Guide to Good Practice: Physical Activity and Falls Prevention

November 2024

1: Executive Summary

Background

The *Good Practice Guide for Falls Prevention and Physical Activity* provides guidance to the Age UK Network on provision of activities to support older people at risk of having a fall. We will focus on the role that physical activity can have in reducing falls risks because we know that many Network Partners provide physical activity programming; however, there are many other factors that can impact falls rates. This *Guide* is intended to sit alongside the **Evidence Review: Balancing Act: A Review of Physical Activity in Falls Prevention.** Within this *Guide* we:

- Describe the main issues to be considered when supporting older people at risk of having a fall.
- Outline the Age UK approach which supports the evidence base for falls prevention and utilises the five-stage Physical Activity Journey.
- Make suggestions to help services develop and maintain best practice.
- Give two practice examples that show how individuals could come in and out of provision.

Our Approach

Our *Physical Activity and Falls Prevention Approach* is based on discussions and collaborative work of the Age UK Falls Prevention Community of Interest, and reflects published evidence found in the Evidence Review conducted by Understanding Value. It is not designed to exclude other models.

At the root of the *Age UK Physical Activity and Falls Prevention Approach* is change. A change in behaviour, a change in attitudes toward physical activity, and a change in emphasising preventative care.

The *Age UK Physical Activity and Falls Prevention Approach* uses the Physical Activity Journey, which is made up of five stages from sedentary behaviours through to continuous progression. This produces a way of working that reflects the Age UK Network's underpinning values.

Each of these elements has been developed using the insight and experience of Network Partners but also reflects the evidence base and national publications on the topic, including the Chief Medical Officer's recommendations[1] for older adults:

- To take part in daily physical activity to gain health benefits, including maintenance of good physical and mental health, wellbeing, and social functioning
- To maintain or improve their physical function by undertaking activities aimed at improving or maintaining muscle strength, balance and flexibility on at least two days a week
- To aim at accumulating at least 150 minutes of moderate intensity aerobic activity, building up gradually from current levels, including weight-bearing activities which create an impact through the body help to maintain bone health
- To break up prolonged periods of being sedentary with light activity when physically possible, or at least with standing

A Practice Example

Follow the fictional journeys of Sofia and Jonathon throughout our *Guide* as they navigate the Physical Activity Journey to better understand how this approach could work for your organisation.

1 **Chief Medical Officer Recommendations for Older People Infographic** - 2019

Our Recommendations

The *Guide* includes several practical recommendations for each element of the *Age UK Physical Activity and Falls Prevention Approach*. Our top recommendations include:

- Develop services and programmes from the evidence base that supports falls prevention.
- Where possible, design a tailored approach for individuals, allowing them to progress safely in their own time.
- Understand what motivates people to pursue activities related to falls prevention.
- Follow an opportunistic and proactive case-finding approach for older people in the community since people may be reluctant to report falls.

Good Practice Guide Appendix

The Appendix that accompanies this *Good Practice Guide* is made up of additional information, including further reading on related topics and useful templates. Links to additional resources are available on the Services -> Falls Prevention page on *the loop*, Age UK's intranet. Information on accessing the loop can also be found in the Appendix.

Acknowledgements

This *Guide* is brought to you by Age UK's Service Development and Improvement Team, with the support of the Health Influencing Division and other Age UK colleagues through the Falls Prevention and Physical Activity Working Group. Age UK would also like to thank Later Life Training for their feedback and input. This *Guide* is based on the commitment of the Falls Prevention Community of Interest (COI).

Age UK would like to thank the following Network Partners for their insight, critical thinking, and enthusiasm in guiding the development of *The Age UK Approach to Falls Prevention and Physical Activity:*

Age UK Barnet	**Age UK Barnsley**	**Age UK Berkshire**
Age UK Birmingham	**Age UK Blackburn with Darwen**	**Age UK Bristol**
Age UK County Durham	**Age UK Enfield**	**Age UK Hillingdon, Harrow, & Brent**
Age UK Hull	**Age UK Islington**	**Age UK Lambeth**
Age UK Lewisham and Southwark	**Age UK Lincoln and South Lincolnshire**	**Age UK Milton Keynes**
Age UK Norfolk	**Age UK Northumberland**	**Age UK North Tyneside**
Age UK Norwich	**Age UK Oxfordshire**	**Age UK Redbridge, Barking, & Havering**
Age UK Sandwell and Birmingham	**Age UK Solihull**	**Age UK Somerset**
Age UK Sutton	**Age UK Tameside**	**Age UK Tunbridge Wells**
Age UK West Cumbria	**Age UK West Sussex**	**Age UK Westminster**
Age UK Wiltshire	**Age UK Wirral**	**Age UK Worcester and Malvern Hills**

Glossary

Dose
The frequency, volume, intensity and duration of exercise. For exercise to be effective in falls prevention, older people must do sufficiently challenging balance focused exercises, that include training standing balance two – three times / three hours per week and undertake progressive resistance strength training at least twice a week.

Evidence-based balance focused exercises
Exercises that are consistent with the types and dose of exercise that has been demonstrated to be effective in falls prevention. Balance-based activity requires a person to reduce their base of support as balance improves only when it is challenged – wobbling is key. We always recommend having something sturdy nearby to steady oneself if needed.

Exercise:
Exercise is a subset of physical activity that is planned, structured, and repetitive and has as a final or an intermediate objective the improvement or maintenance of physical fitness with specific aims and outcomes.

Fall
An event which causes a person to, unintentionally, rest on the ground or other lower level.

Fall Rate
The number of falls a person or group of people experienced in the time that they were followed in each study.

Fall Risk
Factors that increase the likelihood of a person falling. Risk factors can be extrinsic factors relating to the environment or intrinsic such as gait, muscle mass, and vision.

FaME
Falls Management Exercise (FaME) is an evidence-based structured balance-focused falls prevention programme led by trained Postural Stability Instructors. The programme involves:

- Weekly classes lasting an hour.

- Home exercise twice a week for 24 weeks.

Functional Exercise
Movements and exercises that mimic everyday life movements.

Moderate-intensity exercise
Exercise that will raise your heart rate, make you breathe faster, and feel warm. You should be able to still talk, but you wouldn't be able to sing.

Movement
This term may be more suitable to use with some people than 'physical activity' or 'exercise'. Encouraging people to 'move more' and 'sit less' can make physical activity more acceptable and accessible.

Otago
An evidence-based lower limb strength and balance-focused falls prevention programme led by trained Otago Exercise Programme Leader. Participants either attend groups for 12 weeks or more and complete home exercise at least twice a week, or do exercises unsupervised at home throughout but are:

- seen at home at least four times during the first eight weeks with a booster visit at six months.

- encouraged to perform the exercises at home at least three times weekly for one hour or more and to walk indoors or outdoors on two other days of the week.

- encouraged to continue the exercises for at least one year.

Additional support is provided through telephone follow-ups each month between visits.

Prevention:
Prevention typically falls into two categories: primary and secondary. Primary prevention aims to stop problems before they occur, whereas secondary prevention is used to support early detection and used as a treatment plan.

Physical Activity
Any bodily movement which is produced by the skeletal muscles and requires the expenditure of energy. It can include leisure time, domestic activity, part of a person's work, or transport.

Resistance Training
Exercising your muscles using an opposing force i.e. dumbbells or resistance bands. Resistance training, toning, and weight training are one and the same activity; they require the use of resistance to maintain and increase muscle strength and size.

Sedentary
Inactive and sedentary behaviours are those involving being in a sitting, reclining, or lying posture during waking hours, undertaking little movement/activity and using little energy above what it used at rest.

Strength training
Strength is a component of fitness (along with balance, mobility, flexibility and aerobic/cardiovascular fitness). Strength training involves moving against a sufficient resistance (using body weight, resistance bands, hand weights/machines, etc.) to stimulate muscle activity and growth. Strength training alone will not reduce falls.

2: Background

Falls Prevention and Physical Activity Community of Interest

An Age UK Falls Prevention and Physical Activity COI has been working since January 2024 to explore how the Network can support the development of a *Physical Activity and Falls Prevention model*. The COI recognised drivers, such as Local Network Partner capacity, funding sources, barriers, and other influences such as the government strategy and general awareness of the impact of falls. These issues motivated the development of a way of working that could support older people throughout their lives in a Physical Activity Journey.

The COI members took an active role in the core work of the group and helped to develop the model.

What does Falls Prevention Mean?

In medical terms, a fall is understood to be when a person inadvertently finds themselves on the floor or ground without reason. Falls prevention looks at the various ways, both intrinsic and extrinsic, including activity levels, influence of medication and medical conditions, and environmental factors that can help the reduce the risk of having a fall. Falls are a public health concern and have a significant impact on individuals, their families, and carers. In providing falls prevention interventions, the Age UK Network can be on the front line of protecting individuals, their families, and their local health systems.

This *Guide* will focus on the ways in which specific types of physical activity and exercise (a sub-set of physical activity) can be used to improve strength and balance and reduce the risk and impact of falls. However, there are much wider health and wellbeing benefits to be had with the implementation of physical activity as both primary and secondary falls prevention. Likewise, there are many other ways to address the risk of falls. For example, reviewing medication, home hazard removal, improving nutrition and hydration, and knowing how to get up off the floor. However, for the purposes of this *Guide* we shall focus on the impact of physical activity and exercise.

While some might think that the less people move, the less chance they will have a fall, the opposite is true. Active lifestyles, particularly those that encompass strength and balance activities, can help protect against falls, so the more people move, the more resilient the body will be to the risk of falls. This, of course, requires a base-line fitness level that enables people to safely increase their movement, something that should always be considered before partaking in exercise of any kind.

What you do and the way you do it are equally important!

Our approach for falls prevention can fall into both primary and secondary prevention, depending on the stage and focus of a specific intervention. General physical activity is used as primary prevention, referring to interventions which aim to stop problems, in this case, falls, from happening in the first place. Secondary prevention supports early detection and interventions as treatment and, in the case of falls prevention, requires an evidence-based programme and structured exercise. The intention is that some individuals will be able to follow the Physical Activity Journey as primary prevention, while others will enter it and follow it as secondary prevention to prevent further falls in future. Secondary prevention requires more robust approaches to assessment and evaluation-based content.

Older people should have access to and an understanding of the types of exercises that could potentially protect them from experiencing a fall. Physical activity of any kind has a wide variety of benefits to general health and well-being, however, for specific goals related to falls prevention, progressive strength and balance-focused exercise is key. Older people should be encouraged to exercise in safe and effective ways and know if what they are doing will be effective at reducing the risk of a fall.

What Does the Evidence Say?

The evidence is clear that physical activity is one of the most effective modifiable ways to reduce the risk of having a fall, however it must encompass certain elements to have the most impact on falls reduction. We have based this approach on the idea that falls prevention fits into a general pathway of physical activity and some forms of exercise are more effective than others at preventing falls, but all forms serve as a stepping stone of progression on this journey.

While people with certain health conditions might require more assistance, supervision, and modifications to their physical activity levels, everyone benefits from incorporating strength and balance-focused exercise into their general activities, irrespective of individual risk. From gardening to lifting weights, anyone can take up physical activity regardless of ability level and see benefits.

Below is a table from our *Evidence Review: Balancing Act: A Review of Physical Activity in Falls Prevention* which further explains the ways in which different types of exercise can impact reduction rates for falls. For more information, please look at the **Evidence Review** itself.

Type of Exercise	Reduction in rate of falls compared to the control group	Strength of evidence*
Balance and Functional fitness	**24%**	**High certainty** ★★★★
Tai Chi	**23%**	**Moderate certainty** ★★★
Balance or Tai Chi in combination with resistance exercise	**28%**	**Moderate certainty** ★★★
Resistance exercise	**Inconclusive**	**Low certainty** ★★
Dance	**Inconclusive**	**Very low certainty** ★
General physical activity including walking	**Inconclusive**	**Low certainty** ★★

Figure 1: Summary of the effectiveness of different types of exercise on falls rates from Balancing Act: Evidence Review pg. 10

Otago and FaME

Otago Exercise Programme and FaME (Falls Management Exercises) are both popular evidence-based falls prevention programmes, which were featured heavily in the research papers (systematic reviews) included in our Evidence Review. Each programme has very specific elements that must be present for it to be effective at reducing falls risk. For example, they require a trained instructor[2] or leader[3] with recognised qualifications and the programmes need to be run exactly as intended to have the greatest impact. Modifying any evidence-based programme will impact its effectiveness and results.

Throughout this *Guide*, we will reference Otago and FaME when discussing falls prevention, however this is not to say that they are the only evidence-based programmes out there.

Otago and FaME[4] were both designed to be secondary prevention to support early detection i.e. people seen as at risk of falling and intervention to reduce the level of harm; however, FaME can be used as primary prevention as well for individuals with a lower falls risk before a fall might occur.

Otago is a 52-week programme that focuses on lower limb strength and balance exercise, and requires assessment for suitability, but is generally geared toward people living with moderate frailty and at a high risk for falls. It can be delivered in small groups and is generally more appropriate for people living with moderate frailty as it does not progress the balance training to the same level that FaME does. FaME progresses the learnings and skills of Otago into a group-based programme over a 24-week period to include upper limb strength training, flexibility, aerobic exercise, and how to get up off the floor. It is suitable for all older adults. However, it is not always necessary to complete the Otago programme before joining the FaME programme.

2 **Postural Stability Instructor,** Later Life Training

3 **Otago Exercise Programme Leader,** Later Life Training.

4 **Later Life Training: Implementation Guides for Commissioners, Public Health Officers, and Leisure Service Managers** – 2017

There are two other evidence-based programmes aimed at older people which can improve physical function but do not aim to reduce falls. These are ESCAPE-Pain[5] and ReACT[6] (Retirement in Action). These programmes support independent living and reduce pain from arthritis - but are not proven to reduce the risk of falls. Generally speaking, ESCAPE-Pain and ReACT are appropriate for people with fewer mobility restrictions and appropriate as primary prevention of falls risks.

Regardless of what intervention is being used, an effective approach to evidence-based falls prevention must include all items on the checklist:

Figure 2: Checklist from Balancing Act: Evidence Review pg.24

These elements must be adhered to for a falls prevention programme to follow its evidence base. While any physical activity is better for general health than none, any deviations from this list will not have the intended impact on reducing falls. The evidence regarding the impact of Otago and FaME shows that variations to the adherence of the programmes can vary considerably and have adverse effects on results for participants. One of the most challenging elements is to ensure adherence to the unsupervised exercise, which is an essential element of many programmes to achieve the intended dosage.

5 **Providing easier access to community-based healthcare for people with joint pain: Experiences of delivering ESCAPE-pain in community venues by exercise professionals** - 2022

6 **Effect of a physical activity and behaviour maintenance programme on functional mobility decline in older adults: the REACT (Retirement in Action) randomised control trial** - 2022

3: An Approach Rather than a Service

The *Age UK Physical Activity and Falls Prevention Approach* is meant to be both proactive and progressive. The aim is to provide a preventative model rather than rely on reactive responses to referrals. This *Guide* is intended to be an example model for Age UKs to use as a resource as they consider their own approach to falls prevention.

Our Guiding Principles

Having a fall is not an inevitable part of ageing. Relatively simple behaviour changes and modifications can protect against falls, and Age UKs are uniquely situated to provide support to older people around their Physical Activity Journey in a way that will help reduce the rates of falls and number of people falling. We are also being guided by the World Health Organization's Decade of Healthy Ageing[7], which includes a strategy to create an environment where people, throughout their lives, have the opportunity and ability to do things they enjoy and live long and healthy lives.

Falls prevention cannot be done to someone, people must actively engage in it themselves.

As a trusted brand in local communities, Age UK can offer personalised support that focuses on what matters most to older people and offer support for ongoing behavioural change and motivational support through their ability to reach and connect people within communities.

When it comes to falls prevention, it is not just what type of exercise you do; frequency and intensity are equally important.

It is likely that for most older people, getting the proper dosage will require them to exercise independently, which means they need to have the skills and confidence to do so.

Dosage:	
Frequency:	two to three sessions per week or three hours per week
Intensity:	must increase in intensity and challenge
Duration:	six months minimum with ongoing exercise to maintain benefits

*Dosage less than this has limited to no effect on reducing falls

What We are Trying to Offer

Building on the principles of person-centredness, the *Physical Activity and Falls Prevention Approach* aims to support older people at risk of having a fall or wanting to reduce their risk of having a fall in the future.

- Awareness campaigns to increase the knowledge around the impact of falls on individuals and local health systems, as well as accurate messaging about what is and is not effective at reducing falls rather than improving risk factors for falls.
- A progressive range of physical activity opportunities that follows the evidence that older people can use in stages, allowing them to build their confidence.
- Robust risk-assessment that ensures person-centred access to falls prevention programmes that meet need and ability. This should include encouraging those at high risk of having a fall to speak to their GP or self-refer to a local falls clinic.
- Options that encourage social inclusion while encouraging independence to support physical and mental wellbeing.

When possible, interventions should be multi-factorial in nature, meaning they will combine exercise with other components to create a unique package catered to individual risk profiles. These multi-factorial interventions speak to the person-centred and holistic nature of the approach.

7 **WHO Decade of Health Ageing** - 2019

4: Physical Activity Journey

The Five-Stage Physical Activity Journey is an output that came out of the *Evidence Review* which highlights the progressive Journey from sedentary behaviours through to continual progression. The Journey can be viewed from the perspective of an older person looking to gradually and safely increase their activity or from the perspective of a Local Network Partner looking to understand how their provision fits in with various stages.

The evidence recommends that people over the age of 65 build up from current activity levels to at least 150 minutes of moderate intensity exercise every week, incorporating strength and balance elements at least twice a week. Age UKs are uniquely situated to support people across multiple stages of that Physical Activity Journey. How each Age UK does this will depend on the local need and their strategic priorities, local partnerships, and resources or funding available. The five-stage Physical Activity Journey can also be used in conjunction with other health priorities, for example, to understand the interconnectedness between falls and frailty and how physical activity can be used as an intervention for both.

The Journey aims to show the ways that older people might come in and out of their physical activity journey while recognising that the journey is rarely linear. It also represents the ways that an Age UK might come in and out as a provider while working collaboratively with other local provision.

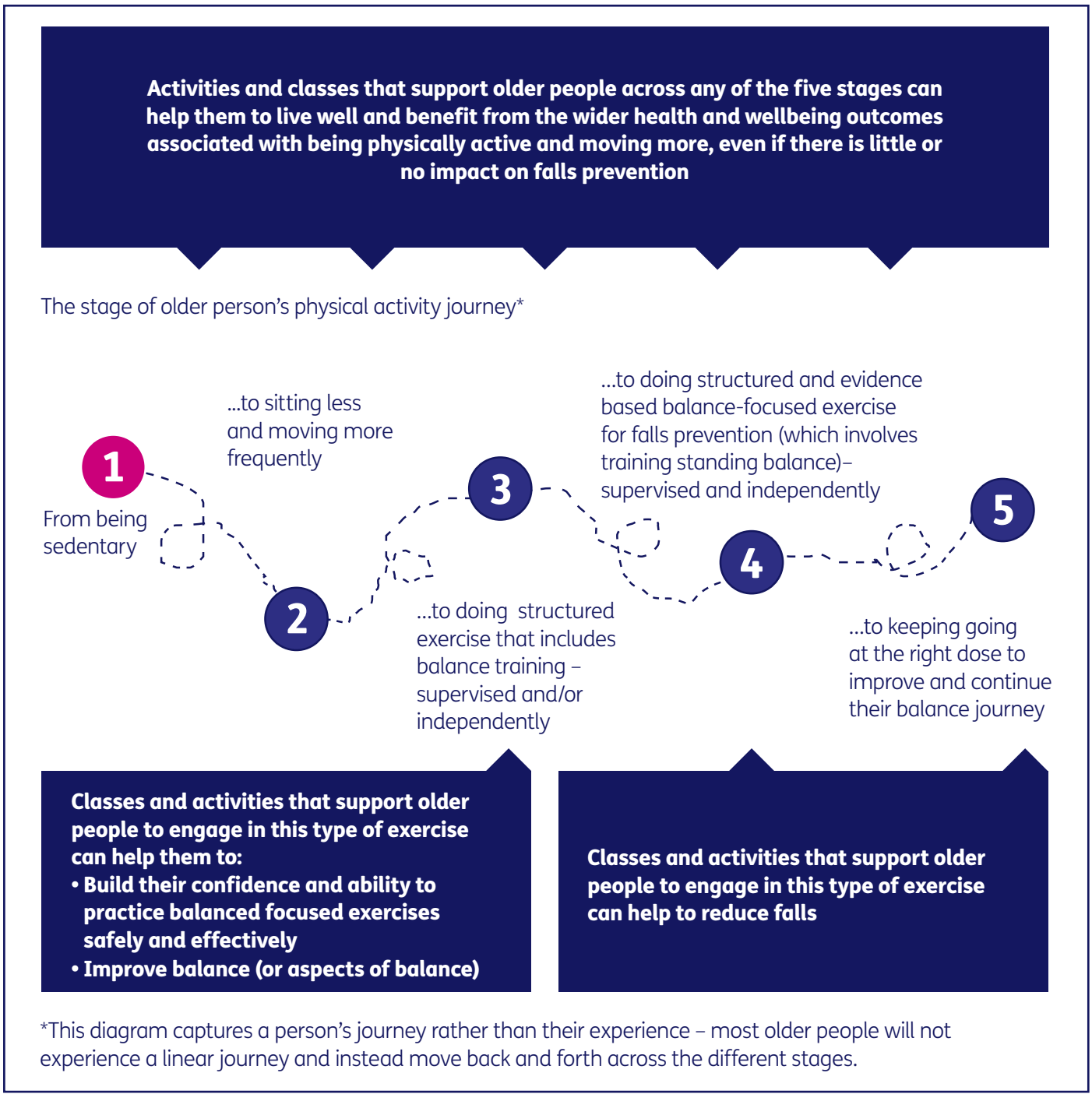

Figure 3: Physical Activity Journey from Balancing Act: Evidence Review pg.25

There are five stages across the Physical Activity Journey each encouraging more movement and activity. While not all the stages encompass the right elements to be considered effective falls prevention, they are still very important aspects. The approach developed by the COI provides guidance on how Age UK activity delivery can fall into the various stages.

Each stage does not necessarily require direct provision from a Local Network Partner, as there might be other provision happening locally that can cover parts of the Journey. It may be that Network Partners work with other local organisations to develop a partnership approach across the Journey. Throughout the five-stage Physical Activity Journey and within each stage, guided conversations and opportunistic conversations can be used to help encourage and motivate individuals.

1: Identifying Older People: two examples

Sofia is 66 years old and has always been a very active person. In school she played a variety of sports and ran road races regularly throughout her adulthood. Since retiring a few years ago, she has taken up tennis and Nordic walking. She is at ***Stage 5*** of the Journey.

She recently had a minor injury while playing tennis and has had to take it easy for the last few months so her daily activity has been much less than it normally would be. She is finding that she has lost a lot of strength and needs to ease back into her normal activity.

Jonathon is 78 years old and while he did consider himself to be active for most of his life, in the last 10 years he has become quite sedentary and has gained a lot of weight, lost a substantial amount of muscle, and is noticing low energy levels. He is at ***Stage 1*** on the Journey.

His GP recently talked to him about the importance of moving more and incorporating strength and balance into his usual routines. He is excited about the prospect of having more energy and has been referred to his Local Network Partner to join some seated exercise classes so he can build up to standing strength and balance work.

Jonathon and Sofia have different relationships with physical activity and might not appear to be the target for a falls prevention intervention at first glance, however they both show the ways in which someone can come in and out of the stages of the Physical Activity Journey.

Stage 1:

As the evidence says that even light movement has overall health benefits compared to being sedentary, the focus of *Stage 1* is appealing to sedentary individuals about the benefits of moving more and attempts to encourage more movement. This will require:

- Awareness campaigns for individuals, their families, and carers, and prompting opportunistic conversations to inform on the importance of physical activity.
- Understanding individual perspectives and being able to meet people where they are at in terms of their physical activity journey and confidence and safety levels.
- Understanding what motivates people to move, what their priorities around physical activity are and work to build confidence.
    - Can utilise peer support to build confidence and motivation.
- Accessible referral pathways from and into other services and physical activity groups.
- Opportunities for light movement to slowly increase activity levels as appropriate with an individual's fitness levels.
    - Can take place either in the home or in more structured settings.

Stage 2:

The goal of *Stage 2* is to continue to encourage movement and awareness of its benefits, while also starting to provide more structured opportunities for movement. At this stage, exercise does not need to be solely focused on targeted strength and balance, as the priority is encouraging movement of any kind.

- Education and awareness of the benefits of moving.
- Opportunities to move more, even in ways that do not target strength and balance or falls prevention specifically.
  - Dance, seated exercises, yoga, walking programmes, etc.
- Have opportunistic conversations to understand motivations to support goal setting and increased movement.
- Begin to build up to more challenging exercises.
- Accessible referral pathways with ability to signpost to other provision happening locally.

Stage 3:

Stage 3 is where more specific elements of falls prevention start to become prominent, and while the strength and balance elements do not need to be in line with a specific falls programme like Otago or FaME at this stage, it should encompass more and more strength and balance training. The overall focus should be on wider health benefits at this stage and does not need to be specific to falls prevention. In *Stage 3* there should be more awareness on proper dosage needed for intended affect.

- Doing structured exercise that includes strength and balance training – both supervised and independently.
- Raising awareness and building confidence.
- Educate on dosage and ways to exercise independently and safely.
- Provide opportunities for older people to engage in specific strength and balance-focused exercise and incorporate it into existing activities. For example, the ESCAPE-Pain or ReACT programmes which support an evidence base but are not shown to have an impact on fall rates.
- Frame positive benefits that show people how balance and functional exercise can align with their living well goals.
  - This does not need to be through a specific falls prevention lens and could focus on remaining independent for longer.
- Build up to recommended levels safely and with increasing challenge.
- Information on what to do in the event of a fall, including how to get up off the floor following a fall.
- People start to experience wider health and well-being benefits of being more active.

Stage 4:

Stage 4 is the stage of the Journey with the most direct connection to falls prevention. It requires very specific elements that coincide with the respective evidence base for activities intended to reduce falls. This includes adherence to proper dosage and following the designated programme as it was intended.

- Evidence-based falls programme such as Otago, FaME, or other evidence-based programmes.
  - Delivery could include aspects of multiple programmes as part of the progressive Journey.
- Increased dosage and safe progression through programme, including independent exercise.
- Support people to continue strength and balance-focused exercise after completion of programme.

- Information on what to do in the event of a fall, including how to get up off the floor following a fall.
- Provide a resource or contact that can serve as support if people are struggling with elements of their exercise programme or experiencing pain or discomfort to guide them in what to do.
- Provide opportunities to look back at progress thus far and see where people started vs. where they are now.

Stage 5:

Since the Journey is not intended to be linear, *Stage 5* does not necessarily equate to an end. Instead, *Stage 5* represents the continual progression that can occur after completion of structured programmes. In some cases, *Stage 5* activity could occur jointly with activities in *Stage 3*, just in more challenging ways. It can also include activities outside of Local Network Partner provision.

- Provide people with options and opportunities to maintain or progress their abilities based on current levels of strength and balance.
  - Could be alongside other local partnerships that might be providing falls prevention services or can support falls prevention programmes.
  - Activity that follows the progressive effort to increase challenge such as ReACT.
- Provide handover resources to staff to support the transition between stages and continued involvement.
- Utilise volunteers to enhance programming and keep individuals involved long-term.
- Utilise partnership resources both locally and nationally, for example, We Are Undefeatable[8] resources provide examples of exercises you can do from the comfort of your home.

Balance Exercise

The five-stage Physical Activity Journey focuses on all forms of physical activity, but when it comes to falls prevention, strength and balance is key. Balance plays a crucial role and there are five specific elements of balance that must be targeted to have an impact on reducing the rate of falls. These elements of balance are required throughout *Stage 4;* however, they can be present throughout the other stages of the Physical Activity Journey as well.

Anticipatory Control	Ability to proactively adjust body position prior to making a movement that might cause instability
Dynamic Stability	Ability to control centre of gravity
Functional Stability Limits	Ability to move centre of gravity in any direction to maintain stability
Reactive Control	Ability to re-establish stability after a spell of instability
Flexibiltiy	Ability of joints to move through an unrestricted range of motion

Figure 4: Types of targeted balance from Balancing Act: Evidence Review pg.14

Balance training, especially standing balance training, forces the body to be slightly off-balance, in turn teaching the body how to stabilise itself. There is more information on the benefits and goals of balance training in the Evidence Review on page 14.

8 **We are Undefeatable**

5: Age UK Approach to Falls Prevention and Physical Activity

Active lifestyles and the benefits of physical activity are promoted across all ages, but falls prevention is often geared towards an older demographic. The evidence is clear that there is no time too early or too late to start working on balance and functional fitness, so in our approach we will aim to gear messaging toward a wider range of ages and abilities. By focusing on the benefits of activity and staying steady and strong, these programmes can reach a demographic that might not otherwise see themselves as in need of 'falls prevention'.

2: Entering the Journey: two examples

After Jonathon's discussion with his GP on the benefits of moving more he got in contact with his Local Network Partner. They enrolled Jonathon in a weekly chair-based exercise class, with progression onto standing exercises, which included a social tea. Jonathon would be in ***Stage 2*** of the Journey.

With Sofia's injury, a friend of hers recommended she consider some exercise classes like Pilates or Tai Chi that are put on by the local leisure centre just to keep up moving until she can get back to her normal activities. During her assessment at the leisure centre, they recommended that she speak to her Local Network Partner about doing evidence-based falls prevention programme FaME, so she advances to ***Stage 4.***

By using positive framing around the benefits of active lifestyles and healthy ageing techniques, this approach can reach target audiences earlier and have a lasting impact on their health and wellbeing in the long-term.

Using Guided Conversations

The power of short, opportunistic conversations can be instrumental in understanding what motivates people and what their thoughts and intentions are when it comes to moving more. This can help to cater interventions to individuals, meet them where they are at in their Journey, and start the conversation at an appropriate time.

We recommend using resources like Making Every Contact Count[9] and Moving Medicine[10], which use the 'Ask, Assist, Act' model. This model is opportunistic while also encouraging information sharing and reflection and can be scaled across organisations and populations.

The wheel opposite depicts some of the many benefits that can come from being opportunistic and using conversation tools to encourage physical activity for falls prevention. These benefits go well beyond the scope of just reducing the risk of having a fall.

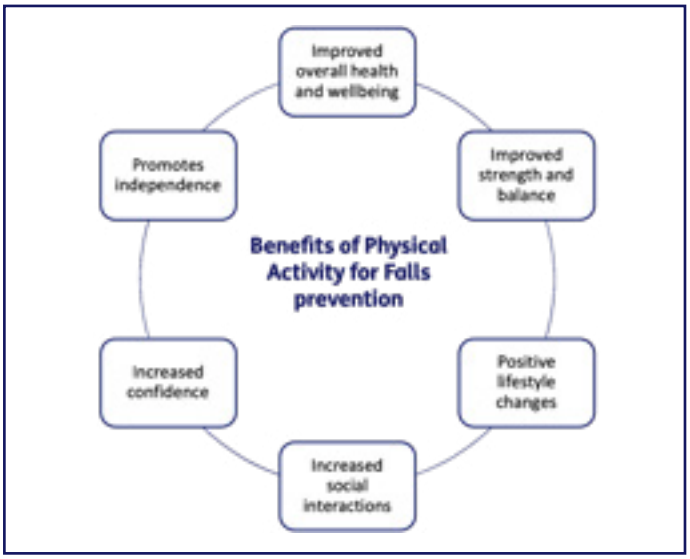

Figure 5: Some of the benefits of opportunistic conversations about physical activity

Key Questions:

1. ***Do we have a clear idea what attracts people to a falls prevention programme?***
2. ***Do we have a plan for recruiting and training qualified instructors?***

9 **MECC Link**

10 **Moving Medicine**

3: A support offer and plan – two examples

Once Jonathon gets settled into his ***Stage 2*** beginners exercise classes, his Local Network Partner proposes a plan to progress further into ***Stage 3*** activities, which will incorporate more challenging strength and balance aspects. His Local Network Partner does not provide this themselves, but they have partnered with a local leisure centre that does deliver this type of programming.

Sofia is coming up to the end of her ***Stage 4*** FaME programme and is enjoying the specific strength and balance work that is included in the programme and is feeling confident to continue many of the exercises in her own time to get an adequate dosage. Her Local Network Partner has sat down to talk to her about ways she can keep active and get back into tennis again.

Support Offer and Plan

The Age UK Physical Activity and Falls Prevention Approach aims to provide older people with a variety of options that can meet their physical activity needs and provide opportunities to progress safely. As mentioned, interventions should be multi-factorial and be catered to individuals to promote independence, confidence, and activity. Below are some examples of types of programming which should demonstrate how people can pick and choose various versions of the Journey as it suits their needs and abilities. Depending on the support offer chosen, Local Network Partners should be prepared to offer multistranded offers with short-term, middle-term, and long-term elements.

The table below offers examples of activities that we know to be common amongst the Age UK Network and how it could potentially fall into the five-stage Physical Activity Journey.

Examples of Interventions	What's Included?	Possible Stage(s)	Primary or Secondary Prevention
Chair-based exercise	Seated programmes can vary in intensity and challenge but are often good entry points for many people or those who are less mobile as they can build up to standing exercises. These can improve strength but not reduce falls.	1, 2	Primary
Tai Chi	Tai Chi can be offered in seated or standing sessions and is known to improve strength and balance when standing exercises are performed. Seated version can improve mobility and coordination but not reduce falls.	3, 5	Primary
Walking Groups/ Nordic Walking	Walking groups serve as a possible entry point and can vary in intensity depending on distance and terrain. These can improve strength and potentially balance but not reduce falls and brisk walking is potentially unsafe for people at high risk of falling	2, 3, 5	Primary
Dance	Dance programmes and classes can be very popular social activities that incorporate movement. They rarely include enough evidence-based strength and balance activities to qualify as falls prevention but are good for other health and wellbeing outcomes.	1, 2, 5	Primary
Information Sharing	Community-based events to inform on the benefits of moving more and examples on how to incorporate more physical activity into daily life. Information sharing should explain the difference in and purpose of primary and secondary prevention of falls.	All stages	Primary or Secondary

Examples of Interventions	What's Included?	Possible Stage(s)	Primary or Secondary Prevention
Evidence-based programmes	Programmes like Otago, FaME, or ReACT which require qualified instructors are aimed at individuals who need specific strength and balance training geared toward reducing the risk of falls as secondary prevention. For those at highest risk there should be multi-factorial assessments wider than just the need for exercise.	4	Secondary
General Social Groups	Can utilise the gatherings to offer optional movement into existing social events which will increase movement and potentially educate on the benefits.	All stages but particularly 1&2	Primary
1:1 Support	1:1 interventions provide a very person-centred experience and can be a way of delivering any type of intervention, given that the person delivering the support has the appropriate qualifications. This could take place at any stage but is often a common element of Stage 4.	All Stages but particularly Stage 4	Primary or Secondary
Walking Sports	Examples such as Walking Football, Walking Tennis, etc can be social events as well as opportunities to encourage movement and use as an education tool on the importance of movement. These can improve strength but not reduce falls.	2, 3, 5	Primary
Swimming / Aquatic Exercise	Swimming is a no-impact sport that can relieve pain and improve strength. Aquatic exercise is a low-impact activity that can improve strength and balance. Neither reduce falls.	2, 5	Primary
Cycling	Cycling is a low-impact general activity intervention that can help people work up to desired physical activity levels as it can be low or high intensity. It can improve strength but will not reduce falls.	1, 2, 5	Primary
Pilates / Yoga	Pilates and yoga are good for improving strength, mobility, and flexibility and can be done standing or on the floor. They can be done independently or in structured group settings. Neither reduce falls.	2, 3, 5	Primary
Lawn / Carpet Bowling	A popular activity that many Local Network Partners provide, bowling can be a great starting point for many as well as a social activity that encourages movement. Good levels of strength, balance, and flexibility are often needed due to the nature of the activity. It does not reduce falls.	1, 2, 5	Primary
Strength Training	Strength, or resistance, training can take many forms and is easy to increase the intensity so it can be a good entry point as well as a continual progression opportunity. Adding extra resistance aids training gains, but on its own, will not reduce falls.	All stages	Primary

Table 1: Where activity can fall on the Journey

Potential Challenges/Barriers

As with any intervention, there are likely to be expected and unexpected challenges. Based on what the Network has told us through the COI, the Insight Gathering surveys, and what the evidence says, there are a few challenges that could appear in attempts to set up an approach to falls prevention through physical activity. The Table below illustrates potential challenges and barriers and possible solutions.

People perceive themselves as active enough already and prefer activities they find more fun
• People prefer other activities (that might not encompass the strength and balance aspects) and don't see the purpose or benefit of including specific strength and balance or falls prevention into their normal routine. • **Possible solution:** Provide older people with resources to better understand the importance of specific types of exercise and the dosage required for them to have an impact so that they are aware of how different types of activity map out against others.
People lack the motivation to exercise
• People might not view themselves as 'active' and do not see a purpose in starting now. • **Possible solution:** Develop a strategy to market the benefits of physical activity and it never being too late to start and understand how to broach behavioural barriers that might exist for individuals. *Raising the Bar* is a good resource with tips on how to do this (linked in the Appendix).
Demand is greater than what capacity will allow
• Demand has increased since Covid as many people have experienced decreased fitness and activity levels since the pandemic. Local Network Partners may struggle to provide adequate (and progressive) services for all interested users. • **Possible solution:** Consider the strength of other local partnerships in being able to share the load with collaborative efforts to integrate falls prevention into the Physical Activity Journey.
Funding for falls prevention activity is lacking in the local healthcare system
• The lack of consistency in what should be funded for falls prevention and how it is differentiated from general exercise can create confusion amongst funders, providers, and service users. • **Possible solution:** Focus on sustainability plans that include a mix of funding sources, volunteer involvement, and a sliding scale fee structure for service users.
Recruitment and training costs for qualified instructors are high
• Qualified instructors can be expensive to recruit, train, and employ. • **Possible solution:** Develop recruitment campaigns to attract qualified instructors including career changers or retirees with a passion for heatlh and wellbeing or partnering with educational institutions.
Difficulty assessing cost effectiveness of falls prevention programmes
• It can be challenging to capture non-health outcomes and societal intervention costs as well as any variations in delivery in comparison to intended impact. • **Possible solution:** Try to adhere to intended delivery as much as possible and make note of any possible variations to better understand what implications they might have on outcomes, including non-health outcomes.
Deconditioning that has occured as a result of Covid lockdowns
• Many people have been unable to return to their pre-lockdown physical activity levels, as a result of being isolated, loss of confidence, or any number of reasons. • **Possible solution:** Utilise assessements and person-centred interventions to support people in easing back into activity and building up to various stages of the Journey. This can also be used to reach people in the community that might have been very isolated the last few years.

Key Processes

Below is a very high-level process map that outlines six key elements that are central to the provision of a falls prevention approach. Much like the five-stage Physical Activity Journey, it would not necessarily be a linear path for everyone or all Age UK Network Partners. In fact, in many cases, people will not exit the service as there will be alternative options for continual progression as stated in *Stage 5*. The process highlights the continual progression that requires regular assessments that support people to move through to new stages, as appropriate.

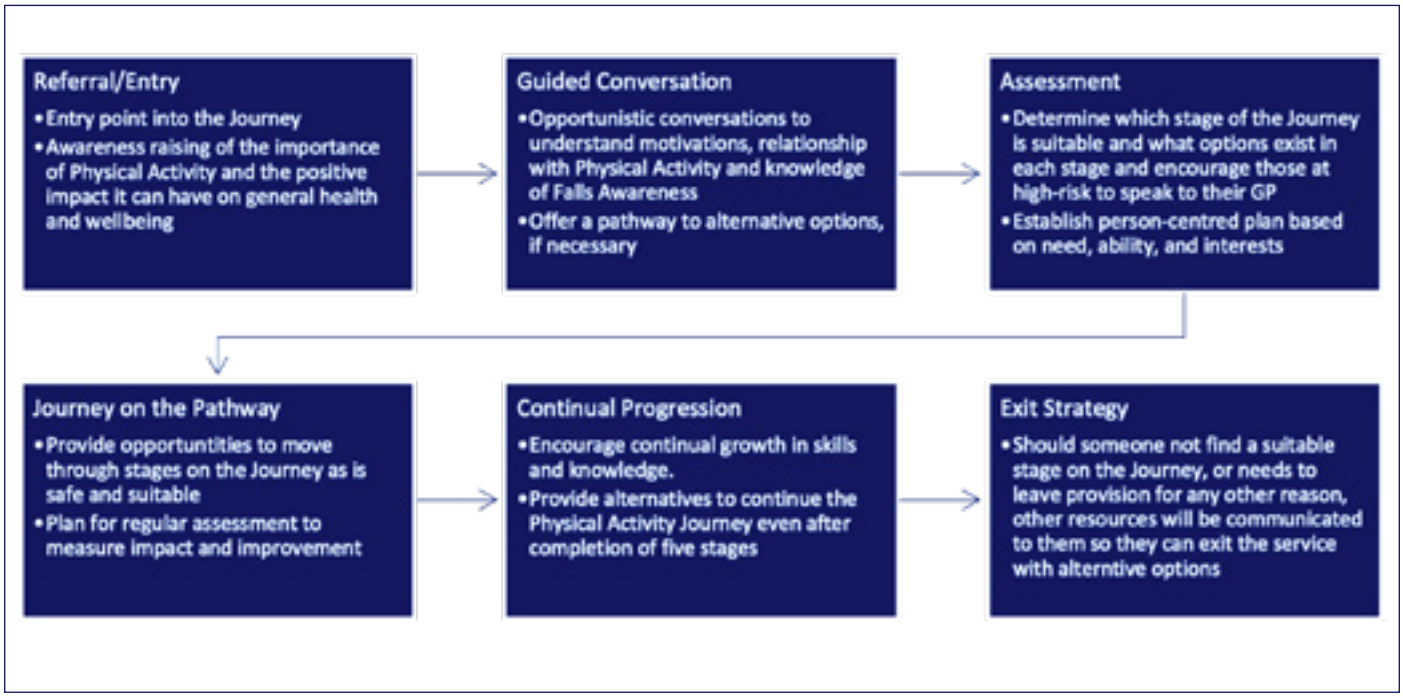

Figure 6: Potential Process Map of Physical Activity for Falls Prevention Approach

This process map overview does not show what to do if a colleague at a Local Network Partner identified someone as being at a high risk for falls. We always recommend that anyone concerned about falls, has a fear of falling, or has experienced multiple unresolved falls be encouraged to talk to their GP or self-refer into a falls clinic or service. This could be a route into the above process and Journey for them, or it can help bridge the gap where a Local Network Partner does not have suitable provision.

Outcome Measurement

There are a variety of scales that people use to assess risk and suitability for various programmes.

The aim of the Age UK five-stage Physical Activity Journey and Fall Prevention approach is to encourage older people to become more physically active, move more, be less sedentary, as well as embed strength and balance exercises into community provision. Several outcomes are expected from these objectives:

- Older people are more aware of the risk of falling and have the tools to reduce the risk of having a fall.
- Older people are more physically active and involved in various elements of their community, contributing to improved overall wellbeing.
- Increased confidence in, and ability to do, strength and balance exercise outside of a structured session setting to increase dosage independently.
- Provide progressive physical activity opportunities for older people to progress in their physical fitness at a pace that suits them.

The specific outcomes that a Local Network Partner might need to measure will depend on funding, type of intervention, and other local factors. Robust data collection will provide a way of showing the impact of various interventions on individuals, their community, and local health systems. As this is a long-term piece of work, Age UK will continue to update with resources as the work around falls prevention continues, but some are listed in the Appendix, including Raising the Bar.[11]

Monitoring and Evaluation Frameworks

The COI helped to develop Logic Models for each stage of the Journey and those models have informed this *Guide* as well as example Monitoring and Evaluation Frameworks and Reporting Plans for each stage. Links to each of these can be found in the Appendix. Each of these documents aims to support the activities needed to achieve the outcomes and outputs of each stage and can be adapted to suit a Local Network Partner's own provision.

Self-Reported Falls Rate is based on these questions:

1. ***How many times have you fallen in the past year?***
2. ***Do you feel unsteady when standing or walking?***
3. ***Do you have concerns about falling?***

Initial assessment template

Most Age UK services rely on some sort of referral to assessment approach to support staff in determining suitability and need for particular services. For the purposes of the five-stage Physical Activity Journey, these assessments should be done frequently to support people moving between stages as appropriate and in line with what local provision will allow. For this reason, it is so important to have skilled staff and instructors who can determine when individuals are able and ready to safely move to a different stage.

Depending on the stage, assessments can vary in formality, but understanding the baseline and being able to track progress will be important and should be done throughout all stages of the Journey.

There are a variety of different assessments available, of which the Network uses many. The COI has recommended a few example assessment templates, which are available in the Appendix.

11 **Raising the Bar on Strength and Balance** - 2019

Marketing the Model

The term 'falls prevention' will not necessarily appeal to everyone, so the Age UK approach will aim to reach a wider target audience by using inclusive language such as 'strong', 'strength', 'steady', 'take on new challenges', etc. and spreading the message across many demographics.

Key Questions:

1. ***What motivates people to get active?***
2. ***What strategies can we use to reach people?***
3. ***How can we expand the scope of the people we reach?***

This will mean having a versatile marketing approach that does not necessarily focus strictly on older people. It may also be helpful to focus on Healthy Ageing to encourage people to become more active as well as consider building strength and balance early on to reduce the risk of falls. One of **Age UK National's strategic aims** for the coming years involves transforming public attitudes around ageing, which will include appealing to younger crowds to encourage them to think about their ageing experience early on. Various stages of the Journey might be more geared towards different ages and abilities, so our marketing strategy should match that variety.

4: Continuing the Support Offer – two examples

After completing her Otago programme, Sofia has decided that she has regained the strength and confidence to go back to her usual activities and take tennis back up. She will continue to do many of the strength and balanced focused exercises that she learned in her Otago programme. She is now focused on maintenance and continual progression and is back in ***Stage 5.***

Jonathon spent a few months doing various exercise programmes including Tai Chi and yoga with the local leisure centre, but to make room for new clients, they recommended that he move on to more independent exercise options or seek additional support or signposting from the Local Network Partner. Jonathon found that he really enjoyed the Tai Chi classes so his Local Network Partner signposted him to a Tai Chi class he can continue with independently and now he will continue through to ***Stage 5.***

Holistic Approach

We know that exercise is just one part of falls prevention, and the evidence tells us that when other components are included in the interventions, there is a significant reduction in the number of people falling.

In addition to exercise, these components include:

- Mobility aids.
- Environmental assessments and any needed modifications.
- Quality improvement strategies for exercise provision.
- Basic falls risk assessments such as medication review.
- Signposting or referring to other services that might be required for an individual to progress into their own Physical Activity Journey.

Costings and Funding

It is difficult to make generalisations on the cost effectiveness of falls prevention programmes as they will be dependent on local context and fidelity of the programmes, but there is a growing body of evidence that demonstrates how cost-effective falls prevention programming can be.[12]

A falls prevention approach needs to be financially sustainable. Therefore, Full Cost Recovery (FCR) is important because it ensures the resources to allow the service to be sustainable, positive, and able to focus on the provision of effective help for older people. FCR requires knowledge of a service's cost base and overhead to gain effective understanding of the unit cost. Age UK has produced a **Full Cost Recovery Manual** to help guide you through establishing full costs.

12 **Public Health England: Falls Prevention: Cost Effective Commissioning** - 2018

6: Workforce Development

From the Network, we know that a lot of physical activity interventions rely on both paid and volunteer workforces to support the delivery of programming. Since this approach is intended to be proactive and progressive, it is important to ensure that staff and volunteers have adequate training, knowledge, and skills to assist and inform on the delivery of any falls-related programming. This will also require that some staff have the appropriate qualifications to deliver specific types of interventions. Below is a table which outlines a number of skills which might be of interest to any Partner looking to embed these elements into the falls prevention or physical activity programming.

Skills	Learning Outcome
Making Every Contact Count or Moving Medicine Approach	• Implementation of Ask, Assist, Act approach to encourage opportunistic conversations. • Starting conversations about increasing movement and the benefits of increased physical activity levels.
Guided Conversations	• Using conversations as a tool rather than formal assessments to determine interests, motivation, knowledge, etc. • Using Age UK's role as trusted members of the community to build lasting relationships. • Aids understanding to address potential barriers.
Ability to assess physical activity ability and interest	• Determine motivations and interest in physical activity. • Assess when people can safely and confidently move to new activities or stages of the Journey. • Identify any 'red flags' such as individuals presenting with syncope, dizziness, etc. regarding safety or ability to progress on a specific timeline.
Appropriate Qualification (dependent on intervention)	• Qualifications will vary based on what programme is being implemented. • Level of training will vary based on type of activity.
Person-centred approaches	• Approaches which enable and include older people in the plan for their Physical Activity Journey. • Tools to support and plan for multi-factorial and person-centred interventions.
Signposting and knowledge of local provision	• Staff possess the knowledge to inform people of other local options both related to their Physical Activity Journey and other needs as a part of the holistic Age UK offer.
Community Outreach	• Build relationships with local providers who can support various stages of the Journey and bridge any possible gaps.
Falls Prevention Knowledge	• Definition of falls and how risks can be mitigated. • How falling is linked to other negative health and wellbeing outcomes. • Supporting people to enter the five-stage Physical Activity Journey. • Understand the role of balance and strength training in reducing the risk of falls and the difference between primary and secondary prevention.

Table 2: Suggested skills for workforce development

7: Recommendations for Good Practice

The Age UK Falls Prevention Approach recommends the following for good practice:

- Assess whether current activities that are promoted as supporting falls prevention are consistent with the evidence base.
  - Identify any gaps in the offer and develop it to be consistent with the evidence base.
  - Do not call programmes 'falls prevention' unless they are specifically designed for that purpose and support the evidence base to keep messaging accurate.
  - Articulate how the things you offer can benefit older people in their physical activity journey to prevent falls.
- Plot current physical activity and falls prevention offers against the Five-Stage Physical Activity Journey alongside other activities happening in the local area.
- Use positive language such as 'get strong, get steady', 'staying steady', 'strong and steady', or 'strength and balance' to prioritise the benefits of activity and appeal to wider audiences.
- Don't focus on restrictions or limitations. Programmes and information should be framed around the general benefits.
- Plan an exit strategy into the Journey so that as people progress, they have options to continue activity outside of the structured Falls Prevention and Physical Activity Journey to support lasting behaviour change.
  - Include regular assessment throughout each stage to continuously check suitability and support people to move across stages of the Journey.
- Utilise opportunistic conversations to encourage lasting changes to lifestyle including increased movement and balance-focused exercise into daily living regardless of age, fitness level, or ability.

8: Appendix and Resources

The Appendix provides links to some additional resources and references that were not referenced throughout the document, but we found useful in the development of the Falls Prevention and Physical Activity Approach.

Other outputs that were created with the support of the COI are linked on **the loop**. If you are not registered or have any issues accessing the loop, please contact: **partnership@ageuk.org.uk.**[13]

1. **Assessment Template – Examples**
2. **Behaviour Change Development Framework**
3. **Befriending Costing Framework - can be modified for other services**
4. **Customer Facing Resources**
5. **Exercise to prevent falls in older adults: an updated systematic review** - 2016
6. **Fall Proof** – Move to Improve Cards
7. Monitoring and Evaluation Frameworks - Examples

a. Stage 1
b. Stage 2
c. Stage 3
d. Stage 4
a. Stage 5

8. **Nice Guidance** – Falls in Older People
9. **Raising the Bar on Strength and Balance** -2019
10. Reporting Plan Template - Examples

a. Stage 1
b. Stage 2
c. Stage 3
d. Stage 4
e. Stage 5

11. **World Falls Guidelines** - 2022

13 A note for Age UK National users: all links in this document are directed to the Partner-facing version of the loop. To access these resources please use **our version** and toggle over to the Falls Prevention tab under Services.

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