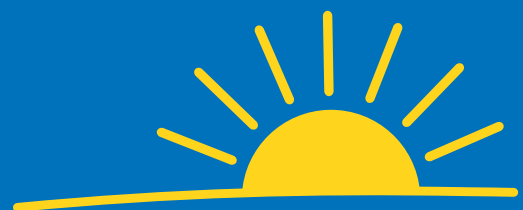


Preventing *Falls*

**Managing the risk
and effect of falls among
older people in care homes**



Help the Aged

May 2004

It is widely acknowledged that falls in care homes for older people is a complex issue.

Help the Aged commissioned a consultant with expertise in care homes to advise on what role the Charity could play in supporting action to prevent falls. Informed by the work of an expert group, various options were recommended, including this report.

To find out what care homes are doing to prevent falls among residents, a questionnaire was sent to practitioners with an interest in falls. Eighty people responded.

Our thanks go to colleagues in the NHS, social services and private and voluntary sector care homes for taking the time to provide us with this valuable information. The Charity would also like to thank the Department of Health for funding this work.

We hope the report reflects the commitment and energy of those who work in care homes to reduce falls among older residents and will inspire and encourage all care homes to take action.

Preventing Falls programme
May 2004

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1 Older people, falls and care homes

Falls and the fear of falling are serious issues for older people:

- Falls cause older people anxiety and disability.
- Injury caused by falls is a leading cause of death among people aged over 75.
- Fear of falling among older people and those who care for them reduces quality of life and well-being, even though not all falls have serious consequences.

Falls in care homes are costly:

- Older people living in care homes are three times more likely to fall than older people living in the community.
- Twenty-five per cent of older people who fall in care homes suffer serious injuries.
- Forty per cent of hospital admissions from care homes follow a fall.
- Litigation may suggest a breach of the duty of care.
- Complaints about falls create negative publicity.
- Emergency action after a fall diverts staff from planned care.
- Care to relieve injuries and anxiety from a fall increases workloads.

Care home residents are at high risk of falling:

- Previous falls account for 40 per cent of moves to a care home; people who have fallen once are at high risk of falling again.
- Residents are likely to be physically frail; have a medical condition such as stroke, Parkinson's, arthritis or dementia; or have a sensory or physical impairment that increases the risk of falling.
- Some medication and some combinations of medication may increase the risk of falling.

- Limited physical activity or exercise reduces muscle strength and affects balance, making falls and injuries more likely.
- Living in a care home can encourage residents to enjoy greater independence, which may lead to a fall.
- A new environment may reduce confidence and increase the risk of falling for residents, especially in their first few weeks in a home.

Care home managers are responsible for managing the risk of falls and their effects in homes. Regulations, inspections and standards require homes to have effective policies, trained staff, an appropriate environment and support for residents that, together, reduce the risk of falls and injuries, and support well-being and quality of life.

Experience suggests that falls can be reduced by 50 per cent when an individual's risks of falling are assessed and action taken to reduce them.

This booklet gives examples of what care homes are doing to reduce the risk of falls and injuries. The aim is to support care home managers in responding to regulations and standards, and to protect the interests of older people in remaining independent, active and safe.

Case study

After an inspection report identified 'too many falls', one care home manager introduced a system to record falls and to regularly audit their circumstances. As a result, staffing was increased at times when most falls occurred (early morning and evening), support was targeted at older people with dementia and easier access call systems were introduced.

Training was developed to help staff:

- be more aware of falls and the risk of falling;
- undertake environment assessments to reduce the risk of falls;
- understand dementia and its implications for falls;
- compile targeted falls assessments and care plans for residents whose regular assessment identified high risks of falling;
- introduce systems to report and audit falls and develop response mechanisms;
- make checks on walking aids and footwear; and
- encourage residents to use appropriate footwear, have vision checks and wear spectacles appropriate to their activities.

For the residents, regular seated exercise and balance classes were introduced alongside individual training in moving between chair and bed and/or toilets. They were also told about how these simple steps could reduce their risk of falling.

The results were:

- fewer fractures and serious injuries as a result of a fall;
- fewer falls;
- higher staff morale; and
- fewer emergency or crisis disruptions to staff work patterns.

2 How care homes reduce the risk and effect of falls

Early in 2004, Help the Aged collected examples of how care homes were reducing falls and their effects. There were three interrelated areas of action:

- Management: policies and practices
- Support for residents
- Improving the environment

Success was achieved with a combination of activities.

'Falls are possibly one of the most frustrating problems for staff because prevention is truly difficult for residents who are not aware of their own limits, safety or risks. We are responsible for doing all we can to reduce the risks they face. At the same time, we support other residents who can understand risks and how they can reduce them. So for the home, it's all about working to reduce various risks in different ways.'

Voluntary sector care home manager

Management and care: policies and practices

Care home managers want to reduce falls in homes. They need to take action in order to manage resources effectively, comply with national care standards and recommended policy frameworks, follow good practice and improve life for residents.

Assessment

Homes have reduced falls and injuries through general measures that improve safety for all residents. However, some homes use an additional 'falls assessment tool' where assessment of new residents or reviews of care plans have highlighted a previous fall or other factors known to increase the risk of falls. The assessments identify the risks facing these residents and provide a foundation for:

- detailed care plans;
- targeted action to reduce risks faced by individuals; and

- improved access to specialist resources such as falls clinics and nurse specialists who support people with particular medical conditions.

Various falls assessment tools exist and a 'best' model has not yet been defined. The NICE Falls Guideline (consultation draft, February 2004) recommends that 'tests that are simple to administer and can provide information to support clinical experience and judgement of an older person's balance and gait should be used' and that the choice of tool should be informed by 'time, resources and clinical judgement'. Many homes find that local falls services or falls co-ordinators based with a primary care trust (PCT) or social services have developed an assessment tool that links to NHS and social care assessment processes and resources.

'Risk assessments and monitoring don't eradicate falls but enable us to identify and minimise potential risks. Assessments help staff to be more 'falls aware' and inform specific actions for individuals and the whole home. We make sure all staff in the home are aware of the falls assessment tool we use locally and the risks it highlights. That way, everyone acts on risks and supports residents and recognises that while they can reduce the risk of falls they can't prevent them all.'
Care manager, housing association network of care homes

Training and awareness

Care homes draw on various training and information resources for staff. Many homes have links with local NHS or social services falls services or co-ordinators. Reductions in falls and their effects have followed induction and regular (often quarterly) training and awareness sessions for all staff about the circumstances and effects of falls. Successful local training packages include:

- information about the circumstances and consequences of falls;
- awareness raising about how medical conditions, dementia, ageing, sensory or physical impairment and poor balance increase falls risk;
- training about how certain medication and medical conditions can increase the risk of falls;
- information about how nutrition can affect the risk of injury;
- integrating falls risks in training about medical conditions; and
- developing skills in environmental risk assessment and interventions.

The effect of training on staff awareness is clear. New systems or ways of working have emerged that reduce the risk of falls and injuries. For example:

- Nutritional assessments are made of home menus to increase calcium, vitamin D and natural laxative content of meals.
- Domestic staff routinely help residents to reduce bedroom 'clutter'.
- Procedures are improved for referrals to specialist nurses, pharmacists, falls clinics, occupational therapists and physiotherapists, and residents are encouraged to use personal aids and adaptations.
- Residents are given support to stay active and join in exercise sessions.
- Staff contact is increased with residents at high risk of falling, especially at times when falls are frequent (this is often early morning and evening).
- An understanding is developed of residents' urgent need to reach the toilet because of incontinence or the effects of medication and how staff should actively respond to this.
- Medications are reviewed by a pharmacist with a view to replacing those that increase falls risks.

- Awareness is raised of risks associated with the work of the home and measures developed to avoid them, eg hiding trailing wires and promptly removing laundry.
- Staff make sure that residents' personal effects, water, mobility aids, etc are within easy reach.

'The challenge is to raise staff awareness so that falls reduction is part of holistic care – not an add-on.'

Private sector care home manager

Falls records and audits

Homes that record the time and place where falls happen – in accident books or falls registers – have quickly found patterns in the circumstances of falls and taken action to reduce risks:

Circumstances of falls	Action taken to reduce falls
Night time and early morning peaks	Staff rotas that provide more cover at 'peak' times
Falls during transfers	Introduction of easier access call systems; night-time pressure pads linked to call systems beside beds and in en suite bathrooms; and aids and adaptations to help movement between beds, chairs and toilets
Where room to move is limited	Environmental assessments of rooms and changes to furniture layout
Residents moving between chair and bed	One-to-one 'training' for residents on moving safely between chair and bed

Falls are also reduced when staff are encouraged to report and take action over hazards in the house.

Homes that audit falls on a weekly or monthly basis report increased staff awareness of the risks that prompt falls and the action needed to reduce falls.

Support for residents

Supporting staff to reduce the risk of falls is one part of the success story in care homes; the other is support for residents. Raising residents' awareness of what can cause falls, and involving them in action to reduce their risks, can reduce falls. Some homes use their falls records (see column 1) to define support for individual residents through one-to-one discussion and planning around the circumstances of a recent fall. No single intervention is sufficient.

Exercise and activity: for balance, strength and mobility

Exercise improves balance, strength, mobility and general well-being. Falls are reduced most significantly when exercise is individually tailored and supported by staff trained to provide exercise for older people. Some PCTs and local authorities offer local exercise programmes for use in care homes and train staff to provide them. Individual and group exercise has wider benefits, including improved general social interaction and well-being. Many homes have introduced low-cost and high-benefit exercise initiatives:

- Trained home staff work with physiotherapists to define one-to-one exercise plans, exercise classes and activity sessions.
- Home staff are trained to support residents, who have experienced a fall, to complete an individual exercise programme defined by a falls clinic or community occupational therapy service.
- External trainers provide regular armchair exercise, EXTEND or t'ai chi classes in homes (see p 8).
- Residents, who have fallen, attend outpatient 'balance' classes or physiotherapists' 'falls prevention classes'.

'Residents keeping active is as much about staff understanding the importance of exercise in reducing falls as the interests of residents. Busy staff can be tempted to wheel a frail resident to the dining room rather than walk alongside them. But we know that if residents are active, we see fewer falls and everyone is happier too – everything is better for us all.'
PCT falls co-ordinator

Increasing bone density: reducing the risk of fracture

Residents who have developed, or are at risk of developing, osteoporosis can face serious injury if they fall. Homes reduce the likelihood of fracture through:

- nutritional assessment of diet to ensure vitamin D and calcium content;
- vitamin D and calcium supplements for residents at high risk;
- supporting compliance with GP prescriptions of calcium and vitamin D; and
- supporting load-bearing exercise to strengthen bones.

Reducing the impact of falls: minimising the risk of injury

Some care homes offer hip protectors to residents who are at high risk of falls and fractures, particularly residents who are confused. To date, the effectiveness of hip protectors has not been proven in all settings, but some homes report success in reducing the risk of fractures when:

- hip protectors are used by residents who are at high risk of fractures;
- residents understand how hip protectors may reduce injury and are able and willing to wear them 24 hours a day;
- staff are regularly trained in fitting hip protectors and supporting residents who could benefit from their use;
- residents have tried out a pair of hip protectors before taking up regular use; and
- residents are comfortable wearing them.

Local falls services have provided care homes with information and advice about hip protectors for residents and staff. In some areas, PCTs provide hip protectors for residents in care homes who are at high risk of fractures and falls.

Vision

Care homes have reduced risks associated with visual impairment through:

- daily spectacle cleaning and repair routines;
- staff awareness of the impact of visual impairment on falls;
- regular vision checks provided in the home; and
- staff encouraging residents to wear the right glasses for the tasks they are performing.

Foot care and wear

Poorly fitting shoes or slippers and poor foot health contribute to risks of falling. Homes that introduce a range of measures that focus on feet reduce falls through:

- regular home visits by podiatrists and chiropodists;
- shoe and slipper 'health checks' for newly arrived residents encourage all residents to wear thin-soled shoes with high collars around the home or fitted slippers with backs;
- walking-aid 'MOTs' for newly arrived residents and regular checks thereafter, including checks on the height of sticks and frames and fitting new ferrules;
- explaining to residents, particularly new residents, and their families and friends why appropriate footwear is important; and
- offering practical help to residents, particularly those without family or friends, to buy new shoes and slippers from a mobile shoe shop that provides regular fitting and sales in the home.

Clothing and dressing

Residents who have difficulty dressing may resort to loose fitting clothes, which may cause falls. Homes work with occupational therapists to find aids and adaptations that help residents dress themselves safely.

Information

Care homes use a range of materials to advise residents, their families and friends about how the risk of falling can be reduced. Homes report that residents are more aware of how to reduce risks, more confident in themselves and less likely to fall when information is provided in different ways and at different times:

- Discussion after a fall or 'near miss' applies information to individual circumstances. Many homes use falls records (see p 5) to discuss how a future fall may be prevented.
- In some homes, local falls service staff provide 'Falls Aware' sessions for residents and may visit a resident after a fall or referral to a specialist falls clinic.
- Leaflets, such as the Department of Trade and Industry's, which describe the steps older people can take to reduce falls risks, are routinely given to all new residents and to residents at risk of falling.
- Individual 'training' in how to move between chairs and bed, get up out of a chair and call for help is targeted at residents with mobility problems.

'Residents in our care homes sometimes fall when they are striving to be independent and trying to do things for themselves. We encourage independence in different ways and help them to understand when there may be a risk of falling and how to reduce this. The time our staff spend helping people to be independent is probably less than the time spent caring for someone who is more dependent, and at the same time everyone is happier and staff morale is high.'

Voluntary sector care home manager

Improving the environment

National minimum standards require non-slip surfaces in toilets, bathrooms and entry areas; and good lighting, grab rails and other aids in corridors, bathrooms, toilets and communal rooms and, where necessary, in a resident's own room. Homes that specifically assess environmental risks reduce falls through targeted actions, including providing:

- firm surfaces on garden walkways;
- white edges to steps and stairs;
- night lights for residents who need them;
- regular audits to ensure good and natural lighting, where possible;
- non-slip carpets, in the same colour, where possible;
- beds and chairs of the right height, with supports or arms;
- repairs to wear and tear in flooring, as soon as it appears;
- regular occupational therapy assessments of residents' rooms and the whole home; and
- occupational therapy assessments of older people at high risk and introducing appropriate aids and adaptations.

3 Supporting falls reduction in care homes: resources

Local resources

Care homes have been supported in reducing the impact of falls by local resources. To accompany this booklet, Help the Aged has produced action sheets to encourage care home managers to make the most of available local help. Action sheets are included in this booklet and can also be downloaded from www.helptheaged.org.uk/slipstrips/practitioners

National resources

This list of national resources is drawn from reports made by care homes to Help the Aged.

BHF National Centre for Physical Activity and Health

The Centre's Active for Later Life programme produces resources for residents and staff, and can work with services in a local area to support development of exercise and activities for older people.

www.bhfactive.org.uk
www.bhfactive.org.uk/areas_of_interest/afl/afl_home.htm

The Disabled Living Foundation (DLF)

DLF provides advice and information on equipment and assistive technology through:

- Advice Services Helpline
- Equipment Demonstration Centre (EDC)
- A training programme
- An equipment database

www.dlf.org.uk

DTI leaflet: Avoiding Slips, Trips and Broken Hips

Free advice leaflets about falls prevention are available in a range of languages and on audio cassette from the DTI Publications Orderline on 0870 1502 500.

EXTEND

EXTEND is a charity and training organisation that provides recreational movement to music for older people (and people of any age who are less able). Trained teachers provide group and individual exercise classes with the aim of increasing mobility, independence, strength, stamina, posture and co-ordination, and improving quality of life.

www.extend.org.uk

The Foundation of Nursing Studies

A specific section of the website focuses on falls. Care home matrons can use the information available for staff and residents.

www.fons.org/projects/falls

Help the Aged

The Preventing Falls Programme at Help the Aged provides various resources for older people and care home staff.

www.helptheaged.org.uk/slipstrips/practitioners

Many homes use *Strength and balance exercises for healthy ageing*, an easy-to-follow, clearly illustrated, prop-up book costing £4.00 per copy plus 10 per cent p&p.

Order a copy at

publications@helptheaged.org.uk, call 020 7239 2946 or download a version at

www.helptheaged.org.uk/slipstrips/practitioners

Later Life Training

This organisation aims to provide specialist, safe and effective exercise training for people working with older people. Training courses include, Exercise for the Prevention of Falls & Injuries in Frailer Older People (Postural Stability Instructor) and Senior Peer Mentor Physical Activity Motivator.

www.laterlifetraining.co.uk

Leicester College Chair-Based Exercise Leaders' Module

This course uses an evidence based approach to ensure that exercise programmes, aiming to promote independence and/or reduce the risk of falls and injuries among older people, are specific, progressive and effective. The course is one of a series relating to falls reduction (others are falls prevention and activity motivator training for peer mentors). The course is run (for a fee) in local areas, often in partnership with PCTs and care home groups.

Tel: 0116 229 5512

The National Electronic Library for Health

This online library about health issues offers care home managers and staff access to a wide range of research, professional and academic information, links to other sites and a 'search' facility.

www.nelh.nhs.uk

The National Osteoporosis Society (NOS)

NOS produces a range of resources for staff and residents about falls and fractures; osteoporosis; and the care, treatment and support of people with osteoporosis, including NICE guidelines and use of calcium and vitamin D. In many areas, NOS is working with PCTs to provide free training and support for care homes to reduce falls and fractures.

www.nos.org.uk

The Royal National Institute for the Blind (RNIB)

RNIB provides information and advisory services about visual impairment and actions that can be taken to reduce negative effects.

www.rnib.org.uk

Appendix 1: Care homes and falls: policy and inspection

1. The **NSF for Older People Standard 6** aims to reduce the number of falls which result in serious injury and ensure effective treatment and rehabilitation for those who have fallen.

Health and care services (including homes) are expected to have procedures that reduce the risk of older people falling. Guidance emphasises the value of records and regular analysis of falls.

Local 'falls services' are expected to promote and co-ordinate work to achieve the standard. Local circumstances mean that a wide range of different initiatives have been developed. Many are useful to care homes but homes are not always in touch with the falls service or its resources.

www.dh.gov.uk/policyandguidance/healthandsocialcaretopics/olderpeopleservices/fs/en

2. **Care Home Regulations (2001)** on health and welfare, assessments and care plans, records and premises refer directly to reducing falls and their effects, and require homes to take action in a number of areas. Inspectors will advise homes of actions that are required and also encourage good practice. Regulation 37 requires the care home to notify the Commission without delay of any serious injury to a service user.

3. **Commission for Social Care Inspection (CSCI) which incorporates The National Care Standards**

Commission recognises that care homes support the National Service Framework (NSF) for older people. National minimum standards amplify care home regulations and are assessed through inspection as 'standards below which no provider is expected to operate'. The standards apply directly to work to reduce falls and their effects. Standards for assessment and care planning (standards 3 and 7) include 'a history of falls'.

Standards and care home inspections expect that policy and practice in each home and on all issues will keep up with 'accepted guidance and good practice'.

www.dh.gov.uk/Search for CSCI.

4. The **Healthcare Commission and CSCI joint review of the NSF** for older people is important for care homes. It emphasises the need for the integration of care homes into NHS and local authority service planning, commissioning and monitoring. A range of work is underway and a final report is expected in 2005.

www.chi.nhs.uk/eng/nsf/older_people/index.shtml

5. **The National Institute for Clinical Excellence (NICE)** is developing guidelines on falls prevention for the NHS that will be relevant to care homes. The first consultation draft was issued in February 2004 and contains much of interest to homes. The final guidelines are expected in August 2004 and will be issued with a document designed for public use. The guidelines will become a benchmark for assessments and interventions to reduce the risks and impact of falls.

www.nice.org.uk

www.nice.org.uk/article.asp?a=102549

Appendix 2: Understanding the jargon

CSCI: Commission for Social Care Inspection

Falls co-ordinator: a member of staff of a PCT, hospital trust or social services department whose role is to develop an overview of local activities to reduce falls.

Falls service: a service of the PCT, hospital trust and social services that brings together resources to reduce falls.

Healthcare Commission: Legal name – Commission for Health Care Audit and Inspection. Replaces the work of the Commission for Health Improvement, has taken over the private and voluntary healthcare functions of the NCSC and elements of the Audit Commission's work.

NCSC: National Care Standards Commission (incorporated into the CSCI).

NHS: National Health Service

NICE: National Institute for Clinical Excellence

NSF: National Service Framework (the NSF for Older People deals with falls in Standard 6)

PCT: Primary Care Trust

3 Finding people that can help care homes manage the risk and effect of falls

- action sheets

Falls cause older people anxiety and disability and are a leading cause of death - because of resulting injury among people aged over 75. Not all falls have serious consequences. However, a fear of falling among older people and those who care for them can affect quality of life. Reducing the effect of falls is a priority for everyone.

Older people living in care homes are three times more likely to fall than older people living in the community. For about a third of those who do fall, the result will be serious injuries.

There is no single or best approach to reducing falls but there are resources to support care homes in managing this complex issue.

These action sheets suggest a number of local resources and contacts that care home managers may find useful in preventing falls and their effects.

Reducing falls – finding local resources

NHS organisations and local authorities have developed falls services and specialist staff, (often called falls co-ordinators) as part of the government's commitment to reducing falls among older people. These services bring together information and experience about what works in reducing falls and can help care homes to access resources.

To find out about falls services or co-ordinators in your area:

- find your PCT via NHS Direct on 0845 464748 or at www.nhsdirect.nhs.uk Click on 'looking for information about the NHS?' and follow the on-screen instructions;
- contact your PCT and ask for the person leading on older people's services.

Resources for care homes	Who and where	Action taken
Management		
Assessment tools	<p>Falls co-ordinator/service</p> <p>Falls clinic</p> <p>National Osteoporosis Society – for information about local initiatives www.nos.org.uk 01761 471 771</p>	
Training and awareness	Falls co-ordinator/service	
Records and audits	Falls co-ordinator/service	
Support for residents		
Exercise	<p>Falls co-ordinator/service</p> <p>Local authority leisure services</p> <p>Age Concern www.ageconcern.org.uk</p>	

Resources for care homes	Who and where	Action taken
Support for residents		
	<p>EXTEND www.extend.org.uk</p> <p>Help the Aged www.helptheaged.org.uk/ slipstrips</p>	
Bone density	<p>Falls co-ordinator/service</p> <p>GP</p> <p>Osteoporosis specialist nurse</p> <p>National Osteoporosis Society www.nos.org.uk</p>	
Reducing impact	<p>Falls co-ordinator/service</p> <p>Hip protectors-consult your PCT</p>	

Resources for care homes	Who and where	Action taken
Vision and hearing	Consult local directories for: Optician Audiologist GP Local society for the blind	
Foot care and wear	Consult local directories for: Chiropodist Podiatrist Shoe supplier	

Resources for care homes	Who and where	Action taken
Information	<p>PCT falls co-ordinator/ service</p> <p>Age Concern www.ageconcern.org.uk</p> <p>Help the Aged www.helptheaged.org.uk/ slipstrips</p> <p>National Osteoporosis Society www.nos.org.uk</p>	
Environment		
Home and room assessments	<p>Falls co-ordinator/service</p> <p>Occupational therapists</p> <p>GP</p>	
Home aids and adaptations	<p>Occupational therapists</p> <p>'Joint (local authority and NHS) equipment stores' – via PCT</p>	

Resources for care homes	Who and where	Action taken
	<p>Disabled Living Foundation www.dlf.org.uk</p> <p>Specialist disability suppliers such as:</p> <p>Aidapt www.AidaptLtd.co.uk</p> <p>Direct Mobility Hire www.directmobility.co.uk</p> <p>Keep Able www.keepable.co.uk</p> <p>Nottingham Rehab Ltd www.nrs-uk.co.uk</p> <p>Best value disability products www.bestvaluedisabilityproducts.com</p>	

Resources for care homes	Who and where	Action taken
Notes:		

Help the Aged runs the Preventing Falls programme. This aims to raise awareness about the risk of falls to older people among older people and those who care for them. The programme provides:

- web-based information and resources **for older people** at www.helptheaged.org.uk/slipstrips;
- web-based information, resources and materials **for practitioners** at: www.helptheaged.org.uk/slipstrips/practitioners, including the report *Reducing falls risk among older people: examples of falls services across England*;
- regular e-mail updates on falls research, useful links and upcoming events and news **for practitioners** (sign up online at www.helptheaged.org.uk/slipstrips/practitioners);
- free advice leaflets for older people in English, Urdu, Gujarati, Punjabi, Chinese and Welsh - a limited number of resources for professionals are available from the DTI orderline 0870 1502 500;
- a book for trainers and activity leaders on exercise for older people and those who support them. Featuring text and illustrations, *Strength and balance exercises for healthy ageing* costs £4.00 plus 10 per cent p&p and is available from Help the Aged.
Please contact publications@helptheaged.org.uk or call 020 7239 1946.

Further copies of this report are available from
www.helptheaged.org.uk/slipstrips/practitioners

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