8), pp. 611-621.

Leal J, et al (2016) 'Impact of hip fracture on hospital care costs: a population-based study', *Osteoporosis International*, Vol. 27(No.2), pp. 549-558.

McClure et al (2008), Population-based interventions for the prevention of fall-related injuries in older people (Review). *Cochrane Database of Systematic Reviews*, 4: CD004441.

NHS Digital (2016) 'Health Survey for England 2016 Physical activity in adults', available at: <http://healthsurvey.hscic.gov.uk/media/63730/HSE16-Adult-phy-act.pdf> [Accessed: 14 December 2018]

NICE (2015) 'Falls in older people', National Institute for Health and Care Excellence, London, available at: <https://www.nice.org.uk/guidance/qs86> [Accessed: 14 December 2018]

Public Health England (2017), 'Falls and fractures: consensus statement and resources pack', London: Public Health England, available at: <https://www.gov.uk/government/publications/falls-and-fractures-consensus-statement> [Accessed: 14 December 2018]

Public Health England (2017) 'A Return on Investment Tool or the Assessment of Falls Prevention Programmes for Older People Living in the Community', London: Public Health England, available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679856/A_return_on_investment_tool_for_falls_prevention_programmes.pdf [Accessed: 14 December 2018]

Public Health England (2018) 'Falls: applying All Our Health', London: Public Health England, available at: <https://www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health> [Accessed: 14 December 2018]

Robertson et al (2002), 'Preventing injuries in older people by preventing falls: a meta-analysis of individual-level data', *Journal of the American Geriatric Society*, Vol. 50(No. 5), pp.905-11.

Royal College of Physicians (2012), 'Older people's experiences of therapeutic exercise as part of a falls prevention service-patient and public involvement'. London: RCP.

Sherrington et al, (2017), 'Exercise to prevent falls in older adults: an updated systematic review and meta-analysis', *British Journal of Sports Medicine*, Vol. 51(No. 24), pp. 1750-1758.

Skelton, D. and Dinan, S. (1999), 'Exercise for falls management: Rationale for an exercise programme aimed at reducing postural instability', *Physiotherapy Theory & Practice*, Vol. 15, pp. 105-20.

Skelton, D. (2008), 'How do muscle and bone strengthening and balance activities (MBSBA) vary across the life course, and are there particular ages where MBSBA are most important?', *Journal Frailty Sarcopenia and Falls*, Vol. 3(No. 2), pp. 74-84.

Skelton, D. and Mavroedi, A. (2018), 'Which strength and balance activities are safe and efficacious for individuals with specific challenges (osteoporosis, vertebral fractures, frailty, dementia)?: A Narrative review', *Journal of Frailty, Sarcopenia & Falls*, Vol. 3(No.2), pp. 85-104.

Warburton D et al (2011), 'The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and Electronic Physical Activity Readiness Medical Examination (ePARmed-X+)', *Health & Fitness Journal of Canada*, Vol. 4(No. 2), pp. 3-23, available at: <http://eparmedx.com/wp-content/uploads/2013/01/January2018PARQPlus.pdf> [Accessed: 14 December 2018]

World Health Organization (2015), 'World Report on Health and Ageing', available at: http://apps.who.int/iris/bitstream/andle/10665/186463/9789240694811_eng.df;jsession-id=AEA082AEC637A353C81A604E0854C9EB?sequence=1 [Accessed: 14 December 2018]

Yardley L, et al (2007), 'Attitudes and beliefs that predict older people's intention to undertake strength and balance training'. *Journal of Gerontology: Series B Psychological Sciences and Social Sciences*, Vol. 62, pp. 119-125.

Project process

The Centre for Ageing Better, as a member of the NFPCG, commissioned the Healthy Ageing Research Group (University of Manchester) and consultants from Later Life Training to focus on community-based strength and balance exercise programmes. The brief for this work was to work with local areas in England to increase provision and uptake of strength and balance training programmes.

The aim of the project was to support up to four local areas to think about their local challenges, work collaboratively to generate ideas for how to address barriers and to develop an action plan to increase provision, uptake and adherence. The project ran from February to December 2018 delivered through a four-stage process.

Due to the short duration of the project and the need for rapid turnaround of inclusion, we first contacted localities in England where the project team and the Centre for Ageing Better had existing relationships. Our longstanding experience in the field of activity promotion and falls prevention enabled us to quickly engage localities. We developed a selection criteria in consultation with key stakeholders and on the basis of this created a short 34 question survey, which we invited local areas to complete and submit.

This was to help us understand their service models preventing falls and their local challenges. We received 11 responses and from these identified three localities to work with in depth: Calderdale, West Yorkshire; Swindon, Wiltshire; and Somerset. We ran one-day workshops in each of these localities, followed by delivery of an action plan for the localities to set in motion. In addition, we provided consultancy and advice to five further localities (Bolton, Bristol, Cheshire West and Chester, Derbyshire, Leeds) and received input from other areas across the UK (Blackburn with Darwen, Cambridgeshire and Peterborough, Hampshire, Lambeth & Southwark, Trafford, Rochdale, Rotherham, Scotland, Wigan, Wales, West Sussex). In each of these areas we spoke to local stakeholders to understand the local picture and provided information, advice and evidence to stimulate knowledge exchange and transfer. Our findings are featured throughout this report.

S1

Identification of local areas for inclusion (up to 4)

Scoping strength and balance provision and local area interest levels



S2

Engagement with local areas, information gathering, consultation with key stakeholder groups

Understanding the local picture



S3

Workshop preparation, delivery and action planning

Generating new thinking to increase uptake and provision



S4

Action plan sign off, area follow up, insight report, final presentation

A way forward, potential for implementation

This report is available at www.ageing-better.org.uk | For more info email info@ageing-better.org.uk



The Centre for Ageing Better received £50 million from The National Lottery Community Fund in January 2015 in the form of an endowment to enable it to identify what works in the ageing sector by bridging the gap between research, evidence and practice.