

Year 2: progress report



Minority Ethnic Elders Falls Prevention programme

April 2006

Welcome

This report highlights the second year of the three-year Minority Ethnic Elders Falls Prevention (MEEFP) programme, co-ordinated by Help the Aged and funded by the Department of Health.

This project would not have been possible without the dedication and commitment of our project leaders and independent consultant. To them, we owe a big thank you.

A short overview of the programme, key findings, useful contacts and resources will be produced and disseminated in June 2006.

You may have noticed that this report looks different from the year 1 report which Help the Aged produced. This is because in the interim period the Charity adopted a new brand. Changing times mean we must now give our work a sharper focus, a focus on supporting older people who are disadvantaged.

This message is explicit in our new logo, which combines the name of Help the Aged with the strapline 'We will'. This call-to-arms is mirrored in our manifesto and strongly linked to our vision and mission statements. We believe this image better reflects our cause.

Contents

About the Minority Ethnic Elders Falls Prevention (MEEFP) programme	3
• What did the programme set out to achieve?	3
• How was year 2 of the programme put into practice?	3
• What did monitoring and evaluation involve?	3
• Who was in the Help the Aged team?	4
About the projects	
• How were the projects in year 2 chosen?	4
• How were the projects supported?	4
Falls prevention with BME groups in the Heart of Birmingham PCT area	5
Falls prevention project with Chinese older people in Doncaster	8
Falls prevention project with BME Older People's Forum in Leeds	11
Falls prevention drama with Latin American older people in London (concluding June 2006)	16
Resources	19
Learning network	19
Summary	19
• What has the MEEFP programme achieved so far?	19
• In general, what are the biggest barriers to falls prevention awareness for BME elders?	20
• What lessons have been learned so far?	20
• What was the role of Help the Aged and what value did it add?	21
• How will the MEEFP programme be sustained?	21

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, from April 2004 to March 2007. In addition, Help the Aged committed funds from the Minority Ethnic Elders budget to support the work.

This report describes the achievements of the second round of projects which were undertaken in year 2. In June 2006 we will publish on our website a short report summarising the work undertaken in years 1 and 2 of the programme and the resources, lessons, findings and conclusions that have emerged from our work.

What did the programme set out to achieve?

The aim of the programme was 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 because of language barriers, a lack of knowledge of what is available and because of practices that are not suited to the different cultures and communities that make up the minority ethnic population of the UK.

This programme has sought to address some of these issues by developing a series of pilot projects which have involved older people from minority ethnic communities in their design and delivery.

Our objectives have been:

(i) to empower older people and communities, through locally established networks and the use of appropriate resources, to reduce the risk of falls faced by older people; and

(ii) to support the promotion of best practice among groups working with minority ethnic older people on the issue of falls prevention.

How was year 2 of the programme put into practice?

As in year 1, a project officer based within the Help the Aged preventing falls programme has co-ordinated the programme. A key part of her role has been to ensure that work on projects was fully integrated and that knowledge and ideas were shared.

The national advisory group (composed 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) met at the beginning of year 2 to discuss how the programme could progress.

What did monitoring and evaluation involve?

Plans for monitoring and evaluation were considered at an early stage. A consultant was appointed to work with the programme, assisting with plans for monitoring and evaluation, facilitating project workshops and contributing to this progress report.

In year 2, the programme of work included:

- an opening workshop and a closing workshop, which brought together representatives of the four participating projects to find out about each others' work, while enabling the Help the Aged team to gather baseline data and findings as part of the project evaluation process;
- intensive project work with four projects across England, aimed at developing better links between minority ethnic communities and falls services;

- the promotion of the MEEFP programme to those working in falls prevention with older people from minority ethnic communities; and
- the production of resources in response to need, such as the *Be Strong, Be Steady* exercise video in Bengali, Cantonese, Punjabi (which includes a safety message in Urdu). A new exercise DVD is being produced by Help the Aged that will be translated into Hindi.

Who was in the Help the Aged team?

MEEFP Project Officer
Anna D'Agostino

Preventing Falls Programme Manager
Pamela Holmes

Preventing Falls Team Administrator
Cheryl Blake

Independent Consultant
Sue Burke

About the projects

How were the projects in year 2 chosen?

The Help the Aged regional development officers consulted with a number of local organisations that work with, or have an interest in, falls and minority ethnic older people. Four projects (based in London, Birmingham, Leeds and Doncaster) were selected according to the following criteria:

- They support a variety of minority ethnic groups, which reflect the multi-cultural nature of our society, and have a need to increase the number of older people from minority ethnic communities involved in falls prevention.
- They are geographically spread across England and represent a range of organisations or community groups.

- They are able to work closely with organisations representing minority ethnic older people.
- They adopt different 'models' of working and are prepared to incorporate the views of older people in the planning and delivery phases.

All groups were visited by the Project Officer and/or the Preventing Falls Programme Manager to discuss their project work and ideas. Each project had a budget of up to £2,000 from Help the Aged. The only exception was the Leeds project which had £4,000 as a result of the extensive work planned with seven organisations.

How were the projects supported?

Regular contact (via email, telephone) between the Project Officer and project teams, both formal and informal, ensured that strong working relationships were developed. Project visits and progress reports were planned every two months.

Two project workshops, facilitated by an independent consultant, were held in July 2005 and again in March 2006 at the Help the Aged head office. Representatives from each of the five projects met to share contacts and experiences, 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 following section describes each of the four projects in detail. They are ordered alphabetically according to location.

Falls prevention with BME groups in the Heart of the Birmingham PCT area

Target group

The target audience comprised people from different BME groups, including Chinese, South Asian (Hindu, Sikh and Muslim) Somali, Polish, Irish and African-Caribbean.

Project aims and objectives

The aim of the project was to train a group of nine to twelve people from black and minority ethnic (BME) groups in falls awareness and prevention advice. Where relevant, they were expected to speak at least one community language. It was planned that three to four people from this group would be trained as 'Extend' exercise teachers to equip them to deliver exercise classes to older people in their communities. Following training, these 'Extend' exercise teachers were expected to provide falls awareness and prevention sessions at least six times during the project year and were asked to provide a minimum of one free exercise session a month to their communities.

Who was on the project team?

Team members were Lydia Smart, Falls Co-ordinator; Linda Pritchett, Community Health Care Co-ordinator; 13 participants from BME groups; and Belinda Wadsworth, Help the Aged Regional Development Officer.

What did the project involve?

The Falls Prevention training was provided over one half-day and one full day, giving a comprehensive coverage of falls prevention, together with information on osteoporosis and Help the Aged leaflets and other resources. Information was also provided on the Walk 2000 routes. Handout packs were provided for each participant and they were invited to put their names forward for the four available places on the 'Extend' course.

Letters were circulated to the BME communities, inviting them to put forward candidates for the proposed training. A total of 13 people participated from eight different BME groups. These were African-Caribbean (two people), South Asian Hindu, Muslim and Sikh communities (six people), Irish (two people), Polish, Chinese and Somali.

What did the project achieve?

- It met its target of training three 'Extend' teachers. Thirteen participants have been trained in falls prevention from eight different BME groups and ten are actively providing falls prevention sessions. Outputs included handouts, follow-up sessions, and visits to participants.

'I am really enjoying the "Extend" training. I want to put what I've learned into practice.' ('Extend' trainee)

'I have gained a lot of knowledge from the training and feel ready to use it with my clients.' ('Extend' trainee)

- It reached out to a number of BME older people, including 20 Somalis, over 100 South Asians (Hindus, Sikhs, Muslims with four to five languages and 12 centres), 70 Chinese, 50 Polish and over 50 African-Caribbeans.
- It made more BME older people aware of how to access local services, such as falls prevention services, and helped them to appreciate the importance of exercise.
- It led to some BME community organisations offering falls prevention advice and exercise on a regular basis.

Examples:

The Chinese community at Cherish House and Connaught Gardens now provides regular falls prevention exercises and does the 'Extend' classes on a regular basis.

The Asian Resource Centre provides regular falls prevention advice sessions, and is expected to begin 'Extend' classes.

The Somali Carers Group has translated falls prevention materials into Somali.

The African-Caribbean Church group is beginning regular 'Extend' classes.

The Irish Welfare Centre Tuesday Group has now compiled falls prevention resource folders for its members.

The Shakti Asian day centre provides falls prevention advice sessions, and regular exercise classes.



What did the project cost?

The £2,000 funding covered the training of four people as 'Extend' teachers. Falls prevention training and resources were provided through the Heart of Birmingham Teaching Primary Care Trust (HOBPCT).

What were the biggest challenges the project faced?

- It was unable to contact some communities, possibly because of out-of-date contact details (for example, the Vietnamese community).
- It was unable to gain an initial response from some communities, such as the Yemeni community, although it later showed interest in participating (towards end of project).
- It was hard to encourage participants to set a date to do their first falls prevention advice session with their community group.



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

Yes.

- It was difficult to get a group of nine to twelve people together, within a very limited time period, who could make the training dates and times suggested. Eventually the project did it in two groups – one of five people, and one of eight.
- It took more time than expected to assess participants' ability to successfully complete the 'Extend' training.
- It was hard to complete the 'Extend' training courses within the timescales of the project.
- It was misguided to assume that the best person to put across the falls prevention message would be someone from the audience's own community. It turned out that, in some cases, the audience expected to receive information from someone in authority or a health professional and did not easily accept falls prevention advice from someone who was 'just one of their group'. People who had a working role within a community (for example, a support worker) found it easier to run sessions with their community.
- It was difficult to hold sessions for the Irish group because of time constraints and the working roles of two participants.

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

- It used both telephone and written contact to get involvement from groups.
- It secured the venue free of charge, as well as equipment for teaching.
- It held feedback meetings with participants.

- It used community workers as participants.
- It used translated materials, handouts, visual aids, PowerPoint presentations and Help the Aged leaflets during sessions. Practical demonstrations, such as how to get up after a fall, facilitated the learning.
- It was a challenging but highly rewarding project for the team leading it.
- It enabled the falls service to reach out to many communities in the heart of Birmingham in a very effective way even though it was quite intensive and time-consuming at times, particularly at the start.
- It has been well received by the communities involved and has drawn interest from others who have requested information.
- It has effectively broken through barriers, championed equality and diversity, and developed relations with different BME community groups.
- It is a sustainable project with the ability to be applied to other groups across a greater area.

How will the project be sustained?

The project's work will be followed up with those who have been trained to provide services to the community, and regular network meetings will be held to maintain their motivation and keep them up to date. Some enquiries have already been received about the possibility of a second round of projects, and this is being considered but will require funding.

Groups will continue their work and have ordered more copies of falls prevention materials, such as the Help the Aged *Staying Steady* leaflet and the *Be Strong, Be Steady* video. They are also being

provided with material and contact numbers via email.

A full electronic evaluation report is available from Lydia Smart:

Lydia Smart, Falls Co-ordinator

Heart of Birmingham (HOB) training PCT

Riverside Lodge Intermediate Care Unit

160 Hobmoor Road, Small Heath

Birmingham B10 1JS

Lydia.Smart@HoBtPCT.nhs.uk

Mobile: 07870 581 843

Office: 0121 465 4160

Falls prevention project with Chinese older people in Doncaster

Target group

The target audience comprised Chinese older people and their carers in Doncaster and South Yorkshire.

Project aims and objectives

The aim of the project was to provide information on falls prevention and general health to Chinese older people and their families in Doncaster and the South Yorkshire area.

Who was on the project team?

The team was led by Terence Kwong (Manager at the Doncaster Chinese Club) with the assistance of Patricia Law, a volunteer who acted as interpreter, facilitator at the talks, and took the responsibility of the home visits. Mr Yeung (adviser on exercises) spoke of the importance of exercises at the first falls prevention talk. Helpers and caterers at the Doncaster Chinese club also contributed to the project's success.

What did the project involve?

- Home visits to Chinese older people's homes in the South Yorkshire area (in order to break through the language barrier).
- Trilingual (English, Cantonese and Hakka) awareness-raising days at the club.
- Networking with local service providers (Doncaster PCT, Doncaster Dial, Doncaster Repair and Support, DMBC Social Services, Doncaster Pal).
- Production and distribution of leaflets in traditional Chinese.
- Demonstrations of falls prevention exercises by Mr Yeung at the awareness-raising days at the club.

What did the project achieve?

- It led to two falls prevention awareness days, which were attended by 57 Chinese older people and their families, thus making the events truly intergenerational. On the day, a variety of presentations were given, including one on the importance of exercise in retaining strength and mobility, one on the role of cartilage in keeping joints healthy, and another on how to prevent falls in the home.

'I found the exercises Mr Yeung demonstrated on the day very practical and easy to do. I'm glad the talk was in Chinese as my English is not good. This project has also helped me learn about cartilage and the importance of keeping strong bones in preventing falls.' (Mr Shum)



- It introduced home visits to ten families with volunteers, resulting in referrals to other local services, DMBC Social Services, and Doncaster Repair and Support Services.
- It resulted in the mailing of over 450 leaflets on falls prevention to older people.

'It's very important to have leaflets on falls prevention in Chinese because I can't read English.' (Mrs Chan)

- It enjoyed a good response from Chinese older people and their families, thanks to good communication through leaflets, mailings, telephone calls and home visits.
- It had a positive impact on the project team. While Terence has developed good knowledge of falls prevention, Patricia's confidence and ability to empower older people have increased. As a team, they have achieved a better understanding of how to plan and work together.

What did the project cost?

A grant of £2,000 covered the administrative cost of two awareness-raising days, leaflets and CDs.

What were the biggest challenges the project faced?

- It encountered language barriers which made it difficult to link the community to local service providers.
- It could not obtain locally any falls prevention materials in Chinese, which led to information having to be sourced elsewhere (for example, Hong Kong Chinese University).
- It was unable to persuade the local PCT to become actively involved in the project, despite repeated attempts, which caused several meetings to be cancelled.
- It was unable to persuade the Doncaster Repair and Support Services to provide the desired home improvements. These services can only deal with minor work (for example, moving a settee to a more suitable place) but cannot replace carpets or broken tiles, unless the client covers the cost of any materials needed. As the older people could not usually afford to buy these materials, it meant

that no major work could be done to help them prevent falls in the home.

- It received, from the 150 people who were contacted, a poor return (only 20 per cent) of consent forms agreeing to a home visit.
- It was difficult to conduct home visits easily because of older people's reluctance to communicate with people they did not know and were not sure they could trust, especially if these people did not speak their language. As a result, isolation can be common among Chinese elders. Nevertheless, despite these difficulties a reasonable response rate of 20 per cent was achieved. Having good links with the club also helped.
- It was unable, at times, to persuade the older people to change their lifestyles. Most Chinese elders keep to their habits and are not likely to change. In some cases, older people rearranged their furniture initially but then reverted back to their original set-up.

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

Yes.

- It would have been useful to contact older people well in advance to explain the benefits of taking part in the falls prevention project.
- It would have been a good idea to contact the local PCT before starting the project and to liaise with an officer in a more senior position.
- It would have been beneficial to start researching and gathering the information needed before starting the project.

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

- It was beneficial to translate all materials into Chinese to overcome poor understanding of English.
- It was wise to publicise the two awareness-raising days on Sky TV, since it promoted the Chinese club in the UK, Europe and North Africa.
- It was a good idea to use interpreters at the awareness-raising days because it enabled older people to learn and participate in the discussions.
- It was useful to obtain excellent falls prevention leaflets and CDs in Chinese from the Hong Kong Chinese University.
- It improved links with local service providers.

How will the project be sustained?

The Chinese Club has raised approximately £40,000 to support the work of ten volunteers who will carry on giving information on falls prevention. Different portions of the funding will be used to train some volunteers in teaching falls prevention exercises and to conduct more home visits to help older people eliminate the risk of falls in the home.

Contact details:

Terence Kwong, Health Project Manager
Doncaster Chinese Elders Club
153 Carr House Road
Hyde Park
Doncaster DN1 2BD
khkwong04@yahoo.co.uk
Tel: 01302 760339/07868 731738
Fax: 01302 768088

Patricia Law, Extension Project Volunteer
patlaw05@yahoo.co.uk

Falls prevention project with BME Older People's Forum in Leeds

Target group

Seven voluntary organisations supported BME elders across Leeds. Each aimed to involve 35 BME elders over four sessions. This totalled 245 BME elders from across the city of Leeds from the following communities:

- Asian (Indian subcontinent – Gujarati, Bengali, Pakistani, Sikh, Hindu);
- Black (Caribbean and African);
- Chinese; and
- Irish.

Project aims and objectives

The BME Elders' Focus Group (managed by Leeds Older People's Forum) provided a unique opportunity for voluntary organisations, already providing services for BME elders in Leeds, to work in partnership to address the following aims:

- To raise awareness about the risk of falls in BME elders and to foster better links with the local falls prevention services and the voluntary sector.
- To break down some of the barriers faced by BME elders in accessing falls prevention services.

Who led the project?

The project was led by Jenny Sleight, BME Elders Focus Group Worker, Leeds Older People's Forum; and Zara Farshi, Research Consultant, External Evaluator.

Who was on the project team?

Team members were Vikrant Bhatia, Amrit Day Centre; Jenny Cheng, Leeds Chinese Women's Group; Yimin Cheng, Leeds Chinese Community Association; Amanda Douglas, Falls Prevention Co-ordinator (city-wide), Leeds West PCT; Jennifer Walker and Wesley Grant, Leeds Black Elders' Association; Stephanie Lewis, Roscoe Luncheon Club for the Black Elderly; Swapna McNeil, Association of Blind Asians; Caroline Murphy, Leeds Irish Health & Homes; and Gurpreet Gill, Aasra Women's Group (in partnership with South Leeds Health for All), Ramgarhia Sikh Centre.

What was involved in the project?

Four sessions were devised to address the aims set out above. In order to consult with the local BME communities and incorporate the views of older people into the project design and approach, a focus group was held on 20 October 2005 to ascertain BME elders' current knowledge on available falls prevention services and their experience of falls, and to involve them in the planning and development of the project. In particular, our aim was to ensure that the four planned sessions were appropriate to their needs. A total of 18 BME elders attended the focus group from the seven voluntary organisations participating in the project. They were invited to attend as users of services already provided by the seven participating voluntary organisations.

The focus group discussion identified the issues that the participating BME elders considered to be important in falls prevention. In particular, they said that appropriate footwear and their own health conditions were important, but they also highlighted their lack of awareness of risks in other areas, such as daily exercise, having regular eye tests and ensuring any walking aids were appropriate and regularly maintained.

'I've fallen a lot due to my visual impairment – think I'm made of rubber because have had many falls but never broken a bone – seem to bounce back!' (Asian elder)

'I have multiple health conditions – problems with legs, eyes, ears – and makes me vulnerable to falling. I am cautious all the time so prevention of health conditions can prevent it from happening.'
(Caribbean elder)



Each session focused on one topic, as follows:

Session 1 – falls prevention

This session was led by Amanda Douglas, the Primary Care Trusts' Falls Prevention Co-ordinator. The session included a quiz during which BME elders recalled hazards in and around the home, as well as personal factors: for example, health conditions that may contribute to a fall. Advice was then given on how to reduce the identified risks, including distribution of a leaflet (recently produced by the PCTs) on falls prevention. BME elders were also asked to complete a questionnaire which ascertained the incidence of falls among participants.

Session 2 – physiotherapy advice

This session was conducted by individual physiotherapists from the relevant intermediate care teams. Advice was given to BME elders on strength and balance exercises which could be undertaken either

standing up or, for those with mobility problems, sitting on a chair. BME elders who had walking aids were also assessed (for example, walking sticks were checked, height adjustments made and ferrules replaced). A booklet listing the exercises undertaken in the session was distributed to BME elders for their future reference.

Session 3 – t'ai chi class

As t'ai chi enhances balance and body awareness, it may significantly reduce the risk of falls among older people and may also help to maintain improvements gained from other types of balance and strength training. A qualified t'ai chi instructor was contracted to deliver the session to each of the organisations.

Session 4 – podiatrist/dietitian and sloppy slipper exchange

This session was designed to include a short presentation to the BME elders by a podiatrist and dietician from the relevant intermediate care teams. It was envisaged that this would ensure that BME elders were aware of the importance of foot care and healthy diets in the prevention of falls. At the end of this session, each BME elder received a new pair of slippers to ensure appropriate slippers were worn in the home to prevent falls.

Note The original plan had to be modified as the podiatrists and the dietician were not able to cover all the sessions. (See 'The biggest challenges the project had to face' below.)

In total, the four sessions held at the seven participating organisations were attended by approximately 512 BME elders (although within each voluntary organisation the majority were the same individuals attending all four sessions). A total of 336 evaluation questionnaires were completed by participants.



What did the project achieve?

- It increased awareness among the group of the importance of safety in the home, and of health, eyesight and walking stick checks.
- It provoked a greater interest among BME elders to engage in physical activity, in particular t'ai chi.
- After the BME elders' participated in a t'ai chi session, many for the first time, some decided to continue to actively engage in such physical activity in their own time because they had enjoyed the session so much.
- Furthermore, following the success of the t'ai chi class, a number of the participating voluntary organisations are now in the process of setting up regular t'ai chi classes and weekly walking groups, focusing on exercise and health.

'My walking sticks were checked and the session helped me with understanding the direct relationship between body balance and preventing a fall.' (Sikh elder)

'I have changed things around my home to make it safer, like improved lighting.' (Irish elder)

'Awareness sessions like these should happen more regularly so we don't forget

the precautions and tips for falls prevention.' (Sikh elder)

'My friend dragged me to the t'ai chi class. I wouldn't have gone otherwise as I didn't think it would affect my health, but I enjoyed it a lot and now feel like I want to do more exercises because of how I felt afterwards.' (Chinese elder)

- It brought about the translation of the falls leaflet (distributed in session 1) into other languages (Gujarati, Urdu, Bengali and Cantonese) in CD format and its distribution city-wide to all BME elders' voluntary organisations.
- It developed links between voluntary organisations supporting BME elders and healthcare professionals working within intermediate care teams, plus a better understanding of religious and cultural differences. For example, when delivering some of the sessions, healthcare professionals were invited to stay for lunch and sampled traditional Asian food.
- It had a positive impact on the project team because of the challenges it set in arranging sessions for seven organisations. Furthermore, the project enabled the team to build experience in partnership practice and have direct contact with BME older people and the issues they face.
- It led to greater awareness among staff of voluntary organisations about health and safety issues when conducting home visits: for example, whether a hand-rail was needed and the importance of advising elders about having regular eyesight checks and medication reviews.
- It increased awareness about the project through the SEEM II Project (Services for Elders from Ethnic Minorities) – a guide to good practice in the EU. The SEEM

project has addressed the issue of social exclusion among BME elders through the exchange of good practice across Europe – the falls project being one such example.

- It provided valuable opportunities to include more photographs of BME elders in the Positive Images Collection of older people in Leeds. This collection is available free of charge to all voluntary organisations that wish to use photographs of older people in publicity material and was exhibited at Leeds Civic Hall at the end of March 2006.

What did the project cost?

Seven voluntary organisations (members of the existing BME Elders' Focus Group) worked in partnership to submit a joint proposal for funding of the project to Help the Aged. As a result, Help the Aged allocated a budget of up to £4,000. Subsequently, a further £700 was obtained from the Leeds Older People's Modernisation Team.

What were the biggest challenges the project faced?

- It was unable to find podiatrists to cover all seven sessions because of staff shortages. Since the podiatrists could only cover one of the seven sessions, it was regrettably decided to remove the podiatry contribution from the session in the interests of equality to the BME elders and the organisations.
- It was only able to procure dieticians at three of the sessions, rather than all seven, as a result of staff shortages. However, it was felt possible to hand out leaflets (or interpret the advice contained in the leaflets) to the elders at the remaining sessions when a dietician was not available.

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

Yes.

- It would have been preferable if materials had been made available in languages other than English.
- It would have been better to allocate more time to co-ordinating and facilitating the project considering the size and scale of the project (seven voluntary organisations conducting four sessions)
- It would have been more sensible to incorporate management costs into the project.
- It would have been a good idea to choose a different venue for sessions 1 and 2 at one of the voluntary organisations because the one that was used was unsuitable, but was chosen owing to financial restrictions. The venue that was used was adjacent to the kitchen. Since lunch was being prepared at the time of the session, this made it difficult for the majority of participants to hear all of the advice given and to participate in the sessions. Indeed, it was only for t'ai chi that an alternative venue was found.

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

- It was wise to ensure that the four sessions were appropriate to the target group's needs. Some sessions were particularly popular with older people, notably:
 - t'ai chi classes (older people requested more exercise sessions);
 - sessions with the physiotherapist who replaced ferrules;

- interactive sessions with the dietician who talked about the food-map model and distributed leaflets on dietary advice;
- the checking of walking sticks; and
- the replacement of old slippers.
- It was a good idea to encourage older people to ask questions, for example, of GPs about medication.
- It was beneficial to timetable sessions in the chosen way because they reached all communities and encouraged good participation.

How will the project be sustained?

There is a commitment from the local PCT to include working with minority ethnic groups in their business plans. So far, opportunities have not been taken because of a lack of resources and a lack of involvement by social services.

There will be regular monitoring of levels of falls awareness and improvements in the lives of older people in BME groups. This will include:

- increasing staffing levels, either through volunteers or paid staff. The latter will require fundraising. Funds are needed to keep the project leader in post; and
- taking falls awareness to people's homes if outreach staff can be found.

What is needed?

- Input to ensure regular checks are made on whether people have reported falls and what they have done as a result.
- Continued education on how the body works and the effect of ageing, and why falls experiences need to be reported to the GP.

- Regular medication checks to ensure the kinds of medication and quantities are appropriate.
- The re-introduction of t'ai chi on a more regular basis – so far, only taster sessions have been offered.

Contact details:

Jenny Sleight, BME Focus Groups Worker
 Leeds Older People's Forum
 Stringer House
 34 Lupton Street
 Leeds LS10 2QW
 Tel: 0113 276 0999

jenny.sleight@opforum.org.uk

Falls prevention drama with Latin American older people in London (concluding June 2006)

Target group

The target audience comprises mainly older and young people from the Latin American community, but the wider public will also benefit from the project as the play (see below) will be performed in a park and during a summer festival.

Project aims and objectives

The aim of the project is to raise awareness of the risks of falls through drama classes, culminating in two performances of a play in June or July 2006 in London. The project will also produce the performance on DVD for wider distribution

Who is on the project team?

Team members are Elizabeth Carter Flores, Project Co-ordinator and Claudia Forero, bilingual drama teacher. Volunteers who helped with the theatre presentations include: Aldo Mazzini, actor and general support; Cristhian Cusme, publicity and presenter; and Melissa Ceuterick, nutrition information.

What is involved in the project?

Weekly drama classes focused particularly on the management and prevention of falls, for example, how a person should get up and react after a fall. These ideas will be presented in two theatre performances for the Latin American community in London. The first performance will be on 27 June 2006. The second will take place on 15 July 2006 during a two-day event of photography and art and crafts exhibitions, dance presentations and workshops to celebrate the centre's 20th anniversary. This second presentation will be held in Paradise Park, Lough Road, London N7.

The drama classes also included:

- body and muscle training and strengthening;
- relaxation;
- sessions on theatre scenes;
- projection of voice and reading; and
- complementary information related to the subjects of the performance.

What has the project achieved so far?

- It has increased older members'/actors' knowledge on how to prevent falls, following discussions, exchange of personal experiences of falls and rehearsals of the play.
- It has provoked great enthusiasm for learning about falls prevention because so many members have experienced a fall or know someone who has.
- It has made it easier for BME elders to identify with falls and the impact they can have because the play was based on their own experiences.

'I have fallen twice. The first time I was walking in the street. I suddenly fell face down, hurting my nose. The second time I fell as I was coming to the [LAEP] centre a couple of months ago. I had real difficulty in getting up. I did not attend a falls clinic because I thought falling is part of life and I was glad nobody saw me falling as I would have been very embarrassed. I was never a weak woman and didn't imagine I could fall. The drama class has helped me feel good and encouraged me to exercise (yoga, for example) which I now do every day. When you're old, you become weak if you don't move around.' (Ms Sylva)

'I have been participating in the drama classes for the last few months and have learnt a lot, mainly about how to be more careful in the house and outside in order to prevent falls. I am actually acting in a scene based on my own experience of falling down in my home, when I got struck under a chair

and couldn't get out. It seems a bit far-fetched, but as it is my own reality, I feel more enthusiastic about acting it out. I have also been able to express myself better as a result of the classes and can now teach other friends how to be more careful too.'
(Ms Velez)



- It has given the volunteer actors physical and mental training to face a fall, in addition to knowledge about how to avoid falls. Training was provided in the classes and in activities that Latin American elders were already participating in.
- It has created a solid group of volunteers and networked with other groups (Well and Wise, NHS – Mobile Repair Service, *Noticias* (Latin American newspaper), The Golden Years, Latin American Disabled Project, and funders).

'I am working as a volunteer in this project, helping out with the structure of the classes and the teaching skills given. As I am in my twenties, I hadn't really considered the importance of the prevention of falls as I hadn't been in contact with elderly people before. I am a professional actor and have worked as a TV presenter in my country and have therefore not only enjoyed working in the drama classes but also learnt a lot about the needs of the elderly and how to prevent falls.' (Mr Cusme)

- It has made members, co-workers and volunteers more aware of falls prevention.
- It has given Latin American elders a general knowledge of healthy eating because volunteers were involved in a health project for the first time and suggested adding a scene to the play on healthy eating.
- It has attracted more people to the organisation, reinforcing its mission to reach the Latin American community.
- It has helped to build better links with other organisations in the borough, for example, Well and Wise, Healthy Islington and the Mobile Repair Service.
- It has had a positive impact on the team since it has increased the team's awareness of falls prevention, brought it more cohesion, and improved its administrative and organisational skills by encouraging team members to learn to work together more effectively.

What did the project cost?

£2,000 covered the cost of refreshments at each session, production of publicity materials, translation of materials into Spanish, costumes, prompts and scenery for the play

What have been the biggest challenges for the project so far?

- It has received little support from the local PCT.
- Although the project made contact with the PCT, it has not received any real help with providing training opportunities for the project's tutor. In particular, it took a long time for the project to get through to the person in charge of training and the advice given was purely a referral.

- It forced the actors involved to face their own experiences of falling down and to learn to overcome the trauma, and also to understand the need to separate acting from the reality of their own lives. This is considered a positive challenge.
- It was hard to encourage older people to attend classes, especially during the winter months when the weather was bad and over the Christmas period when many were visiting family. The absence of volunteers over the same period meant that the teacher did not receive necessary support and all these factors delayed the two performances.
- It was unfortunate that the project schedule became further delayed as a result of the drama teacher falling ill, which, in turn, held up her research into training in falls prevention.

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

Yes.

- It would have been better to contact the PCT at an earlier stage, and to undertake the research and liaison with a senior officer.
- It would have been more beneficial to start all the research needed for the project earlier, such as falls prevention training for the drama tutor.
- It would have been a good idea to inform older people in advance of the benefits of taking part in the falls prevention project.

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

- It was a good idea to communicate with the group face-to-face and through the newsletter.
- It helped to have an interpreter who could translate documents, especially because the drama teacher and volunteers could not be around all the time to attend to everyone.
- It worked well to have very interactive drama classes. Rehearsals were visual and lively, and the script reflected the expressive, outgoing personality of the group members because some of the older people involved in the drama classes could not read.
- It was beneficial to involve younger volunteers because their dedication and willingness to give their time freely motivated the elderly members. The younger team not only helped to overcome any age barriers and forge better relationships and understanding of the different generations and cultures, but also gave the older ones a new energy, which was reflected in their acting.

How will the project be sustained?

Presentations of the play will be recorded and CDs given to the members who are unable to attend. CDs will also be sent to other Latin American organisations to teach and inform them of the prevention of falls and also to support them in starting up their own drama groups.

If more funding is obtained, it is hoped that the drama will continue to be presented over the coming year and for several more years to come.

Contact details:

Elizabeth Carter, Project Co-ordinator

Latin American Elderly Project

Ringcross Hall Community Centre

Lough Road

London N7 8RH

laeplatin@onetel.com

Tel: 020 7609 6661

Fax: 020 7609 6660

Resources

This programme provided an opportunity to develop resources in different languages.

Be Strong, Be Steady is a chair-based exercise video available in Bengali, Punjabi (with safety message also in Urdu) and Cantonese. It can be purchased via:

Help the Aged Home Shopping

Tel: 0870 770 0441

Website: www.helptheaged.org.uk

Learning network

- There are now over 3,000 members of the Help the Aged falls network, some of them working with minority ethnic communities. We will continue to promote best practice through these channels.
- The teams of the four different year 2 projects are core members of the network. Their projects act as case studies and examples of good practice.
- A dedicated page on the Help the Aged website supports and facilitates the network. The page summarises the projects and provides links to resources and contacts.
- We also send out regular electronic newsletters to the network, highlighting useful ongoing work and available resources.

Summary

What has the MEEFP programme achieved so far?

- It has widened the knowledge of the community organisations and health practitioners across England that participated in this Help the Aged project, and broadened their direct experience of working with older people from minority ethnic communities.
- It has ensured that work meets local needs and is relevant to the community by enabling older people from different ethnic minorities across England to determine the nature and format of projects.
- It has created some very positive and active links with the local statutory sector. At the same time, however, some of the projects found that some local statutory agencies, such as PCTs and social services, did not actively respond to invitations to become involved in the projects. Also, health professionals, including podiatrists and nutritionists, were not always able to participate owing to staff shortages. This was disappointing to the project teams, especially as they were relying on developing effective working relationships with all the parties actively participating in their project.
- It has led to several projects developing further work with minority ethnic communities. For example, the Doncaster team will train more volunteers to provide falls prevention information, while the Birmingham team is hoping to continue its work for another year.
- It has become an active component of the Help the Aged policy on working with diverse communities.

- It has provided a clear demonstration of how health professionals can reach BME older people, even with limited funding.
- It has shown that BME older people are clearly receptive to falls prevention work when the right links are made.

In general, what are the biggest barriers to falls prevention awareness for BME elders?

- Language barriers can be a big problem in reaching and working with BME groups because there is a lack of information on falls prevention in languages of BME communities.
- Reaching those who are housebound can be difficult, even when home calls have been part of the design.
- Failure to report falls is common among older people because of fears about being taken into care. Since most falls happen at home, this adds to the hidden nature of the problem.
- Some local statutory agencies are reluctant to engage actively with BME groups: either they do not keep in touch with them or they simply fail to respond to invitations that would encourage interaction between the groups. This was a common experience in spite of the National Service Framework emphasising the need to take action to reduce falls among older people.

What lessons have been learned so far?

- It is essential to be aware of the customs and needs of different cultures when planning any project involving people from different communities. The timing and location of meetings, the possible need for interpretation and translation, and catering all need to be taken into consideration as these can affect the success of a project. Reaching communities through their day centres or

mosques, for example, and working with their own community workers, can help put the message across and overcome language and cultural barriers.

- It is vital to have outlets, such as GPs' surgeries, pharmacists and home helps, which older people can reach to receive written information.
- It is important to get the whole family involved in falls awareness so that everyone understands what needs to happen and what the sources of falling-related problems are.
- It is essential not to underestimate the time it takes to build sound understanding, trust and good working relationships with representatives from minority ethnic communities.
- It is vital to involve older people from the community in developing projects and resources if work is to meet local needs.
- It is important to recognise that different ethnic groups have different ways of communicating, both verbally and with body language. For example, a person from Bangladesh may speak Sylheti, read Bengali and not look a person in the eye when communicating, since this is a sign of respect within the Bengali culture.
- It is useful to remember that one size does not fit all when it comes to dealing with the different requirements of minority ethnic communities or even the needs and wants within just one group. Individual histories will influence ideas, perceptions, aspirations and needs.
- It is worth noting that different groups have different ways of relating to each other and 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 male roles are regarded as public.

- It can be time-consuming, expensive and problematic to translate resources, so it pays to do sufficient research before starting work. It is also 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 the *Be Strong, Be Steady* video.

What was the role of Help the Aged and what value did it add?

Help the Aged has played a role in providing falls prevention resources (leaflets, videos, exercise guide), establishing links with other services and disseminating information through its falls prevention network and dedicated website.

How will the MEEFP programme be sustained?

- We will maintain the Minority Ethnic Elders Falls Prevention page on the Help the Aged website, making this report available online and updating information about the projects and resources produced in community languages, as well as sharing and giving general falls prevention information.

- We are producing a new exercise DVD in English and Hindi, targeted at more active older people. More details will be available on the Help the Aged website.
- We will remain in contact with the year 2 projects to receive information on further developments to their work.
- We hope this work in falls prevention can help provide a model for groups and practitioners when working with older people from minority ethnic communities on other issues.

Report compiled by Anna D'Agostino,
MEEFP Project Officer, April 2006

Contact details:

Preventing Falls team

Help the Aged

207–221 Pentonville Road

London N1 9UZ

falls@helptheaged.org.uk