

Minority Ethnic Elders Falls Prevention

Year One Progress Report

April 2005

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About the Minority Ethnic Elders Falls Prevention (MEEFP) programme

The Minority Ethnic Elders Falls Prevention (MEEFP) programme is a Help the Aged initiative funded by a Department of Health Section 64 grant over a three year period, April 2004 - March 2007. In addition, the charity committed funds from the Minority Ethnic Elders budget to support the work.

This report has been written at the end of year one to describe progress so far.

What did the programme set out to achieve?

The aim of the programme is to raise awareness about the risk of falls among minority ethnic older people and those who care for them.

We are aware that access to mainstream falls prevention services can be problematic due to barriers such as language, lack of knowledge of what is available and practices that are not suited to communities.

This programme hopes to address some of these issues by developing projects which involve older people from minority ethnic communities in their design and delivery.

Our objectives are to empower older people and communities to reduce their falls risk through locally established networks and the use of appropriate resources, and to support the dissemination of best practice among groups working with minority ethnic older people around the issue of falls prevention.

How was year one of the programme put into practice?

A Project Officer was appointed to manage the work, which was based within the Help the Aged Preventing Falls programme. This ensured both programmes were fully integrated and that knowledge and ideas were shared between the two.

A national advisory group was established to provide informed guidance for the work and advice on ensuring inclusion of socially isolated groups. The group was comprised of representatives from several prominent organisations, including the African-Caribbean Leadership Council, Race Equality Unit, Age Concern England, the Department of Health Human Rights and Equality Group and the Health & Social Care Change Agent Team. The group was consulted throughout year one and met towards the end of the year to discuss the structure of the programme and how it could progress.

Plans for monitoring and evaluation were considered at an early stage. A brief was developed and, following a tender process, a consultant was appointed to work with the programme during year one. The role of the consultant included assisting with plans for monitoring and evaluation, facilitating project workshops, and contributing to this progress report.

We decided that the programme of work would include:

- intensive project work with a number of projects across England which aim to develop better links between minority ethnic communities and falls services;
- the development of an active learning network of those working in falls prevention with older people from minority ethnic communities;
- development of resources in response to need.

The Help the Aged team

MEEFP Project Officer	-	Emma Spragg
Preventing Falls Programme Manager	-	Pamela Holmes
Preventing Falls Team Administrator	-	Cheryl Blake
Independent Consultant	-	Sue Burke

About the projects

How were the projects chosen?

The Help the Aged Preventing Falls database held (in May 2004) details of over a thousand practitioners and organisations who worked or had an interest in falls and older people. We surveyed the database to find out about any existing projects that involved working with minority ethnic communities, and invited organisations to submit ideas for potential new projects.

Criteria were developed to enable objective selection of projects. These were:

1. A number of minority ethnic groups should be included in the programme, to reflect the multi-cultural nature of our society, and to increase the number of older people from minority ethnic communities involved in falls prevention.
2. There should be a geographical spread across England and a range of organisations or community groups.
3. Projects should work closely with organisations which represent minority ethnic older people and incorporate the views of older people into the development of their work.
4. Projects should adopt varied 'models' or way of working to increase the value of the active learning network to members.

A shortlist was drawn up and these groups were visited by the Project Officer and Preventing Falls Programme Manager, to find out more about their work and ideas. Five groups were subsequently chosen to develop projects, in Barnet, Camden, Manchester, Portsmouth and West Euston.

How were the projects supported?

Regular contact between the Project Officer and project teams, both formal and informal, ensured strong working relationships were developed. Progress meetings were held at regular intervals (usually every other month). Where face to face meetings were not feasible, telephone and email contact were effective substitutes.

Two project workshops were held, in November 2004 and again in March 2005, at Help the Aged head office. Representatives from each of the five projects met to develop their plans and provide information for monitoring and evaluation purposes. The workshops provided a valuable opportunity for project teams to meet and share ideas, ask for advice and share resources.

The workshops were designed and facilitated by the independent consultant working with the Help the Aged team. The workshops included activities for reviewing progress and collecting information for evaluation purposes.



Members of staff from other Help the Aged departments came in at intervals to meet the teams and learn about the work.

Contact details were shared, enabling projects to get in touch with each other directly for help and advice. Support was also available from members of the Preventing Falls database via newsletter queries and emails.



Each project had an available budget of up to £2,000 from Help the Aged to develop their work. Help the Aged resources were made available to the teams.

The following section describes each of the five projects in detail. They are ordered alphabetically according to location.

Improving health and well-being in later life among the Asian community in Barnet

In early 2004, Barnet Primary Care Trust (PCT) had successfully completed a pilot programme of health promotion talks and exercise sessions with a Muslim community group. The work was carried out in partnership with Age Concern Barnet and other voluntary and community based organisations.

Members of the group were keen to continue with health promotion activities, and the project team had subsequently also been approached by representatives from other community groups with requests for similar work. Limited resources had previously made it difficult to meet the demand.

Target group

The London Borough of Barnet, in north London, has a large number of ethnic communities with populations of various sizes. The project set out to target older people from Muslim groups, with whom little health promotion work had previously been done. As the project developed this target group expanded to include several other faith and community groups.

Project aims & objectives

The aim of this project was to increase community based knowledge of falls prevention, by providing targeted information and advice in 'health promotion sessions' for older people from minority ethnic communities. The project team wanted to facilitate easier access to health services in the locality. Another key aim was to encourage participation in falls prevention exercise activities.

Who was on the project team?

Members of Barnet PCT Health Development Team worked in partnership with voluntary and community based organisations. The project was led by Asmina Remtulla, Specialist Nurse (Older People), Barnet PCT and Deborah Cura, Ageing Well Project Co-ordinator, Age Concern Barnet.

What is involved in the 'health promotion sessions'?

The project team visited various community and voluntary groups, at locations such as sheltered housing schemes, mosques and community and cultural centres. Some of these visits were as a result of a direct approach by representatives from the group, others were in effect 'cold calling'.

A programme of weekly sessions was offered to each group. The programmes varied in length, from 8 to 16 weeks, depending on the group's requirements. Each session would consist of a one hour health promotion talk and interactive discussion, followed by a one hour exercise class.

The team consulted with each group to determine what health issues were of most interest and relevance to them. This enabled the programme of talks to be tailored to the specific needs and requirements of each group.

The talks were given by partners from the health, social care and voluntary sector. An interpreter was present at each session to translate the talks into the language (or languages) required by group members. Topics covered included how to prevent accidental falls in and outside the home and making your environment safer, the benefits of remaining physically active in later life, looking after your feet, eyes and heart, safety with medicines and how to access local and national health information and support services.



Individual health screenings were carried out within each group, and where necessary people referred on to GPs or other specific health services.

"We are always keen to communicate health and fitness information to our residents, as sometimes ethnic minorities can miss out on mainstream messages. This scheme has proved extremely popular and valuable, taking people's cultural backgrounds and sensitivities into account. I'd thoroughly recommend it." - Wajid Bokhari, Chand House Manager. Chand House is an Asian Housing Association scheme in Barnet

What did the project achieve?

- So far around 200 people from a variety of minority ethnic communities in Barnet have benefited from the work. Sessions have been held in an Asian sheltered housing scheme, a day centre for elderly and disabled Asians and with a male Hindu group, amongst others.
- Translated written information on each falls prevention and health service covered in the talks has been developed and distributed to all participants. Some resources developed during the project are to be made available on a national level.
- The project has developed a simple model of working which will enable the work to be easily modified and taken to other groups.
- During some of the sessions, the project team received unexpected requests for information about sexual health. The team aim to incorporate this into future projects.

- Each group showed a positive interest in participating in exercise, with Tai Chi proving to be the overwhelmingly popular choice. Many individuals have demonstrated visible changes in their flexibility, balance and movement since taking part in the exercise sessions.



What did the project cost?

In total the project cost £2,000. This funded five programmes of health promotion sessions and included costs of Tai Chi instructors, venue hire and occasional consultations with health professionals who were required to make a charge for their services. Most of the staff and administration costs were absorbed by the PCT.

What were the biggest challenges the project faced?

Widespread interest in the work from various communities meant careful management was needed to avoid the potential 'snowball effect', and ensure the work remained achievable within the constraints of available resources.

The team encountered problems gaining access to some groups, and then interesting them in the work. However once the team had 'a foot in the door' and people could see what they were trying to achieve, they were much more receptive and enthusiastic.

"It's been enjoyable... and hard!" - member of project team

One difficulty faced by the team was when they approached a group of Tamil elders. They had initially planned to visit the group in January. However following the tsunami in December the team agreed that it was not appropriate to pursue their plans at this time, given the understandable pressures of the group's concerns about the effects of the disaster on their native Sri Lanka. The project has since completed a programme of health promotion sessions with this group.

An obvious difficulty was how to access older people from for example the Iranian or Kurdish communities, who don't have an established community group or centre. It was outside the remit and resources of this project to set up something specific, and so these smaller groups have unfortunately not been able to benefit as yet.

A key member of the project team changed jobs part way through the project. This potentially damaging obstacle was overcome by efficient planning and documentation from the outset, coupled with regular team meetings to ensure everyone was aware of progress.

Were there any practical difficulties that could have been handled differently?

- There were some problems with translating the presentations. As the interpreters were not familiar with some of the medical terms, it was difficult for them to interpret exactly what was being said, occasionally leading to misinterpretation. This would have gone unnoticed if another language speaking member of staff were not present to check what was being said. A solution for the future is to train interpreters in the specific aspects of each topic, which of course requires further investment.
- Professional 'speech making' did not work with some groups. A slightly different approach was sometimes needed to help de-mystify some of the topics.
- As part of the consultation process the team were often met with the response 'you tell us what you have to offer' rather than 'we'll tell you what we want'. This is partly because people were unaware what services may be available to them. A solution could be to train community-based 'peers' to take the message to the community.
- Health assessments revealed a number of different problems within target groups, such as high blood pressure, incontinence and foot health. It was not always possible to follow these up within the project team and many referrals had to be made. This was in some ways advantageous as it meant people got into 'the system', and GPs have in fact commented that they appreciate the project referrals and have subsequently referred people on to specialist falls clinics. However the project team felt they had to be careful not to 'rock the boat' and be seen to be doing other people's jobs or creating extra workload for others.

What were some of the key factors that made the project a success?

Consultation with all the community groups involved was key to the success of this project. The timetable and content of each programme was carefully planned to fit with venue and group requirement.

Barnet PCT provided an interpreter at each session, thus absorbing costs centrally. It pays to investigate and link with existing services wherever possible.

Having a project team member who spoke three different Asian languages was a definite advantage in gaining trust from the groups, and also proved invaluable in checking translations of talks. This is clear evidence of the level of resources that need to be invested in interpreting.

What next?

The project now wants to focus on other groups and has begun with three presentations to smaller groups to highlight what the project could offer them.

One group, at the Asian sheltered housing scheme, has decided to organise fund ongoing tai chi sessions themselves. Others have expressed a wish to do the same.

As with any community based project, sustainability is an ongoing issue. The team perceives a need to publicise the work more widely in the voluntary sector in Barnet, as this may help to attract further support for work of this sort.

Some of the resources developed during this project will be made available nationally through Help the Aged.

Contact details

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'Taking Positive Steps' with Cypriot women in Camden

'Well and Wise' is a healthy living network for older people in Camden, north London. During 2004 the National Primary Care Development Team chose Well & Wise to manage a Healthy Communities Collaborative Project to reduce the number of falls among older people. Building closer links with the community was a key part of the work.

Although the work was very successful overall it had proved difficult to access some minority ethnic communities. The team were keen to develop their work in this area.

Target group

Camden is traditionally a centre of Greek and Cypriot settlement in London. The Cypriot Women's Centre is an active and vibrant community centre with a large number of members attending regularly. The Centre had previously approached Well & Wise for health promotion work and had expressed a particular interest in undertaking a falls awareness project.

Project aims & objectives

The aim of the project was to raise falls awareness in the Cypriot community. By training staff and volunteers at the Cypriot Women's Centre in all aspects of falls prevention and general healthy living, they would be able to incorporate falls into their work with centre members.

The project was also designed to engage staff, volunteers and members in finding ways of identifying people at risk of falls and arranging referrals to statutory services as required. As part of this the team was keen to identify barriers to accessing falls prevention services for this group.

Who was on the project team?

The project was a partnership venture. The team was led by Samantha Wall, Falls Screening Educator at Well and Wise working in collaboration with Koulla Ioannau and other staff and volunteers from the Camden Cypriot Women's Centre. Others from Well and Wise and the Camden Active Health team also contributed.

The initiative was undertaken with the support of the local Primary Care Trust, Social Services and other local groups.

What did the project involve?

As a first step the project provided training for staff and volunteers at the Cypriot Women's Centre. The purpose of this was to increase their knowledge of falls and falls prevention as a topic, and thereby increase their confidence when dealing with people who have fallen.

Questionnaires were designed to work as basic assessment tools to help identify potential fallers. These questionnaires would also enable the staff to develop a falls register so they could refer people who had experienced a fall to relevant support services in the area.

The project team set up a focus group within the centre to advise on the project. The group consisted of older women who had experienced a fall and could therefore identify useful and relevant issues for the project to address.

Some of the experiences that were reported in the consultation:

Maria had a long period of not exercising, resulting in weakened muscles. She reported falling often, sometimes when getting on and off the bus. As a result she suffered swelling of the knee. She has since learned of some exercises which make a big difference.

Elizabeth, who is on several different forms of medication, reported feeling dizzy quite often and has fallen 17 times, sometimes requiring stitches.

Audrian was returning home from a visit to her daughter. It was dark and she slipped on wet leaves and broke her wrist.

The focus group decided to run a series of four information sessions at the Cypriot Women's Centre. The sessions were led by members of the project team and specialist advisers from parent organisations. The topics covered were: falls and falls prevention, healthy eating, physical ability, and home and personal safety. Local services such as Care & Repair, occupational therapy and exercise classes were highlighted with information given on how to access them. Interpreters were on hand to translate the sessions into Greek.



What did the project achieve?

- Almost 150 people attended the information sessions, with most people attending all four. All but two were over 60 years of age.
- At the beginning of the project, over half the participants said they were anxious about themselves or someone they know having a fall, and nearly 90% knew little or nothing about falls prevention. At the end of the project three quarters of those who attended the sessions said they had increased their knowledge of falls prevention.

"Interesting topic. We do not think about falls, but after listening to the talk I now know a lot more." – member of Camden Cypriot Women's Centre

- A questionnaire was developed by the team to assist in assessing people who had already experienced a fall or were at risk of falling. This explored possible causes of falls such as dizziness, sight problems or new spectacles, hearing loss, problems with movement and feet, medication and health related reasons such as diabetes, stroke and incontinence.
- Overall it is reported that members of the Centre were enthused by the experience and what they learned. The project instigated a lot of discussion among the Cypriot community, particularly about the importance of keeping healthy through diet, exercise and about preventing falls by being aware of the impact of environmental factors. More women are attending weekly exercise classes at the Centre as a direct result of their new awareness of the importance of keeping fit and its benefits in terms of falls prevention.
- The finale to the project was a 'slippers exchange' to encourage people to bring along their old and unsafe slippers and exchange them for a new well fitting and safe pair. Although most people did not bring along their old slippers, many took advantage of the opportunity to acquire new ones, thereby reducing their risk of a trip in the home.
- Notes on what was said at each session will be made available as a resource in both Greek and English. This includes distributing copies to the managers of the partner Greek and Cypriot centres in other London boroughs.
- By the end of the project, staff at the Centre had a much greater understanding of the importance of falls as an issue for older people. They were positive about screening members to identify potential fallers and have set up a register to track the occurrence of falls among their members. They are also aware of the support available from local organisations.
- Despite the project being developed within and for the Women's Centre, some men also attended the information sessions. This was seen as a huge achievement by the Centre.
- Stronger links now exist between the Cypriot community and local statutory services, with a greater awareness and understanding of the Cypriot community.



What did the project cost?

A total budget of £2,000 covered the cost of translation and interpretation, room hire, purchase of slippers, catering and refreshments.

What were the biggest challenges the project faced?

- Language was an obvious challenge. Many of the women from the Centre spoke Greek with only a little or no English. However all staff at the Centre were fluent in both Greek and English. An interpreter was present at each of the information sessions.
- Getting to grips with a new cultural group was a steep learning curve for the project team. It helped that the group with whom the project were working were regular users of the centre and therefore felt comfortable with and trusted the staff there.
- Changes in key members of the project team caused a few problems early on in the project. There was also the added distraction of the project lead not knowing whether funding for her post would be continued beyond March. To help minimise the risk of disruption this project was planned for completion in February.

What were some of the key factors that made the project a success?

- Enthusiasm for the work and for trying a new approach, from all parties.
- Being opportunistic – working with a group who were already keen to do something in this area.
- Making use of an existing facility (the Centre) that is already regularly used by the target group.
- Building on the enthusiasm of staff at the Centre to engage them in the development and delivery of the programme.
- Training staff at the Centre to ensure the issue of falls does not disappear with the departure of the 'experts', but that it stays within the community.
- Consulting with and getting 'live' information from within the community to illustrate causes of falls and examples of how falls can be prevented.

What next?

Staff and members of the Camden Cypriot Women's Centre will make sure that the issue of falls is kept at the forefront in its future activities. The assessment questionnaire will be used with community members as a basis for referring people to local services when they need advice and assistance. A falls register is being developed and will be maintained by the Centre.

The Centre is also considering further interventions such as a medication review day with a local pharmacist, checking walking aids on a day to day basis, and continuation of the exercise sessions.

The Centre manager is keen to continue with health promotion work and is in the process of applying for funding from grant-making bodies for further projects, with assistance from the Help the Aged regional advisor.

The Cypriot community in North London spreads well beyond the London Borough of Camden into Haringey, Enfield and Lambeth. Partnerships exist between the Camden Women's Centre and Cypriot centres in the other boroughs and so efforts are in place to share the knowledge gained as a result of this work.

Contact details

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A falls awareness road show for Manchester's Chinese community

The 'Pills and Spills' project was set up in Manchester in May 2002 to address the links between medication and falls within the National Service Framework for Older People. The goal of the project is to reduce falls among people over 75 years of age through effective and appropriate medicines management.

The project manager wanted to develop the work further to meet local need, and extend the service to a wider range of community groups, but was held back by lack of resources such as access to interpreters and personnel who speak different languages. It was also a priority to be able to offer home visits to housebound residents.

Target group

Manchester has a high proportion of minority ethnic communities, and hosts the second largest Chinese community group outside London. This community is mainly based within central Manchester. It is not well represented on many statutory groups, unlike for example the Bangladeshi / Pakistani communities who are more able to make the case for resources to meet their needs.

Project aims & objectives

The aim of this project was to raise awareness of falls among the Chinese community by providing information on falls prevention and local falls prevention services. The plan was to develop a 'road show' to demonstrate a variety of topics linked to falls prevention. The road show could subsequently be used as a model for working with different community groups in the future.

Who was on the project team?

The project was managed by Ashley Harling, Pharmacist, South and Central Manchester Primary Care Trusts. The team also consisted of a GPSI (GP with Specialist Interest) in falls and various health professionals such as podiatrists, dieticians and osteoporosis leads. Representatives from local voluntary organisations such as Care & Repair and Active Life for All were also involved.



What is a falls awareness 'road show'?

On 27th January 2005, South and Central Manchester PCTs hosted an event called the 'Chinese Elderly Health Day'. The event took place in a popular Chinese restaurant in central Manchester, called the Yang Sing.

In the morning, guests heard a series of short talks from health professionals and representatives from a variety of organisations. Topics covered included how medicines can affect the risk of falls, home safety, the role of footwear in falls prevention, the importance of a healthy diet, how to prevent osteoporosis, and how exercise can reduce the risk of falling. Interpreters translated the presentations into Cantonese.

After lunch, guests were invited to visit various information stands, which covered issues such as community pharmacy and medication reviews, smoking cessation, podiatry, blood pressure, diabetes and physiotherapy. At each stand health professionals were available to give personal consultations and offer advice, with the help of an interpreter.

What did the project achieve?

- The event was attended by over 200 older people from the Chinese community.
- Over 80 health assessments were completed on the day, with a further 163 requests for future interventions such as home visits for detailed medication reviews.
- The project developed a selection of health information materials in Cantonese, some of which were available on the day. Others are being developed in response to feedback from the event.
- Local health services have strengthened their links with the Chinese community and now have a much greater awareness of Chinese culture.
- The experience has highlighted what is involved in working with minority ethnic communities, as well as what is possible. It has demonstrated one way in which organisations can meet public health targets around work with minority ethnic communities.
- A 'virtual' team of health professionals with falls prevention awareness has been created within the host PCTs, and practical links have been made between previously unconnected members of staff.
- The event was widely publicised via local and national Chinese radio and television stations, the Chinese press and through flyers and posters distributed in Cantonese.
- The 'road show' approach can now be replicated, with some adjustments, to work with other minority ethnic communities in Manchester.



- The project considerably increased the workload for the project manager and her team, but in her view “It was worth it”. Since the road show took place word has spread and there have been a number of requests for similar work with other minority ethnic communities, and for work on other topics in the Chinese community.

What did the project cost?

Holding the event cost a total of approximately £1,000. Much of that amount was spent on interpreters. The total was lower than it could have been as the restaurant provided the venue and catering at a very reasonable rate, and the health professionals and some of the interpreters gave their time for free.

What were the biggest challenges the project faced?

It was initially quite difficult for the team to find ways of engaging with the Chinese community. The original plan was to consult with one or more older representatives from the target community in the development of this project, but this proved quite a challenge.

People from three local organisations for older Chinese people were identified as potential leads to work with the project team. However, as the project team had no Chinese speaking members, and many of the people identified did not speak English, it was difficult to make contact. Also not everyone had a telephone. In the end one person from the Chinese Health Information Centre was identified as the key link with older people and older peoples groups in the community, who proved invaluable in co-ordinating the project.

Follow up home visits to deal with issues raised on the day of the road show requires access to interpreters, which is expensive. In the immediate future Help the Aged has been able to help as part of this project, but this will be an ongoing issue for work of this sort. It is hoped that recognition of this work, and its notable achievements with a relatively small budget, may lead to strategic decisions about sustainability.

It was difficult to know how to ensure that a large number of people attended the event. It proved extremely worthwhile investing time in widespread publicity, and in fact many more people attended than expected. Also, holding the event in a well known restaurant, with lunch provided, acted as an extra incentive for people to attend. Luckily, due to its strong links with the Chinese community, the restaurant was able to provide lunch at a heavily discounted rate.



The vast majority of people who attended the event were women. It remains a challenge to attract men to such events.

Were there any practical difficulties that could have been handled differently?

- One outstanding question is whether the right people were involved in helping to secure proper user representation from the start. It is difficult to know how this could have been resolved differently, due to resourcing issues.
- Translation of written material into Cantonese was highly time consuming, and proved to be expensive. This aspect of the project could be considered at an earlier stage.
- To get an ambitious day like this off the ground sometimes calls for strong leadership to ensure people deliver what they have offered, and on time. Some people make commitments but do not come up with the goods! This has to be carefully managed.
- It is important to manage expectations from the start, and make clear to everyone the limits of what can be realistically achieved. Not everyone involved in this project fully understood the constraints under which the project team was operating, which has led to disappointment in some instances.
- As a result of the widespread publicity surrounding this project, some of the people attending the event came from outside the area covered by South and Central Manchester PCTs. This meant there were some difficulties with referring people to the relevant services in their own areas.

What were some of the key factors that made the project a success?

Key to the success of this project was the involvement of the Chinese community in its development. This ensured that the event met local needs and was publicised in the right areas. The involvement of a Chinese nurse / link worker was particularly helpful in developing resources linked to the project.

The project served as a focus for health professionals working on falls in the area. By tapping into existing resources and expertise the project gave them a common interest, and by providing something to work on together it generated a lot of goodwill and strong working relationships. This will be a valuable foundation for future projects of this sort. It is already evident that this work has led to considerable growth in interventions in falls prevention in the area.

Costs were kept to the minimum wherever possible. Using a venue with strong existing links with the local community meant that it could be hired at very reasonable rates. Many interpreters were needed to make this project a success, and some local NHS staff who could speak Cantonese were excited by the project and gave their services for free.

What next?

In some ways the success of the road show project has raised as many questions as it has answered. Given limited PCT funding available for this kind of activity, a decision

now has to be taken on whether to do something similar with a smaller and more isolated community or whether to work with one of the larger groups such as the South Asian Muslims.

Now the needs of the Chinese community are clearer, and links have been established, another challenge is how to continue to meet these needs.

The project team is currently considering these issues. Future developments will be posted on the web site of the Help the Aged Minority Ethnic Elders Falls Prevention project, and distributed via the learning network.

The making of a Cantonese falls awareness video in Portsmouth

Falls prevention is a key priority in the Portsmouth area. A multi-agency Local Implementation Team (LIT) has been created to focus on this and other prevention issues. Social Services and the Portsmouth Prevention Network for Older People are actively engaged with the Primary Care Trust in this work.

Portsmouth City LIT wished to build on falls prevention work that had already been undertaken as part of the Healthy Communities Collaborative and to focus on key points in the Help the Aged 'Preventing Falls' programme.

Target group

Portsmouth is home to many diverse communities, with the Chinese community being one of the oldest and largest. A Community Development Worker, based within Social Services, works specifically with the Chinese community and this was seen as key to accessing older members of this group.

Project aims & objectives

The overall aim was to reduce falls among Chinese elders and to increase their participation in falls prevention activities. It was hoped that this could be achieved in a way that was different to the distribution of leaflets and other printed information, the traditional method of communicating health messages to all communities.

Who was on the project team?

The project team is led by Mabel Fan, Project Development Worker for the Chinese community with Portsmouth Social Services. Mabel was supported by Nick Bishop, Senior Manager, Prevention, Portsmouth City Social Services Department and Chair of the City LIT. Also on the team were Dave Caddick, Portsmouth City Social Services, who had previously worked on an English language health promotion video, and other falls prevention specialists. The project has also worked closely with some members of the Chinese lunch group.

How was the project developed?

The project team held a consultation exercise with a group of Chinese elders to establish their views on the best way to communicate a falls prevention message to the community. It was agreed that the project would produce a Chinese language video.

Video was seen as an effective tool for communicating the falls prevention message as it would be useable by all members of the community including those who had difficulty reading, and it could be used in the home. Cantonese would be spoken through out the video.

The involvement of Chinese elders in planning and delivery of the video was seen as a key part of the process and an important factor in its success. Following the initial

consultation, the Chinese elders acted as advisers to the project team and video producers throughout the video's development and production. Regular meetings were held to devise a script and plan the filming.

What is the video about?

The video includes real life experiences of some older people from the Chinese community, who feature as main characters, describing and acting out their falls experiences. Their experiences are used as case studies to introduce some key facts and figures about the incidence and consequences of falls among older people.

Mabel Wong, who is 78, has had two falls. She is an active and independent person but lost confidence after her second fall. She said she was pleased to demonstrate her experience for inclusion in the video. *"The video project is a very good idea because it warns people about the importance of safety in the home."*

Mrs Pang is 80. She lives in sheltered housing and recently had a slip on the communal balcony which resulted in a swollen knee and ankle. She was an enthusiastic participant in making the video because it meant she could demonstrate to others how easy it is to fall and what can be done to make the home safe. She said *"The video helps people to understand how falls happen and how to prevent them. The demonstrations in the video also help those who can't read to understand more about falls."*

The video covers all the key aspects of the falls prevention message, including the importance of physical activity. A group of older people demonstrate some gentle exercises, to encourage viewers to be more active and promote general well being, and useful tips are given on how to prevent falls. It runs for about 15 minutes.



What did the project achieve?

- The video making process has generated a lot of enthusiasm within the Chinese community, and has helped to spread the word about falls prevention before filming was even underway. The target group has taken control of the project by setting the agenda and deciding on the content of the video. One member of the group has demonstrated significant leadership skills which will hopefully be built on for further work with this community.

- The team now has a better insight into how to work with different communities and different cultures, and in particular a better understanding of how best to work with Chinese elders, including the need to actively acknowledge the culture of 'elders respect' within this community.
- The profile of working with minority ethnic communities has been raised within the LIT and the Portsmouth Prevention Network for Older People.
- As part of this project, regular physical activity sessions have been offered to the Chinese community and will continue with funding from the Portsmouth Life Long Learning budget.

What did the project cost?

£2,000 from Help the Aged was used to cover the bulk of the production costs. It should be pointed out that this is exceptionally cheap for a professionally produced video, others have cost upwards of £10,000. Other funding sources provided resources for the other costs which included trainers to run exercise sessions and promotion of the video to the local community.

What were the biggest challenges the project faced?

- Making a video proved to be a time consuming process, which was compounded by the fact that some key members of staff were only available on a part time basis. Several changes to the filming and recording schedule were necessary to allow for events and activities that cropped up within the group's calendar.
- Some of the older people found it difficult working with a younger person as project lead. This was unavoidable but by making sure the older people involved felt in control of the project the feeling of a hierarchical structure was minimised.
- Some participants became rather dependent on the project team for issues outside of the project. It was necessary to ensure a process was in place to make referrals on to the appropriate services.

What were some of the key factors that made the project a success?

The active involvement of older people from the Chinese community in designing and making the video was crucial. Not only did it generate a lot of enthusiasm, it meant that the video was accepted and respected by the community. It also led to their further engagement in its promotion and publicity.

The project was fortunate to find a local community based production team who were experienced in working with older people and very committed to working on issues such as this. Their prices were much lower than those that might be expected for a video project in the commercial field.

A critical success factor was the fact that the project lead was herself from Hong Kong and spoke Cantonese.

What next?

A premiere will be held to celebrate the launch of the video, which will be promoted through Chinese lunch and shopping clubs and through the community newsletter. Widespread distribution of the video is planned via publicity both through local press and media and through existing Chinese networks. It will also be promoted to the wider community by networking with other Chinese groups in the Portsmouth area. Information will be distributed to Chinese households offering the video to hire.

The experience has been so encouraging that the LIT now plans to undertake more projects with other BME groups. Plans are now in place to develop a similar project with the Bangladeshi community.

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Working with South Asian elders in north London

The Third Age Project is a popular older people's project serving a highly diverse community with the immediate neighbourhood of West Euston, in the London Borough of Camden. A significant proportion of the local population are South Asian elders, principally from Bangladesh.

The organisation had previously completed some work on falls prevention and wished to extend the project to those members of the local population who do not currently attend the centre, and who were therefore not benefiting from the services on offer. It was as a direct result of a growing proportion of the local population being of South Asian origin that a Sylheti-speaking worker had been appointed to work with this group.

Target group

South Asian elders constitute the highest proportion of the project's service users who are in receipt of means tested benefits. They also tend to be in the poorest health. The project aimed to target South Asian elders over 55 years of age with a long term health condition or disability, who did not attend a day centre or weren't in regular contact with health or social care agencies. As a result, they were often socially isolated within the community, potentially more prone to falls, and in need of help and support.

Project aims & objectives

The project aimed to increase awareness of falls prevention within the South Asian community, via an outreach programme. One objective was to achieve an increase in the number of people engaged in the falls services on offer at the centre, and in the number of referrals on to statutory services.

Who was on the project team?

The project was managed by Tony Bloor, Third Age Project manager. Heeron Begh, the outreach project officer, was also based at Third Age Project. This small team has strong links with the Camden Active Health team and other local agencies who provided resources for the team to use and develop for this project.

What is involved in the outreach work?

The outreach project officer set out to identify older members of the South Asian / Bengali community who did not currently make use of the services the centre has to offer.

The Third Age Project South Asian Elders Forum took responsibility for over-seeing and advising on the project, and to help identify individuals. The group talked to friends and relatives to see if anyone knew of those who may benefit from the project.

A prominent local community pharmacy called Greenlight was approached and engaged as a key partner. Staff and members at the Third Age Project knew that many

local older people make use of the pharmacy on a regular basis, and so it was a useful vehicle for promoting the project and even making suggestions as to who may benefit.

Once individuals were identified, the outreach worker made contact, usually by telephone, and arranged to visit them at home.

Materials were prepared for use during home visits. These included a checklist of health related questions that the worker used to assess falls risk, and some information leaflets.

During the visits, the project officer would complete the basic risk assessment. Questions covered issues such as 'Have you recently experienced any dizziness, light headedness, palpitations or shortness of breath?' and 'Do you feel unsteady on your feet?'. The officer consulted with the older person in Sylheti and transcribed answers into English.

Once the assessment was complete, possible interventions were discussed such as medication checks, occupational therapy consultations, or eyesight checks. Referrals were made to partner services such as Camden Reach Team with requests for walking aids, or Camden Active Health Team for specific chair based exercise training.

The project officer described what the Third Age Project had to offer and encouraged the older person to participate in some way. In some cases, weekly visits were agreed.

What did the project achieve?

- Over 20 individual contacts made with isolated South Asian elders in their own homes.
- Many have established ongoing weekly home visits.
- More people now make use of the services offered by Third Age Project such as the exercise class and cookery club. This represents a significant change in the lifestyles of a number of people, particularly men, who can now actively participate in decisions regarding their diet at home.
- South Asian Elders Forum focussing on falls prevention, with representatives having a greater role as responsibility as 'gatekeepers' for the project.
- New working relationships with referral agencies.



What did the project cost?

In total the project cost £2,000. This funded the Sylheti-speaking outreach worker on a part-time basis over a period of five months, and associated project costs such as telephone calls, office costs, travel expenses and stationery. This was a highly labour intensive project due to the nature of the target group.

What were the biggest challenges the project faced?

- The fact that the target group were people not currently known to the Third Age Project meant that by nature they were difficult to identify and make contact with. This meant the project had a slow start and led to some frustration within the project team.
- The project relied heavily on recommendations from existing service users, local facilities such as the Greenlight pharmacy.
- Some people were not at home when visits were made or were reluctant to open the door unless the person had previously been introduced to them.
- There was generally a poor understanding of falls as an issue within the South Asian/Bengali community.
- The project was highly time intensive.
- The South Asian elders mostly lived with younger members of family. Some were reluctant to speak about health issues with members of family present. This was perceived to be because of fear of being seen as vulnerable or more dependent on the family.
- Cultural beliefs connected to a form of fatalism, that what happens will happen, was something the project had to overcome: 'If I am meant to fall then I will do so, there's no point trying to prevent it'.
- All of the older people who were identified and accessed during this project were male. This was partly due to cultural reasons, older South Asian men do not tend to mix socially with women.. Also the outreach worker is male so it would not have been appropriate for him to approach older women. The Third Age Project are however aware that it is equally important for women to be involved in the project, and would like to develop the role of a popular female Sylheti-speaking member of staff based at the centre to carry out outreach work to overcome this.

What were some of the key factors that made it a success?

- Sylheti-speaking outreach worker.
- Contact made via friends/neighbours/family contact – trusted source.
- Role of local pharmacy as referees. The pharmacy also had several members of staff who spoke the same language as the target group which was one of the reasons it is trusted by the elders.
- Respected member of elders forum as spokesperson.
- Dedicating plenty of time to each home visit appointment to explain things in detail and allay any fears.
- Having illustrated notes to discuss at home visits – not just English/Bengali text.
- Translated printed information where possible.

- Materials used – particularly the falls assessment checklist – were based on resources which had been tried and tested in Camden.
- The development of a programme of local activities and health events targeting the South Asian/Bengali community to which new people could be referred, alongside an outreach and home visiting programme.

What next?

During this project the team identified that they needed to look at ways of expanding its work with South Asian / Bengali older women, and are currently seeking funding to carry out outreach work with this group. Culturally they tend to be more isolated and home based and therefore more difficult to reach than their male counterparts.

The Third Age Project are planning to hold a falls event in the summer as part of National Falls Awareness Day to promote their services further within this community, with the particular aim of encouraging older people to join one or more activities provided by the Project e.g. physical exercise classes.

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Resources

This programme provided an opportunity to develop resources in different languages. 'Be strong, Be steady' is an exercise video which was developed by the Preventing Falls programme in early 2004. The video has proved to be extremely popular, and given the demand for resources in different languages we devised and implemented plans to translate the video into three separate languages – Bengali, Punjabi and Cantonese.

In addition, some of the projects have developed resources which will be made available on a national level, such as leaflets and posters.

Learning network

In order to meet our objective of supporting the dissemination of best practice among groups working with minority ethnic older people around the issue of falls prevention, we are developing the MEEFP learning network.

There are now over 3,000 members of the Help the Aged falls network, many of whom have expressed a specific interest in working with minority ethnic communities and have provided valuable information on their work in this area.

The teams of the five year one projects are core members of the network. Their projects act as case studies and examples of good practice.

To support and facilitate the network, there is a dedicated page on the Help the Aged website. The page summarises the projects, provides links to resources and contacts, and offers the opportunity to start discussions among other community groups and practitioners.

We also send out regular newsletters to the network, highlighting useful ongoing work and available resources.

Evaluation

This progress report forms an interim evaluation report. We will continue to work with a monitoring and evaluation consultant through year two of the programme.

A similar report will be produced in April 2006 to describe progress in year two.

Summary

What has the programme achieved?

Community organisations and health practitioners across England have broadened their knowledge of working with older people from minority ethnic communities.

So far, five hundred older people from a number of different minority ethnic communities across England have been directly involved in this programme. Many have been instrumental in determining the nature and format of projects, thereby ensuring the work meets local needs and is relevant for the community.

The number of older people benefiting from the work in year one is much greater when the following factors are taken into account: word of mouth, distribution of videos and other resources, newsletters and other publicity, media coverage.

Effective working relationships have been developed between all parties involved. Help the Aged is working on new partnership initiatives with representatives from some of the projects.

Several of the projects have gone on to develop further work with minority ethnic communities. For example the Manchester team are now looking at a health road show with the Somali community, and the West Euston team are working with older South Asian women in north London.

The MEEFP programme is recognised as a valuable piece of work by various national bodies, and is seen as a key active component of the Help the Aged policy on working with diverse communities. The Project Officer has been asked to advise on a number of new initiatives both internal and external.

What lessons have been learned so far?

- It is essential to be aware of the ways and needs of different cultures when planning any project involving people from different communities. Taking into consideration things like the timing and location of meetings, the possible need for interpretation/translation, and catering can all affect the success of a project.
- Don't underestimate the time it takes to build sound understanding, trust and good working relationships with representatives from minority ethnic communities.
- Involving older people from the community in developing projects and resources can help to ensure the work meets local needs.
- It can be extremely beneficial to identify and engage a 'gatekeeper' to the local community for projects such as this. This was particularly apparent in Manchester and West Euston.

- Different ethnic groups will have different ways of communicating. This includes verbal and body language. For example a person from Bangladesh might speak Sylheti, read Bengali and not look a person in the eye when communicating as this is a sign of respect within the Bengali culture.
- One size does not fit all - each 'minority ethnic community' has different requirements, and even within one group needs and wants will differ. Individual histories will influence ideas, perceptions, aspirations and needs.
- Different groups have different ways of relating, and have different understandings of social roles, relationships with authority, social responsibility and social interaction. For example male and female Muslims may need to be consulted separately. Female roles may be seen as private and family orientated, whereas males roles are regarded as public.
- Your priorities may not be the same as the person next to you. Remember that external factors which appear to have no connection to the project can have a dramatic and unpredictable impact on plans. A particular example of this was in Barnet, when the team tried to access the Tamil elders group.
- Translating resources can be time consuming and expensive. This can prove to be problematic and it pays to do lots of research before starting work. It is vital to check written and presented translations to make sure the meaning has been correctly interpreted. This has been apparent in all the projects involved, including the production of the translated versions of 'Be strong, Be steady'.

What next?

During year two of the programme we will be developing another five projects across the country. One recommendation from the national advisory group is that we redefine the criteria for choosing projects based on the results from year one.

As the majority of year one projects were based within large towns or cities, we are looking in year two to consider projects in more rural settings. This will enable us to explore some of the issues that are more pertinent to older people living in these areas. Projects will be sought in different areas to those in which we have already worked, to increase the geographical spread.

We will continue to develop the dedicated page on the Help the Aged website, to include updates from the projects and the opportunity to start discussions among practitioners and community groups.

Further resources will be developed, potentially including audio / video materials. Some of the resources developed by the five year one projects will be made available nationally, via the Help the Aged website.

We will remain in contact with the year one projects and feedback ongoing evaluation results to the learning network.

We will continue to develop the learning network, promoting the work via conferences, websites and the networks of the various organisations represented on the national advisory group.

Though this programme was set up to look specifically at falls prevention, we hope that the work can help provide a model for groups and practitioners working with older people from minority ethnic communities when working on other issues.

Report compiled by Emma Spragg, MEEFP Project Officer, April 2005

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