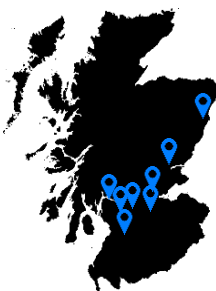


Care...About Physical Activity (CAPA) Programme Evaluation 2017-2018

Background

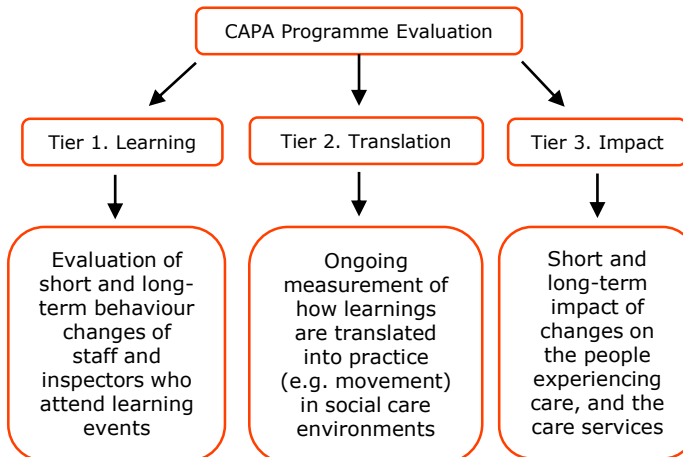
The Care Inspectorate is the national scrutiny and improvement support body for social care and social work services in Scotland. It aims to give public assurance and build confidence that social care and social work in Scotland is rights based, and provides high standards of care for vulnerable members 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 method of engaging them.

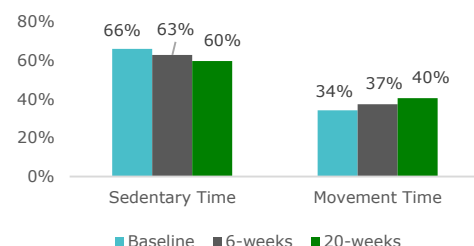
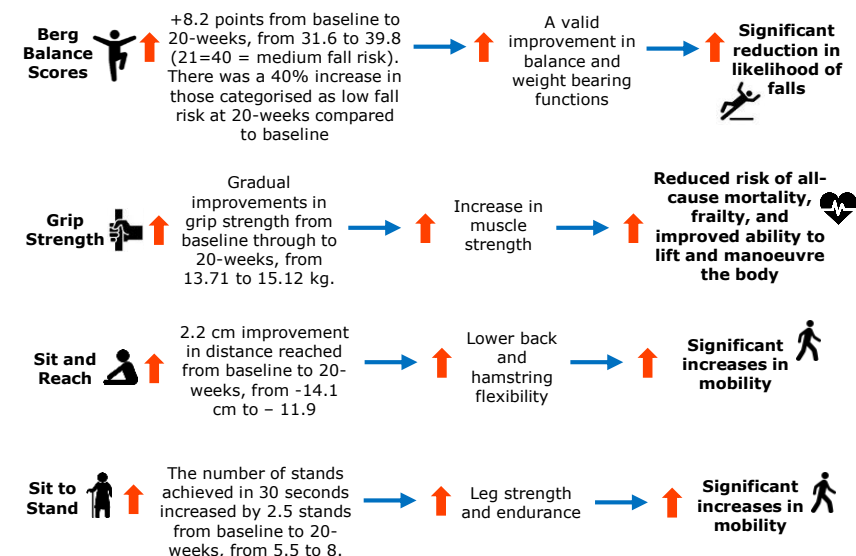
Tier 3. Impact

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.

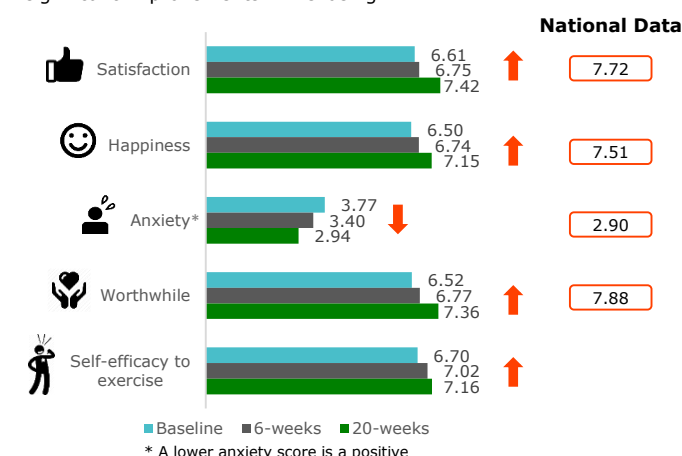
Self-efficacy scores are higher for those who move more, in comparison to those who sit more.

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.

"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

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.