



## Campaigns



## Partnerships & Assessments



## Services



## Training

**#Stop1stFalls**

A whole system approach to  
**community falls prevention**

## **#Stop1stFalls A whole systems approach to community falls prevention**

### **Executive summary**

My grandparents were old when they married because she was 'in service' and only had one day off a week, and he was down the mine in West Lothian where he both tended the pit ponies and worked at the coal face. After a labour intensive life it seemed entirely appropriate that retirement would mean a rest, and offering them a chair 'to take the weight off their feet' was a kindness, but times have changed and our cultural attitude and response needs to change to catch up.

With the rise in life expectancy, modern work conditions, home appliances and access to transport our expectations of quality of life in old age have changed. Sadly though the societal perception that falls are an inevitable, natural part of ageing and are unavoidable persist. This is then a self-fulfilling prophesy which is perpetuated through the bulk of effort and funding being directed at the post falls needs rather than the pre-falls message.

In a time of growing strain on health services we need to take a fresh look at our cultural attitude and make changes that support real prevention work, not just because our health service will buckle if the current trend continues, but because older people's lives will be enhanced through empowerment and control.

When I was growing up a Fire Man's job was to put out fires but the Fire Service we work with today mainly prevents fires. I'm sure that shift in approach was challenging, and it didn't happen overnight, but for the whole of society it was certainly worth doing. I firmly believe that we should keep the Fire Service in a community safety role, with a seamless but distinct interface between early intervention and Integrated Health & Social care's role - or there is a risk that all resources will end up being expended on ' firefighting' the rising acute statutory health and care demand!

Sadly, there is a general perception that falls are just a part of aging. Recent surveys have found fear of falling (FOF) is greater even than fear of crime amongst the elderly. Falls have a massive toll on the NHS, responsible for over 18,000 unscheduled hospital admissions and 390,000 bed days per year and rising. Falls and Fear of Falling is a very important factor in causing loneliness and isolation.

If we can stop first falls we can have a huge positive impact on the health, wellbeing and quality of life of our elderly population, as well as making massive savings for the NHS.

**#Stop1stFalls** is Roar's 4 themes approach to community falls prevention. It is based on our practical experience gained through years of work with older people in Renfrewshire. It starts with **Campaigns** designed to bust the myth that falls are an inevitable part of aging and that Roar Safety is for life not just for Children. **Partnerships & Assessments** is an expanding areas of partnerships of agencies who are the first to spot people on the 'cusp' of decline and shows how we can help, assess and encourage people to change their environments and regain abilities that will keep them safe and independent before an injury or crisis. **Services** theme aims to create a broad enough menu of sustainable opportunities that provides a real incentive for people to reconnect and stay well. **Training** is to maximise community involvement in preventing avoidable falls and injuries by seeing the person beyond any health and safety requirements.

If you require more information on our approach please contact [nicola@roarforlife.org](mailto:nicola@roarforlife.org)

**Nicola Hanssen**

## **Context**

Roar – Connections for Life’s vision is **to connect lives and promote health and wellbeing in later Life**. We are working towards this vision through innovation and diversity in the pursuit of our charitable aims of reducing loneliness and social isolation for older people. Our determination to reduce falls is inextricably linked to our vision.

Roar is governed by a strategic professional board with Trustees from complementary disciplines including optometry, housing, police and finance. The Board has been recently strengthened by the addition of Professor Dawn Skelton BSc PhD, Professor of Ageing and Health, Glasgow Caledonian University following 3 years of partnership working in addressing falls and frailty prevention.

We are actively involved with our Health and Social Care Partnership partners but have identified that most statutory provision starts when people have had a ‘First Reportable Fall’ and with the rise in the older population this access point is already exceeding capacity. It is reasonable to anticipate that these pressures will mount in the coming years. We believe that more true prevention in the community needs to happen. We don’t claim to have ‘clinical expertise’ but that’s part of the point. Our growing competence and experience of the Roar staff team is sufficient for the role and has enabled the development of this whole systems approach to community falls prevention. Benchmarking indicates that our approach is unique and more comprehensive than community services available in other areas of Scotland.

## **Funding**

Roar – Connections for Life Ltd has a contract with Renfrewshire Health and Social Care Partnership for 3 (+2) years for specified core services in Renfrewshire. In the past 3 consecutive years Roar has delivered or exceeded the specified volumes and quality of service and added value generated through other forms of income. In 2014 we received a Big Lottery Investing in Ideas Grant to develop our Falls and Frailty prevention knowledge and delivery. In 2015 – 16 Roar utilised reserves to fund the development of the Feet, Falls and Fire Service Development and The Robertson Trust have awarded 3 years funding for the project post. Roar is fully sustainable in Renfrewshire under these conditions.

Beyond Renfrewshire we see realistic potential to scale up the low or no subsidy models with a combination of grants, other partners and social enterprise ideas as the way forward financially for this model. This will take time but with national support and regional buy – in is affordably achievable.

## **Competence**

Roar – Connections for Life Ltd is a fully autonomous organisation with legal and moral duties enshrined in law as a charity, employer and deliverer of services to vulnerable adults. Roar has robust quality assurance systems evidenced in Investing in Volunteering Award, Quality in Befriending – Excellence award and a range of certificated qualifications gained by the staff to ensure that we have appropriate levels of competence to deliver the increasingly complex and skilled interventions now required to support people with multiple-conditions but who are just below the eligibility criteria for Care Services. This includes OTAGO trained staff, Prince 2, Food and Health facilitators and Foot Health Training and COSCA counselling qualification.

Working closely with Glasgow Caledonian University across a range of Health improvement topics, our work is evidence based and informed by best practice. The development of the

OTAGO classes means we are now delivering to 10 groups in Roar. The creation, piloting and reviewing of the 'Level 1.5 Falls Assessments' ( to fit with NHS Falls Prevention Pathway) with the input of qualified physiotherapists and Risk Assessed by Roar is a robust, evidence based tool and complies with our Public and Employers Liability Insurance and Duty of Care.

## **Strategic Rationale**

The rise in the number of older people is and will continue to result in greater demand for all types of health and social care services – particularly in terms of falls

Each year...

- One-third of people aged 65+ and 50% of over-80s living in the community will fall.
- 75% of falls-related deaths occur in the home.
- 75% of falls are not reported.
- Most falls occur when performing activities in the home.
- 30%-40% of these could be prevented.
- A common injury from a fall is a hip fracture which cost an average £47K per person.

In Roar's experience in community falls prevention, fear of falling is a very significant factor affecting people's decisions about levels of mobility. This quickly spirals into increasing sedentary behaviour increasing isolation and increasing fear – the unintended consequence of this is a rise in the persons INTRINSIC risk factors. Often, additionally, the older person is less and less able to identify the EXTRINSIC risks within their home environment and the interplay between these. The combination of the aging adult and their environment, if left unaddressed, leads to falls. Many of these same factors are the same as the risks related to home fires. Many non-injurious falls are not reported and unless detected in a Level 1 Assessment which does not ask about Fear of Falling, these people remain classed as pre-fallers and are therefore not receiving statutory falls prevention services. As described by one of our Scottish Fire and Rescue Service partners 'many older people out there are living on the cusp.'

## **Evaluations and Impact**

It is a huge challenge to prove that a community intervention has prevented someone from falling or at least prevented a fall being less injurious because the person was prepared, knew what to do and had strengthened their bones through exercises that averted a fracture. It is similarly difficult to evidence that a person would have declined into a FRIALTY spiral if it wasn't for the access to nutrition, exercises, mental stimulation and socialisation.

There are many examples of evaluation methods but in our experience we have not found a single approach to suit community based preventative services but that what we ask and how we capture it needs to continue to communicate the person centred, solution focussed, respectful and empowering culture of our organisation.

To this end we use a variety of methods. In partnership with GCU we intermittently offer a Personal Fitness MOT with around 20 measurable areas. These show the persons baseline level, helps identify a personal plan and then a retest to measure improvement. The outcomes always show a benefit however we are not resourced to undertake these routinely.

Our qualified OTAGO instructors undertake a Strength and Balance Baseline for all the people being offered OTAGO classes. This assessment contains 2 strength and 2 balance measures (sit to stand, one leg balance, squats and tightrope) this is retested at 6 and 12 weeks. 98% of the 87 people have made an improvement.

In relation to our clubs, groups and befriending services we use a combination of Participatory Appraisal, 360 multiple-perspective evaluations, questionnaires and case studies.

In addition we have created a tool that is very loosely based on the HOPE Model of Wellbeing. This has been created based on feedback from our pilots and can be used within all our activities as an alternative. The benefit of this assessment is that we can measure a baseline at referral and re-evaluate at regular intervals without the person feeling they are having to report that they are lonely, have low self-esteem, have little participation and control or have a range of fears. We are also looking at Scottish Recovery Network's CHIME model however in our experience there is no perfect model for evaluation and some of it requires professional judgement on what to ask.



Name: \_\_\_\_\_

We want to make a positive difference to people's lives! One of the best ways to measure this is to ask you from time to time how you feel about these areas of your life (please **circle** the answer you feel matches you best now)

Socialising and bonding with others	Very Dissatisfied   Not satisfied   Satisfied   Very Satisfied
_____	_____
Confidence in yourself	Very Dissatisfied   Not satisfied   Satisfied   Very Satisfied
_____	_____
Access to opportunities	Very Dissatisfied   Not satisfied   Satisfied   Very Satisfied
_____	_____
Safety in all areas of your life	Very Dissatisfied   Not satisfied   Satisfied   Very Satisfied
_____	_____

**Reach**

Roar – Connections for Life employs 10 staff on a mixture of full and part time contracts. The number of people we support has trebled in the past 5 years and in 2015-16 we supporting over 160 volunteers who delivered services to over 1000 older adults. Our challenge in the coming years is the rising demand for a service with most of our core groups and projects now full. We are committed to expanding capacity to enable as many older people who have fragile social connections to have an opportunity to invest in their wellbeing and enhance their life through new connections.

## #Stop1stFalls: 4 Themes. 10 elements.

There are 4 themes to Roar's Community Based Falls Preventative Framework; **Campaign, Partnerships and Assessments, Services, Training**. We believe that all 4 themes are essential to develop a whole systems approach but that the number of elements within each theme may grow or need to be tailored to suit different areas. Roar has developed 10 elements, each of which is a work stream in itself with a range of sub sections. We still have a lot to do to both grow capacity and sustainability locally and nationally but we believe this model will give the best access, outcomes and impact for those older people still living independently in communities but who are becoming increasingly at risk of 'FRAILITY', Isolation and Falls.

## Campaigns

### 1. Busting the Myth that Falls are inevitable

This approach is based on challenging the assumption that old people can't help falling and that it is just a part of aging. Yes – it is inevitable if you don't take steps to avoid it but this approach is aimed at giving people the information that they can make choices that will vastly reduce the likelihood or severity of a fall and that this confidence and control will be empowering for them and positively impact on other areas of their lives. This is a message worth shouting from the rooftops, however it has to be backed up by action to ensure people have access to the right support and advice they need and that this is personalised and followed up.

One way to improve the reach is through bringing generations together. Our balance starts to deteriorate from age 40, but usually we don't notice it, so we devised a talking point activity where people are challenged to stand with their eyes closed on one leg for 10 seconds. This is a fun way to convey what can be a very serious health topic and our web site carries layers of information on the subject. [www.youtube.com/watch?v=8Pg5rMrT9fs](http://www.youtube.com/watch?v=8Pg5rMrT9fs)

## Partnerships and Assessments

### 2. Assessing People and their home to reduce EXTRINSIC risks

The best place to identify a person's home environment risks is in their home. Roar teamed up with Scottish Fire and Rescue to develop the pilot. In the Inverclyde and Renfrewshire areas they already undertake 6,000 fire safety visits, many of whom are older people. We created training and a brief process to enable them to identify people who may be at risk of falls and seek their permission to be referred to Roar for a home assessment - unless there is sufficient concern to refer directly to social work (this is unusual and more likely to be Adult Support and Protection concerns). There are a number of agencies who visit people at home and the long term goal would be to have a number of organisations trained in initial contacts to broaden the reach of this model.

People, either referred by this route or identified through a range of other Roar pathways, are then contacted and offered a follow up home visit. We have developed a Level 1.5 Assessment which we believe bridges a gap between both content and capacity of the NHS Level 1 and Level 2 assessments, and may be more accessible to people who do not want statutory service involvement.

The approach of this assessment is to empower self-management and choice with a solution focussed menu that the person can be supported to explore including fitting LED sensor lights,

reorganising furnishings, non-slip surfaces and footwear etc. We work in partnership with Renfrewshire Care and Repair and where they receive a request for small repair from an older person who has been assessed by Roar they know that this is a falls risk and provide a very efficient response. They have also been trained and refer older people to Roar services either for reasons of isolation or falls.

### **3. Assessing People to reduce INTRINSIC risks**

The assessment looks at the interconnection between the person and their environment. The INTRINSIC risks include, when medication was last reviewed, eyesight and hearing checks and strength & balance – particularly in relation to how the person gets out of a chair and mobilises. We explore how the person feels in their home and how they manage outside. In our experience there are growing numbers of people who go out much less than they would like to because of fear both of falling, but also of having to engage in new social settings which are unfamiliar. Again, our approach is supportive and we encourage self-management with a menu of confidence boosting options including short term ‘befriending’ to help start the process of getting back out or learning to take a bus, registering with My Bus, signing up to an OTAGO class or joining a club or group to have somewhere to go.

Rapport and approach are fundamental to being able to have the conversation about falls but once the level of engagement has been reached people are generally very relieved and receptive to practical, personalised and specific advice.

The basics of standing slowly until you are balanced before making any forward motion is not intuitive to many older adults and needs to be taught and reinforced. This needs to be done on a 1:1 basis. We have undertaken over 50 level 1.5 assessments in the past 12 months.

## **Services**

### **4. Cutting Toe Nails and Checking Footwear**

We see this as a fundamental part of keeping people mobile and reducing falls. In 2015 we developed a pilot service with an ‘educational arrangement’ with Renfrewshire HSCP (Podiatry). We now run clinics in 6 venues delivered by a combination of staff and volunteers. This is based on a social enterprise cost model to ensure safety and sustainability. We are seeing growing numbers of people who are not eligible for NHS provision but are not managing or arranging for their feet to be groomed which affects mobility, choice of footwear and wider health and wellbeing. One of our main challenges is that foot care is still perceived as a specialist service which takes place in clinical settings and we don’t feel the changes have been adequately communicated.

### **5. OTAGO and Strength and Balance Circuits**

The Otago exercise programme originated in New Zealand and is specifically designed to help reduce the risk of falling by improving your strength, balance and confidence and is proven especially effective for individuals aged 80 and over. What makes this ideal in a community setting is that it is suitable for all, is not specific to any health conditions and can easily be tailored to individuals within a group. One key aspect of building strength is building muscle using a combination of ankle and hand weights. We now have 8 qualified trainers delivering 10 weekly

OTAGO classes and 2 weekly Strength and Balance circuits. All training and elements of delivery have been created through our partnership with Glasgow Caledonian University and grant funding from Big Lottery Investing In Ideas.

## **6. Fun things to do and Places to go (Roar Clubs and Projects)**

*'Where there is a will there is often a way.'* In our experience the motivation to want to 'self-manage' is related to the connections and purpose in the person's life. These can become very fragile in older age. Roar's approach mirrors the recommendations in the 2015 Campaign to End Loneliness and Age UK report which describes the need to *reach, understand and support* people through a menu of opportunities. These opportunities need to be something the person genuinely wants to engage with and if these activities are delivered by groups or organisations with a strongly empowering, respectful, supportive and innovative culture we can encourage positive changes in thinking. The aim of Roar projects and clubs is that people have 'laughed, learned and leave wanting more.' Our activities focus on physical, nutritional, mental and social wellbeing developed to delay FRAILITY, promote self-management and help people find the motivation to keep going.

NB: We see scope to develop additional services and opportunities over time including retail.

## **Training**

### **7. Working with Partners**

An important aspect in the partnership approach is to understand the pathways and processes that the partners work within to ensure strategic fit and outcomes that satisfy both but also to reduce any duplication so that the work can be carried out and reported with as little disruption to core function as possible, comply with Data Protection and be transparent, safe and reportable. We have developed a training model that can be tailored to limited training time and multiple teams but that is also fun and accessible.

### **8. Bringing Falls Prevention activity to life**

Many people do like a leaflet but our experience is that few people read and retain the information sufficiently to recall it under stressful conditions – such as a fall. We have created a serialised version of the 'need to know advice' from the Renfrewshire/ Ayrshire and Arran NHS Positive Steps resource. Like all Roar activities this seeks to engage people through humour by showing people how to prepare to minimise harm, what to do to stay warm or how to get off the floor for example. We distribute approved literature in addition to being available to advice and signposting and we repeat these activities or messages through newsletters and social media.

### **9. Creating Pathways to Employment**

We have 2 main upskilling offers for volunteers leading to possible employment. We have developed a training and competence pathway which if completed enables the volunteer to become a paid Foot Care Technician within Roar Clinics. 4 people have completed this and the service won an Excellence Award in Volunteer Service category. We have also developed a 'Falls

Prevention Champions' training opportunity. These volunteers are trained as 'spotters' at OTAGO classes, are able to provide a range of advice and can take information out to communities to help us identify people who may benefit from some preventative support. 2 volunteers have now undertaken the full OTAGO Exercise Programme leader training meaning we can deliver more classes.

## **10. Training and Raising Awareness in Shops**

If we are going to motivate people to overcome their fear of going out we need to try to make the community a safer place for older people to go. So many falls happen on buses as the person stands up to get off and the driver brakes or on pavements that are full of hazards such as tree roots poking through the tarmac. We are working with Renfrewshire Access panel and hope to undertake a Walk in our Shoes survey in the coming year. In the meantime we are focusing on larger shops. Our training package helps staff and managers experience what they perceive as a safe environment from the perspective of an older person and try to enthuse them to think beyond 'have to' health and safety but to be more proactive about how to make their shop safer and better for older people.

NB: We see scope to develop more training including Road Safety.

### **Summary**

At best, the new Integrated Health Authorities will manage to continue to provide a service to people who have become unwell, diseased or injured over the coming 10 years but not if the rising number of older people continue having falls, sustaining injuries or experiencing health damaging loneliness ( plus other LTC) at current rates.

At The Gathering Glasgow in February this year, I was heartened by the commitment made by the First Minister about joining the dots and changing how services are delivered. (Follow this link to hear full question and answer <https://youtu.be/e6OTc-GDDpA?t=33m32s>)

Our Overarching Strategic Objectives are to

- Deliver the maximum quality and capacity of preventative services to older people within Renfrewshire through best value use of the contract income plus value added through other incomes, grants and partnerships.
- Develop business potential of services where cost model is viable in neighbouring authority areas and where this is politically and strategically welcomed.
- Develop Primary Falls Prevention through joint campaigns, developing business opportunities and marketing consultancy expertise nationally

We are motivated by our mission because the rise in loneliness and isolation is a growing social issue. We want to ensure the sustainability of our organisation for this purpose. We accept and respect that there may be other equally valuable work taking place in other areas of Scotland however we have the added benefit of being nimble and innovative

We would like to be part of a national conversation about how to ensure that there is a Falls and FRAILITY prevention pathway that starts at the most fundamentally preventative self-management and community safety end of the spectrum.