



RESEARCH
INSTITUTE

CARE...ABOUT PHYSICAL ACTIVITY (CAPA) IMPROVEMENT PROGRAMME

FINAL EVALUATION REPORT OCTOBER 2018

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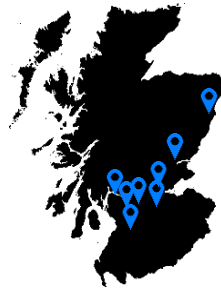
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Executive Summary

Background

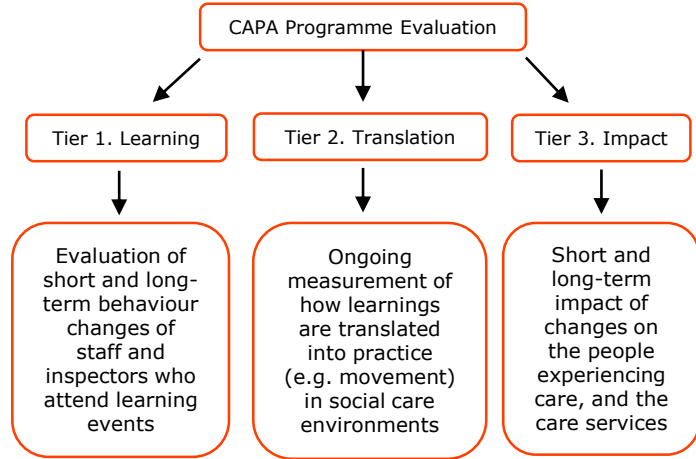
The Care Inspectorate is the national scrutiny and improvement support body for social care and social work services in Scotland. It aims to give public assurance and build confidence that social care and social work in Scotland is rights based, and provides high standards of care for vulnerable members of society across Scotland through inspecting over 13,500 social care services.

In 2016 the Care Inspectorate was commissioned by the Scottish Government to deliver the Care...About Physical Activity (CAPA) improvement programme which aimed to improve the health and wellbeing, independence, and overall quality of life of older people experiencing care across Scotland. This is done by empowering care staff with the confidence, knowledge and skills to promote and enable opportunities for movement for older people experiencing care. The programme was delivered across eight partnership areas, involving up to 140 care services. This included care homes, reablement, day care, sheltered housing and care at home services.



Measurement and Evaluation

The evaluation of CAPA 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

Three Learning Events (LEs) took place between June 2017 and June 2018 for social care professionals, to help upskill and support them to embed daily movement into their care services. Pre and post LE questionnaire data was used to evaluate changes in attendees perceptions of movement and self-efficacy to enable movement in care. The significance of the changes were determined using statistical modelling.

At all three LEs social care professionals agreed most strongly that promoting movement within their current service was a priority. This improved significantly from LE1 to LE3, suggesting movement was considered more of a priority towards the end of the CAPA programme.

Short-term: The greatest short-term effect of each LE was that social care professionals felt more confident to enable movement and create an environment that supports movement.

LE3 was most beneficial for changing the perceptions around capacity to promote movement for social care professionals working in Care at Home – by LE3 they felt they had more capacity to promote movement in comparison to LE1.

Some barriers and challenges are likely to be continuous for social care professionals, namely families being risk adverse, time and understaffing. By creating strong community partnerships and changing attitudes in the care environment, these can be overcome with time.

Long-term: By LE3, social care professionals felt they took more opportunities to promote movement. They also felt most confident about assessing, discussing, and advising on behaviour change.

Consistent Long-term: social care professionals demonstrated gradual improvements from LE1, to LE2 and LE3 in their perceptions of movement and their self-efficacy to deliver it. They felt most qualified to promote movement towards the end of the programme, from LE2 to LE3. LE1, had the greatest impact upon their self-efficacy to deliver movement.

In the long-term social care professionals that attended the LEs are both remaining and/or becoming more active.

Tier 2. Translation

Qualitative data collection (focus groups, diaries, and case studies shared by care staff) was used to understand how learnings were translated into practice. Changes and learnings are categorised in terms of the three [CAPA principles](#):

Movement

Principle A. Physical activity participation

- A1. *Voices and Choices* – taking time to understand individuals interests, hobbies and goals allows meaningful movement choices to be made increasing the chances they will continue to engage.
- A2. *Promotion* – structured and unstructured movement opportunities were promoted. 'stealth' movement was the most effective way to engage inactive individuals.
- A3. *Everyone's business* – a whole team approach was needed to ensure CAPA was successful.

Cultural Change

Principle B. Organisational culture and commitment

- B1. *Leadership, management and support* – having management on board is essential to ensuring movement is integrated into the care environment.
- B2. *Enabling environments* – spaces can be re-arranged to allow for activity to be more accessible (e.g. garden re-development, re-arranging furniture, kitchen refurbishment).
- B3. *Staff training and support* – staff who receive more training (e.g. strength and balance) are more confident in their ability to enable a range of activities.

Connections

Principle C. Community connections and partnerships

- C1. *Advice, guidance and planning* – sharing of good practice helped build confidence and momentum. This was aided by advice from professionals (e.g. AHPs).
- C2. *Access to places and spaces* – community partnerships allow access to wider activities and help fulfil individuals hobbies.
- C3. *Families, friends, volunteers and others* – all individuals need to be engaged to aid full cultural change. Families can be risk adverse, however evidencing benefits was a methods of engaging them.

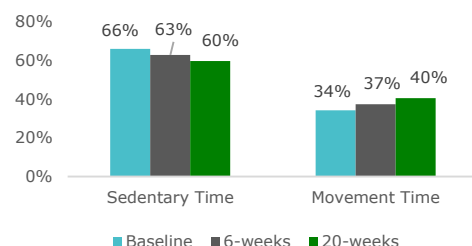
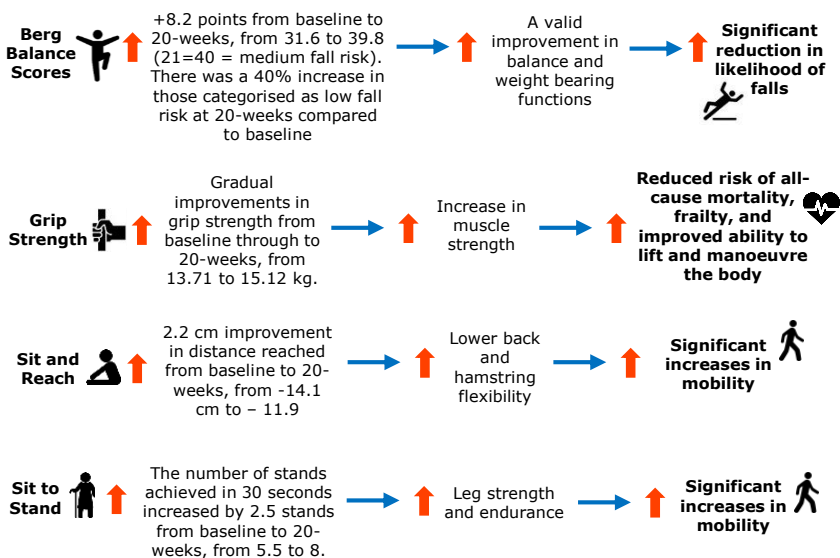
Tier 3. Impact

Data collected via questionnaire and physiological tests were used to evaluate the impact of the CAPA programme on the health and wellbeing of people experiencing care. Data was collected from care home, reablement, sheltered housing and day care services (91%) and care at home (9%).

Physiological & Movement Impact

Physiological data collected through four physiological tests was used to measure the long-term impact of the CAPA programme on the physical health of people experiencing care. 67% of participants were female, and aged between 76-85 years of age.

From baseline, to 6-weeks and 20-weeks participants reported improvements in time spent moving:



↑ Time spent moving increased by 6%. This increased significantly throughout the programme.

↑ On average, individuals reported spending **80 more minutes per day moving at 20-weeks than at baseline.**

↑ The proportion of individuals who did not need assistance to stand increased by **12%** by 20-weeks.

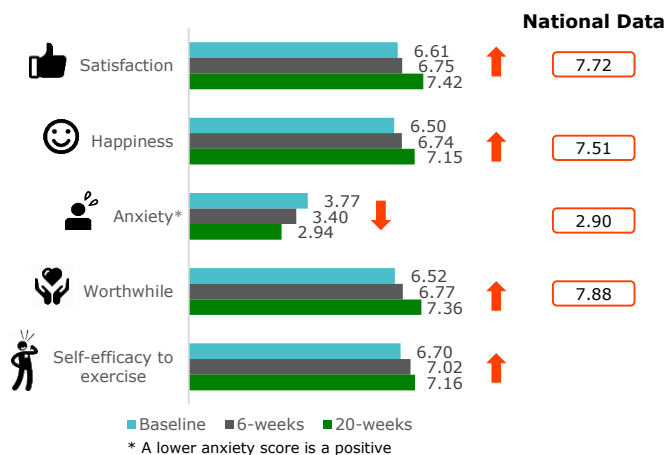
↑ Self-efficacy scores are higher for those who move more, in comparison to those who sit more.

"I like being able to make my own tea by myself. I feel like I don't need to rely on the staff as often" - a lady experiencing care in East Ayrshire

Collectively, the improvements in the physiological test scores demonstrate that people experiencing care, who have engaged in more movement throughout the CAPA programme, have experienced increases in mobility, flexibility, and ability to manoeuvre independently. They have also shown a reduced likelihood of falls, frailty, and all-cause mortality through improvements in berg balance and grip strength scores. These health changes are supported by case studies and suggest that less resource is needed from the wider health and social care community.

Psychological Impact

From baseline, to 6-weeks and 20-weeks participants reported significant improvements in wellbeing:



Individuals reported significantly better wellbeing by the end of the CAPA programme, with reduced anxiety. In most cases these scores were very similar to the Scottish National Averages.

Wider Influences

Building new partnerships engaged care services in the programme and provided opportunities to work with others in the health, education, social care, and voluntary sectors (e.g. intergenerational work with primary schools).

The Care Inspectorate showcased the CAPA programme at a variety of health and education conferences, such as International Forum on Quality and Safety in Healthcare 2018 in Amsterdam, National NHS Education for Scotland Nursing and AHP Conference and the Pan Ayrshire Health Promoting Care Homes Forum. This provided an opportunity to raise awareness, share learnings, and upskill and build connections.

The Care Inspectorate has connected with educational institutions to upskill students on CAPA. This includes commissioning Glasgow Caledonian University to develop a module, and delivering workshops in Ayrshire College, Robert Gordons University, and University of West Scotland.

CAPA evidences the Health and Care standards, such as those focusing on wellbeing, independence, active life style, access to local community, and ability to access outdoor space. CAPA also supports the [Scottish national outcomes](#) of 'research and innovation' by providing knowledge around supporting older people's health and wellbeing.

Conclusion

The CAPA programme evaluation has demonstrated a significantly positive range of learnings, including changes in confidence and skills of social care professionals, changes in care service culture, changes in community partnerships, and changes in the physical abilities and mental wellbeing of people experiencing care. It has provided a robust model for use within care home and sheltered housing settings, with its framework being adaptable for wider use in care at home and reablement services. With continued work to ensure that the profile of movement is both sustained in current participating care services, and increased in further care environments, there is potential for these changes to be sustained long-term and provide ongoing positive impact on the social care system across Scotland, by improving the health and wellbeing of older people.

Background

In 2016, the Care Inspectorate was commissioned by the Scottish Government, funded through the Active Scotland division, to design and lead 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, through empowering care staff with the confidence, knowledge, and skills to promote and increase movement levels of those experiencing care. The programme was delivered between April 2017 and October 2018 in eight partnership areas: Perth and Kinross, Aberdeenshire, Inverclyde, Stirling and Clackmannanshire, East Renfrewshire, Glasgow, North Lanarkshire, and East Ayrshire. Up to 140 care services have been involved, including care homes for older people and care at home services, reablement services, day services, very sheltered housing, and housing support.

The CAPA programme is based on the Institute for Health Care Improvement's Breakthrough series, which seeks to improve care through collaborative change¹. This series was designed to support health care organisations to deliver 'breakthrough' improvements at a lower cost. Within the CAPA programme, a learning system was created to bring together relevant stakeholders to learn about, discuss, and understand key focus areas related to improvement and promotion of movement. Specifically, this included a focus on the 'Model for Improvement' and provided practical steps that allowed social care professionals to embed movement into their care services in a way that led to sustainable change and improvements in the physical and psychological wellbeing of older adults.

The aim of the programme was to build on the current skills, knowledge, and confidence of social care professionals to identify opportunities to move more, to promote movement, and to develop local networks that support and sustain improvements in each partnership. As part of the programme, services were provided with the CAPA resource pack², which includes tools to make movement part of everyday life for older people experiencing care. This resource was created to support social care professionals to better enable the older people they care for to move more and live well. It sets out key strategies and practical steps to enable organisational culture change, and to promote effective practice to ultimately improve the lives of people experiencing care.

CAPA takes a whole setting approach to effectively support the implementation of impactful and long-lasting improvements in social care services. This is based on the following three key CAPA principles: 1) movement / physical activity participation, 2) organisational culture and commitment, and 3) community connections and partnerships. Change ideas are taken from the CAPA resource pack to support and develop the care services improvement plans.

During the 18-month programme, three learning events (LEs) took place in each of the eight partnership areas, with a four-month action period between LE1 and LE2, a six-month action period between LE2 and LE3 and a final four-month action period after LE3. These events were a key part of the improvement programme providing the opportunity for social care professionals to receive support from the CAPA improvement team and learn about ways to enable those experiencing care to move more and embed movement into their care services, to share ideas with other care services, and to gain skills and build local networks.

¹ 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)

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)

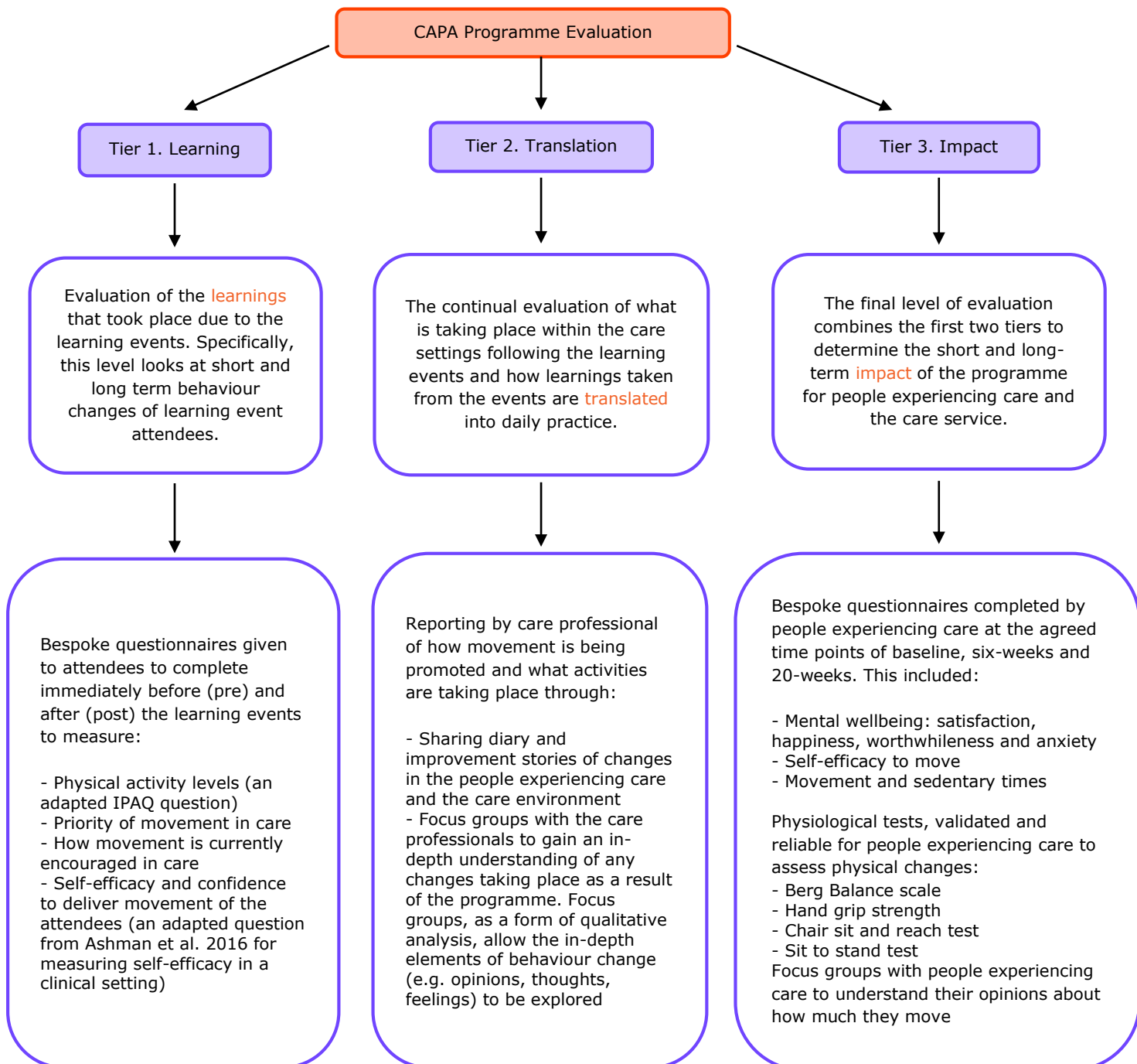
The improvement programme also included:

- A learning and development programme to enable care inspectors to support social care services in using and implementing the CAPA resource pack, and identify and share good practice. This was extended to inspectors also working with children and young people to share knowledge around the benefits of physical activity engagement for all populations in care.
- The development of a pre-registration for AHPs and other health and social care professionals' module which focused on educating students about increasing levels of physical activity for frail older adults. The Care Inspectorate commissioned Glasgow Caledonian University to develop, test and evaluate this module.
- An online learning module for care professionals to support the CAPA messages.

A national conference took place on 11th September 2018 to celebrate and share the improvements achieved through the programme by the social care sector and local networks. Three international key note speakers gave inspirational talks, such as speaker [Billie Jordan](#) who showcased her work with Hiphoperation in New Zealand. Workshops on different topics ran during the afternoon and the first ever Care Inspectorate awards ceremony took place. Over 300 delegates attended from across health and social care, including the voluntary and independent sector, housing, leisure services and the Scottish Government. A variety of positive comments were provided through formal feedback after the conference.

Measurement and Evaluation Framework

The ukactive Research Institute are the independent evaluators for the CAPA programme. Based upon expertise and experience, the ukactive Research Institute developed a dynamic, flexible, and multi-tiered framework approach to understand and evidence the impact of the CAPA programme.



Improvement stories and case studies have been captured throughout this report to further demonstrate programme impact. In these cases, pseudonyms have been used to protect individuals' identity.

Tier 3. Impact - Measures

All quantitative measurements were used because of their appropriateness, validity and reliability to measure a particular outcome and were easy to administer.

Mental wellbeing (questionnaire) – was measured using four items from the Office of National Statistics (ONS)³. Adopting the ONS items allowed the outcomes of CAPA to be compared to national statistics.

Self-efficacy (questionnaire) - was adapted from the self-efficacy to exercise question by Grembowski et al.⁴ focusing on movement rather than exercise.

Movement (questionnaire) – was adapted from the Sport England Evaluation Framework for measuring physical activity⁵. This measurement was re-evaluated and explained once the data collection had started due to initial confusion with the phrasing.

Berg Balance scale (physiological test) – is a 14-item scale which measures balance in older people and risk of falls by assessing the individual's performance of functional tasks such as moving from sitting to standing, and reaching and turning. It has been used to evaluate interventions on function in clinical practice and research^{6,7}.

Hand grip strength (physiological test) - a simple, reliable measure of overall muscle strength, and a valid predictor of physical disability status, risk of complications post-surgery, and mobility limitation^{8,9}.

Chair sit and reach test (physiological test) – a variation of the sit and reach flexibility test designed to gauge functional fitness in older people. The test is a validated, reliable, and safe alternative to traditional floor sit and reach tests used to measure lower body and hamstring flexibility in older adults^{10,11}.

Sit to stand test (physiological test) – measures leg strength and endurance relating to daily activities such as climbing stairs or getting out of bed¹², and is widely used in evaluating functional fitness levels¹³ and rehabilitation¹⁴ of older adults.

This range of evaluation methods were used as not all residents or settings were able to complete all the measures. A triangulation approach of questionnaires, physiological data, and stories and case studies meant that data could be collected in some form from all services (Care Homes, Day Care, Sheltered Housing, and Care at Home) across the programme.

³<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/surveysusingthe4officeforationalstatisticsperson alwellbeingquestions>

⁴ Grembowski, D., Patrick, D., Diehr, P., Durham, M., Beresford, S., Kay, E., & Hecht, J. (1993). Self-efficacy and health behavior among older adults. *Journal of health and social behavior*, 89-104.

⁵ <https://evaluationframework.sportengland.org/media/1322/sport-england-question-bank-new.pdf>

⁶ Berg, K., Wood-Dauphinee, S., & Williams, J. I. (1995). The Balance Scale: reliability assessment with elderly residents and patients with an acute stroke. *Scandinavian journal of rehabilitation medicine*, 27(1), 27-36.

⁷ Berg, K. O., Wood-Dauphinee, S. L., Williams, J. I., & Maki, B. (1992). Measuring balance in the elderly: validation of an instrument. *Canadian journal of public health= Revue canadienne de sante publique*, 83, S7-11.

⁸ Rantanen, T., Guralnik, J. M., Foley, D., Masaki, K., Leveille, S., Curb, J. D., & White, L. (1999). Midlife hand grip strength as a predictor of old age disability. *Jama*, 281(6), 558-560.

⁹ Shinkai, S., Watanabe, S., Kumagai, S., Fujiwara, Y., Amano, H., Yoshida, H., ... & Shibata, H. (2000). Walking speed as a good predictor for the onset of functional dependence in a Japanese rural community population. *Age and ageing*, 29(5), 441-446.

¹⁰ Lemmink, K. A., Kemper, H. C., Greef, M. H., Rispen, P., & Stevens, M. (2003). The validity of the sit-and-reach test and the modified sit-and-reach test in middle-aged to older men and women. *Research quarterly for exercise and sport*, 74(3), 331-336.

¹¹ Jones, C. J., Rikli, R. E., Max, J., & Noffal, G. (1998). The reliability and validity of a chair sit-and-reach test as a measure of hamstring flexibility in older adults. *Research quarterly for exercise and sport*, 69(4), 338-343.

¹² Jones CJ, Rikli RE, Beam WC: A 30-s chair-stand test as a measure of lower body strength in community-residing older adults. *Res Q Exerc Sport* 1999, 70:113-119

¹³ Okamoto N, Nakatani T, Okamoto Y, Iwamoto J, Saeki K, Kurumatani N: Increasing the Number of Steps Walked Each Day Improves Physical Fitness in Japanese Community-Dwelling Adults. *Int J Sports Med* 2010, 31:277-282

¹⁴ Tousignant M, Moffet H, Boissy P, Corriveau H, Cabana F, Marquis F: A randomized controlled trial of home telerehabilitation for post-knee arthroplasty. *Journal of Telemedicine and Telecare* 2011, 17:195-198

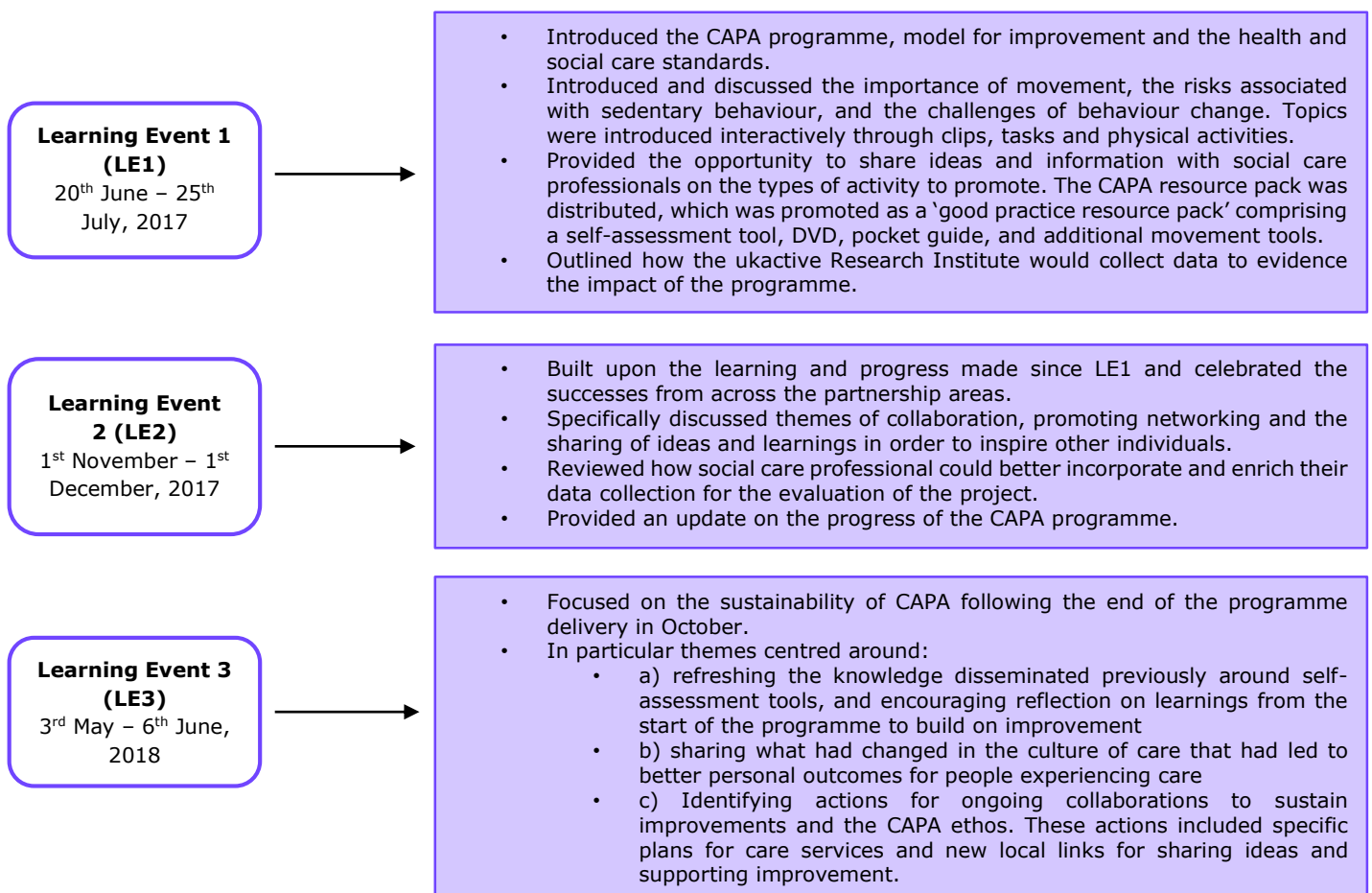
Measurement and Evaluation Findings - Tier 1: Learning

The 'learning' aspect of the measurement and evaluation framework involves the dissemination and collection of pre and post learning event questionnaires completed by the social care professionals at each of the three LEs, as well as qualitative evidence captured via focus groups, case studies, and improvement stories. Collectively, this data was used to identify and share effective practice and target support during action periods to meet the needs of the local partnerships.

Learning Events (LEs)

The LEs were interactive learning days designed to provide social care professionals with greater knowledge on the benefits of physical activity, and how movement can be increased in a care setting through implementing small, incremental changes (more information on the LEs and resources can be found [here](#)). The LEs also provided an opportunity for social care professionals to share and discuss their experiences, challenges, and improvement journey with those working in similar care services, as well as make links with the wider local community and organisations.

The CAPA improvement team includes two CAPA managers and five improvement advisors who work directly with local partnerships and the services involved in the CAPA programme. The LEs were an integral element of the improvement programme providing opportunities to learn, share, develop, and review improvement plans and network across services and agencies.



Internal Learning Events

Half-day internal LEs for inspectors were provided between the 26th September and the 10th October 2017 at Care Inspectorate offices across Scotland. Inspectors worked across multiple locations and had the opportunity to empower social care professionals, to influence the use and promotion of the CAPA resource pack, and to identify and spread effective practice. A total of 26 half-day events were held for inspectors, including events for Adults and Children and Young People inspectors as well as those working with older adults.

The ukactive Research Institute developed bespoke pre and post questionnaires for the internal programmes to capture data relating to the perceptions and self-efficacy of inspectors to support social care services to advise and promote movement. This was also an opportunity for them to provide opinions on the CAPA programme and share any observations from the care facilities that they inspected. Results can be seen in Appendices I and II.

Learning – Key Evaluation Outcomes

- At all three LEs, social care professionals agreed most strongly that promoting movement within their current service was a priority, which improved significantly from LE1 to LE2, and LE1 to LE3. This suggests LE1 elicited the greatest impact on prioritisation of movement, which was sustained long-term, and movement was considered more of a priority towards the end of the CAPA programme.
- **Short-term:** The greatest short-term effect of each learning event was that social care professionals felt more confident and able to enable movement, create an environment that supports movement, and empowers behaviour change.
- **Long-term:** By LE3, in comparison to LE1, social care professionals felt they took more opportunities to promote movement and were taking advantage of this. They also felt most confident about strategically planning for behaviour change, including assessing, discussing and advising. This may be because of a focus on integrating CAPA principles into care plans and assessment (e.g. Improvement Plans).
- **Consistent Long-term Perceptions of Movement in Care:** The results indicated that all social care professionals demonstrated gradual improvement from LE1, to LE2 and LE3 in their perceptions of the importance of movement for older people in care and their self-efficacy to enable movement. From LE2 to LE3, social care professionals felt significantly more qualified to promote movement and felt they had more capacity in their role to do so, indicating that this change occurred in the latter part of the programme.
- **Consistent Long-term Self-efficacy to Enable Movement:** The majority of significant improvements were seen from LE1 to LE3, with areas of improvement shown in social care professionals confidence to discuss risk, identify challenges, take action to address barriers, and to create an active environment for older people experiencing care. These areas of improvement all changed significantly from the end of LE1 to the end of LE3, unaffected by LE2, demonstrating that LE1 event had the most influence on the self-efficacy of social care professionals.
- Over the longer term social care professionals that attended the LEs are both remaining and/or becoming more active.

Learning Event Analysis

The below evaluation is based on the data collected from social care professionals who attended the LEs. Analysis of this data provides insight into how the programme influenced the confidence, motivation and self-efficacy of the social care professionals to enable and promote movement for those experiencing care, as well as the physical activity engagement of the social care professionals themselves.

To evaluate the short and long-term behaviour outcomes and success of the LEs, care staff were asked to complete the same questionnaire immediately before and after each event. Attendees ranked 18 statements on a Likert scale of 1 to 4 (where 4 is the highest score). Ten of these statements assessed their perceptions of movement within a care setting and eight assessed attendees' self-efficacy¹⁵ to enable care based movement. Data was only used within analysis if a statement was rated before and after the event to measure change (i.e. pre and post data was provided). Self-reported physical activity levels were also captured before each LE in the pre-event questionnaire.

Learning Event Attendance and Demographic Comparison

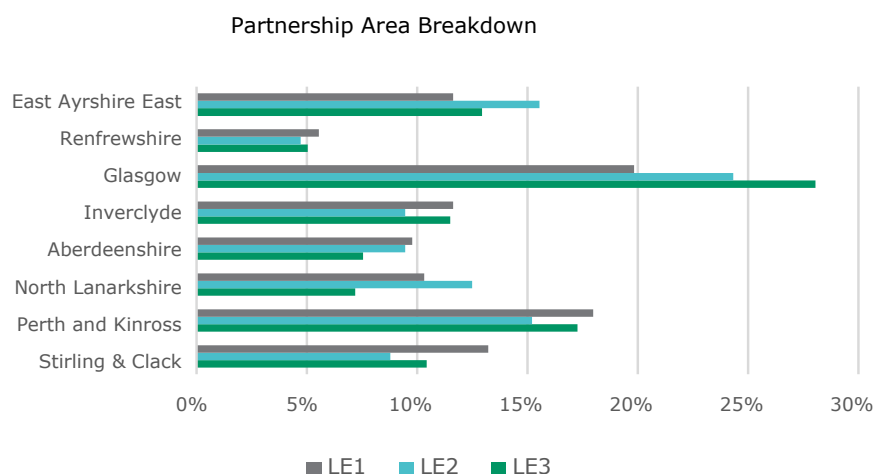
Social care professionals from across eight partnership areas attended three LEs. Across all three LEs 782 unique social care professionals, with a variety of job roles, attended and completed a questionnaire. After collection, the data was organised for analysis, removing blank or unsigned questionnaires. Only fully completed questionnaires are included in the analysis (Table 1).

Table 1. Number of completed questionnaires at each LE

Response Level	LE1	LE2	LE3
Total no. of respondents	412	300	303
Total no. of responses included within short term analysis	396	297	278
Total no. of responses included within long term analysis (individuals who attended all three LEs)	62	62	62

The majority of social care professionals at the LEs were female (88%), aged between 46-55 (40.5%), and identified as White or White British (97%). Most attendees were part of the Glasgow partnership area, followed by areas of Perth and Kinross and East Ayrshire (Figure 1).

Figure 1. Partnership areas breakdown of LE attendees



¹⁵ Self-efficacy refers to someone's beliefs about their ability to perform tasks (e.g. enabling movement, exercising). It can play a key role in how one approaches tasks and behaviour change, where having higher self-efficacy is considered to be better.

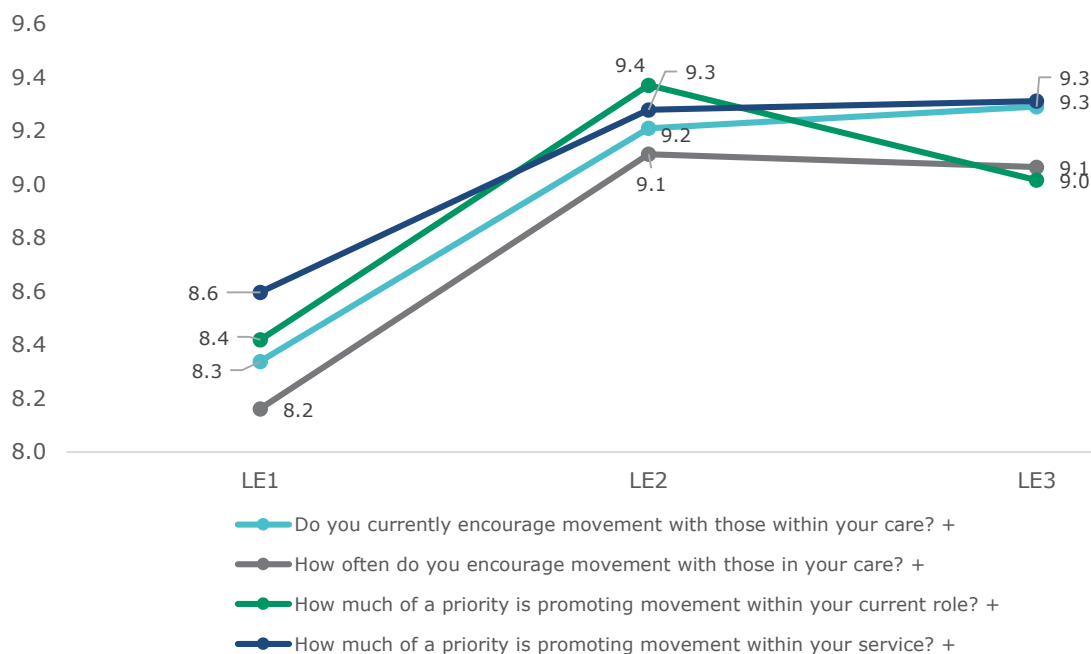
The highest proportion of attendees (52% of LE1 attendees, 50% of LE2 attendees & 57% of LE3 attendees) worked in care homes. The remaining types of services were each represented by a similar proportion of attendees (10% ± 4%), with the proportion of those working in services such as sheltered housing and reablement increasing from LE1 to LE3 (15% to 16%).

Job roles were sorted into seven key role types. The highest number of attendees at each of the LEs had job roles in the carer/ supervisor/ team leader category including: Care Assistants, Day Care Workers, Lifestyle Coordinators, Team Leaders, and Housing Coordinators (54% of LE1 attendees, 48% of LE2 attendees and 53% of LE3 attendees). The proportion of attendees in manager roles remained consistent at each event (25% ± 3%), but the proportion of activity coordinators and health professionals (including occupational therapists and physiotherapist) increased steadily from LE1 to LE3 (11% to 16%, and 4% to 6% respectively). These changes indicate the wider dissemination of CAPA throughout the care service, beyond the immediate care staff and into the wider health and social care community which is important for future sustainability.

Prioritisation of Movement by Social Care Professionals

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 four statements (Figure 2).

Figure 2. Prioritisation of movement at each LE



+statistically significant, where $p \leq 0.05$.

On average, social care professionals who had attended all three LEs scored statements about encouraging movement and the prioritisation of movement highly, with all showing statistically significant improvement from LE1 to LE2, and LE1 to LE3. Scores did not change significantly from LE2 to LE3 **suggesting that the first learning event elicited the greatest impact on prioritisation of movement and this was sustained in the long term until the last LE, without being influenced significantly by LE2.**

At all three series of events social care professionals agreed most strongly that promoting movement within their current service was a priority, which saw a significant change from LE1 to LE3. **This suggests that social care professionals who attended the LEs considered movement more of a priority**

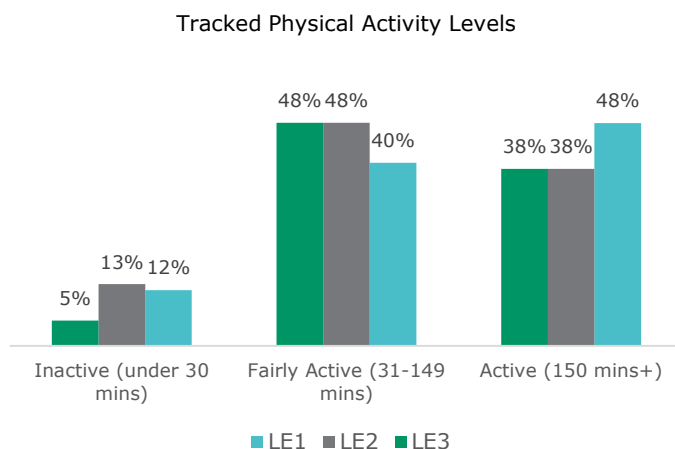
towards the end of the CAPA programme, in comparison to the start, indicating the positive effect the learning events had on these perceptions. The biggest change in statements, however, was seen in social care professional’s encouragement of movement, and the frequency of it, to those in their care. **Agreement to these (statements 1 and 2) increased significantly by 11% from LE1 to LE3, indicating that over time social care professionals were encouraging more movement, more often with people experiencing care.**

Physical Activity Levels of Social Care Professionals

At the start of each of the LEs, attendees were asked to self-report their physical activity levels over the past week. Asking this question at each LE allowed the change in attendees’ responses to be compared over time to see if the events and programme support had a long-term impact on the physical activity levels of the social care professionals.

The aggregated data from LE1, LE2 and LE3 indicated that **the number of attendees classified as ‘active’¹⁶ increased by 10% from LE1 to LE3** (Figure 3). While the proportion of attendees in each category did not differ significantly ($X^2=5.59$, $p=0.23$), the overall proportion of ‘active’ attendees was higher than the ‘inactive’¹⁷ attendees at both LE2 (39% vs 12%) and LE3 (47% vs 8%), with 69% of attendees completing 90 minutes or more of physical activity per week by LE3.

Figure 3. Physical activity levels of LE attendees



When tracking the same attendees across all three LEs, proportions did not change significantly ($X^2=4.02$, $p=0.40$), however the **proportion of inactive individuals decreased from LE1 (12%) to LE3 (5%), indicating that 7% of attendees increased their activity levels from being inactive.** There was also an increase in the number of attendees who reported being ‘fairly active’ (LE1 40% to LE3 48%), and the number of active individuals remained the same from LE2 to LE3 (38%), demonstrating that **over the longer term social care professionals that attended the LEs either remained or became more active.**

Short-term Impact of the Learning Events

From before to after each of the LEs, social care professionals showed improvements in their perceptions of the importance of movement for older people and their self-efficacy and confidence to promote, deliver and be proactive in enabling an active environment. These improvements tended to increase as the LEs progressed, whereby greater improvements were found in LE2 than LE1, with the greatest improvements seen at LE3.

The significance of these changes were measured using statistical tests to determine which aspects in particular demonstrated the most improvements and thus which aspects of the LEs were most successful.

¹⁶ CMO guidelines defines those achieving 150 minutes or more of moderate intensity exercise per week as active

¹⁷ CMO guidelines defines those achieving under 30 minutes per week of moderate intensity exercise per week as inactive

Overall

At each learning event, social care professionals showed the greatest statistically significant ($p \leq 0.05$), improvements in the following statements:

"I feel qualified to promote movement to older people"

"I know enough about movement to encourage older people to move more"

"I am confident that my support makes a difference for older people"

"Empower an older person to change their behaviour"

"Create an active environment where an older person will feel understood and supported"

This implies that overall the LEs were most successful at supporting social care professionals to feel more confident to support daily movement, create an environment that supports movement, and empower behaviour change. This suggests that the design of the LEs – to enable sharing of resources, good practice, ideas, and to facilitate networking – was an effective method in which to upskill social care professionals and positively change their perceptions on how to support older people to move more.

Learning Event 1 (LE1)

The following analysis is of data from LE1 attendees; this comprises 396 social care professionals who completed questionnaires immediately before and after LE1.

Attendees at LE1 showed the most significant improvements from before to after the event in comparison to LE2 and LE3. This suggests that **of all the LEs, LE1 had the greatest short-term impact on the perceptions of movement and the self-efficacy of social care professionals.**

Social care professional's self-efficacy to enable care based movement significantly improved ($p \leq 0.05$) from before to after LE1

In particular, LE1 was most successful in enhancing the short term understanding and knowledge of social care professionals to use and enable movement, in addition to the confidence levels of individuals to engage in the CAPA programme.

By the end of LE1 those working in **reablement felt they had the greatest capacity within their role to promote movement** and felt they support individuals to move, which aligns with the nature of their work (to re-enable an individual to a previous state of independence) in comparison to other care services.

Learning Event 2 (LE2)

Social Care Professional's felt more qualified and knowledgeable to promote movement, and had more confidence to promote and assess movement after LE2. These changes improved significantly ($p \leq 0.05$) from before LE2

The following analysis is of data collected from individuals who attended LE2; this comprises 297 social care professionals who completed questionnaires before and after LE2.

Whilst fewer statements showed significant change from pre to post LE2, in comparison to LE1, those statements that saw the greatest significant improvement demonstrated that LE2 best enhanced social care professional's confidence and knowledge of the promotion and enabling of movement within a care setting. All self-efficacy statements improved significantly, demonstrating that attendees felt their capability to enable care-based movement had increased after LE2. Those working within sheltered housing demonstrated the greatest improvements.

By the end of LE2 those working in day care felt they had the greatest capacity within their role to promote movement and showed the greatest change in this measure of all service types. In addition, they scored the highest in their confidence to discuss risk and advise older adults on movement, indicating that LE2 aided day care professionals to feel able to and give time to promoting movement.

Learning Event 3 (LE3)

The following analysis is of data collected from individuals who attended LE3, this comprises 278 social care professionals who completed questionnaires before and after LE3.

Post LE3 attendees improved in all scores focusing on their perceptions of movement in care and for older people, a majority of which changed significantly. Most of these were also better than they were at the end of LE2 and improved or remained the same as the end of LE1. **This indicates that by LE3 social care professional’s perceptions towards movement were more positive than at the beginning of the programme.**

Once again all self-efficacy scores improved to a statistically significant extent from before to after LE3, with all scores higher at the end of LE3 than at LE2 or LE1. **This implies that attendee’s confidence to enable movement increased at LE1 and continued to remain high and increase, throughout the CAPA programme.**

By the end of LE3, social care professionals working in care homes felt they had the greatest capacity within their role to promote movement compared to those working in day care or reablement. Meanwhile professionals working in care at home demonstrated the greatest change in this perception pre and post LE3 and were the group that felt they support individuals to move the most. This demonstrates that the CAPA programme has in particular benefitted social care professionals working in care homes to allocate time to movement into their job routines. **It also suggests that the LE3 was most beneficial for changing the perceptions around capacity to promote movement of individuals working in care at home, and that by LE3 more individuals working in care at home were aware of CAPA.**

Social care professional’s confidence to enable movement increased at LE1 and continued to remain high and increase throughout the CAPA programme through to LE3. These changes in self-efficacy improved significantly ($p \leq 0.05$) from LE1 to LE3.

Long-term Impact of the Learning Events

The following analysis is of data from individuals who attended both LE1 and LE3. This allowed the long-term impact of the LEs to be assessed, by looking at the difference between responses at the beginning of LE1 to the beginning of LE3. Using this time frame allows for small changes taking place outside of each discrete LE to be documented and assessed, without being influenced by the short-term impact of each LE. This analysis comprises 103 social care professionals who completed questionnaires immediately before and after LE1 and LE3 (Table 2).

Table 2. Total number of questionnaires from pre LE1 to pre LE3

Response Level	Number of Respondents
Total trackable respondents	109
Total included within analysis	103

Of the ten statements about perceptions of movement in care, **nine showed improvements** from LE1 to LE3, with one statement staying consistent. Of these six were statistically significant, which is an increase from the end of LE2. In particular, by LE3, in comparison to LE1, social care professionals felt

they knew a significantly greater amount about movement which aided them to encourage older people to move more. In addition, they also felt they had more influence on the way of life of older people, that they support people experiencing care to move more regularly and they had more capacity within their role to promote movement.

The latter two in particular highlight that social care professionals felt they had more opportunities to promote movement and thus were taking advantage of these opportunities by LE3 in comparison to LE1.

Furthermore, **all elements of self-efficacy to promote movement increased significantly.** By LE3, social care professionals were most likely to feel confident in their ability to assess readiness to change behaviour, discuss risk, and advise on movement. These show that attendees are **feeling most confident about the strategic elements associated towards planning for behaviour change, including assessing, discussing and advising.** This may be because of a focus on integrating CAPA principles into care plans and assessment (e.g. the use of PDSA and Improvement Plans). In comparison they were not as confident in the actual delivery of behaviour change, suggesting that training into how to specifically initiate and deliver physical activities could be beneficial to ensure the strategic planning and learnings result in movement action.

Social care professional's felt significantly ($p \leq 0.05$) more confident in their ability to assess, discuss and advise on movement, in addition to feeling more knowledgeable to encouraging movement by LE3 in comparison to LE1.

Perceptions of movement in care (from 0-5, where 5 is the highest scoring)	Pre LE1	Pre LE3
1. I feel qualified to promote movement to older people +	3.2	3.6
2. Older people have difficulties adjusting their way of life *	2.9	2.9
3. I have little influence on the way of life of older people experiencing care + *	1.8	1.7
4. I know enough about movement to encourage older people to move more	3.2	3.7
5. I am confident that my support makes a difference for older people	3.6	3.6
6. In general, I am confident in my ability to care for older people	3.7	3.8
7. I have capacity within my role to promote movement amongst those in my care +	3.6	3.8
8. An active environment is important for older people in care +	3.8	3.8
9. Older people should limit the amount of movement they take part in *	1.9	1.8
10. In general, I support those who experience care to move more on a regular basis +	3.4	3.6
Self-efficacy to delivery movement in care (from 0-5, where 5 is the highest scoring)	Pre LE1	Pre LE3
1. Assess an older person's readiness to change their behaviour and way of life +	2.9	3.3
2. Discuss the risk on a personal and individual basis +	3.1	3.4
3. Advise an older person on the benefits of a healthy way of life +	3.2	3.6
4. Advise an older person on movement in the context of their present and future health. +	3.2	3.5
5. Identify the challenges and barriers that prevent older people moving more +	3.1	3.4
6. Take action to address barriers that prevent older people from moving or moving more frequently +	3.1	3.3
7. Empower an older person to change their behaviour and way of life +	3.1	3.3
8. Create an active environment where an older person will feel understood and supported +	3.2	3.5

+statistically significant, where $p \leq 0.05$. *inverse scale, where a lower score is positive

Consistent Long-Term Impact

The following analysis is of data from a subsample of individuals who attended all three LEs, which comprised 62 social care professionals. This analysis determines if the LEs had a continuous effect on the behaviour of social care professionals who went to all the events over time. In order to do this score means were compared and statistical analysis was conducted using multi-level mixed modelling.

The results indicated that all social care professionals demonstrated gradual improvement from LE1, to LE2 and LE3 in their perceptions of the importance of movement for older people in care and their self-efficacy to enable movement.

In particular, **statistically significant improvements were seen between LE2 and LE3, indicating that a portion of the change occurred in the latter part of the programme.** Social care professionals felt significantly more qualified to promote movement ($p \leq 0.05$) and felt they had more capacity in their role to do so ($p \leq 0.05$) by the end of LE3. They also felt significantly more confident in identifying challenges and barriers that prevent movement, taking action to address these barriers, and empowering an older person to change their behaviour ($p \leq 0.05$). They were to a lesser extent confident to deliver behaviour change through movement. This may be because the LEs did not focus on providing practical experience of how to explicitly deliver physical activity, but nonetheless highlights that this is an area for development.

From LE2 to LE3, social care professionals felt significantly ($p \leq 0.05$) more qualified to promote movement, that they had a greater capacity in their role to enable movement, and felt more confident to identify and overcome barriers that prevented movement in older people.

From LE1 to LE3, social care professionals showed significant improvements in their confidence to deliver processes around enabling movement such as discussing risk, empowering movement behaviour change, and creating an active environment for older people.

The majority of significant long-term improvements were seen from LE1 to LE3. LE1 had the greatest sustained long term impact on social care professional's confidence to discuss risk, identify challenges, and take action to address barriers, empower behaviour change, and create an active environment for older people experiencing care. These areas of improvement all changed significantly from the end of LE1 to the end of LE3, unaffected by LE2, demonstrating that **the first learning event had more influence than the second on the final behaviour change of social care professionals.**

Challenges and Barriers to Enabling and Supporting Movement

As part of the LE questionnaires, social care professionals could comment on the challenges and/or barriers, if any, that prevented them from encouraging movement. The main barriers and improvements that emerged have been categorised under the three CAPA principles to show progress against the programme outcomes. These can be seen in the diagram below.

Movement



Principle A. Physical activity participation

Perceived barriers at LE1, LE2 and LE3

- Mobility of people experiencing care.
- Low confidence and motivation of people experiencing care to move.
- Families being risk adverse.

Improvements by LE2 and LE3

- People experiencing care who engaged in movement can mobilise with more ease, are having less falls, are sleeping better, and are more relaxed.
- People experiencing care's confidence increased as they became more mobile, took part in activities they enjoyed, and took part in more independent personal care, or hobbies.
- For people experiencing care with dementia or other health conditions, mood was variable. This meant they did not always want to engage or have their health outcomes measured. For these individuals it was not appropriate to take evaluation measures.
- Documenting the outcomes and improvements of individuals for families provided positive assurance that reduced their doubts about movement in relation to risk.

Connections



Principle C. Community connections and partnerships

Perceived barriers at LE1

- Limited opportunities for staff to network and build connections.
- Lack of perceived support to enable activity and better quality of active physical care.
- Limited support from fellow staff.

Improvements by LE2 and LE3

- Care services will continue CAPA supported by regular meetings between activity coordinators in different locations, sharing ideas and resources.
- Incorporating movement regularly into care plans to help ensure it becomes part of the daily care routine.
- Care management who attended LE1 sent different individuals to subsequent LEs in order to disseminate the message about CAPA and ensure this is supported and understood by multiple individuals.
- Care services have improved their connections with wider health and social care teams.

Staff Learning

Cultural Change



Principle B. Organisational culture and commitment

Perceived barriers at LE1, LE2 and LE3

- Shortage of staff / lack of time to promote movement.
- Lack of staff awareness.
- Lack of knowledge about how to promote movement.
- Low confidence of staff to promote movement.

Improvements by LE2 and LE3

- Positive change in staff attitudes to moving more in services / own homes that are making more movement opportunities and movement into the daily job roles of the staff.
- The CAPA and movement ethos is included more often as parts of the new staff on boarding process and training.
- More staff have received training (e.g. strength and balance) and feel more confident in delivering and enabling movement with this training.
- Through a slow filter-like process, whereby small changes are made, the culture of some care environments is changing.
- Staff have made use of the online literature and resources available to them to build confidence and knowledge to deliver structured exercise.

Sustainability

"We will aim to continue CAPA at the CHAN (Care Homes Activity Network) meetings, continuing the sharing ideas, resources, experiencing to maintain interest and motivation."

- Activities Coordinator, A Perth & Kinross Care Home

Cultural Change:

"At the beginning the challenges we came up against were staff and time. Now we have encouraged staff to join in with the groups, met with management and arranged time out time for staff to assist with and help to encourage movement with the residents, and we have seen improvements"

- Social Worker, working in a Care Home

Measurement and Evaluation Findings – Tier 2: Translation

This section of the report explores how the theoretical learning from the LEs have been applied in practice. This level of evaluation includes reporting on what activities and types of movement took place and how they were promoted. Data was captured using qualitative methods including focus groups, diaries, and case studies.

Translation – Key Evaluation Outcomes

- Focus groups, diaries, and case study data indicate that the key CAPA principles are being fulfilled and have been used to guide the integration of movement opportunities, develop links with community partners, train and upskill staff, and provide people experiencing care with autonomy in their lifestyle and activity choices.
- Changes made to the care service culture and mind-set impact the success at which movement is integrated. Movement opportunities are influenced by access to activities outside and within the care environment through the community partnerships.
- Staff consistently report that movement by “stealth” – where exercise is not the main focus and is disguised in the activity - is key to engaging people experiencing care who are not already active or think ‘exercise is not for them’.
- Through experience, staff gained a variety of learnings about what works to integrate movement. These learnings differ between care homes and care at home, although both reference the need to have management on board, positive staff attitudes, and cultural change.
- Care at home services, particularly in Glasgow, focused on the sustainability of the care system, noting that the current expectation of care (e.g. that carers are obliged to do everything for the caregiver) has to change. CAPA was noted as key to helping change the prevention and so the approach to the frailty agenda in the city, to make it more sustainable. They will look to adopt the CAPA principles of movement they have learnt into their staff training, and care at home and reablement plans going forward.

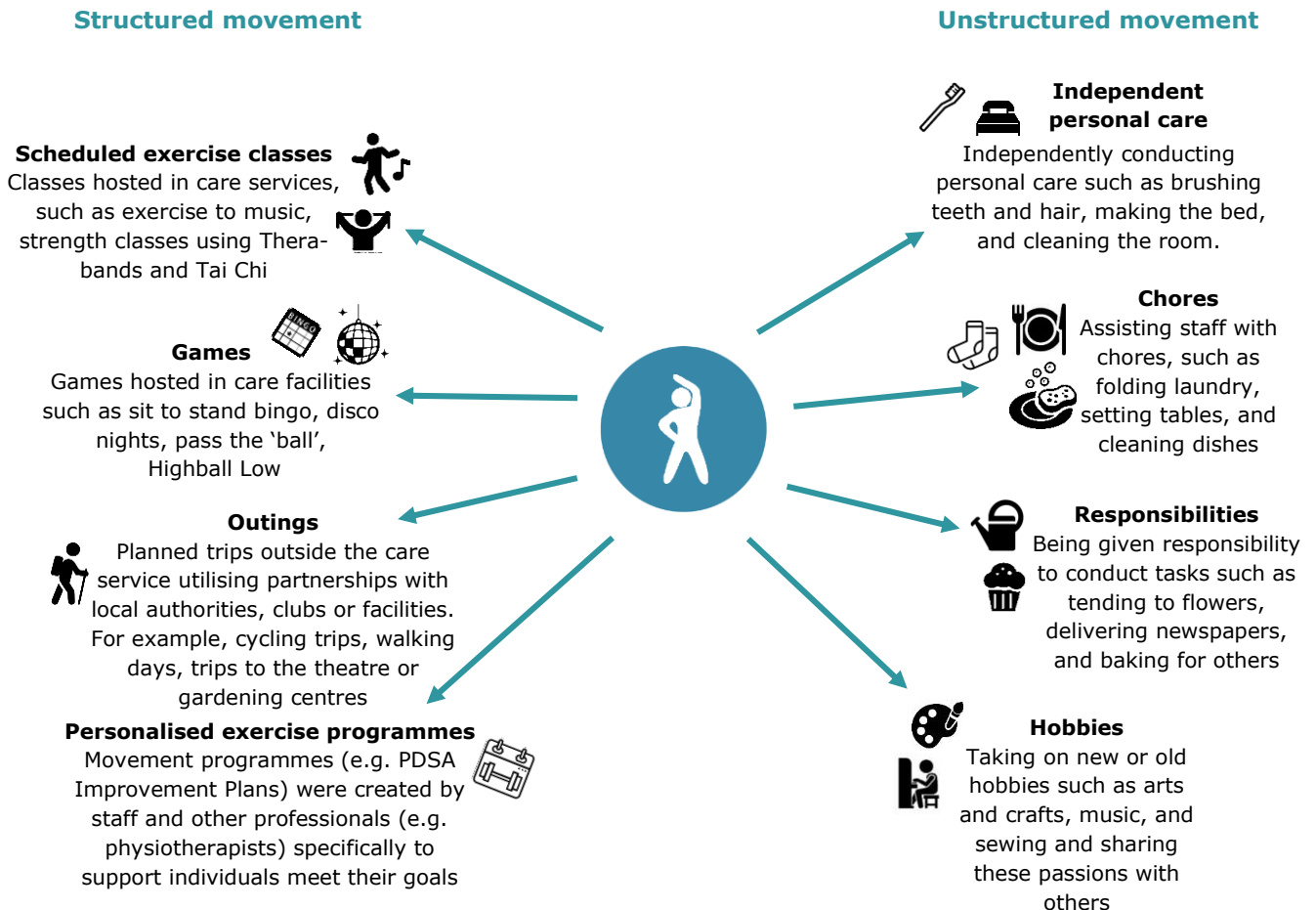
Focus Groups

Ten focus groups were conducted on the 2nd and 3rd October 2017 (four) and the 24th and 25th April 2018 (six) by two members of the ukactive Research Institute. Ten care facilities (including care at home, sheltered housing and care homes) were visited across five partnership areas (Glasgow, Perth and Kinross, East Ayrshire, North Lanarkshire, East Renfrewshire). A total of 23 staff members contributed to the focus groups, including managers, care staff and activity coordinators. All focus groups were analysed using thematic analysis.

Focus Group Findings - Types of Movement

The types of movement that people experiencing care took part in were explored in more detail. These came in various forms, both unstructured and structured (Figure 4):

Figure 4. Types of movements for people experiencing care



Movement by 'stealth'

Although structured exercise classes were a way to encourage certain individuals involved in movement, this tended to work best for those who were already active or motivated to move. For people experiencing care who had less motivation, or were not interested in 'exercise', movement by 'stealth' was the most successful engagement method. Stealth movement is movement that is disguised by the activity or task so that the exercise is not seen as the main focus. Examples include taking part in games, doing chores or hobbies, or going on outings. By focusing on the nature of the activity, individuals did not realise they were actually taking part in movement or exercise, and were more inclined to do so on a regular basis.

This was particularly the case for individuals with dementia, whose mood for participation in movement can be variable. This was reported by staff as being a challenge to engaging some people experiencing care. Thus, it was important that these individuals, particularly those with dementia, felt they were engaging in movement that was meaningful to them, rather than 'because they had to'.

Stealth movement was also discovered as the best way to ensure individuals achieved a level of active that matched their ability, because the intensity of movement varied depending on the strength and mobility of the person experiencing care. A key learning from the CAPA programme has been that due to

the frailty and health needs of the individuals involved, sustaining and maintaining activity levels to the point of benefit (e.g. reducing falls and achieving personal goals) is a successful way of keeping individual's active and independent.



Structured Movement

"We do lots of activities in the units. Highball Low is really popular, movement to music and Tai Chi. We have even done 10-pin bowling! Some of them were in place but I did bring most of them. I went to a community breakfast with different businesses and activity coordinators and that's where I found out about ideas. It's about figuring out what the resident's want and offering a whole range of activities so there is something for everyone"

- Activity Coordinator in Glasgow Care Home & Sheltered Housing

Unstructured Movement

"We encourage individuals to prepare and 'help themselves' to hot drinks from the 'tea trolley' during the day. This is to make afternoon tea more active. Before staff would take tea to individuals, but now, if they are able, individuals get their own tea. This encourages them to walk further and more often. This way individuals don't realise they are moving and they will also spend more time in the lounge conversing with others. For individuals who can't mobilise easily, staff bring them the tea pot and condiments so they can still make their own tea sitting down."

- Staff at a Care Home in Stirling

Focus Group Findings - Change / Translation

Staff reported on a range of changes taking place, particularly in care homes. These have been categorised into movement (everyday movement opportunities), cultural change (within the care facility ethos and routine) and connections (community partnerships), and have been aligned to the three CAPA principles and their areas of improvement. These are detailed below:

Change/ Translation

Movement



Principle A. Physical activity participation

A1. Voice and Choices

Staff in care services report that taking the time to understand the interests, hobbies, and goals of the people experiencing care allowed them to tailor activities, personalise exercise programmes, and PDSA Improvement Plan's, and 'stealth' tasks. Individuals were more likely to engage in movement if it was something that they enjoyed and chose to do.

A2. Promotion

Structured and unstructured movement opportunities were promoted through staff in the care facilities. Structured movement included set activities available through the care facility (e.g. exercise classes and outings), while unstructured movement involved engaging people experiencing care in independent personal care, hobbies, and chores. Staff most often reported that unstructured or 'stealth' movement was the more effective way to engage individuals who were not already active.

A3. Everyone's business

Staff and management who attended at least one learning events reported that the key to ensuring CAPA's successful adoption was to ensure everyone was on board with the programme. Staff took responsibility for disseminating information about the programme to other staff, and to the families of the people experiencing care involved in CAPA. However, there is still room to communicate the CAPA principles as a 'way of life' in some care services, regardless of who is directly involved, to ensure it is seamlessly integrated and remains sustainable.

Cultural Change



Principle B. Organisational culture and commitment

B1. Leadership, management and support

Staff who attended the learning events said it was essential to have their management on board in order to integrate CAPA into their care environments. One individual noted that due to inconsistent management at her care service, being supported to promote physical activity was limited. In comparison, individuals who had the support of management were more successful at engaging staff and integrating activity promotion into everyday roles.

B2. Enabling environments

Some care services have changed the physical environment to integrate 'stealth' movement. Examples include physical changes, like re-arranging existing space for activities, garden re-design and refurbishment (e.g. kitchen) for hobbies (e.g. baking). Other examples involve ensuring activities are accessible, and making everyone aware of what is available. For example, one larger care provider which has multiple units, integrated video streaming to allow individuals to join in with activities in their rooms, when they are unable to attend in person.

B3. Staff training and support

From October to April, more staff reported attending relevant training to promote movement, such as strength and balance training. Care services tried to send multiple or different staff members to the second and third learning events to ensure that multiple individuals in their service had access to the training, support, and sharing of effective practice. Staff reported that practices like this have helped disseminate CAPA more widely throughout their care facilities and local networks.

Connections



Principle C. Community connections and partnerships

C1. Advice, guidance and planning

Whilst care services may have connections with local services (e.g. General Practitioners (GPs), physiotherapists, dementia services), there has been a shift towards utilising these connections to enable physical activity opportunities. For example, activity coordinators from multiple care units in Glasgow now connect for regular meetings to share advice.

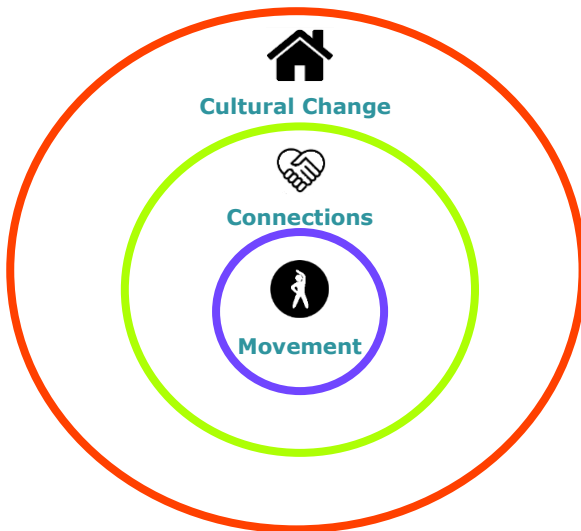
C2. Access to places and spaces

Care services have put community partnerships in place that offer further physical activity opportunities. Links have been made with local and national health walking groups (Paths For All), charities (Alzheimer's Scotland – football memories), local theatres (Scottish Opera – memory spinners), and health professionals (personal trainers).

C3. Families, friends, volunteers and others

Staff have been seen to progressively support people experiencing care to be active throughout the programme. Management report it is easier to engage staff working in care homes or sheltered housing than those in care at home, who are less available for training. Due to this, care at home staff were reported as being more resistant to change. However, it was thought that with support from management this will dissipate over time. Families remain a key area for engagement going forward, and were reported as still being risk adverse. Staff have discovered that evidencing physical activity impact has been a successful way of changing the perspectives of family members.

Figure 5. CAPA Principles Interconnected



As illustrated by the adjacent diagram (Figure 5Figure 4), these principles are interconnected. The culture within a care service can be seen to influence perceptions around movement, with positive change raising the priority and importance of movement within the service until it becomes a part of everyday routine. This has the ability to influence the movement opportunities that are available, through securing strong partnerships with the local community. With a culture focused around movement, these partnerships also become focused on movement and being active (e.g. links with walking groups and local activity centres), and in turn make it easier for daily movement to occur.

Culture change is a gradual process, and individuals can be resistant to attitude change or imagining things done in a different way. This was a re-occurring barrier faced by the

management or day to day staff in care services, and is a challenge that may exist for an extended period of time until the old attitudes and concepts of 'care' are eliminated. Through the focus groups it was highlighted throughout CAPA that both staff and relatives of people experiencing care were resistant to change.

In terms of staff (reported more for care at home) individuals were reported as being resistant to changes to their job role because of limited time, rigid perceptions of job requirements based on previous training, and a lack of understanding as to why promoting movement was important (i.e. the concept of care). Care at home, for example Glasgow Cordia, has recognised this as an ongoing challenge that will take time to change, and have begun to put measures in place through their training to proactively address this.

Staff in all types of services reported that relatives were resistant to CAPA because of being risk adverse. This stemmed from a mixture of relatives being worried and fearing injury because of not understanding the benefits of movement or concerned that relatives could lose services if they started to become more independent. It was reported that certain methods, such as evidencing the positive impacts of movement on wellbeing, and keeping relatives well informed, worked with some relatives to dissipate these attitudes. However, it was also recognised that there may always be relatives who are resistant because of previous experiences and stereotypes associated with older people being active.

These are both examples of how, if organisational culture is transformed, the individual's perception can be altered to view movement more positively. This indicates that in order to ensure lasting cultural change, the concept of movement being for those experiencing care needs to be embraced not only by individual care services, but by overarching bodies which can have a wide spread influence across the country.

Practical Guidance from Social Care Professionals

A number of practical learnings emerged from the focus groups and qualitative feedback:

Staff Buy-in

"Getting the staff on board, it's a slow process. I was getting embarrassed at meetings because I was the one person. Having management to support so there is more than one voice spreading the message is helpful." – Care Home, Glasgow

Communication

"Getting the communication right can make a big difference. I think it's about the staff and their attitude and how they describe movement and CAPA with people that makes the difference. I think seeing evidence makes people change their minds." – Care at Home, Glasgow

Stealth Movement

"We have some people who just say that's not what I am here for [to do exercise]. But they don't realise when you do other activities with them (e.g. throwing a ball so they pick a question), because they don't think that it's an exercise. The stealth is key." – Care and Support at Home, Inverclyde

Target Individuals

"Don't give up – try new things and see what works for each individual. Speak to them and find out what motivates them and makes them tick." – various care homes

"Having time for one to one is essential for encouragement of further movement. Understanding the individuals needs and fears concerning this" – Social care worker

Overcoming Adverse Families

"Families like knowledge and the improvement they see. I try to evidence everything for the families. They want to see their parent is going to certain activities and they can become quite engaged with CAPA" – various care homes

Share Ideas

"We will not be shy to say we have taken ideas from other care homes. It was kind of like, look what they have done, why can't we do the same? The idea sharing has given us knowledge of what we can do." – Care Home, East Ayrshire

Integrating into existing routines

"We have learned a lot from CAPA, doing PDSA's problem solved issues with getting staff on board, and getting residents and relatives involved– Care Home Manager, Stirling and Clacks

Support

"Engagement from residents can be a challenge as some are not confident. However, after support and encouragement this becomes easier. This will be a barrier that people come across regularly, however if we, as a service, promote this from admission point and incorporate it into care plans, it will become a part of daily care routine and become a 'norm' for staff and service providers." – Home Manager, Perth and Kinross

Upskilling staff

"Mentoring care staff has been very successful, sending them on training (e.g. strength & balance) and encouraging them. We have the whole team on board to encourage exercises". – Staff Nurse, Perth & Kinross Care Home

Taking a step back

"We were stuck in our ways, with regimented days for staff. We learnt through CAPA to relax that and remember this is the resident's home as well, so how can we make them enjoy it more." – Care Home, East Ayrshire

Sustainability

"There are expectations of what people and care was about before and that perception has got to change. What we have at the moment is unsustainable, and we need to make sure the prevention and maintenance and frailty agenda is changed and CAPA is really key to that." – Care at Home, Glasgow



Case Study- Decreased Pain and Medication Reliance

James lives at home and receives care at home support through Glasgow Cordia. Working with CAPA, Cordia put a six-week reablement programme in place for James, helping him set goals to increase his self-delivered personal care, preparation of meals, and management of pain medication, in order to increase his mobility and independence. They started by visiting him four times a day, supporting him to get out of his chair and walk short distances indoors. Over the six-weeks he built up strength to walk to the kitchen and get his own medication. He was also encouraged and began to answer and lock the door behind staff after they left, instead of letting staff do this. By week six James told staff he felt much better and he could decrease his medication dose. This was reduced from four to two times a day.

Time constraints to promote movement often exist with care at home visits. This provides an example of how incorporating small and purposeful movement into a structured plan can be an effective mode of rehabilitation.



Case Study- Increased Quality of Life

When Oliver initially joined a care home in Stirling, he was reported as 'unhappy and dissatisfied'. He spent long periods of time alone in his room, watching old movies, sometimes not leaving all day and interacting with no one. With CAPA in mind, and knowing through discussion that Oliver had enjoyed gardening when younger, staff spoke to him about joining a gardening club. This was received well, as Oliver began the next day. He began, and continues to, feed the birds and cats daily, sweep up leaves, tend to flowers and vegetables and attends the gardening club. While he still enjoys watching movies, he spends more time being active, tidying around the home and interacting with others. Oliver reported that doing outdoor tasks makes him feel less anxious, and he is happier now he can be helpful around the home. This demonstrates that getting to know what motivates a person in care, and making changes towards the culture of the care environment, can influence their quality of life. It also exemplifies the positive effects of small daily doses of meaningful and targeted activity.

Measurement and Evaluation Findings - 3: Impact

This section explores the *impact* that the learning and translations have had on people experiencing care. Impact is measured using a mixed methods approach through collecting and assessing the following data:

- 1) Physiological variables from the people experiencing care collected at three agreed time points suitable for the care services and individuals: zero (baseline), six and 20-weeks. These include Berg Balance, hand grip strength, sit and reach and sit to stand (see page 6 for more detail).
- 2) Psychological variables from people experiencing care which explore mental wellbeing and self-efficacy to move, and self-reported movement and sedentary levels, collected through questionnaires at zero (baseline), six and 20 weeks, to coincide with the physiological tests (see page 6 for more detail).
- 3) Focus groups and improvement stories and evidence provided by people experiencing care and social care professionals.

Impact - Key Evaluation Outcomes

- People experiencing care significantly reduced their likelihood of falls at 20-weeks post baseline data collection, after the introduction of a CAPA intervention. In addition, at 20-weeks, the proportion of individuals in the high risk category reduced by 5%, while individuals categorised as low fall risk increased by 40% compared to baseline.
- People experiencing care significantly improved their hand grip strength, and their low leg strength (through improved number of sit to stand) at 20-weeks, and gradually increased their flexibility through sit and reach. Muscle strength and flexibility improvements can be associated with improved mobility and reduced all-cause mortality.
- People experiencing care reported being significantly happier, more satisfied, feeling more worthwhile and feeling less anxious at 20-weeks in comparison to baseline, indicating that their mental wellbeing improved throughout the CAPA programme.
- Qualitative data supported the above, with people experiencing care reporting improvements in quality of life. This included independence, social interaction, sense of purpose, and wellbeing, such as reduced anxiousness, feeling happier, more relaxed and more confident, as a result of taking part in more movement.
- On average the proportion of time (in hours) spent sedentary, out of total hours reported, decreased, while the proportion of time spent moving increased significantly by 6% from baseline to 20-weeks and from six-weeks to 20-weeks. This indicates that individuals are spending more time moving, on average individuals reported spending 80 minutes more per day at 20-weeks than at baseline.
- The percentage of those who did not need assistance to stand increased by 12% from baseline to 20-weeks. This may be associated to the opportunity for these people experiencing care to move more regularly, and indicate, that these individuals are gaining strength, allowing them to be more independent with their mobility.
- Self-efficacy scores are higher for those who move more than they sit, in comparison to those who sit more than they move. This continues to be the case from baseline, through to six and 20-weeks.

Physiological Impact on People Experiencing Care

All physiological measures were selected for their appropriateness to test body strength, movement capability, and flexibility in older people. Data included in analysis was received by 8th August 2018. All data underwent statistical analysis, using hierarchical linear modelling. This statistical test takes into account any missing pieces of data to ensure the analysis is accurate and allows comparison across each of the time points. The number of responses used in analysis can be seen (Table 3):

Table 3. Number of physiological test responses

Physiological Measure	Responses used in analysis
Berg Balance	40
Grip Strength	294
Sit to Stand	194
Sit and Reach	153

The number of people experiencing care who completed each test depended on the individual's ability and the care service. Specifically, the Berg Balance sample size is smaller because the test requires the individual to be able to stand, balance, turn and twist. Thus it demands a certain level of mobility, which due to the frailty of the current population, was only suitable for a select number of individuals.

1. Berg Balance Scores

The Berg Balance Score was used to evaluate balance impairments of older adults, with the overall score indicating the fall risk of the individual. Scores are out of 56, where lower scores suggest higher risk of falls (0-20 = high fall risk, 21-40 = medium risk, 41-56 = low fall risk).

A majority of participants were female (60%) and aged between 76-85 (47%). The average Berg Balance Score of the population are shown below (Table 4):

Table 4. Average Berg Balance Scores

	Average Berg Balance Score
Baseline	31.6
six-weeks	37.4
20-weeks	39.8

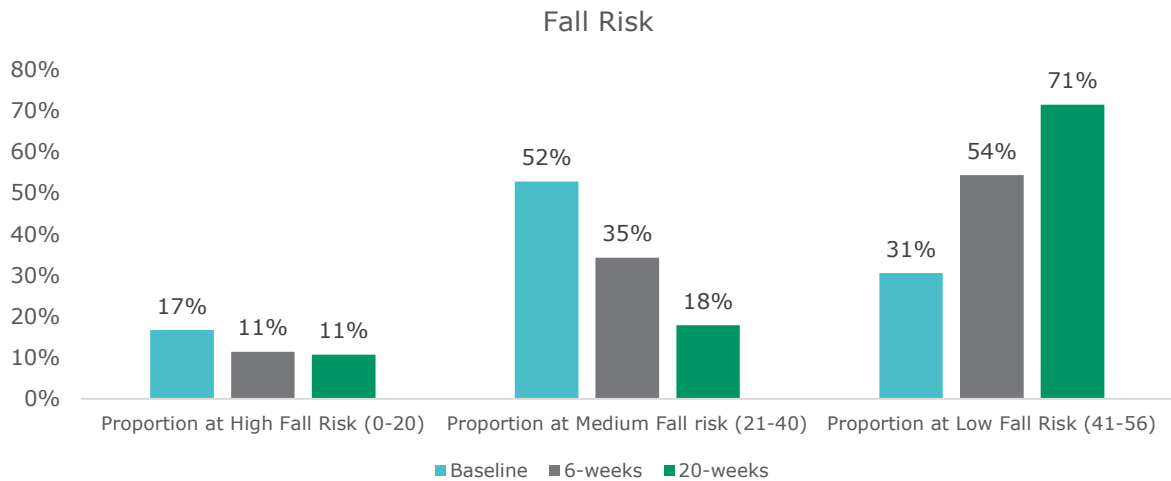
On average Berg Balance Score improved significantly from baseline to six-weeks ($p \leq 0.05$) and baseline to 20-weeks ($p \leq 0.05$), **meaning individuals significantly reduced their likelihood of falls at 20-weeks**. The average at 20-weeks is just below the boundary for low fall risk, **suggesting that with continued opportunity to engage in movement and continued testing, the average has potential to reach the low fall risk category**. Additionally, the change from baseline to 20-weeks is by eight points, **which indicates a genuinely positive change in balance and weight bearing function**, in line with research for older people in residential care facilities¹⁸.

Individual participants however did migrate from having high or medium fall risk to low fall risk. **At baseline the proportion of individuals in the high risk category was 17%, which reduced to**

¹⁸ Conradsson, M., Lundin-Olsson, L., Lindelöf, N., Littbrand, H., Malmqvist, L., Gustafson, Y., & Rosendahl, E. (2007). Berg balance scale: intrarater test-retest reliability among older people dependent in activities of daily living and living in residential care facilities. *Physical therapy, 87*(9), 1155-1163

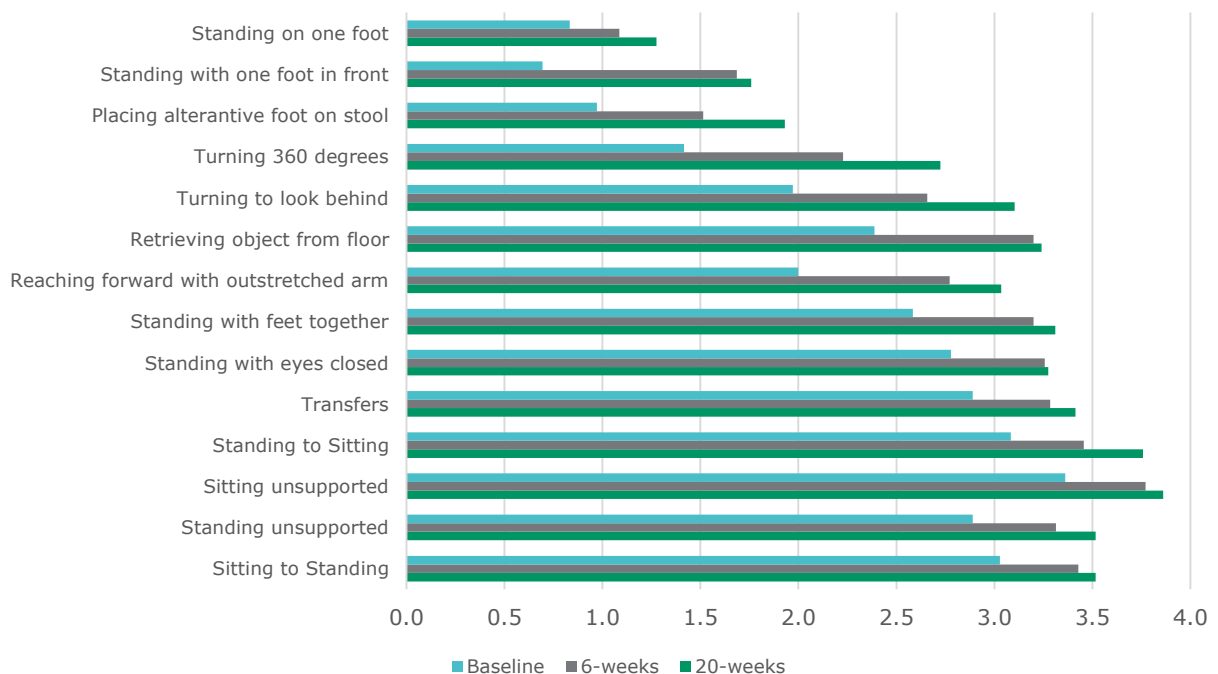
11% at 20-weeks. By 20-weeks there was a 40% increase in individuals who were categorised as low fall risk compared to baseline (Figure 6).

Figure 6. Fall risk of individuals



All 14 measures that comprise the Berg Balance score also increased from baseline, to six-weeks and to 20-weeks (Figure 7). The aspects that improved the most were shifting body weight from foot to foot (standing with one foot in front) or from a stationary object to the floor (placing alternative foot on stool), and turning (360 degrees). **These demonstrate people experiencing care showed the greatest improvements in their ability to shift their body weight, which contributes to reducing their likelihood of experiencing falls.**

Figure 7. Individual measures of the Berg Balance score



All Berg Balance measures are out of 4, where 0 is the lowest score and 4 is the highest

Case Study – Reduced Likelihood of Falls

As part of the CAPA programme Phil, from a care home in East Ayrshire, was encouraged to take up his old hobby of gardening. In May 2017 he was using a Zimmer frame to walk out to the greenhouse, and with a high fall risk often required assistance. Four months later, in September, he was able to walk out to the greenhouse assisted, but without his Zimmer frame, and was reported as being safe and stable when doing this. By January 2018, he was independently mobile.

Staff noticed a huge difference in his mobility, overall stability, and his mood (which has lifted) as a result of his re-found independence and walking. Since September he has also shown improvements in his Berg Balance score going from 39 (medium fall risk) to 44 (low fall risk). Specifically, in May 2017 Phil had roughly 5 falls per month, which reduced to 1-0 falls per month by April 2018.



Case Study – More Movement: Fewer Hospital Visits and Less Assistance

Since June 2017, when CAPA was first introduced into the service, a Perth and Kinross care home has been regularly recording Bob's falls. Bob needed the assistance of two carers to walk and would regularly have between eight to 12 falls a month, resulting in continuous trips to the hospital.

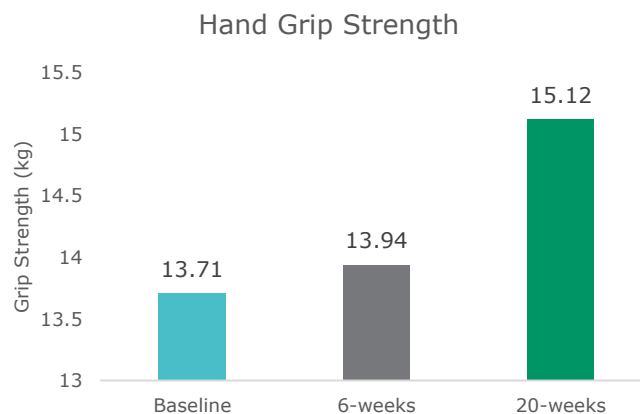
Since CAPA started, Bob has been engaging in more small day-to-day movements, and strength exercises to improve his leg strength. From June to October 2017, he had a total of four falls; roughly a 90% improvement. This reduced the time he spent at the hospital, in addition to the assistance needed from care staff to get out of his chair. This provides him with more independence and the staff with more time.

2. Hand Grip Strength

Hand grip scores, measured using a hand grip dynamometer, are calculated using an average of one to three trials of grip strength for each hand. This method has been documented as a reliable and valid way of calculating grip scores¹⁹.

A majority of participants were female (71%) and aged between 76-85 (43%). The average grip strength scores of the population are shown below (Figure 8):

Figure 8. Average grip strength scores



On average hand grip strength improved at each time point, and significantly improved from baseline to 20-weeks ($p \leq 0.01$), **meaning individuals significantly improved their muscle strength at 20-weeks**. Increased (higher) grip strength is associated with decreased risk of all-cause mortality, frailty, and movement limitations²⁰, implying **that people experiencing care were able to do more tasks independently, without the use of equipment like hoists, towards the end of the CAPA programme**.

3. Chair Sit and Reach

Chair sit and reach is a flexibility test which influences gait patterns. Scores are recorded as the distance reached from stretching down the chosen leg with your arm to the toes, and can be either a positive (reaching past the toes), neutral (reaching the toes), or negative (not reaching toes) score.

A majority of participants were female (66%) and aged between 76-85 (42%). On average sit and reach scores improved at each time point. These changes were gradual and were not statistically significant, however they do show that people experiencing care were closer to touching their toes. **This demonstrates improvements in lower back and hamstring flexibility, which contributes to ease of mobility** (e.g. getting in and out of a chair or bed independently)²¹.

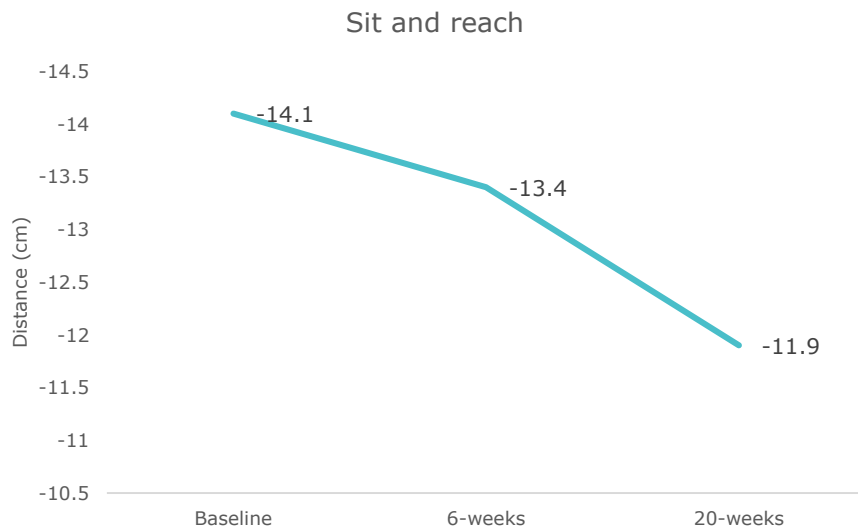
The average sit and reach scores of this population are shown in the graph below (Figure 9):

¹⁹ Roberts, H. C., Denison, H. J., Martin, H. J., Patel, H. P., Syddall, H., Cooper, C., & Sayer, A. A. (2011). A review of the measurement of grip strength in clinical and epidemiological studies: towards a standardised approach. *Age and ageing*, 40(4), 423-429.

²⁰ Bohannon, R. W. (2008). Hand-grip dynamometry predicts future outcomes in aging adults. *Journal of geriatric physical therapy*, 31(1), 3-10.

²¹ Jones C.J., Rikli R.E., Measuring functional fitness of older adults, *The Journal on Active Aging*, March April 2002, pp. 24-30.

Figure 9. Average sit and reach scores

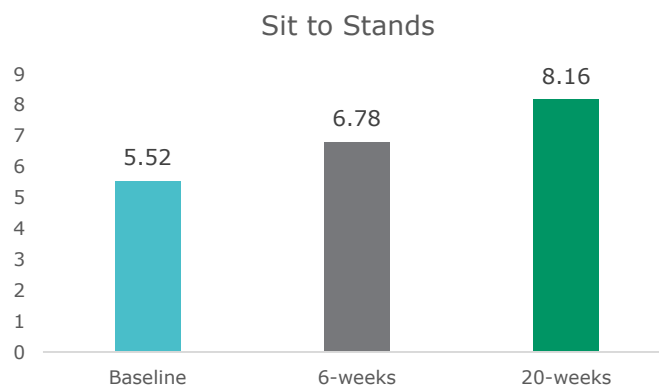


4. Sit to Stand

Sit to stand was used to measure leg strength and endurance. Scores are the number of sit to stands that can be completed in 30 seconds, and were compared to normative data for gender and age²¹.

A majority of participants were female (70%) and aged between 76-85 (44%). The average number of sit and stands of the population are shown below (Figure 10):

Figure 10. Average number of sit to stands



On average sit to stand scores significantly improved from baseline to six-weeks ($p \leq 0.02$), baseline to 20-weeks ($p \leq 0.05$) and six-weeks to 20-weeks ($p = 0.01$), indicating short and long-term change. **These increases in the number of stands indicate improvements in leg strength and endurance, which contributes to better ability to complete daily activities** (e.g. using the stairs instead of the lift and moving to get food²²) independently.

²² Jones CJ, Rikli RE, Beam WC: A 30-s chair-stand test as a measure of lower body strength in community-residing older adults. Res Q Exerc Sport 1999, 70:113-119

Psychological Impact on People Experiencing Care

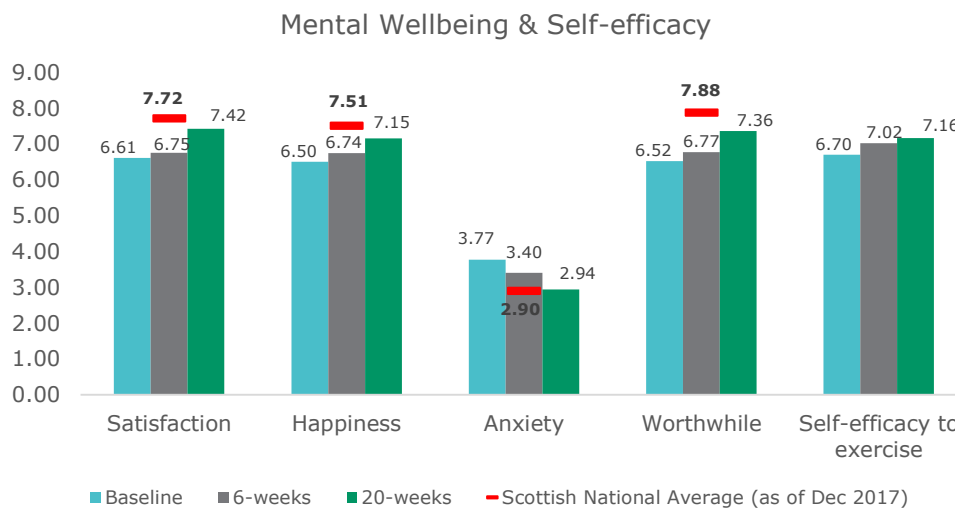
Tailored questionnaires were developed for people experiencing care to measure mental wellbeing, self-efficacy to move, and self-reported sedentary and movement levels. These were completed at multiple time points to measure change over time. Data included in analysis was received by 8th August 2018. All data underwent statistical analysis, using hierarchical linear modelling. This statistical test takes into account any missing pieces of data to ensure the analysis is accurate and allows comparison across each of the time points. The number of responses used in analysis can be seen below (Table 5). At 6-weeks the response rate was 28%, and at 20-weeks it was 18%.

Table 5. Number of psychological question responses

Psychological Measure	Responses used in analysis
Mental Wellbeing	368
Self-efficacy	354
Sedentary Levels	343
Movement Levels	339

The majority of people experiencing care were between the ages of 76 and 95 years (74%), and were female (70%). Responses were collected from 78 care services across the partnership areas involved in the programme. The most questionnaires were received from East Ayrshire (23%), Glasgow (22%), and Perth and Kinross (18%). Overall, 91% of questionnaires came from care homes, sheltered housing, day care or reablement services, and 9% came from care at home.

Figure 11. Mental Wellbeing & Self-efficacy scores



A reduction in anxiety score over time is positive. A Scottish National Average is not available for self-efficacy.

On average all aspects of wellbeing (satisfaction, happiness, worthwhile) significantly increased from baseline to six-weeks ($p \leq 0.03$), **meaning that individuals reported significantly better wellbeing by the end of the CAPA programme** (Figure 11). The aspects of wellbeing that people experiencing care reported as greatest were life satisfaction and feeling worthwhile. In particular, individuals' life satisfaction, feelings of worthwhile and happiness were only marginally lower than the Scottish National Average.

Anxiety levels decreased significantly from baseline to 20-weeks ($p \leq 0.04$), and were roughly the same as the Scottish National Average for anxiety by 20-weeks. **This implies that people experiencing care**

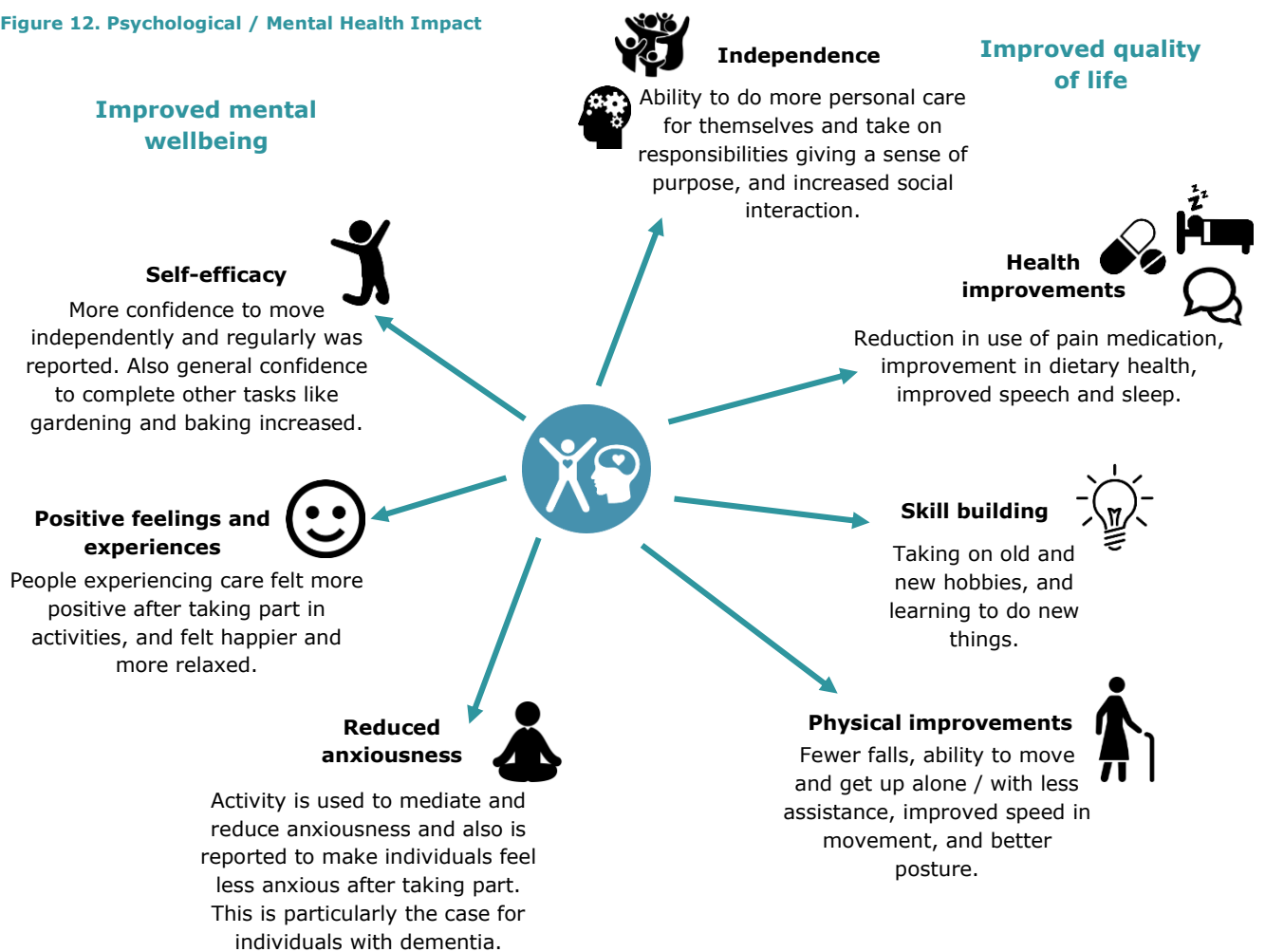
are less anxious after taking part in at least 20-weeks of the CAPA programme, in comparison to before they started.

On average self-efficacy to exercise improved gradually from baseline to 20-weeks. This was not to a statistically significant level ($p > 0.05$), but **suggests that with time to engage in more movement opportunities, people experiencing care gain confidence in their ability to move and are thus more likely to engage in movement in the future.**

Improvement Evidence - Psychological/Mental Health Impact

Focus groups and anecdotal diary evidence from the programme participant questionnaires were analysed together using thematic analysis, to understand how the programme learning impacted the physical and mental wellbeing of people experiencing care. A variety of themes emerged (Figure 12):

Figure 12. Psychological / Mental Health Impact



Staff and self-reported improvements in quality of life, wellbeing, and physical ability, were captured and supported the questionnaire data indicating that people experiencing care were **benefiting psychologically, as well as physically, from the opportunities to move more.**

As individuals' mobility grew, so did their confidence to engage in more movement alongside other health improvements like improved dietary health and better sleeping patterns. Movement activities, in particular chores and responsibilities like setting tables and doing laundry, had the most impact on helping reduce anxiety and helping people feel more relaxed. These types of movement also made people experiencing care feel more independent and like they were learning new skills, giving them a sense of purpose. Sense

of purpose was a key theme repeatedly mentioned by staff, and was considered the most beneficial to the wellbeing of the people experiencing care. Below is a selection of quotes from people experiencing care exemplifying some of these psychological benefits impacts:

Reduced anxiousness

"The Super Six exercises have given me the confidence to try and get up and down stairs at my complex. For a few weeks the lift was broken and I could not get out of the house. Being able to do this using the stairs has been great. I haven't been feeling well recently and I get anxious if I am alone but getting out and moving makes me feel better." – A lady experiencing care in Glasgow

Independence

"Jan is enjoying the independence of making her own tea and says she likes making it to her own strength. Also feels she doesn't need to rely on the staff as often." – About a lady experiencing care in East Ayrshire

Autonomy

"I am happier and less anxious than I was before. I am now able to sit with other residents with the aid of the hoist and attend social activities. I am able to ask to do more things that I want to do." – A lady experiencing care in Perth and Kinross

Confidence

"CAPA gave me the confidence to take a trip up to Glasgow on the train. My mobility feels a lot better." – A lady experiencing care in Inverclyde

Sense of Purpose

"Mary now has lots of purposeful movement in her day - cleaning tables, setting tables, general housework, tidying up, washing dishes. She plays an active role during the intergenerational sessions in preparing and handing out resources and snacks." – About lady experiencing care in East Ayrshire

Happiness and Satisfaction

"Laura has restricted mobility to move but feels the benefits of upper body exercises. Needs more encouragement to become more involved. Laura loves the nurse session and it gives her great satisfaction and happiness getting involved and doing activities with them. she looks forward to them coming." – About lady experiencing care in East Ayrshire

The below highlights the progress of a particular lady across time. Her comments at 20-weeks reflect the challenges of working with a frailer older population, but nonetheless demonstrate that there are various ways to support individuals to keep active. The CAPA programme has been instrumental to making care services aware of these options, and promoting a positive culture of movement behaviour.

Baseline

"At this moment my mobility is very poor as I was in hospital for a period of time before joining this care service."



Six-weeks

"Since joining this programme I have been participating in frequent exercise. I do sit to stand every day. I am now mobile with the aid of a frame on wheels. I fold the laundry ever day (towels, sheets and face-clothes). I set my table for lunch and teatime, every day. I like being active and find it much more satisfying."



20-weeks

"Since my last comments I have been unwell, but still trying to keep active and do my exercises and fold the washing and napkins. I try to walk a little each day to build up my strength in my legs."

Case Study – Meaningful Movement

Jack moved into a care home in Aberdeenshire after a stay in hospital with advice stating that he had improved as much as he could and should aim to walk short distances only with two sticks outside. Jack was very motivated to increase his mobility and was happy to take part in the CAPA programme. CAPA provided him with the opportunity to take part in strength and balance exercises (e.g. [Super Six](#)) and sit to stands. In his eagerness to improve Jack would often push himself too far, resulting in him having a fall and a decline in mobility. Staff worked carefully with Jack to ensure he listened to his body and take his progression steadily. With this on board he gradually built up his strength, mobilising with two sticks inside the home, which progressed to regular movement outside in the garden with an assistant.

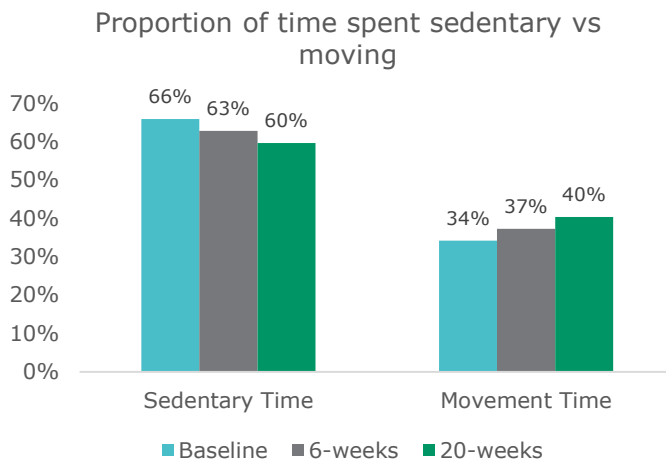
These movements were meaningful for Jack, as a keen gardener, he enjoyed the independence to be able to 'feel the grass under his feet again', and do more home gardening – growing potatoes and rhubarb which is subsequently used in baking and cooking in the home. As a result of this continued and steady movement, and strength exercises, Jack achieved a 0.5 mile walk around the village with a friend and a carer. He reported that he never imagined living in a care home could be so much fun and he has the opportunity, through movement, to do things he never thought he would ever do again.



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 and moving around. They were also asked if they needed assistance standing up.

Figure 13. Sedentary and moving time

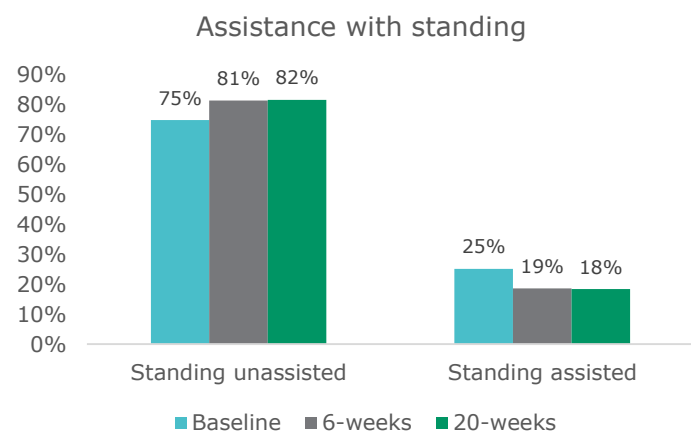


On average the proportion of time (in hours) spent sedentary, out of total hours reported, decreased by 6% from baseline to 20-weeks, while the proportion of time spent moving increased by 6% (Figure 13). **The proportion of time spent moving increased significantly from baseline to 20-weeks and from six-weeks to 20-weeks, demonstrating that individuals are spending significantly more time moving continuously throughout the programme.** More specifically, it indicates that significant change occurred once individuals had been involved in the programme for six-weeks.

On average individuals reported **spending 80 more minutes per day moving at 20-weeks than at baseline.** In addition, the proportion of people experiencing care who reported moving more than they sat increased by 6% from baseline to 20-weeks (from 22% to 28%). Conversely, the proportion who spent more time being sedentary than moving decreased from baseline (70%) to 20-weeks (64%).

Once again, in line with the above, the percentage of those who needed assistance to stand also decreased from baseline to 20-weeks, **while the percentage of those who did not need assistance to stand increased by 12%** (Figure 14). This may be associated to the opportunity for these individuals to move more regularly. It also indicates, alongside the increases in actual time and proportion of time spent moving, improvements in grip strength scores, and the number of sit to stands, that these individuals are gaining strength, allowing them to be more independent with their mobility.

Figure 14. Assistance with standing



The self-efficacy scores of participants who sit more than they move, and vice versa, were analysed to understand the link between self-efficacy and real changes in movement levels.

Table 6. Average self-efficacy scores for sedentary / movement time

	Self-efficacy at Baseline	Self-efficacy at six-weeks	Self-efficacy at 20-weeks
More movement time per day	7.3	9.1	8.1
More sedentary time per day	6.5	6.0	6.4

Self-efficacy scores are higher for those who move more than they sit, in comparison to those who sit more than they move (Table 6). This continues to be the case from baseline, through to six and 20-weeks. In a similar fashion, self-efficacy appears to increase when comparing baseline to 20-weeks, with a high spike at six-weeks (9.1). This was not the case for those who spent more time being sedentary, whose self-efficacy decreased, particularly from baseline to six-weeks. This highlights the important role being active throughout the day, whether it be through structured activity or stealth movement like chores, tasks or hobbies, has to play on the confidence that people experiencing care have to be mobile.

Improvement Evidence - Types of Movement

"I now take part in the Super Six exercise, as part of the move and improve."
 – A lady experiencing care in Glasgow

"I've managed to do a lot more walking and enjoy walking up to the lounge for short spells throughout the day, whereas before I spent all day alone in my room." – A man experiencing care in East Ayrshire

"I have been really enjoying taking part in the CAPA exercises, watching the DVD, and having the ball and bands when I am at home. I have been doing light chair exercises and look forward to a Tuesday [group exercise class]." – A lady experiencing residential care in Inverclyde

"As I have limited mobility using a Zimmer when mobilising around, and a wheelchair going to and from my house to the care centre, I have been enjoying taking part in stretch exercises and the sit to stand." – A man experiencing care in Inverclyde



"I keep myself busy and active in the home. I walk around and use the stairs to go to my bedroom. I like to get out for walks with staff and family. I like to help around the home doing some tasks, like helping set the tables, give out the biscuits and fold towels and napkins." – A lady experiencing care in East Ayrshire

Case Study- People Experiencing Care Moving More

Mac uses a wheelchair, and would rely on staff to complete care tasks, such as transporting and putting away his laundry. Through the introduction of CAPA, staff aimed to integrate more upper body movement into his daily care plan. They began to encourage Mac to collect his own laundry, transport this to his room independently using a self-propelled wheelchair, and put these away himself. All staff were told to give Mac his laundry, instead of taking it to his room. This was a small and subtle change, which Mac adapted to – perhaps not noticing the change. The change did, however, provide him with more opportunities to move, and gradually began to do it every day. This has now become part of his daily routine.

Improvement Story – How CAPA has Influenced Beyond Movement

"My mum became unwell at Christmas and her dementia worsened; she could no longer feed herself, was incontinent and was unable to take part in simple activities she had previously enjoyed. I thought she was coming to the end of the road. The staff team in the home had implemented this new CAPA programme whereby they assessed my mum's medication, involving the GP and district nurses, and monitored her eating and sleeping. They realised that my mum wasn't eating very well in the dining environment so decided to take her for a separate lunch, when the dining room was less stressful. She began to eat better and regained weight and physical strength. By observing her in different situations they would see what triggered her interest and what upset her. This meant they could better tailor her physical activities to suit her so she could stay more active and calm." – Daughter of a person experiencing care



Improvement Story – Prolonged Life

Nora arrived at an Aberdeenshire care home in June 2017, where staff were told her chances of a prolonged life were limited. Nora used a Zimmer or two sticks when moving very short distances. She found long distances difficult due to back pain.

Through CAPA, staff began to get to know Nora's interests and involved her in the available activities, so she could move and stretch more regularly. By December 2017, Nora was able to walk back and forth to her room using only one stick, had not experienced any falls, and showed improvements in her general health and appetite.

In January 2018, Nora became involved in more strength and balance exercises, which she said reduced her back pain. She was able to walk around the home with more ease using her stick. In Summer 2018 she progressed to outdoors, gardening and joining the community Paths for Life walking group. She has built up to walking two miles using her stick with the other residents.

This story exemplifies the profound impact movement had on Nora's livelihood. She benefited from more independence, and spending more time with her daughter. In August 2018 she was able to attend a family wedding, and is excited to continue to build old skills.

Wider Influences on Health and Social Care - 4: Communications, Collaboration, and Sustainability

Communication

In order to build awareness of the CAPA programme, and establish and promote it, a communication plan was put in place by the Care Inspectorate which ran from May 2017 to October 2018. This was key to helping embed the use of the CAPA resource and to ensure social care staff were able to build their skills, knowledge, and confidence to support those they care for to move more often. The plan involved both external and internal communications.

Internal Communications	External Communications
<p>This targeted Care Inspectorate staff, to help them promote CAPA to the individual care services and care inspectors, as well as providing regular updates on the progress of the project.</p> <ul style="list-style-type: none"> • <i>Staff Briefings</i> – regular CAPA staff meetings to discuss action plans for promoting to services. • <i>Inspectors development activity</i> – Internal Learning Events were hosted to support inspectors working with CAPA care services. • <i>Intranet sections on CAPA, new items of interest, CAPA procedures and guidance</i> – this intranet provided monthly updates to staff, and specifically hosted information on internal training programmes, blogs and new resources (e.g. Gold for Gold, Moving More Often). • <i>Blogs from partner organisations and case studies from experts</i> – hosted on www.capa.scot, these explored aspects of movement within care, discussed attitudes and behaviours and celebrated success stories. • <i>Email announcements</i> – used mainly for the internal learning programme, emails were sent to the local leads and the CAPA services providing information about the learning events, in addition to sourcing good stories and new resources. • <i>The update</i> – a monthly internal bulletin for staff to provide updates on the CAPA programme. • <i>Stands at internal staff conferences</i> – promoted the CAPA resources and shared ideas. • <i>Yammer</i> – an internal Facebook platform which allowed staff to post and create groups to discuss work issues and share best practice. This was used by the advisors to post case studies and ideas. 	<p>This targeted care service managers, staff and activity coordinators, people experiencing care and their relatives, health and social care students, care professionals, local health and social care partners, the media and the general public.</p> <ul style="list-style-type: none"> • <i>CEO, director and senior manager meetings with key individuals and opinion formers</i> - regular progress updates and good practice examples were shared regularly with the Care Inspectorate’s senior management team. • <i>Media Relations</i> – press releases, articles in external publications, interviews, radio and television were media streamed and used to promote CAPA and share success stories: <ul style="list-style-type: none"> - CAPA was featured in Care News (The Care Inspectorate quarterly magazine) in addition to Scottish Care Magazine and as part of the Care Home Week (11-15th of June). - Press releases about CAPA improvement stories and case studies were released in local papers, and featured in STV and Reporting Scotland. • <i>Contact centre for relevant providers</i> – The Care Inspectorate’s contact centre (enquiry line) was used to provide support, resources and signposting for care providers. • <i>Social media channels</i> – CAPA was promoted through channels including Twitter and Facebook. Facebook feeds included the CAPA programme and the Care Inspectorate Facebook pages. • <i>Exhibition Stands at key partner events</i> - featured copies of different resources including the CAPA resource, Make Every Move Count, Go for Gold booklet, and Moving More Often resource, to promote awareness of the aims of the programme. • <i>Care Inspectorate Events</i> – Three Learning Events spaced out between June 2017 to May 2018

- *Direct Mail / email* – targeted care service staff and managers, local authority partners, and care professionals.

Care Inspectorate Website and 'The Hub'

'The Hub' (www.hub.careinspectorate.com) is the Care Inspectorate site which was used throughout the programme, and targeted providers and professionals with an interest in health and social care. It hosted information about CAPA, which was then transferred to the official CAPA site (www.capa.scot). The general public had access to the main website (www.careinspectorate.com) for any details or information on the programme. The website was used to post articles, blogs and films associated to the CAPA programme.

Collaboration - The Widespread Impacts of the CAPA Programme through partnerships

CAPA set out to influence the lives of people experiencing care, and improve staff confidence, knowledge and skill at promoting movement. It has, however, grown beyond the initial services who enrolled and had a widespread impact on the health and social care system and local communities.

Local Communities

The building of new partnerships and opportunities, CAPA principle C (community connections and partnerships), have wider impacts upon both the care service and the local community. Connections have been made across the health, social care, independent and voluntary sectors, with individuals, groups, and communities beyond care services which actively support the CAPA programme and ethos.

- From September 2017 to August 2018, Care Inspectorate staff ran CAPA staff awareness sessions, and additional learning events, webinars, training and induction sessions, and workshops for social care professionals unable to attend the main series of learning events. Over 18 sessions ran, across seven partnership areas, in over 15 care services, including ones not part of the current CAPA programme cohort. Sessions focused on building staff confidence to enable movement, sharing best practice, promoting local partnerships, and sharing the programme outcomes and sustainability of the programme post-delivery. Webinars, for example, provided practical examples of how to deal with certain scenarios, such as motivating people experiencing care to make small changes each day in order to move more or getting families on board with CAPA. These sessions included care at home reablement, and day care services, as well as care homes.
- As a result of connections made through the CAPA programme £2,000 of local funding was awarded in December 2017 from Perth and Kinross Council's Angel's Share to three council care homes to progress their CAPA improvement programme. Care homes have purchased equipment (e.g. pedometers and Therabands) to increase their in-house activity offering and are working with Paths for All on how to effectively utilise these through activity.
- Activity coordinators from a variety of care services across different partnership areas are now connected through the Activity Coordinator Network. These networks provide the opportunity for the coordinators to connect, share ideas and best practice, discuss challenges, and suggest methods for implementing movement activities into their services. Throughout the delivery of the CAPA programme, these networks have integrated movement and CAPA principles into its agendas.
- Spurred through awareness of the CAPA programme, intergenerational activities have been initiated in a variety of care homes, seeking to integrate movement through the interaction of different generations and providing mutually beneficial experiences for those working and living in care and those involved in the education system. Please see page 41 on Sustainability for more details.

- The initiation of the CAPA programme has developed a strong working link with local Allied Health Professionals (AHPs), who, with the support of the care staff, have begun to work directly with people experiencing care.
- CAPA has collaborated with Paths for All²³ who now include care service residents in their health walks. In conjunction with care services in Perth and Kinross, Paths for All have created a 'Care About Walking' pack, containing information on indoor and outdoor walking, the health benefits, how to get started, and how to count steps. The pack also includes motivational resources (e.g. posters, stickers and pedometers) that care services can use to promote walking throughout their service. These were disseminated to all care homes for use from October 2018.

Wider Education and Health (shared learning)

- The CAPA team have built a reciprocal relationship with the Active and Independent Living Improvement Programme (AILIP) with the goal of positively influencing the health and movement of older adults. This supportive relationship that has provided the opportunity to integrate the 'Super 6'²⁴ balance exercises and AILIPs Balance Challenge into the CAPA programme as a way of enhancing the breath and range of movement opportunities available to people experiencing care. These exercises have also been promoted and shared through learning events, provider and other forums, and local services.
- The Care Inspectorate have been invited to showcase the CAPA programme at a variety of external conferences, providing the opportunity to raise awareness, share learnings and upskill others. Conferences include the following:
 - In February 2018, the Care Inspectorate presented at the National Dementia Ambassadors Conference to 200 individuals on the breadth of the CAPA programme.
 - In March 2018, Care Inspectorate staff presented at a question and answer panel as part of the Cycling UK NHS Community Networking Event at the University of Dundee, providing an overview of the CAPA programme benefits and outcomes.
 - In April 2018, Care Inspectorate staff displayed a poster at the 1st National NHS Education for Scotland Nursing, Midwifery and AHPs Education Conference. This allowed CAPA to share developments in, and experiences and examples of, transformational education and workforce development which support new models of care.
 - In April 2018, Care Inspectorate staff presented a poster at the 11+1 national forum Amsterdam, to over 1,000 healthcare leaders and practitioners from across 50 countries. The focus of this presentation was on ways the health and social care community can overcome challenges, restrictions and bureaucracy that limit the sector from making meaningful changes. In particular, it highlighted ways in which it is possible to improve the quality of healthcare by making best use of resources, promoting innovation, and working in partnership.
 - CAPA delivered workshops at the Scottish Caring and Dementia Congress in April 2018, outlining the benefits of movement for Dementia patients.
 - In May 2018, Care Inspectorate staff displayed the poster "Older People Experiencing Care in Scotland on the move" at the International Forum on Quality and Safety in Healthcare 2018 in Amsterdam, which shared the successes and learnings of the CAPA programme.

²³ <https://www.pathsforall.org.uk/>

²⁴ <https://phd5.idaho.gov/Docs/FitFallHandouts/BalanceExercises.pdf>

- In May 2018, Care Inspectorate staff presented at the Pan Ayrshire Health Promoting Care Homes Forum, sharing learnings on the CAPA approach and physiological and psychological impact on people experiencing care.
- In June 2018, Care Inspectorate staff presented at the "Physical Activity in Later Life: Improving Older People's Health and Wellbeing" event and conference. This event looked at existing projects encouraging physical activity in later life, and was attended by social care and public health professionals, NHS services staff, community care and rehabilitation workers. Here the Care Inspectorate presented on the programme outcomes and findings.
- The Care Inspectorate have worked with a variety of Higher Education Institutions (HEIs) and Further Education Institutions (FEIs) to spread awareness of CAPA and provide learning, including the following examples:
 - Care Inspectorate staff attended a quality improvement session in late 2017 with 50 third-year student nurses to spread awareness of the CAPA programme, and open discussion of how it fits into both health and social care agendas.
 - The ongoing upskilling of Ayrshire College Health and Social Care students through 2017 and 2018, by providing learning on the importance of movement for older people.
 - Presentations to the University of West Scotland in February 2018.
 - In March 2018, a workshop and presentation was given to 3rd year and MSc level physiotherapist students at Robert Gordons University, Aberdeen, which highlighted CAPA and good practice.
 - In collaboration with Glasgow Caledonian University (GCU) a new online module 'Care About Physical Activity in Older Adults' was developed. This was for health and social care professionals and students to teach them how to promote and deliver physical activity to frailer older people. This initially ran between the 21st May and 3rd August 2018, with feedback provided by attendees (see GCU CAPA module Evaluation Infographic, Appendix III). A six-module online course was also developed for working health and social care professionals. This course was designed to improve these individuals' understanding of the importance of movement for older people's physical, emotional and social health, in addition to providing ideas to help them support everyday movement. The modules included reflective learning and course was supported by an online training portal with access to additional resources. There are plans for this course to be continued.

Evidencing Health and Care Standards

The improvements reported throughout the programme and evaluation evidence the CAPA programme principles. Each CAPA principle provides examples which evidence and support work in line with National Health and Social Care Standards²⁵, and demonstrate how movement and physical activity for people experiencing care can be used to meet these care standards. In addition, the aims of the programme and the evaluation of CAPA align with Scottish National outcomes and Active Scotland outcomes.

Principle A. physical activity participation: Providing people experiencing care with the opportunity to take part in movement that is meaningful, is focused around the individual and their interests, and encourages them to be more independent evidences the new health and social care standards that focus on ensuring the wellbeing (standard 1.25), independence (standard 2.21) and the option of an active life style for older people in care (standard 2.22)²⁵.

Principle B. Organisational culture and commitment: Changes in the organisational culture of the care services, which includes the attitude and mentality of the care staff to provide more movement opportunities, the re-structuring of the care environment to allow for movement, and the training of staff

²⁵ <http://www.gov.scot/Resource/0052/00520693.pdf>

to provide confidence and ability to deliver movement evidence various national care standards. These include being cared for by individuals who are trained, competent and skilled (standard 3.14), being in a culture of continuous improvement (standard 4.19), having the ability to use various spaces, including accessible outdoor space, because the premises have been adapted (standard 5.1) and being supported because the premises have been adapted, equipped and furnished to meet needs and wishes (standard 5.6)²⁵.

Principle C. Community connections and partnerships: The development of community links and partnerships as a method of providing movement opportunities evidences national care standards of and being supported to participate fully as a citizen in the local community (standard 1.10), having support from different organisations for health and wellbeing (standard 2.26), and having access to the local community (standard 5.9)²⁵.

The evaluation of the CAPA programme also helps to fulfil Scottish National outcomes of demonstrating 'research and innovation' and 'older people supported'²⁶. In particular, specific evaluation comes, such as monitoring tangible changes in the wellbeing, activity time and fall risk, standing unassisted, and opportunities for movement of people experiencing care throughout the programme align with Active Scotland outcomes of 'supporting wellbeing through physical activity' and 'encouraging and enabling the inactive to be more active'²⁶.

Sustainability

The issue of sustainability was addressed throughout the CAPA programme, however emphasise was placed on this in the latter third of the programme. At the time of writing, developments were in place to sustain the sharing of knowledge, the use of resources, and the building of community links to maintain movement and encourage new movement.

CAPA Sustainability

- At the final learning event, the Care Inspectorate focused on the sustainability of the improvements as a result of CAPA. Each of the local partnership leads left with actions for managing ongoing collaborations to sustain the improvements made and the CAPA ethos. Local partnership leads led discussions centred on linking CAPA to local policy and on demonstrating how CAPA principles align with the local needs and actions for the partnership areas to support health and wellbeing.
- The Care Inspectorate host and continue to refer all individuals involved with, aware of, or interested in, the programme to a microsite which contains resources and ideas surrounding sustainability, and provide access to local community links, gives change ideas for improvement and inspiring stories of success.
- The Care Inspectorate have developed opportunities for the continued professional development and knowledge transfer for social care professionals. For example, those who attended the LEs had the opportunity to apply and obtain Scottish Social Services Council (SSSC) Open Badges and to enrol in the GCU online module for health and social care professionals, 'Care About Physical Activity in Older Adults'.

²⁶ <https://beta.gov.scot/binaries/content/documents/govscot/publications/publication/2017/06/health-social-care-standards-support-life/documents/00520693-pdf/00520693-pdf/govscot:document/?inline=true/>

Intergenerational Practice

As a result of a successful eight-week improvement pilot in one East Ayrshire care home, a model for intergenerational practice between care homes and nurseries has been developed, whereby nursery school and school children and people experiencing care spend time interacting in the care home and school environments. The key principle of this model is to bring generations together through mutually beneficial activities and encourage the building of more cohesive communities. It introduced opportunities for regular movement for people experiencing care and the children, learning for the school children, and meaningful relationship building. The pilot proved hugely successful, with positive feedback from both people experiencing care, who report positive experience ratings and physical activity engagement, and the children, who consistently demonstrate high scores on the Lueven Wellbeing and Involvement scale for deeper learning.

“Mary loves the intergenerational sessions and has been out to the nursery which she really enjoys. One boy has struck up a close bond with Mary and his mum has agreed to bring him to the care home over the summer to visit her. This has given Mary something to look forward to and a purpose to keep active as she wants to go out to the garden with him.” – About social care professional from the piloted East Ayrshire care home

This model has been successfully implemented in other services across the local partnership area. Positive outcomes for both parties continue to be reported, demonstrating the wider impact this project has on increasing movement, reducing loneliness and social isolation for people in care, and building social interactions across generations.



Partnership Area Sustainability

Individual examples from each partnership area can also be seen, outlining their plans, at the time of writing, for sustainability going forward.

Stirling and Clackmannanshire

- Community Links: Care services are working to align their work around promoting movement and physical activity to the Active Scotland delivery plan²⁷. In particular, they will do this through local partnerships, focusing on local initiatives such as educating staff, developing exercise referral pathways, encouraging walking and cycling, and moving away from the notion of ‘sport’ to ‘being

²⁷ <https://beta.gov.scot/binaries/content/documents/govscot/publications/publication/2018/07/active-scotland-delivery-plan/documents/00537494-pdf/00537494-pdf/govscot:document/?inline=true>

more active'. Future developments also include a focus on collaborative cultural change, data collection and a preventative agenda using moving.

- **Upskilling the wider sector:** Following the final learning event Active Stirling have developed a module as part of their Health and Wellbeing and Sport Leadership Programmes which teaches pupils about the benefits of activity for older people, and how to plan and delivery activities with them. These programmes are now running in schools, and these schools have been linked up to care services in close proximity so allow pupils to practically apply these skills. The CAPA advisors are concurrently delivering training to the staff in these care services to ensure both pupils and staff are on board with the programme aims and mission.
- **Cultural Integration:** To ensure people experiencing care are sustaining their movement once they leave respite care services, plans are being put in place to train the NHS reablement team on CAPA, so this can be integrated into their reablement programmes.

North Lanarkshire

- **Cultural Integration and Upskilling Staff:** Reablement training has been revised into a two-day course and two new North Lanarkshire reablement teams have been initiated. Training now includes a two-hour session on CAPA and the building of meaningful movement into everyday routine, how to communicate and goal set with individuals. Initially delivered by the Care Inspectorate team, this training has now been taken over by the reablement training coordinators, to ensure upskilling of the sustainability of the message through future courses.

Glasgow Care Homes

- **Upskilling Staff:** Training is being developed in partnership with Paths for All²⁸ for a bespoke course on Walk Leader training in various Care Homes, to upskill staff with the knowledge of how to lead short walks inside and outside of their facilities. The training will also focus on how to overcome initial barriers of getting older adults walking using strength and balance exercises. This provides staff with the skills to lead walks independently.
- **Environmental Change:** A variety of Care Homes have used CAPA as an opportunity for centre refurbishment which increase opportunities for movement, including changing internal layout (e.g. moving doors), dedicating certain spaces, and garden re-developments.

Glasgow (Cordia) Care at Home

- **Cultural Integration:** The implementation of CAPA into care at home was a slower process than within a Care Home environment, due to the size of care at home, the opportunities to train staff, and aligning the CAPA model to Care at Home challenges and demands. As such Glasgow Cordia are looking to adapt the CAPA model specific to Care at Home, and integrate this physical activity, as a key feature of internal learning, staff training, and on-boarding.
- **Upskilling Staff:** Glasgow Cordia hosted development sessions for up to 130 staff and associated NHS staff over three half-day sessions, focusing on "Improving Outcomes with Reablement". Physical activity was a core element, with the Care Inspectorate CAPA team leading the day and introducing movement and physical activity breaks. Following this the NHS falls team present at the events requested the same input into their development day on the 26th September 2018.

East Ayrshire

- **Community Links:** Vibrant Communities, a local leisure service set up by East Ayrshire council, had representatives at each learning event. As such they have developed strong links with the East

²⁸ Paths for All is a partnership of organisations committed to promoting walking for health and the development of multi-use path networks in Scotland and currently has running health walks in Laurencekirk, Stonehaven and St Cyrus.

Ayrshire care services, providing these care services with opportunities to take part in their organised activities. Services have taken part in Vibrant Communities 'Golden Games' and will also take part in their 'Big Fit walk', and annual 'Full of Life' event. Vibrant Communities secured funding from Paths For All, allowing them to invite local care homes to attend their walk leader training.

- Upskilling staff: Particular services have integrated staff coaching sessions, based upon CAPA, that are carried out on a one-to-one basis with the manager to ensure staff see CAPA as part of their daily role and all members of staff are on board with the ethos going forward. These sessions focus on three commitments made to residents – to connect, understand, and encourage physical activity.

Aberdeenshire

- Community Links: Care homes in the area have focussed on building community links. They have established a link with the local Dementia Friendly Portlethen group that work with local residents, businesses and volunteers to help promote the village being Dementia Friendly. This has led to a member of staff becoming secretary of the group and the care home is now at the centre of discussions allowing them to make further community links with organisations that help promote movement and socialisation opportunities for people experiencing (e.g. primary schools, library, swimming pool, coffee shop and pubs).

Inverclyde

- Cultural Integration and Upskilling Staff: A sheltered housing complex, composed of eight complexes, have introduced six-monthly staff reviews, appraisals, and discussions for the in-house wardens. These review how wardens have supported and provided opportunities to introduce movement and maintain the CAPA ethos, and how to develop new ideas and opportunities. This has proved beneficial in multiple ways, both through the sustainability of CAPA and in upskilling individuals who do not come from a care background, and lack the experience or confidence to effectively deliver care.
- Community Links: a volunteer from a care home in Greenock, which was not initially involved in CAPA, has taken initiative to make changes within her care environment to promote movement, having learnt about CAPA through her community. She hosted the first Greenock Go for Gold event in August, with 13 out of 15 (86%) care homes in the area taking part. She is also promoting CAPA and its significance to people experiencing care through the local press, to further spread the word and agenda.

East Renfrewshire

- Upskilling the wider sector: Care service staff have contributed to delivering a training session, as part of the good practice awards established through Stirling University. This a 12-week facilitated self-study course requiring completion of various workbook and practical exercises focusing on helping people in care to move more.
- Cultural Integration: Care services in East Renfrewshire have compiled 'moving more often' tips, developed in conjunction with tenants and their relatives. These have been integrated into all new tenant welcome packs to provide a resource towards moving more. The same is in place for staff.

Perth and Kinross

- Upskilling Staff: Management in care services in Perth and Kinross have ran at least 12 sessions for social care professionals who could not attend the CAPA learning events, across the partnership area. These sessions cover the key CAPA principles, highlight resource using and sharing of best practice, and focus on the continued upskilling of others to ensure the sustainable of the programmes aims and ethos.
- Cultural Integration: a care provider in Perth and Kinross has begun to integrate CAPA into their recruitment and retention practices by re-shaping their job descriptions and person specifications for

new employees to include the values of CAPA. For all on boarding and existing staff the CAPA principles are built into inductions and one-to-one supervisions with managers.

- Upskilling the wider sector: Perth and Kinross has been awarded funding through Life Changes Trust to run an initiative to embed the principles of CAPA going forward. This is to help sustain and maintain the improvements and the messages about moving more, and to promote health and wellbeing.

Discussion 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 the people who experience care. This impact was measured through physiological tests, mental wellbeing assessments, and was supported by case studies, testimonials, and improvement stories. While the primary aim of the CAPA programme was to increase movement and instil cultural change surrounding movement in the participating care services, the impact has extended beyond this, influencing further care services, and other professionals working across social care and health and the wider community.

Learning and Translation

Learning Events (LEs)

After each LE social care professionals felt more qualified and knowledgeable about promoting movement with older people, demonstrating that they are learning over the short term. Over the long term, social care professionals demonstrated gradual improvement from LE1, to LE2 and LE3 in their perceptions of the importance of movement for older people in care and their self-efficacy to enable movement. For perceptions of movement, social care professionals felt significantly more qualified to promote movement towards the end of the programme from LE2 to LE3. For self-efficacy, a large proportion of the change occurred between LE1 and LE3, unaffected by LE2, demonstrating that LE1 event had the most influence on the self-efficacy of social care professionals.

Inspectors also demonstrated short term positive changes to their behaviour (perceptions and self-efficacy) from before to after their half-day internal LEs. However, due to the current nature of the inspectors' roles, those who attended felt that their ability to impact and support care services was restricted due to their limited knowledge on promoting physical activity or time to do so. A majority of inspectors at the time of their LE reported having a low awareness of CAPA. These perceptions were sustained in the 20-week follow up. This demonstrates the short-term impact that this one LE had on the inspectors. Further follow up would be needed to understand longer-term impact.

Focus groups, diaries, and case study data indicate that the key CAPA principles are being fulfilled and have been used to guide the integration of movement opportunities, develop links with community partners, train and upskill staff, and provide people experiencing care with autonomy in their lifestyle and activity choices. These changes are associated to a shift in the care service culture and mind-set surrounding the priority of movement in care, with social care professionals who attended the LEs considering movement more a priority towards the end of the CAPA programme, in comparison to the start.

- *Recommendation:* It is recommended that if a further set of three learning events are carried out as part of a future model for the programme, that the second learning event (LE2) builds upon the learnings from the first (LE1).
- *Recommendation:* CAPA materials, tools, and guidance, should continue to be promoted and staff (including inspectors) made aware of the available resources.

Physiological, Psychological and Movement Impact

Improvements were seen in Berg Balance, sit to stand, hand grip strength and sit and reach scores from baseline to 20-weeks. These indicate improvements in balance, and demonstrate individuals reducing their likelihood of falls. It also demonstrates that their overall muscle strength, lower leg strength and flexibility have improved. Muscle strength and flexibility improvements can be associated with improved mobility and reduced all-cause mortality.

People experiencing care reported being significantly happier, more satisfied, feeling more worthwhile, and feeling less anxious at 20-weeks in comparison to baseline. These findings indicate that their mental wellbeing improved throughout the CAPA programme.

People experiencing care are moving more, and require less assistance to do so. The proportion of hours spent moving increased significantly from baseline to 20-weeks and from six-weeks to 20-weeks. On average individuals were spending 80 minutes more per day at 20-weeks than at baseline. Relatedly so, the percentage of those who did not need assistance to stand increased by 12% from baseline to 20-weeks.

- *Recommendation:* Continuation of measurement and evaluation to further evidence the impact on a range of physical and mental wellbeing outcomes associated to the Scottish Government Active Scotland Outcomes Framework and the National Care Standards.
- *Recommendation:* Utilise the growing partnerships with health and academic institutions (e.g. AHP's, Scottish universities and colleges, the NHS) to ensure that the physiological impacts of CAPA are widely recognised and circulated in the future. This will aid the sustainability and longevity of the CAPA principles.
- *Recommendation:* Loneliness and isolation are factors that affect a large proportion of older adults, including those in care²⁹, and is linked to greater health complaints³⁰. It is also a reoccurring theme through the Health and Social Care Standards. This is an aspect of wellbeing that could be explored as part of a future evaluation framework.

Sustainability

The Care Inspectorate has increased its focus on the sustainability of the programmes aims, ethos, and good practice towards the latter end of the programme. Developments are in place to sustain the sharing of knowledge, the use of resources, and the building of community links to maintain movement and encourage new movement.

- *Recommendation:* Continued support for care services in order to maintain and sustain the CAPA learnings and ethos in their care environments from local networks and communities.
- *Recommendation:* It is recommended that care services (care home, day care, sheltered housing, and care at home) are encouraged to continue to use the evaluation tests, such as sit to stand and Berg Balance test to continue to evidence impact, monitor strength progression and falls, and aid the strength building of people experiencing care.
- *Recommendation:* Care services should look to gather data on the number of falls per individuals over time, in order to monitor the progress of those engaging in more movement and spread improvement.

²⁹ Landeiro, F., Barrows, P., Musson, E. N., Gray, A. M., & Leal, J. (2017). Reducing social isolation and loneliness in older people: a systematic review protocol. *BMJ open*, 7(5), e013778.

³⁰ Taube, E., Kristensson, J., Sandberg, M., Midlöv, P., & Jakobsson, U. (2015). Loneliness and health care consumption among older people. *Scandinavian journal of caring sciences*, 29(3), 435-443.

- *Recommendation:* To ensure the spread of CAPA throughout the care at home service, these services should work to cascade the available online resources and shared learnings throughout their organisation. These services should be proactive about accessing and utilising CAPA resources, and incorporating them into their training for existing and future staff.
- *Recommendation:* As the CAPA programme aligns to the current Health and Social Care Standards, it is recommended that the Care Inspectorate continues to promote the role movement plays in meeting the outcomes of the standards.
- *Recommendation:* CAPA should be continued, and evaluation of the programme should be maintained and expanded in order to grow the evidence-base for the effects of movement on the wellbeing and health of older people experiencing care.
- *Recommendation:* This evidence-base should include the evaluation of the impact movement can have on fall risk, its associated cost to the NHS and the impact that a programme like CAPA has on the wider social care system.

Conclusion

The CAPA improvement programme has provided a unique opportunity for care services to self-assess their culture, and how they prioritise movement, activity and wellbeing, and make improvements. The programme aimed to make an impact to the overall lives of those older people experiencing care across Scotland by supporting care staff to include, promote, and enable movement daily within the care settings. This was achieved through providing learning and support to social care professionals, providing care services access to relevant resources, tips, sharing of good practice, and establishing community links, and monitoring the impact the above had on the physiological, psychological, and movement aspects of people experiencing care to determine if change was occurring. In addition, social care professionals were supported and encouraged to engage in more physical activity themselves, to both improve their own wellbeing and health outcomes and promote attitude change towards promotion of movement.

The programme evaluation has demonstrated a positive range of learnings, including changes in confidence and skills of social care professionals, changes in care service culture, changes in community partnerships, and changes in the physical abilities and mental wellbeing of people experiencing care. It has provided a robust model for use within care home and sheltered housing settings, with its framework being adaptable for wider use in care at home and reablement services. With continued work to ensure that the profile of movement is both sustained in current participating care services, and increased in further care environments, there is potential for these changes to be sustained long term and provide a monumental impact on health and social care across Scotland.

There is much scope for this programme to continue in the future, because of the wealth of resources and learnings that have been developed, the adaptable nature of the framework, its diverse network, and its association to the active ageing and frailty agendas^{31,32}. Due to the long-term perspective that the CAPA programme takes, by supporting cultural change and community links that are long-lasting, it can be utilised by a wider network of professionals working in social care to continue influencing the quality of life, the wellbeing, and the physical health of people experiencing care across Scotland.

³¹http://apps.who.int/iris/bitstream/handle/10665/67215/WHO_NMH_NPH_02.8.pdf;jsessionid=5B4C57520219B02102A14DB0CF66C7A9?sequence=1

³² <https://www.communities-ni.gov.uk/sites/default/files/publications/ofmdfm/active-ageing-strategy.pdf>

Appendix I: Care Inspectorate Internal Development Programme Evaluation

Half-day internal Learning Events (LEs) for inspectors were provided between the 26th September and the 10th October 2017, at Care Inspectorate offices across Scotland. Bespoke pre and post questionnaires were completed to capture data relating to the perceptions and self-efficacy of inspectors to advise and promote movement with social care services and providers.

Demographics

LE (Short term)



129 inspector responses were collected



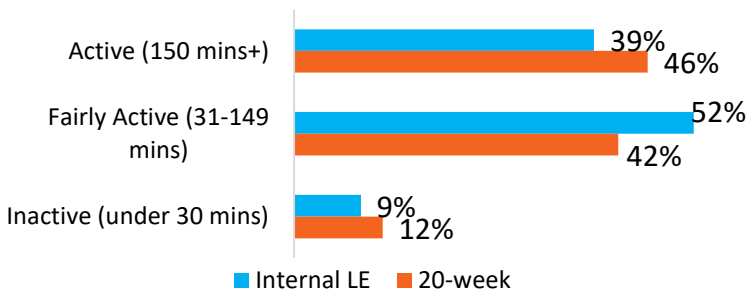
Of these, 107 were 'inspectors', 9 'senior inspectors' and 13 'other'

Follow Up (Long term)



26 inspectors (20%) responded to the 20-week follow up questionnaire

Physical Activity Levels



9% of inspectors increased their physical activity levels by the 20-week follow up. **At 20-weeks 46% of inspectors reported being 'active'** (meeting the CMO guidelines of 150 minutes + per week).

Prioritisation of Movement

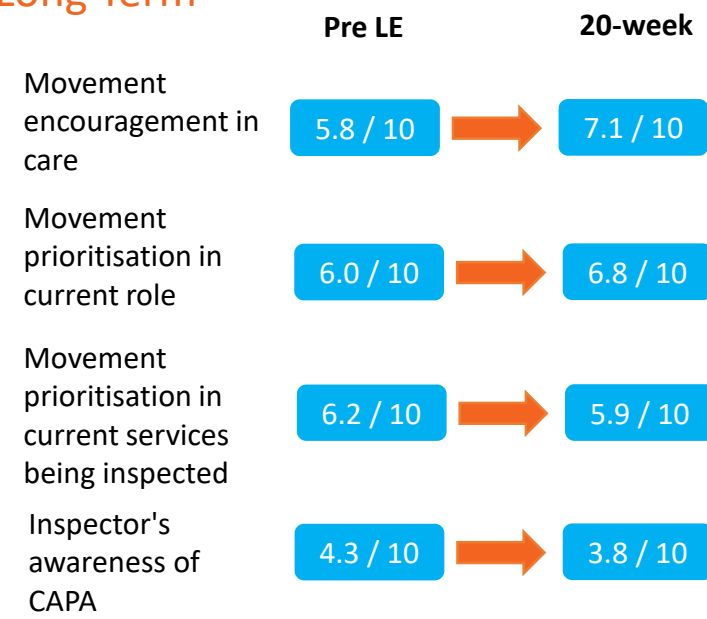
Inspectors were asked to report the prioritisation of movement within their job role and the services they inspect, in addition to how often they encouraged movement in their role.

Short term



At the beginning of the LE inspectors were most likely to report that promoting movement was more of a priority in their current role than the services they inspect.

Long Term



20-weeks after the LE inspectors felt they encouraged movement more often and that movement was more of a priority in their role.

Inspectors perceived that the priority of promoting movement in the services they inspect did not increase. This may be because of the nature of inspector roles, their proximity to people experiencing care, or their level of training.

The Impact of the Learning Event

Perceptions of Movement in Care

Inspectors were asked to self-report how important promoting movement in their social care services was.

Short Term



The LE increased the confidence of inspectors to support care services to enable or promote movement.



The LE had a positive short term impact on inspectors knowledge of movement and their ability to support services to encourage movement.

Long Term

Feeling qualified to support care services to promote movement to older people

Knowing enough about movement to support care services to encourage more movement



Feeling that older people need to limit the amount of movement they take part in



Over time inspectors are feeling more qualified and knowledgeable in their ability to promote movement to care services, suggesting that involvement in CAPA over a long term period aided their ability to support services to enable and promote movement.

Self-efficacy of Inspectors

Inspectors were asked to self-report how confidence they felt in being able to support care services to promote and enable movement in care.

Short Term



The LE increased the self-efficacy of inspectors to support care services to advise on, discuss and take action to promote movement.



The LE improved inspectors confidence to support services to take action to tackle barriers that prevent the movement of older people.

Long Term

Feeling confident to support care services to advice an older person on movement

Feeling confident to support care services to create an active environment for an older person



Feeling confident to support care services to identify and take action to address movement barriers for older people



In the longer term inspectors felt more confidence to advise and support care services to create active environments for people experiencing care, and support services to make proactive changes.

Inspectors felt less confident about supporting services to advise an older person on their health and movement, suggesting they may need further support in this area.

Inspector Feedback

1 Shortage of staff and limited time available to promote movement was a perceived barrier. Inspectors suggested continued training, education, resource, and idea sharing in order to increase competency, confidence and priority.

2 Willingness of staff to change the culture of the care environment was a perceived barrier by inspectors. They suggested that staff be given continuous support from management, and more time to dedicate to movement in order to change perceptions.

3 Inspectors felt they had a better understanding of the programme and how CAPA could be incorporated into inspection following the LE. Inspectors also claimed they better understood how to support staff in promoting movement and holistic wellbeing with people experiencing care.


Appendix II: Care Inspectorate Early Years Internal Development Programme Evaluation

Internal Learning Events (LEs) Early Years inspectors were provided between the 17th of January and the 19th February 2018, at Care Inspectorate offices across Scotland. Bespoke pre and post questionnaires were completed to capture data relating to the perceptions and self-efficacy of the Early Years Inspectors to advise and promote movement with social care services and providers.

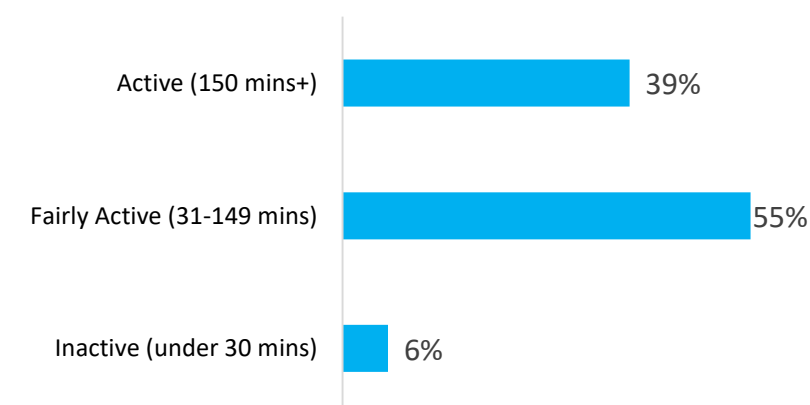
Demographics

LE (Short term)

 55 inspector responses

 Of those 55 individuals, 51 were 'Early Years Inspectors', 3 were 'Team Managers' and 1 was 'Other'


Physical Activity Levels

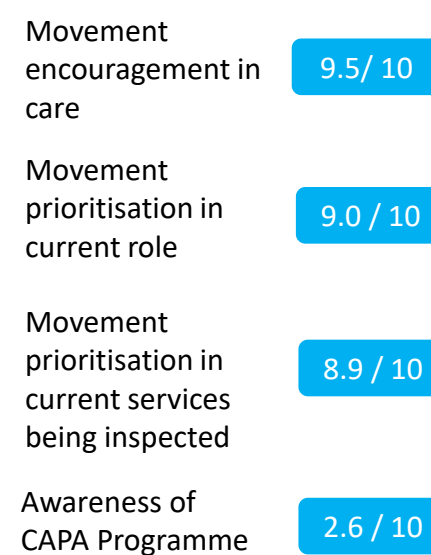


Over a third (39%) of inspectors reported being 'active' (meeting the CMO guidelines of 150 minutes + per week), while only 6% reported being 'inactive'.

Prioritisation of Movement

Inspectors were asked to report the prioritisation of movement within their job role and the services they inspect, in addition to how often they encouraged movement in their role.

 At the LE inspectors were most likely to report that promoting movement was more of a priority in their current role than in the services they inspect.




Prioritisation of movement and current movement in encouragement were high for Early Years Inspectors, indicating they often promote movement in their role and service.

Awareness of the CAPA programme was below average for Early Years Inspectors, which is in part explained by their focus on a younger age population.

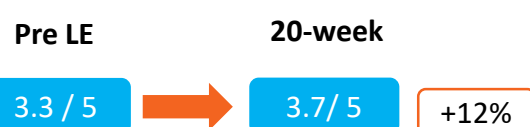
The Impact of the Learning Event

Perceptions of Movement in Care

Inspectors were asked to self-report how important promoting movement in their social care services was.

 The LE showed a short term positive impact on how important it was for Early Years Inspector's to support care services to promote, enable, and encourage movement to younger people in their service.

Feeling qualified to support care services to promote movement to older people



Knowing enough about movement to support care services to encourage more movement




Feeling like they can influence the way of life of younger people experiencing care



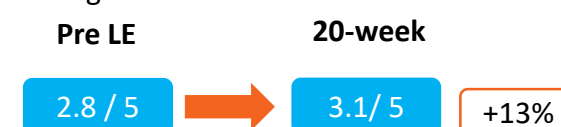
By the end of the learning event inspectors felt more qualified and knowledgeable in their ability to promote movement to care services for young people, and felt that they could influence the life of younger people experiencing care more than before the event.

Self-efficacy of Inspectors

Inspectors were asked to self-report how confidence they felt in being able to support care services to promote and enable movement in care.

 The LE showed a short term positive impact of Early Years Inspector's confidence to support care services to advise, discuss and take action towards helping younger people in care to move more.

Feeling confident to support care services to assess a younger persons readiness to change behaviour



Feeling confident to support care services to identify the barriers that prevent younger people from moving more



Feeling confident to support care services to empower a younger person to change their behaviour



By the end of the learning event inspectors felt more confident to support care services to identify barriers to movement, and empower young people to change their movement behaviour. They also felt more confident about supporting care services to take action to address these barriers towards movement and make proactive change.

Inspector Feedback

1 Inspectors felt that the culture within the service could impact mentality towards promoting and enabling movement. They believed that getting services to understand and listen to the benefits of movement may reduce this barrier.


2 Lack of space (indoors and outdoors) was perceived as a barrier preventing movement. Inspectors felt that the frequency of their inspections was an opportunity for them to share ideas with services on how to increase physical activity.


3 Inspectors felt they had a better understanding of the programme and claimed they would look to sign post care providers to the programme. They mentioned it would be useful to receive resources specific to the young persons, and suggested this could be an interesting area of expansion for the programme.

Appendix III: Glasgow Caledonian University 'Care about Physical Activity in Older Adults' Module Evaluation


Glasgow Caledonian University (GCU) was commissioned by the Care Inspectorate to develop an module as part of the CAPA programme, to teach students and health and social care professionals how to promote and delivery physical activity to frailer older people. This ran from May 21st to August 3rd 2018. An online feedback survey (July 30th – August 20th 2018) was created to evaluate the module, focusing on perceptions of the course quality and ability to fulfil the course aims. Additional feedback, gained through the GCU online Learn system (July 2018) and through a face to face day (May 2018), is included in analysis.


Demographics


 15 responses (88% response rate) to the online feedback survey were received.

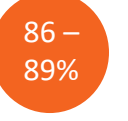
 Of those 15 individuals, 80% were female, and 43% were between the ages of 21-43 years.

Module teaching and structure

 11 responses (52% response rate) to the GCU online learning system evaluation were received.

 100% Agreed staff were good at explaining content and that the module ran smoothly.

 100% Agreed the module provided them with opportunity to explore ideas / concepts in more depth.

 86 – 89% Agreed they received helpful comments on their work and feedback on their work was always timely.

Prioritisation of movement

Students were asked to report on the priority of movement for older people in care within the sector overall, their role in the sector, and the current module.

Prioritisation of movement for older people was perceived as more of a priority for individuals in study than the overall nursing, health and social care sector.

Promoting movement for older people in care is a priority within nursing, health and social care.

4/5

Encouraging movement for older people is a priority for me, and my role in nursing, health and social care.

5/5

Promoting movement to older people in care was prioritised in the AHP HCU module.

5/5



Student's rated all three statements highly, demonstrating that at the end of this module, they felt that in their future role promoting movement to older people would be 'complete' priority.

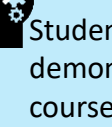
In comparison, student's perceived that in the nursing, health and social care sector in general, movement was only 'slightly' a priority.

The Impact of the module

Confidence to deliver movement

Students were asked to self-report how much they agreed they were able, knowledgeable, and qualified enough to enable movement with older people in care.

Students felt they had the knowledge and the qualifications required to promote and encourage movement for older people.

 Students rated all statements highly, demonstrating that at the end of the course, they felt they had the knowledge required to encourage movement and that they could influence older people in care to move more. They were most likely to strongly agree that an active environment was important for older people and that they would support older people to move regularly.

Feel more qualified to promote and encourage movement with older people.

4.7/5

Feel they have the knowledge required to work with older people to increase their movement levels.

4.7/5


Will support those who experience care to move more on a regular basis.

5/5

Confidence to analyse and promote movement

Students were asked to self-report how confident they felt to fulfil the course aims, including being able to analyse evidence and barriers, assess behaviour and develop and implement interventions to help change the behaviour of older people experiencing care.

Students felt most confident in advising an older person on the benefits of a healthy life and delivering physical activity interventions to help change their movement behaviour.

 Students rated all statements highly, demonstrating that at the end of this module, they felt confident to assess facilitators and barriers to movement for older people experiencing care, analyse relevant evidence, describe different interventions, and use this evidence to design appropriate movement interventions. In general, student's reported being more confident in advising and delivering interventions over designing and assessing the effectiveness of interventions.

Use evidence to design and deliver appropriate interventions.

4.2/5

Feel confident to deliver physical activity interventions to help change an older person's movement behaviour.

4.3/5

Describe different interventions to help change activity behaviour.

4.2/5

General Feedback: Structure of the module

1 46% of students who provided comments said more face-to-face / class time would be extremely beneficial. They explained that the face to face days gave opportunities to discuss issues and questions with experts, and gain insight from peers about what worked and doesn't work, solidifying their online learnings. Some individuals felt that these contact hours could be better spent discussing in-depth principles of behaviour change and assessments.

2 Some individuals (30%) felt that the work load was substantial, especially when conducted alongside a full time job. These individuals felt that some material was repetitive and if this was reduced they could focus on exploring information (e.g. assessing the effectiveness of proposed interventions) in depth, and doing more practical activities.

3 It was suggested that the presentation should be a marked assignment, with face-to-face meeting opportunities with peers made available to encourage team work.

General Feedback: Effectiveness of the module

1 "I have more confidence in my ability to encourage older adults to move more but also to educate staff on the importance of this - particularly those staff who are concerned about the risk of falls - pleased to say that staff rather than telling someone to sit down, are now assisting residents to move if their behaviour indicates a desire to move."

2 "The one area that I would have liked to have included is activity for people who are immobile - what passive movements can be delivered to prevent contractures, improve circulation and bodily functions. I would have liked some sort of session which would allow me to deliver an exercise class and one that would show me how to safely perform passive movements for those who are immobile/inactive due to health / disease progression reasons."

3 "The module has opened my eyes and increased my knowledge to a whole new area of around physical activity in the older adult; functional fitness tests; looking at frailty and how to screen for it. It has also highlighted the key strategic documents that will guide the interventions needed to promote PA in the older adult. The course has touched on lots to different areas e.g. Dementia - Playlist for life -and a key to an intervention which could help those whose may find it hard to communicate let alone move. Continence and physical activity- another useful area."

4 "I was unaware of the extent of the CAPA programme. I think it is a great programme for all professions, families etc. to be promoting physical activity. It emphasises that small changes and movements can make a big difference to a patient."