Engaging in Physical Activity by residents in Family And Community Group Homes (formerly Ageing, Disability and Home Care)

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Why this study?

• Referrals for physiotherapy
  ➢ Loss of mobility
  ➢ Safety around transfers

• Lack of strength

• Loss of independent walking

• Exercise and stretching programs
  ➢ Long term sustainability an issue

• Literature
  ➢ Low levels of engagement
Why this study?

- WHO states
  - Physical activity is any bodily movement that requires the expenditure of energy

- Department of health
  - Limiting *sedentary behaviour* is essential for health and well-being
  - Physical activity guidelines:
    - 2 ½ - 5 hrs moderate physical activity per week
    - 2+ days muscle strengthening activities per week

- **Intensity** and **duration** is a key: but what is known?

- **Concern**: What is happening in FACS group homes, how plausible is this?
Research Questions

Three main questions

- What are the current physical activity levels?
- What are the beliefs and attitudes around physical activity?
- What are the barriers and enablers towards participation in physical activity? (Our focus today)

Concern and reasons for pilot study

Workplace and personal observations, coupled with literature indicating low levels of health enhancing levels of physical activity and seeing the impact this is having on mobility and other health related issues
Participants

- **Residents** residing in Family and Community Services group homes
  - Regional New South Wales (n=6) 4 males, 2 females
  - Co-morbid intellectual and physical limitations
  - Require medium to high levels of support
  - Varying levels of communication; verbal and augmented

- **Key Support workers**
  - Regional New South Wales (n=7) 3 males, 4 females
  - Responsible for delivering key support to resident

- **Team Leaders**
  - Regional (n=5) 3 males, 2 females and Metropolitan Sydney (n=2) 1 male, 1 female
  - The team leader role is to implement policy and practice, oversee staffing, maintain records etc.
Methods

• Permission sought through FACS/ADHC research

• Ethical Approval from Sydney University

• Plain and Easy English information distributed and consent obtained

• Focus groups
  
  **Regional area**
  
  ➢ Residents
  ➢ Key support worker
  ➢ Team Leaders

• Focus groups were recorded, transcribed and analysed
Methods

Focus groups were used to find out what residents, carers and management understand about physical activity and its importance in maintaining a healthy lifestyle.

Focus Group Questions

<table>
<thead>
<tr>
<th>Residents</th>
<th>Support Worker</th>
<th>Team Leaders</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is physical activity?</td>
<td>What do you know and think about physical activity?</td>
<td></td>
</tr>
<tr>
<td>What is a healthy lifestyle?</td>
<td>Do you think it is important to have a healthy lifestyle?</td>
<td></td>
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<tr>
<td>Do you do lots of physical activity?</td>
<td>What are the things that make it easy for you and other staff to support your clients to do physical activity and exercise?</td>
<td>How are group home staff encouraged and supported to promote physical activity for their clients?</td>
</tr>
<tr>
<td>Is it easy for you to do physical activity?</td>
<td>What are the things that make it hard for you and other staff to support your clients to do physical activity and exercise?</td>
<td>Are there barriers for ADHC group home staff in implementing physical activity among clients?</td>
</tr>
<tr>
<td>Can it be hard for you to do regular physical activity?</td>
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</tbody>
</table>
Preliminary Results

Key points to enable physical activity

There needs to be

• Opportunity
• Encouragement
• Enjoyment
• Paid and informal supports
• Regular routine
• A mindfulness around moving

Quote from family member supporting resident

“I think the problem is having somebody to do it with, which is the same with anybody, it’s having somebody to do it with. You know, people go walking, if you’ve got someone to walk with you, if there’s no one there, they’re not going to do it. I’m sure <name> would go walking with someone who would go walking with her.”
A key point from a resident

**Quote from resident**

“...For me, I don’t like sitting in front of the TV all day, it’s too much ......, it gets too much in my head and I can’t, I can’t think of it, because I’m sitting in front of the TV and I’m more bored (hands in head), .... When I’m at home, I want to get out, I want to go somewhere, I don’t want to sit in front of the TV all day, it’s boring.”
Preliminary Results

Key Themes: Promoting and encouraging Physical Activity. The enablers and challenges (Support Workers and Team Leaders)

• Information
  - Available resources (i.e. in the community)
  - Therapeutic exercise versus being physically active

• Promotion of activity
  - Approach to encouragement
  - Resident motivation

*Quote from support worker:* “We went for a walk while we were waiting…. And we went and collected bits and pieces in the park. So then we’re going to go home and make the collage out of that. And so his physical activity is also tied in with his creative side.

• Creative thinking
  - Rostering
  - Transport
  - Options for inclusion
  - Modification of activities

*Quote from family member supporting resident:* “It can be woven into the day to day….rather than a chore”
Preliminary Results

Key Themes: Promoting and encouraging Physical Activity. The enablers and challenges (Support Workers and Team Leaders)

- Staff support
  - Workplace initiatives and incentives
  - Rostering

**Quote from support worker;** “When one staff member goes out with one client, the staff member who stays behind has to do all the work for the other clients, it’s not seen as being fair”

- Review of practice
  - Staff motivation and attitude (doing with, not for)
  - Lifestyle plan
  - Whole of life approach. For example working with day agencies

- Raised profile of physical activity
  - On the agenda at resident and staff meetings
  - Ideas and resources
  - Access to specialist support

**Quote from support worker;** “We’ve been really mindful of..getting the physios to assess [those with]... special exercise needs, with stretching, making sure..we understand what sort of activities they need to do, and then trying to come up with fun ways to achieve…..”
What are we hearing: some comments

Quote from team leaders

“His lack of physical activity is probably contributing to the decline in his abilities, not walking well at all, has a number of falls, and we are pretty concerned about him”

“The education is there, the will to do it is different, the motivation isn’t there..... It’s not hard to take someone for a walk”

“Even though it’s a full part of the lifestyle planning and client choice, yes, there’s so many barriers that staff can throw up that impact on the clients, and as team leaders, you’re juggling them all the time. Most of the time you give up and just do it yourself.”
Moving Forward and Key Challenges

- History of lack of choice
  - Others program day/week

- Policy and practice emphasis on auditable tools such as
  - WHS
  - Risk profile
  - Health
  - Behaviour programs
  - Nutrition

We need to remember that physical activity can play an important role with all of these important policies and practices.

Quote from team leader

“... It doesn’t get audited like everything else....everything’s got such huge circumstances, like if it doesn’t get done, and the physical activity doesn’t have that, it’s just whoops.”
Moving Forward and Key Challenges

A need to refocus support to promote participation and support physical activity: but how?

**Quote from support staff:** “I think some staff … get nervous about doing physical activity with them…so they tend to make an excuse…”

- Systems: review policies and support mechanisms that directly impact on access to physical activity
- Person centred plans and lifestyle plans
- Awareness: education and training
- Recruitment strategy: job descriptions, staff recruitment/selection and staff inductions
- Staff fitness

**Quote from team leader:** “It depends a lot on staff motivation and their interests.”
Moving Forward and Key Challenges

A need to refocus support to promote participation and support physical activity, but how?

**Quote from team leader**
“Tt mean, we as team leaders can say, okay, let’s do these walking programmes and exercise programmes, but if the staff aren’t proactive in that lifestyle, want for themselves, appear to be motivated themselves, well then the clients aren’t going to get an intrinsically motivated exercise regime.”

**Quote from support worker**
And they meet with new friends while walking, like when I took [name] yesterday, for the two hours walking around shopping centre, and he was just laughing. You know, and I’ve never seen him laughing. **What I did was to support him in the laughing, because I knew he was happy, you know!**

**Quote from team leader**
“We’re trying different things....at the staff meeting now...every few months the carer has to come up with an [new] activity...I want the staff...thinking outside the box, and then there’s the pressure put on them every three months I’m going to ask you what new activities you’re going to be doing...It gives them that extra pressure that they’re going to have something to do, but the client’s getting the benefit...,and making them accountable...”
Moving Forward

- Knowledge is power. Education on physical activity and strength training: **why and how** to do this is important

- Support the inclusion of physical activity in a person’s **lifestyle plan**

- Attitudes: **lifestyle** rather than therapy.

- Developing and **sharing** information and resources

- **Recognition** of Good Practice
Moving Forward **REAL IMPACT**

**R** Reliable, Relevant, Recordable

**E** Everyone

**A** Anticipate opportunities to enhance physical activity

**L** lifestyle

**I** Information

**M** Meaningful

**P** Physical Activity

**A** Adaptable, Accessible, Affordable

**C** Creative

**T** Today
Thank you and contacts

Thank you
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