CARE…ABOUT PHYSICAL ACTIVITY (CAPA) IMPROVEMENT PROGRAMME:

PHASE 2 INTERIM-EVALUATION REPORT

AUGUST 2019

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Executive Summary

Background

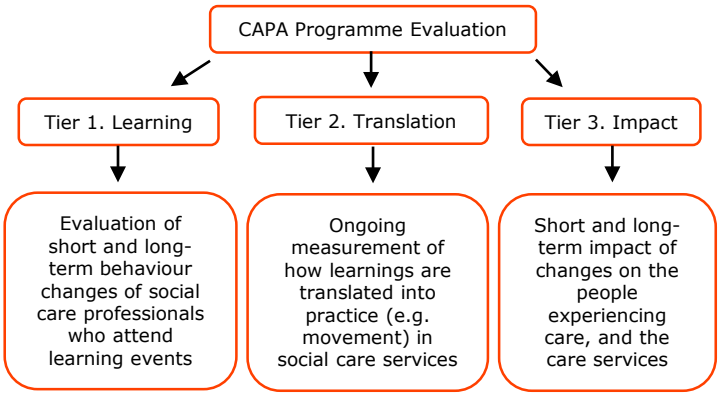
In 2016, the Care Inspectorate was commissioned by the Scottish Government, funded through the Active Scotland division, to design and deliver the 'Care…About Physical Activity' (CAPA) improvement programme. CAPA sought to improve the health and wellbeing, independence, and quality of life of older people experiencing care across Scotland. This was achieved through empowering social care professionals with the confidence, knowledge, and skills to discuss, advise, and support people experiencing care to move more everyday. CAPA was successfully delivered between April 2017 and October 2018 (the full evaluation report can be found here).

Based on this initial success the programme received further funding from the Scottish Government. The second phase is currently running between January 2019 and March 2020, using the same delivery model as the first phase.

The aim of CAPA is to build on the current skills, knowledge, and confidence of social care professionals to support them in identifying opportunities for people experiencing care to move more, to promote movement, and to develop local networks that support and sustain improvements, through utilising relevant resources and tools.

Measurement and Evaluation

The CAPA evaluation utilises a dynamic, flexible, and multi-tiered framework approach to understand and evidence the impact of the programme. This framework includes:



Findings and Discussion

Tier 1. Learning

This tier explores the impact of the first learning events that took place between April to June 2019. Social care professionals completed pre and post questionnaires which captured data on their perceptions of, and confidence in, discussing and enabling movement with people experiencing care. The scores with the greatest change are shown below.

	Pre LE1	Post LE1
Prioritisation of movement in current role	8.3 / 10	9.00 / 10
Knowledge about movement to encourage older people to move more	2.96 / 4	3.68 / 4
Feeling qualified to promote movement to older people	3.10 / 4	3.66 / 4
Taking action to address barriers that prevent older people from moving	2.98 / 4	3.55 / 4
Assessing an older person's readiness to move	2.87 / 4	3.43 / 4

Perceptions of and confidence to promote movement improved from pre to post the learning event. Specifically, social care professionals felt more knowledgeable about promoting movement and more confident to create an active environment for people experiencing care. They felt least confident about advising on the importance of movement.

Tier 2. Translation

This tier explores how learnings and sharing of best practice from LE1 have been applied into practice and translated into change. Focus groups were conducted with social care professionals and people experiencing care to understand what new opportunities had been developed (shown below).

Unstructured movement

Activities that are not necessarily everyday movement, but are unstructured in nature. This includes dancing or singing at home or theatre.

Stealth activity

Everyday movements that are done without being recognised as 'exercise'. This includes taking part in hobbies, personal care, and household tasks like baking and cleaning.

Structured exercise

Movement that is structured and provided through a care / care at home service. This includes chair exercises, yoga, swimming, walking, games, and prescribed exercise.

Tier 3. Impact

This tier explores the impact that the learning and translation have had on people experiencing care. In particular, this includes data captured from physiological tests, psychological variables, and focus groups to understand the impact on physical and mental health, and mobility.

54% are classified as having a high fall risk. Only 26% of those who had falls had contact with a medical services as a result.

24% achieved a grip strength score classified as normal or above compared to normative data.

59% report having moderate or slight problems with their mobility.

4 hours 36 mins are spent moving per day.

Time spent sitting per day is. **9 hours 54 mins**

62% report little or no pain/discomfort or anxiety or depression symptoms.

76% report that they rarely or only sometime feel lonely.

28% feel they are doing general activities that matter to them.

60% feel they fairly or very much belonged in their community.

People experiencing care felt that taking part in activities and movement helped them:

- Interact with others and make new friends
- Feel less anxious
- Feel more independent
- Maintain their identity
- Feel less restless/bored

Background

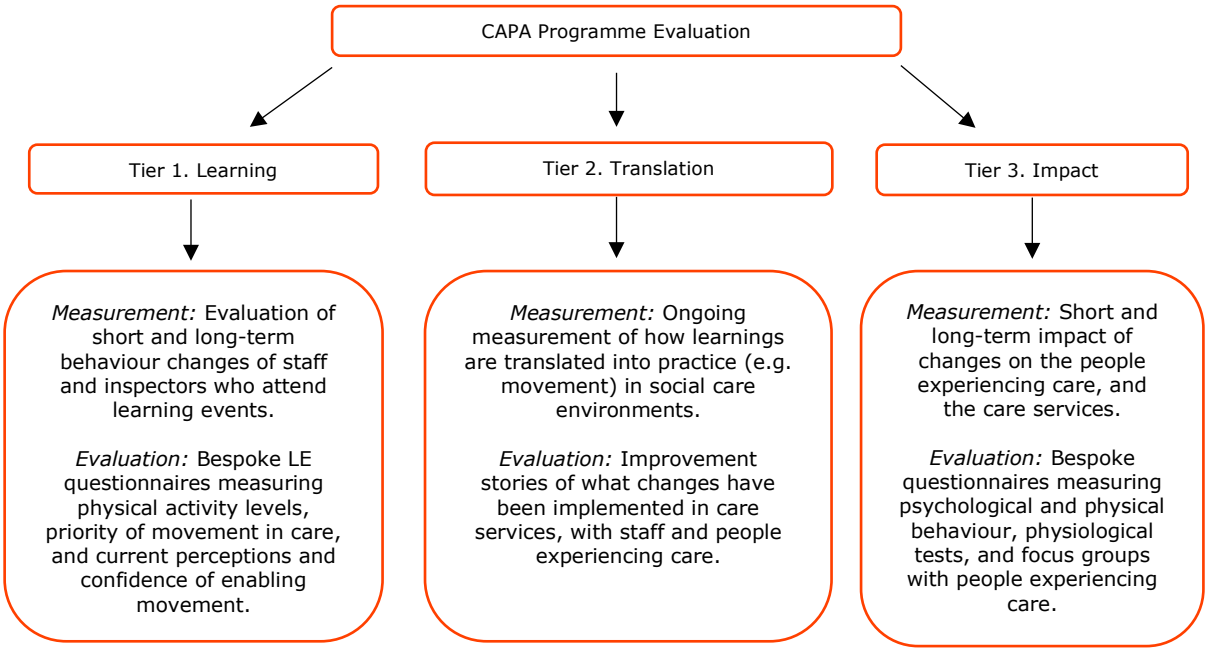
In 2016, the Care Inspectorate was commissioned by the Scottish Government, funded through the Active Scotland division, to design and deliver the 'Care…About Physical Activity' (CAPA) improvement programme. CAPA sought to improve the health and wellbeing, independence, and overall quality of life of older people experiencing care across Scotland. This was achieved through empowering care staff with the confidence, knowledge, and skills to promote and increase movement levels of those experiencing care. CAPA was initially delivered between April 2017 and October 2018, successfully demonstrating improvements in social care professionals' confidence, skills, and attitudes towards enabling movement for people experiencing care, as well as positive physiological and psychological improvements in people experiencing care taking part in the programme (the full evaluation report can be found here[1]).

Based on the success of the initial CAPA programme, the Care Inspectorate received further funding from the Scottish Government to continue the programme, with the second phase running between January 2019 and March 2020 in 11 partnership areas. Delivery will follow the same model as before, while incorporating learnings from the first phase to improve programme quality and engage a wider number of care services across Scotland.

The aim of CAPA is to build on the current skills, knowledge, and confidence of social care professionals through providing them with relevant resources, tools and training to support them in identifying opportunities for people experiencing care to move more, promoting movement in their services, and developing local networks that support and sustain improvements[2]. The CAPA programme was based on the Institute for Health Care Improvement's Breakthrough series, which sought to improve care through collaborative change at a lower cost[3]. CAPA was developed to bring together relevant stakeholders to learn about, discuss, and apply practical steps to embed movement into care services in a way that facilitates sustainable behavioural change.

Measurement and Evaluation Framework

The ukactive Research Institute are the independent evaluators for the CAPA programme. A dynamic, flexible, and multi-tiered framework approach was developed to understand and evidence the impact of the CAPA programme, utilising valid and reliable outcome measures. This can be seen below.



[1] https://hub.careinspectorate.com/media/1115/capa-evaluation-report-2017-2018.pdf
[2] The CAPA resource pack was originally developed in 2014 by the Care Inspectorate in partnership with the British Heart Foundation National Centre for Physical Activity and Health at Loughborough University (now SSEHS Active)
[3] The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003. (Available on www.IHI.org)

Measurement and Evaluation Findings – Tier 1: Learning

The measurement undertaken as part of the 'learning' tier was done through questionnaires which looked to understand social care professionals perceptions of and confidence to enable movement to people experiencing care. These were disseminated and completed pre and post the first learning events. Learning events ran from April to June 2019 across key partnership areas including South Lanarkshire, North and South Ayrshire, Glasgow, Falkirk, Aberdeen, Dundee, Angus, Moray, and Shetland. Further minature breakout learning events took place in other partnership areas that were not able to attend the official learning events. Further learning event 1 will take place in Orkney in September 2019. Qualitative evidence was captured through open-ended questions to understand what had been learnt and shared.

Key Findings

- Prioritisation of movement improved from pre to post learning event 1 and the perception of promoting movement as a priority was scored higher than how often it was encouraged.
- Confidence to enable movement improved from pre to post learning event 1. Specifically, social care professionals reported feeling more knowledgeable about promoting movement and confident in creating an active environment for people experiencing care.
- The majority of care professionals reported being 'fairly active' (52%), with a further 39% reporting being 'active'.
- Social care professionals took a variety of learnings away from the learning event 1 including developing action plans, encouraging independence and personal care, and focusing on small changes.

A total of 568 questionnaires were collected pre learning event 1 and 508 were collected post. Social care professionals from 10 of the 11 partnership areas attended the learning events and provided data. South Lanarkshire had the highest representation of social care professionals (17%) followed by South Ayrshire (15%). Social care professionals worked across six types of care, most commonly in care homes (61%), followed by care at home (17%). Attendees worked across seven types of job roles, with the role of carer / care professional being the most frequently reported (23%). This was followed by those in manger / leadership roles (21%) or wellbeing / activity coordinators (20%). Allied Health Professionals and Nurses were the least frequent in attendance (both at 3%).

Prioritisation of Movement

To determine how social care professionals prioritise movement in a care setting attendees rated, on a scale of 0 (low) to 10 (high), their agreement with two statements.

Statement	Average Pre	Average Post	Mean difference* learning event 1 2019	95% CI#		p-value
How often do you encourage movement with those in your care?	7.83	8.14	+0.31	0.18	0.44	p < 0.001
How much of a priority is promoting movement within your current role?	8.32	9.00	+0.68	0.53	0.83	p < 0.001

* mean difference is the best estimate of the change from pre to post event

Confidence intervals (CI) show the precision of this estimate and show the possible range of values that can occur

On average, social care professionals scored high both pre and post the learning events, although post scores showed improvements. These improvements were statistically significant indicating that scores changed by a noticeable amount from pre to post the event. Attendees scored the promotion of movement as a priority higher than how often they encourage movement. The mean difference of scores pre to post for this question was also higher (0.68). This implies a slight disparity between the recognition

of importance of movement and the implementation of it in practice. Social care professionals states that aspects like job role, time and staff awareness affected how frequently they encouraged movement.

Movement in Care

To determine how social care professionals perceive movement in care and their confidence to enable movement in a care setting, attendees rated, on a scale of 0 (low) to 4 (high), their agreement with the statements below.

Perceptions of movement

Attendees reported statistically significant improvements in all of these statements from pre to post the learning events. In the short term the learning events helped improve social care professionals' perceptions of their ability to support movement with people experiencing care.

In particular, **attendees felt more knowledgeable about encouraging older people to move more (+0.72), more qualified to promote movement (+0.56), and more confident in their ability to support an older person to move more (+0.48) after the learning event**. Perceptions of culture changed the least pre to post, which could be explained by the short time period over which testing took place. This may be a factor that changes more in the longer term.

Statement	Average Pre	Average Post	Mean difference learning event 1 2019	Mean difference learning event 1 2018
I feel qualified to promote movement to older people	3.10	3.66	0.56	0.37
I know enough about movement to encourage older people to move more	2.96	3.68	0.72	0.44
I am confident in my ability to support an older person to move more	3.20	3.68	0.48	0.22
I have time within my role to promote movement amongst those in my care	2.88	3.33	0.45	0.16
I feel that the current culture within my service supports older people to be regularly active	3.06	3.29	0.23	N/A
In general, I support those who experience care to move more on a regular basis	3.19	3.52	0.34	0.26

In comparison to answers given to the same questions at the first learning event (2018) in first phase of the CAPA programme, the mean difference from pre to post event was greater for this year (learning event 2019). Across both events **the greatest improvements were seen in response to questions relating to the perceptions of being knowledgeable and qualified to enable movement**. The events from this year was better for influencing confidence than the events from the first phase of CAPA. These differences could be explained by changes in the delivery of this years learning event 1, and the potential for this year's content to be more effective.

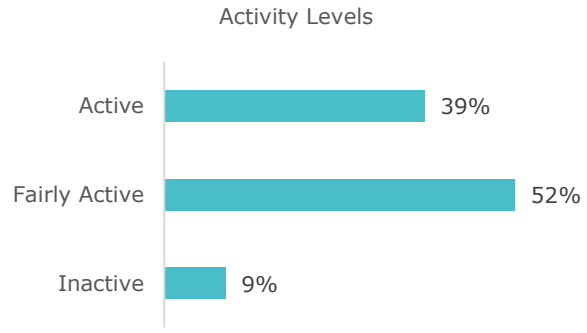
Confidence to enable movement

On average, all scores of confidence to enable movement improved significantly from pre to post the learning events. **This suggests that taking part in learning event 1 boosted the confidence levels of social care professionals over the short term by providing them with further knowledge, guidance, support and ideas of how to enable movement within their care service.** In particular, social care professionals reported that post learning event 1, they were more confident to take action against barriers (+0.57), create an active environment for an older person to move more in (+0.57), and assess an older person's readiness to move (+0.56). **They were least confident, post the event, to advise an older person on the importance of moving (0.46).**

Statement	Average Pre	Average Post	Mean difference learning event 1 2019	Mean difference learning event 1 2018
Assess an older person's readiness to move	2.87	3.43	0.56	0.36
Advise an older person on the importance of moving more	3.21	3.67	0.46	0.36
Identify the challenges and barriers that prevent older people from moving more	3.05	3.58	0.53	0.35
Take action to address barriers that prevent older people from moving	2.98	3.55	0.57	0.40
Support an older person to move more frequently	3.19	3.67	0.48	N/A
Create an active environment for an older person to move more	3.09	3.62	0.53	0.38

This year's learning event shows greater mean differences than results from learning event 1 2018 delivered in the first phase of the programme. In particular questions asking about social care professionals' confidence about assessing readiness to move and creating an active environment showed the greatest improvements pre to post this year compared to when asked last year. These differences could be explained by different people attending this year, who have a steeper learning curve.

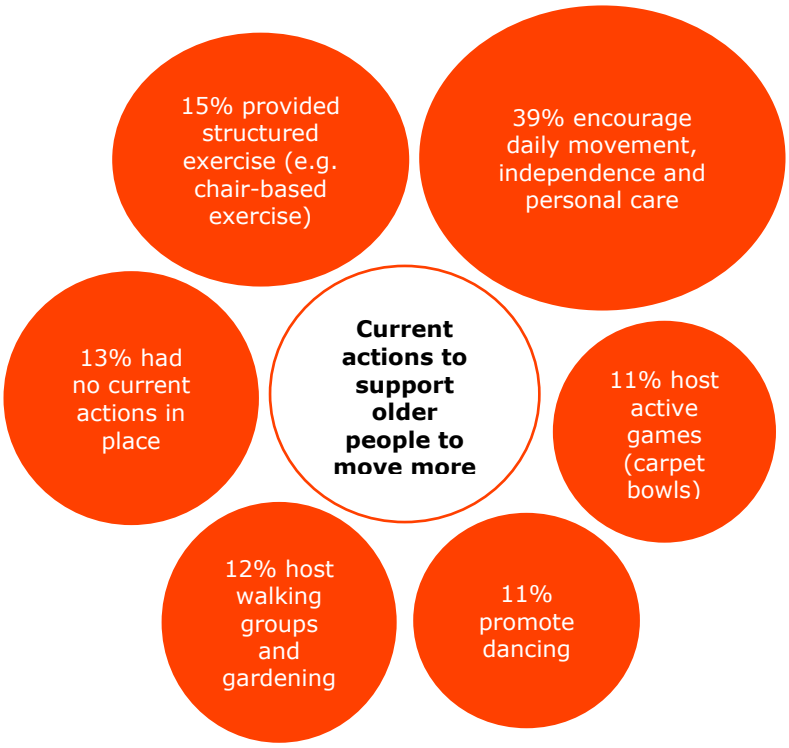
Activity Levels

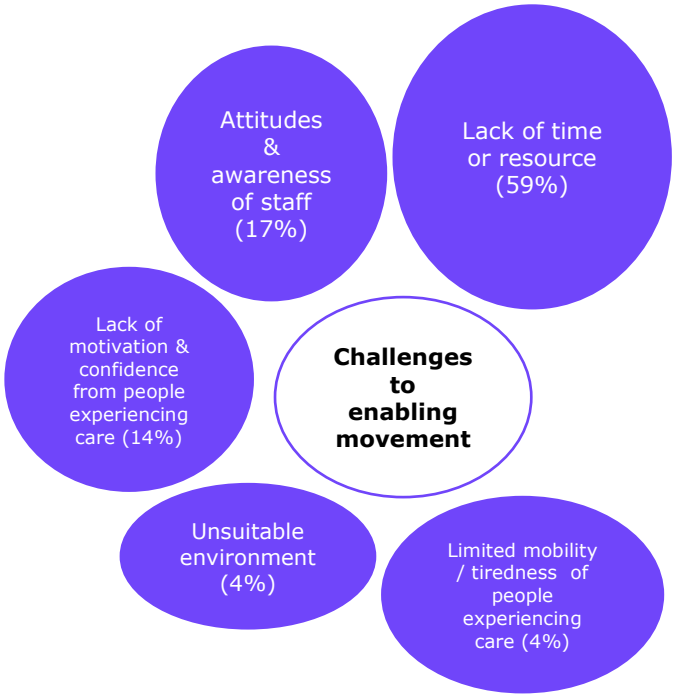


Only 9% were 'inactive' – completing less than 30 minutes per week. However, the greatest proportion of social care professionals reported being 'fairly active' (52%), – completing between 31 and 149 minutes of moderate intensity activity per week. The most health benefits are obtained from being 'active'. **Over a third of attendees reported being 'active', meaning they complete the Chief Medial Officers' (CMO) guidelines of at least 150 minutes of moderate intensity activity per week**. However, there is still scope to engage the 'fairly active' individuals in more activity.

Learnings, challenges and ideas around enabling and promoting movement

As part of the learning event questionnaires, social care professionals could comment on the challenges that prevent them from enabling movement, actions they are currently doing to support older people in care to move, and new ideas they will take away and apply or translate into practice. Based on the number of responses per question the proportion (percentages) of answers were calculated. These can be seen in the diagrams below.





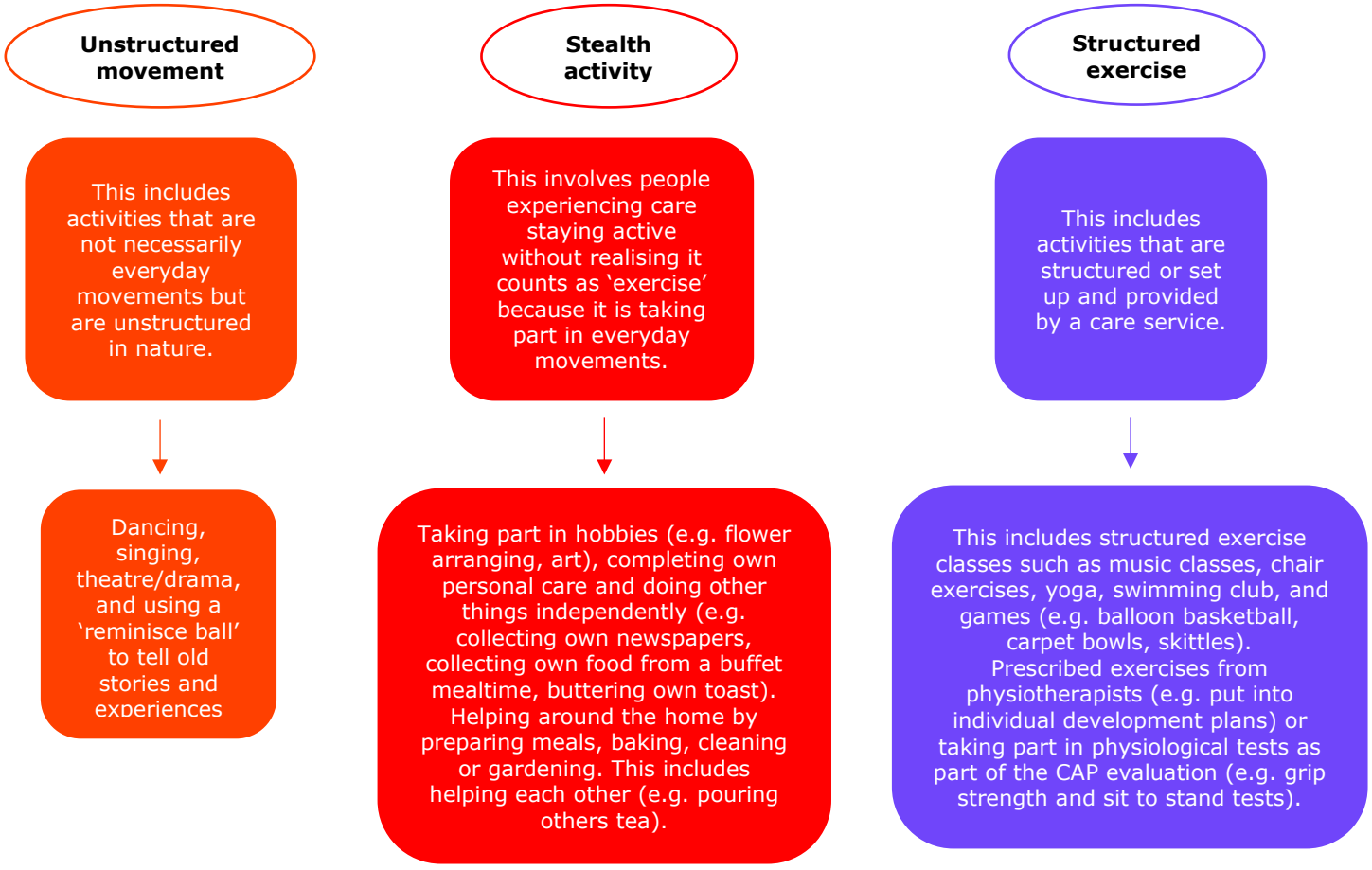
Measurement and Evaluation Findings – Tier 2: Translation

The 'translation' tier explores how theoretical learning and sharing of best practice from the first learning event has been applied in practice, and translated into change. Qualitative evidence was captured via focus groups with social care professionals and people experiencing care to understand what had been changed and adopted. In addition, any relevant case studies and stories have been included that document changes in practice.

Key Findings

- People experiencing care and social care professionals described a variety of different opportunities to engage in movement. These are classed as 'unstructured movement' (e.g. dancing, theatre), 'stealth activity' (e.g. everyday movements, personal care, cooking) and 'structured exercise' (e.g. exercise classes, walking clubs and games).
- Social care professionals identified areas that need continuous improvement and learning, with some services identifying best practice of how to improve. These areas include the need to document/evidence movement, the need to ensure promoting movement remains on everyone's agendas, and the need to train staff to better identify risk and mitigate this.

Three focus groups were conducted on the 2nd and 3rd of July 2019, by the ukactive Research Institute. Both people experiencing care (n=16) and social care professionals (e.g. activity coordinators and carers, n=8) took part in the focus groups, from across four care services in Glasgow and South Lanarkshire. People experiencing care described what activities they had the opportunity to take part in and social care professionals explained in detail any changes that had occurred in practice around the care home. These responses were combined into themes and are shown collectively below.



As part of translation into practice, social care professionals were also aware of areas for improvement to better integrate CAPA into their services. These areas have been paired with successful examples of best practice from other care services who took part in the focus groups.

The need to improve documentation / evidencing of CAPA.	One care service documented all care plans, action plans and engagement in CAPA physiological tests in a 'CAPA folder'. This could be shared with staff, family and friends to demonstrate what movement had been promoted and engaged in.
The need to ensure the promotion of movement stays on everyone's agenda during busy and understaffed periods.	Certain care services found that having CAPA as a key point on staff meetings helped ensure it was always talked about, and reduced the expectation that it was just a task for the activity coordinator. This also allowed individuals to raise any concerns and discuss action plans.
The need to ensure all staff are trained in how to identify risk and symptoms, to prevent the need to be reactive.	One care service reported that they try to continuously send their staff on training to ensure they have the confidence to be proactive and put measures in place that prevent an individual from having a fall in the first place (e.g. maintain their mobility).

CAPA Programme Story – small steps towards sustained cultural change

A care home in Perth and Kinross engaged with the first phase of the CAPA programme. In an initial inspection in December 2017, it was observed that the entire time staff (including catering and cleaning staff) were committed to promoting and facilitating movement and activity for all. In an inspection in November 2018, this approach was observed to have been put into practice – people experiencing care described new opportunities to be active and social, as well as being more involved in the daily life of the home. Staff also described how the home had embedded CAPA into its practices and was now reflected as part of the culture within the home.

In the Spring of 2019, the same inspector returned to this Perth & Kinross care home. The inspector discussed if and how CAPA had been sustained. The care home manager described how important messaging and language was in encouraging movement and promoting CAPA. For example, they ensure all new and existing job titles align with the CAPA principles and values of movement. She explained that the sustainability was an ongoing journey, with new environmental changes occurring in the care home that will allow the outdoor space and indoor corridors to better facilitate movement.

Going forward the care home plan to develop assessment and care plans, and reflect on the awareness of the positive practices and opportunities among the staff and people experiencing care. They continue to train their staff to allow them to better enable movement (e.g. through strength and balance training) and plan to be involved in falls prevention work.

Measurement and Evaluation Findings – Tier 3: Impact

The 'impact' tier explores the impact that the learning and translations have had on people experiencing care. This includes data captured from: 1) physiological tests (taken every six-weeks); 2) psychological variables (asked through questionnaire every six-weeks) and 3) focus groups with people experiencing care, and improvement stories provided by social care professionals. Currently only baseline data has been recorded. Full in-depth analysis will be conducted in the final report.

Key Findings

- At baseline 54% of people experiencing care are classified as having high fall risk. 26% of those who experienced a fall needed to contact medical services as a result.
- A majority of people experiencing care are spending more time being seated (up to 9 hours and 54 minutes per day), in comparison to moving (4 hours and 36 minutes per day).
- People experiencing care gave positive responses around feeling part of their community, not feeling lonely and feeling they were doing what matters to them. They also report that moving more often has ongoing psychological benefits.
- The mean score of health-related quality of life (HRQoL) for people experiencing care is 0.505, compared to a nationally represented average of 0.728. Specifically, close to two thirds of people experiencing care report little or no pain/discomfort (62%) or anxiety/depression symptoms (63%).

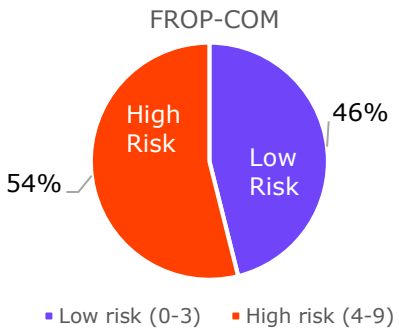
Physiological impact on people experiencing care

All physiological measures were selected for their appropriateness to test body strength, movement capability, and balance in older people. Data included in analysis for this report was received by 19th July 2019. Only data from baseline was analysed, as a small sample of six-week data was available. Where available, comparisons have been made to national data to provide context to the scores. Data was received from across nine partnership areas, with the most received from South Lanarkshire (26%), North Ayrshire (23%) and South Ayrshire (19%). Three quarters of people experiencing care (75%) whose data was received were aged between 76 and 96 years.

FROP-COM & Falls

The FROP-COM (Fall Risk for Older People in the Community) screen was used to evaluate fall risk in older adults. In addition, questions about the number of falls and the number of contacts with medical services because of falls in the last six-weeks was documented.

Test	Baseline N
FROP-COM	138
Number of Falls in the last 6-months	121
Number of contacts with medical services as a result of falls	115



On average, **people experiencing care are relatively evenly split between having high (54%) and low (46%) risk of falls**, with the percentage of those in high risk slightly higher. There is no medium risk category.

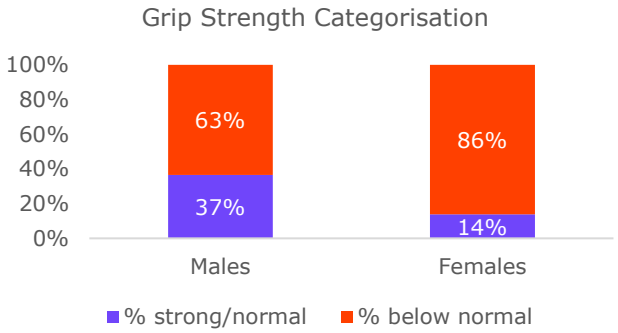
Of those who have fallen, there were 72 total falls reported in the last 6 weeks, which equates to an average of 1.6 per person. **Contacts with medical services as a result of falls was only required on 19 number of cases, which is 26% of the time.**

Hand Grip Strength

Handgrip strength was measured using a handgrip dynamometer, with measurements taken from each hand. A total of 135 responses were received.

Of the baseline data received, the average grip score was 14.4 kg. **For females this was 10.9 kg and for males this was slightly higher at 18.6 kg. In comparison to normative data segmented by age and gender, these scores fall into the weak category for grip strength.** It should be considered, however, that this normative data does not necessarily include older people living in care.

When looking at scores individually, 24% of people experiencing achieved a grip strength score that is classified as normal or above. This was more prominent in males (37%) than females (14%; see below).



Interestingly this was also the most prominent in people experiencing care who were the oldest, aged between 70 and 99 years of age. This indicates that a proportion of individuals have suitable strength for their age and gender. **Nonetheless, people experiencing care have potential to improve their grip strength through engaging in more upper and lower body strength, and general mobility.**

Standing Balance

Standing Balance was used to evaluate balance ability in older adults. A total of 128 responses were received. The average length of time a person experiencing care was able to balance for on one leg was 9 seconds. Males balanced for an average of 5.59 seconds, while females balanced for an average of 11.26 seconds. This can be compared to normative data of community dwelling older adults who completed the same balance test[4]. **Compared to this data, CAPA females balance for longer than the average female (who balances for 10.7 seconds), while CAPA males balance for less than the average male (who balances for 21.9 seconds).**

It should be considered that while this is provided as comparison normative data was not available from individuals living in care. It does indicate, nevertheless, that people experiencing care, in particular males, should be encouraged to improve their balance.

When looking at scorings individually, 34% of people experiencing care were not able to balance (score of 0 seconds). This may be because of being unable to stand indenendently or having limited mobility and strength. **Close to a quarter (24%) of people experiencing care were able to balance for longer than 10 seconds**, which also indicates that a proportion of individuals are capable of improving their balance scores and overall mobility.

Sit to Stand

Sit to stands are the number of complete stands a person can make from a seated position in 30 seconds. This test measures leg strength and endurance and a total of 134 responses were received. On average people experiencing care taking part in the CAPA programme completed between five and six stands in 30 seconds. **The number of stands completed by people who used their arms was fewer (5.22) than those who completed stands with no arms (7.91).** This could indicate that people experiencing

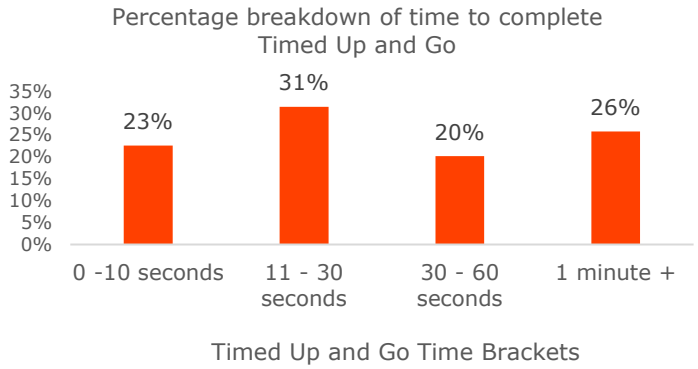
[4] El-Sobkey, S. B. (2011). Normative values for one-leg stance balance test in population-based sample of community-dwelling older people. *Middle East J Sci Res*, *7*(4), 497-503.

care who do not use their arms may already have stronger leg endurance at baseline and can therefore make more stands in comparison to those who feel they need to use their arms.

Overall leg endurance is improved by engaging in regular movement, and therefore is expected to increase if people experiencing care have the opportunities to be more mobile.

Timed Get Up and Go

The Timed Get Up and Go was used to evaluate a person's ability to stand up from a seated position and walk, either with or without a walking aid. A total of 130 responses were received. People experiencing care took an average of 56 seconds to stand up from their chair, walking 3 metres, turn around, and walk back and sit back down. **As seen in the graph below, just under a quarter of individuals completed this in 10 seconds or less (23%), 31% in 11 to 30 seconds, 20% in 30 to 60 seconds, and 26% took over a minute to complete.**

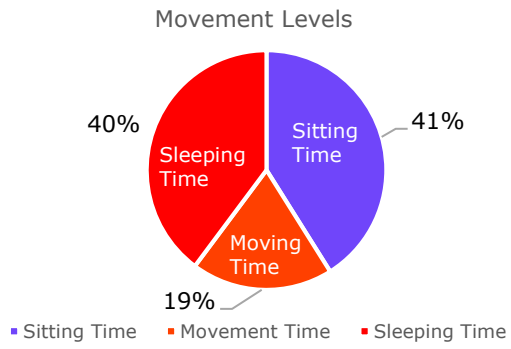


Normative data[5] indicates that a score of 10 seconds or less is normal, and a score of 30 or less indicates that the individual requires aid to walk, or has problems walking, but is still able to do so. Compared to the breakdown of scores from people experiencing care, roughly half (54%) fall into one of these two categories.

It should be considered that **a score of over 14 seconds has been shown to indicate high risk of falls. Given the average score from people experiencing care is 56 second there is a good opportunity to promote continued movement** to improve gait and the timed get up and go scores and has the potential to decrease the risk of falls.

Movement Impact on People Experiencing Care

Individuals were asked to estimate how many hours per day, in the previous seven days, they spent time sitting, moving, and sleeping. Movement included movement both in and out of a seated position.



Of those who answered the questionnaire, on average, people experiencing care are **spend the majority of their time either sitting (41%) or sleeping (40%).**

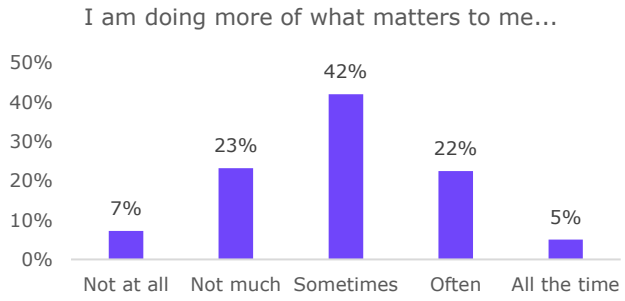
Of the time spend moving, this equates to an average of 4 hours and 34 minutes per day. In comparison, the people experiencing care sampled here are spending a much greater period of time sitting down, at an average of 9 hours and 50 minutes per day. The remainder of the time is spend sleeping (9 hours and 36 minutes).

[5] https://www.thompsonhealth.com/Portals/0/_RehabilitationServices/PT%20Mgmt%20of%20Knee/Functional_Tests.pdf

Psychological impact on people experiencing care

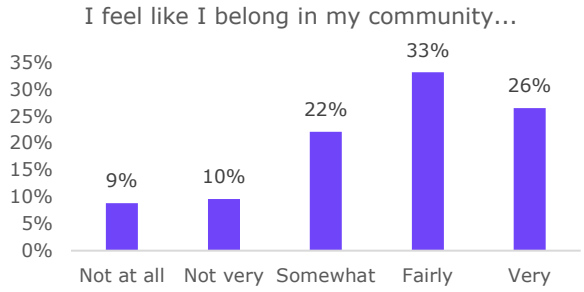
People experiencing care answered questionnaires which measured their mental wellbeing, sense of purpose, loneliness, quality adjusted life years (QALYs), and self-reported sedentary and movement levels. Data included in analysis was received by 19th of July 2019. Data from baseline was analysed (n=59), as only a small sample of six-week data (n=9) was available.

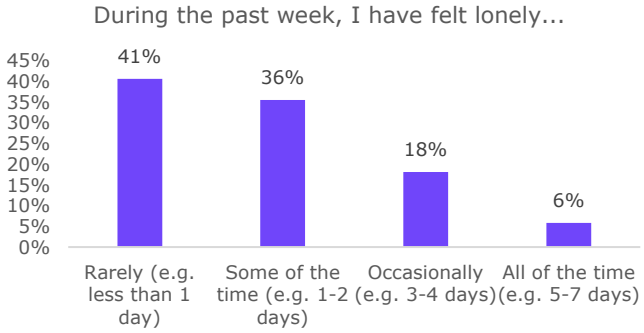
Sense of Purpose



People experiencing care taking part in the CAPA programme reported equal positive (28%) and negative (30%) responses when asked if they were doing activities in life that mattered to them. **Most felt they were doing activities that mattered to them some of the time (42%).**

Social Trust and Loneliness





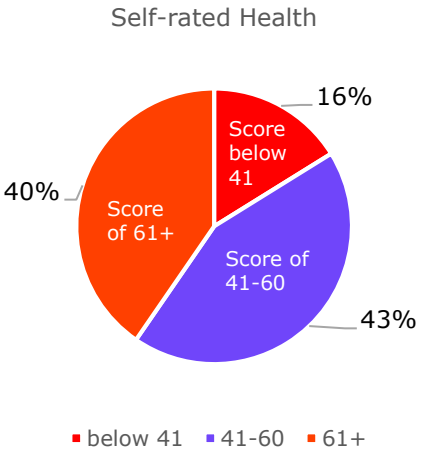
When asked about their sense of belonging with community and if they ever felt lonely people experiencing care responded positively**. On average, 59% of people experiencing care who responsed reported that they felt fairly or very much like they belonged in their community, while 77% reported that they rarely or only some of the time felt lonely.**

Health-related Quality of Life

Health-related quality of life (HRQoL) can be determined through the EQ-5D questionnaire. This involves five questions assessing an individual's self-rated mobility, self-care, engagement in usual activities, and reported pain, anxiety or depression, and an additional self-rated perceived health question. Collectively this can be used to determine Quality Adjusted Life Years (QALYs), if multiple time points are included. As the six-week sample size is currently not large enough, for the purposes of this report QALYs have not been reported. Instead the HRQoL is reported.

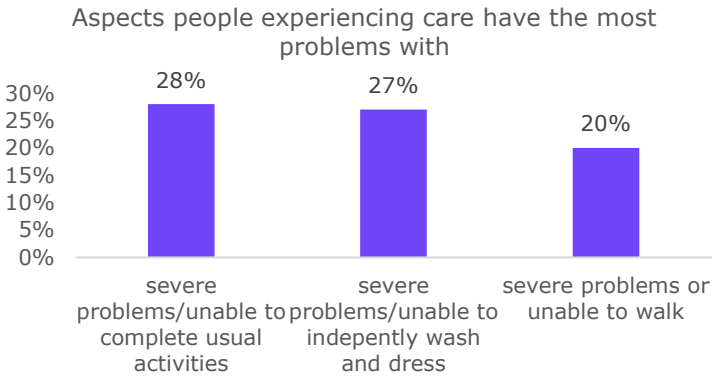
HRQoL runs on a scale from 0 (dead) to 1 (perfectly healthy). Of those who completed a questionnaire, **the mean HRQoL for people experiencing care was 0.505**, which falls half way between the two.

An independent samples t-test was completed to determine how this score compared to a nationally represented population (data taken from the England GP Survey). **Results from the t-test indicate that in comparison to nationally representative data (mean HRQoL=0.728), people experiencing care rate their HRQoL as significantly worse (mean HRQoL=0.505, 95%CI [0.456, 0.554], p < 0.001,).** The nationally represented data is taken from an England sample as the most relevant comparison, as a specific comparison to Scotland was unavailable.



Responses to each of the six questions provide more understanding. When self-rating their health today, (where 0 = worst heath possibly imagined and 100 = best health possibly imagined) **43% of people experiencing care reported a score between 41 and 60.** However, a further 40% reported a score of 61 and higher, in comparison to only 16% who reported a score below 41.

Out of the six questions, people experiencing care rate themselves to **have the most problems (severe problems or unable to do so) with completing their usual activities and being able to independently wash and dress themselves** (28% & 27% respectively; see graph). A further 20% claimed they had severe problems walking or were unable to walk. However just under a third (59%) report having moderate or slight problems with their mobility.



Nonetheless, people experiencing care also reported the least problems with their pain and mental health. **Close to two thirds (62%) report having no or only slight pain or discomfort** and a majority of people experiencing care report that they are **only slightly or not at all slightly anxious or depressed (63%).**

Mental Health/Wellbeing

Focus groups with people experiencing care on the 2nd and 3rd July 2019 were analysed using thematic analysis, to understand how taking part in CAPA impacted their mental wellbeing. A variety of themes and subthemes emerged which are shown below (names are pseudonyms).

Improvements in mood

Taking part in activities results in improvement in mood.

Maintains feelings of happiness:
"My mood changes when I am not able to. I feel fed up and then I had a walk and I felt happier."
"I walk anywhere and like to walk to the shop. Walking to the shop was the thing that made me happy when I frist arrived here"

Reduces boredom/restlessness:
"I like to walk – it clears my mind. It's my favourite. I don't understand why people want to sit in the house all day and just sit there, I have to be out and doing things. I make cups of tea for other people and do cleaning on a good day, because it keeps me busy and I can't sit in one place all day - that would be boring."

Reduces anxiety:
"Josie gets very anxious, on a scale it's a 15/20. As soon as the exercise class starts, you can physically see her relax her body. She likes to dance and that helps her."

Social Interaction

Hosting activities and people experiencing care taking part in these has encouraged people to spend time with each other and interact socially.

Building friendships: Individuals come together to do activities like active bingo, or take part in gardening club and walking groups.

"A new quiet lady used to sit and fold napkins and then another lady joined, and they started folding napkins together and became friends. They sit together now and have gone out on a day trip together."

Mutual support: Individuals help and support each other to stay active.

"If you direct them and give them an idea by doing it yourself, they copy you. Maybe not as well but they still copy and that can help motivation them to try."

Independence

Taking part in activities and movement helps people experiencing care maintain their feelings of independence, or brings it back.

Prevents loss of identity:
"I wouldn't be able to just sit and do nothing, I would lose my identity and confidence if I couldn't do things by myself. I don't like people telling me not to do exercise because I do exercise at home to maintain the home. Every movement is an activity. It's very important for my independence."

Encourages people to live a fulfilled life: People experiencing care want to stay active to allow them to stay engaged mentally, even if they cannot walk, or enjoy their time in the care service.

"My brain still works, I want to be independent (in the chair)"
"When I moved in I felt lost and took a while to feel familiar and feel comfortable. People come in and shy away and don't do anything. When I first came I was very shy and once I joined in it really made me feel better."

Conclusions and Recommendations

The three tiers of the CAPA programme evaluation (learning, translation and impact) were used to demonstrate if the theoretical learnings from the LEs and staff training had a translatable and tangible impact on the movement levels of people experiencing care. This impact was measured through physiological tests, mental wellbeing assessments, and was supported by focus groups and case studies.

Conclusions

Key findings gathered so far include:

- Social care professionals took a variety of learnings away from the learning event 1 including developing action plans, encouraging independence and personal care, and focusing on small changes. Prioritisation of movement improved from pre to post learning event 1 and the perception of promoting movement as a priority was scored higher than how often it was encouraged. They also identified areas that need continuous improvement and learning, with some services identifying best practice of how to improve. These areas include the need to document/evidence movement, the need to ensure promoting movement remains on everyone's agendas, and the need to train staff to better identify risk and mitigate this.

- People experiencing care and social care professionals described a variety of different opportunities to engage in movement. These are classed as 'unstructured movement' (e.g. dancing, theatre), 'stealth activity' (e.g. everyday movements, personal care, cooking) and 'structured exercise' (e.g. exercise classes, walking clubs and games).

- Over 50% of people experiencing care are classified as having high fall risk (54%), with 26% of those who experienced a fall needed to contact medical services as a result. This may be linked to the time people experiencing care are mobilising. A majority of people experiencing care are spending more time being seated (up to 9 hours and 54 minutes per day), in comparison to moving (4 hours and 36 minutes per day).

- Of those who completed a questionnaire, people experiencing care taking part in the CAPA programme gave positive responses around feeling part of their community, not feeling lonely and feeling they were doing what matters to them. They also report that moving more often has ongoing psychological benefits.

- The mean score of health-related quality of life (HRQoL) for people experiencing care taking part in the CAPA programme is 0.505, compared to a nationally represented average of 0.728. Specifically, close to two thirds of people experiencing care report little or no pain/discomfort (62%) or anxiety/depression symptoms (63%).

Recommendations

Interim data analysis indicates that individuals have began to engage with the CAPA programme across a variety of care services and locations. Focus group data indicate that those engaging in the programme so far feel that they are benefitting from the opportunity to move more. Based on the results provided through analysis of baseline data, a variety of recommendations are suggested to help enhance people experiencing cares' mobility, independence and quality of life. These are:

- Social care professionals' confidence to advise an older person on the importance of moving saw the smallest change from pre to post LE1, indicating that social care professionals were the least confident in this area. Therefore, it may be worth focusing on this area in the next series of learning events, and addressing any concerns social care professionals have during the sessions.

- Social care professionals' perceptions of enabling movement and confidence to do so with people experiencing care improved from pre to post the first learning event. However, as the first learning event was most beneficial at improving perceived knowledge to enable movement this is a clear strength and should remain a focus for the second event.

- Timed Up and Go and balance scores indicate that while a proportion of people experiencing care are walking and balancing at a time considered normal (compared to normative data), a larger

proportion are at higher risk of falls because of their scores. Continued opportunities to walk regularly (e.g. walking groups and daily movements at home) and enhance balance (e.g. through classes like Tai Chi or Yoga or practicing at home) can be provided for individuals with low scores in these areas. This may help mitigate the risk of falls through improving strength and balance.

- People experiencing care responded the most negatively about not feeling able to do their usual activities or independently wash and dress themselves. As part of improving people experiencing cares health-related quality of life (HRQoL) is it suggested that social care professionals continue or begin to encourage people experiencing care to take part in hobbies, help out around the care home or own home, and conduct as much of their own personal care as possible. This may begin to foster a greater sense of both independence and the ability to perform meaningful activities for people experiencing care.

- One of the prominent benefits that emerged as a result of people experiencing care taking part in more movement and activities was social interaction. It appears that social interaction also prevented people experiencing care from isolating themselves at home or in their rooms and encouraged them to be more involved around the care home or in the local community. As such, it is recommended that social care professionals continue to offer or suggest a range of movement opportunities. This could include ones that bring individuals together such as joining local walking groups, activity clubs, or taking part in adapted team sports (e.g. skittles) both outside a person's home or in the care facility.

The second phase of CAPA and data collection is ongoing until March 2020. Below are key next steps:

- All care services will continue to collect physiological data, psychological data, movement data, and falls data from people experiencing care on a rolling six-week basis. The final programme evaluation report will analyse this data across the multiple time points, to determine any long-term change.
- A second series of learning events (LE2) will take place for social care professionals in October and November 2019. Pre and post questionnaire data will continue to be collected at this event and will be analysed this first set of data in the final programme evaluation report.
- A second round of focus groups will take place with people experiencing care and care service staff in December 2019, looking to understand the impact of engaging in movement and CAPA programme on physical and mental wellbeing.