Minority Ethnic Elders Falls Prevention
Year One Progress Report
April 2005

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About the Minority Ethnic Elders Falls Prevention (MEEFP) programme

The Minority Ethnic Elders Falls Prevention (MEEFP) programme is a Help the Aged initiative funded by a Department of Health Section 64 grant over a three year period, April 2004 - March 2007. In addition, the charity committed funds from the Minority Ethnic Elders budget to support the work.

This report has been written at the end of year one to describe progress so far.

What did the programme set out to achieve?

The aim of the programme is to raise awareness about the risk of falls among minority ethnic older people and those who care for them.

We are aware that access to mainstream falls prevention services can be problematic due to barriers such as language, lack of knowledge of what is available and practices that are not suited to communities.

This programme hopes to address some of these issues by developing projects which involve older people from minority ethnic communities in their design and delivery.

Our objectives are to empower older people and communities to reduce their falls risk through locally established networks and the use of appropriate resources, and to support the dissemination of best practice among groups working with minority ethnic older people around the issue of falls prevention.

How was year one of the programme put into practice?

A Project Officer was appointed to manage the work, which was based within the Help the Aged Preventing Falls programme. This ensured both programmes were fully integrated and that knowledge and ideas were shared between the two.

A national advisory group was established to provide informed guidance for the work and advice on ensuring inclusion of socially isolated groups. The group was comprised of representatives from several prominent organisations, including the African-Caribbean Leadership Council, Race Equality Unit, Age Concern England, the Department of Health Human Rights and Equality Group and the Health & Social Care Change Agent Team. The group was consulted throughout year one and met towards the end of the year to discuss the structure of the programme and how it could progress.

Plans for monitoring and evaluation were considered at an early stage. A brief was developed and, following a tender process, a consultant was appointed to work with the programme during year one. The role of the consultant included assisting with plans for monitoring and evaluation, facilitating project workshops, and contributing to this progress report.
We decided that the programme of work would include:

- intensive project work with a number of projects across England which aim to develop better links between minority ethnic communities and falls services;
- the development of an active learning network of those working in falls prevention with older people from minority ethnic communities;
- development of resources in response to need.

The Help the Aged team

MEEFP Project Officer - Emma Spragg
Preventing Falls Programme Manager - Pamela Holmes
Preventing Falls Team Administrator - Cheryl Blake
Independent Consultant - Sue Burke
About the projects

How were the projects chosen?

The Help the Aged Preventing Falls database held (in May 2004) details of over a thousand practitioners and organisations who worked or had an interest in falls and older people. We surveyed the database to find out about any existing projects that involved working with minority ethnic communities, and invited organisations to submit ideas for potential new projects.

Criteria were developed to enable objective selection of projects. These were:

1. A number of minority ethnic groups should be included in the programme, to reflect the multi-cultural nature of our society, and to increase the number of older people from minority ethnic communities involved in falls prevention.

2. There should be a geographical spread across England and a range of organisations or community groups.

3. Projects should work closely with organisations which represent minority ethnic older people and incorporate the views of older people into the development of their work.

4. Projects should adopt varied ‘models’ or way of working to increase the value of the active learning network to members.

A shortlist was drawn up and these groups were visited by the Project Officer and Preventing Falls Programme Manager, to find out more about their work and ideas. Five groups were subsequently chosen to develop projects, in Barnet, Camden, Manchester, Portsmouth and West Euston.

How were the projects supported?

Regular contact between the Project Officer and project teams, both formal and informal, ensured strong working relationships were developed. Progress meetings were held at regular intervals (usually every other month). Where face to face meetings were not feasible, telephone and email contact were effective substitutes.

Two project workshops were held, in November 2004 and again in March 2005, at Help the Aged head office. Representatives from each of the five projects met to develop their plans and provide information for monitoring and evaluation purposes. The workshops provided a valuable opportunity for project teams to meet and share ideas, ask for advice and share resources.
The workshops were designed and facilitated by the independent consultant working with the Help the Aged team. The workshops included activities for reviewing progress and collecting information for evaluation purposes.

Members of staff from other Help the Aged departments came in at intervals to meet the teams and learn about the work.

Contact details were shared, enabling projects to get in touch with each other directly for help and advice. Support was also available from members of the Preventing Falls database via newsletter queries and emails.

Each project had an available budget of up to £2,000 from Help the Aged to develop their work. Help the Aged resources were made available to the teams.

The following section describes each of the five projects in detail. They are ordered alphabetically according to location.
Improving health and well-being in later life among the Asian community in Barnet

In early 2004, Barnet Primary Care Trust (PCT) had successfully completed a pilot programme of health promotion talks and exercise sessions with a Muslim community group. The work was carried out in partnership with Age Concern Barnet and other voluntary and community based organisations.

Members of the group were keen to continue with health promotion activities, and the project team had subsequently also been approached by representatives from other community groups with requests for similar work. Limited resources had previously made it difficult to meet the demand.

Target group

The London Borough of Barnet, in north London, has a large number of ethnic communities with populations of various sizes. The project set out to target older people from Muslim groups, with whom little health promotion work had previously been done. As the project developed this target group expanded to include several other faith and community groups.

Project aims & objectives

The aim of this project was to increase community based knowledge of falls prevention, by providing targeted information and advice in ‘health promotion sessions’ for older people from minority ethnic communities. The project team wanted to facilitate easier access to health services in the locality. Another key aim was to encourage participation in falls prevention exercise activities.

Who was on the project team?

Members of Barnet PCT Health Development Team worked in partnership with voluntary and community based organisations. The project was led by Asmina Remtulla, Specialist Nurse (Older People), Barnet PCT and Deborah Cura, Ageing Well Project Co-ordinator, Age Concern Barnet.

What is involved in the ‘health promotion sessions’?

The project team visited various community and voluntary groups, at locations such as sheltered housing schemes, mosques and community and cultural centres. Some of these visits were as a result of a direct approach by representatives from the group, others were in effect ‘cold calling’.

A programme of weekly sessions was offered to each group. The programmes varied in length, from 8 to 16 weeks, depending on the group’s requirements. Each session would consist of a one hour health promotion talk and interactive discussion, followed by a one hour exercise class.
The team consulted with each group to determine what health issues were of most interest and relevance to them. This enabled the programme of talks to be tailored to the specific needs and requirements of each group.

The talks were given by partners from the health, social care and voluntary sector. An interpreter was present at each session to translate the talks into the language (or languages) required by group members. Topics covered included how to prevent accidental falls in and outside the home and making your environment safer, the benefits of remaining physically active in later life, looking after your feet, eyes and heart, safety with medicines and how to access local and national health information and support services.

Individual health screenings were carried out within each group, and where necessary people referred on to GPs or other specific health services.

"We are always keen to communicate health and fitness information to our residents, as sometimes ethnic minorities can miss out on mainstream messages. This scheme has proved extremely popular and valuable, taking people's cultural backgrounds and sensitivities into account. I'd thoroughly recommend it." - Wajid Bokhari, Chand House Manager. Chand House is an Asian Housing Association scheme in Barnet

What did the project achieve?

- So far around 200 people from a variety of minority ethnic communities in Barnet have benefited from the work. Sessions have been held in an Asian sheltered housing scheme, a day centre for elderly and disabled Asians and with a male Hindu group, amongst others.

- Translated written information on each falls prevention and health service covered in the talks has been developed and distributed to all participants. Some resources developed during the project are to be made available on a national level.

- The project has developed a simple model of working which will enable the work to be easily modified and taken to other groups.

- During some of the sessions, the project team received unexpected requests for information about sexual health. The team aim to incorporate this into future projects.
• Each group showed a positive interest in participating in exercise, with Tai Chi proving to be the overwhelmingly popular choice. Many individuals have demonstrated visible changes in their flexibility, balance and movement since taking part in the exercise sessions.

**What did the project cost?**

In total the project cost £2,000. This funded five programmes of health promotion sessions and included costs of Tai Chi instructors, venue hire and occasional consultations with health professionals who were required to make a charge for their services. Most of the staff and administration costs were absorbed by the PCT.

**What were the biggest challenges the project faced?**

Widespread interest in the work from various communities meant careful management was needed to avoid the potential ‘snowball effect’, and ensure the work remained achievable within the constraints of available resources.

The team encountered problems gaining access to some groups, and then interesting them in the work. However once the team had ‘a foot in the door’ and people could see what they were trying to achieve, they were much more receptive and enthusiastic.

“It's been enjoyable... and hard!” - member of project team

One difficulty faced by the team was when they approached a group of Tamil elders. They had initially planned to visit the group in January. However following the tsunami in December the team agreed that it was not appropriate to pursue their plans at this time, given the understandable pressures of the group’s concerns about the effects of the disaster on their native Sri Lanka. The project has since completed a programme of health promotion sessions with this group.

An obvious difficulty was how to access older people from for example the Iranian or Kurdish communities, who don’t have an established community group or centre. It was outside the remit and resources of this project to set up something specific, and so these smaller groups have unfortunately not been able to benefit as yet.

A key member of the project team changed jobs part way through the project. This potentially damaging obstacle was overcome by efficient planning and documentation from the outset, coupled with regular team meetings to ensure everyone was aware of progress.
Were there any practical difficulties that could have been handled differently?

- There were some problems with translating the presentations. As the interpreters were not familiar with some of the medical terms, it was difficult for them to interpret exactly what was being said, occasionally leading to misinterpretation. This would have gone unnoticed if another language speaking member of staff were not present to check what was being said. A solution for the future is to train interpreters in the specific aspects of each topic, which of course requires further investment.

- Professional ‘speech making’ did not work with some groups. A slightly different approach was sometimes needed to help de-mystify some of the topics.

- As part of the consultation process the team were often met with the response ‘you tell us what you have to offer’ rather than ‘we’ll tell you what we want’. This is partly because people were unaware what services may be available to them. A solution could be to train community-based ‘peers’ to take the message to the community.

- Health assessments revealed a number of different problems within target groups, such as high blood pressure, incontinence and foot health. It was not always possible to follow these up within the project team and many referrals had to be made. This was in some ways advantageous as it meant people got into ‘the system’, and GPs have in fact commented that they appreciate the project referrals and have subsequently referred people on to specialist falls clinics. However the project team felt they had to be careful not to ‘rock the boat’ and be seen to be doing other people’s jobs or creating extra workload for others.

What were some of the key factors that made the project a success?

Consultation with all the community groups involved was key to the success of this project. The timetable and content of each programme was carefully planned to fit with venue and group requirement.

Barnet PCT provided an interpreter at each session, thus absorbing costs centrally. It pays to investigate and link with existing services wherever possible.

Having a project team member who spoke three different Asian languages was a definite advantage in gaining trust from the groups, and also proved invaluable in checking translations of talks. This is clear evidence of the level of resources that need to be invested in interpreting.

What next?

The project now wants to focus on other groups and has begun with three presentations to smaller groups to highlight what the project could offer them.
One group, at the Asian sheltered housing scheme, has decided to organise fund ongoing tai chi sessions themselves. Others have expressed a wish to do the same.

As with any community based project, sustainability is an ongoing issue. The team perceives a need to publicise the work more widely in the voluntary sector in Barnet, as this may help to attract further support for work of this sort.

Some of the resources developed during this project will be made available nationally through Help the Aged.

Contact details

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‘Taking Positive Steps’ with Cypriot women in Camden

‘Well & Wise’ is a healthy living network for older people in Camden, north London. During 2004 the National Primary Care Development Team chose Well & Wise to manage a Healthy Communities Collaborative Project to reduce the number of falls among older people. Building closer links with the community was a key part of the work.

Although the work was very successful overall it had proved difficult to access some minority ethnic communities. The team were keen to develop their work in this area.

Target group

Camden is traditionally a centre of Greek and Cypriot settlement in London. The Cypriot Women’s Centre is an active and vibrant community centre with a large number of members attending regularly. The Centre had previously approached Well & Wise for health promotion work and had expressed a particular interest in undertaking a falls awareness project.

Project aims & objectives

The aim of the project was to raise falls awareness in the Cypriot community. By training staff and volunteers at the Cypriot Women’s Centre in all aspects of falls prevention and general healthy living, they would be able to incorporate falls into their work with centre members.

The project was also designed to engage staff, volunteers and members in finding ways of identifying people at risk of falls and arranging referrals to statutory services as required. As part of this the team was keen to identify barriers to accessing falls prevention services for this group.

Who was on the project team?

The project was a partnership venture. The team was led by Samantha Wall, Falls Screening Educator at Well & Wise working in collaboration with Koulla Ioannou and other staff and volunteers from the Camden Cypriot Women’s Centre. Others from Well & Wise and the Camden Active Health team also contributed.

The initiative was undertaken with the support of the local Primary Care Trust, Social Services and other local groups.

What did the project involve?

As a first step the project provided training for staff and volunteers at the Cypriot Women’s Centre. The purpose of this was to increase their knowledge of falls and falls prevention as a topic, and thereby increase their confidence when dealing with people who have fallen.
Questionnaires were designed to work as basic assessment tools to help identify potential fallers. These questionnaires would also enable the staff to develop a falls register so they could refer people who had experienced a fall to relevant support services in the area.

The project team set up a focus group within the centre to advise on the project. The group consisted of older women who had experienced a fall and could therefore identify useful and relevant issues for the project to address.

**Some of the experiences that were reported in the consultation:**

*Maria had a long period of not exercising, resulting in weakened muscles. She reported falling often, sometimes when getting on and off the bus. As a result she suffered swelling of the knee. She has since learned of some exercises which make a big difference.*

*Elizabeth, who is on several different forms of medication, reported feeling dizzy quite often and has fallen 17 times, sometimes requiring stitches.*

*Audrian was returning home from a visit to her daughter. It was dark and she slipped on wet leaves and broke her wrist.*

The focus group decided to run a series of four information sessions at the Cypriot Women's Centre. The sessions were led by members of the project team and specialist advisers from parent organisations. The topics covered were: falls and falls prevention, healthy eating, physical ability, and home and personal safety. Local services such as Care & Repair, occupational therapy and exercise classes were highlighted with information given on how to access them. Interpreters were on hand to translate the sessions into Greek.

**What did the project achieve?**

- Almost 150 people attended the information sessions, with most people attending all four. All but two were over 60 years of age.

- At the beginning of the project, over half the participants said they were anxious about themselves or someone they know having a fall, and nearly 90% knew little or nothing about falls prevention. At the end of the project three quarters of those who attended the sessions said they had increased their knowledge of falls prevention.

> "Interesting topic. We do not think about falls, but after listening to the talk I now know a lot more." – member of Camden Cypriot Women's Centre
• A questionnaire was developed by the team to assist in assessing people who had already experienced a fall or were at risk of falling. This explored possible causes of falls such as dizziness, sight problems or new spectacles, hearing loss, problems with movement and feet, medication and health related reasons such as diabetes, stroke and incontinence.

• Overall it is reported that members of the Centre were enthused by the experience and what they learned. The project instigated a lot of discussion among the Cypriot community, particularly about the importance of keeping healthy through diet, exercise and about preventing falls by being aware of the impact of environmental factors. More women are attending weekly exercise classes at the Centre as a direct result of their new awareness of the importance of keeping fit and its benefits in terms of falls prevention.

• The finale to the project was a ‘slippers exchange’ to encourage people to bring along their old and unsafe slippers and exchange them for a new well fitting and safe pair. Although most people did not bring along their old slippers, many took advantage of the opportunity to acquire new ones, thereby reducing their risk of a trip in the home.

• Notes on what was said at each session will be made available as a resource in both Greek and English. This includes distributing copies to the managers of the partner Greek and Cypriot centres in other London boroughs.

• By the end of the project, staff at the Centre had a much greater understanding of the importance of falls as an issue for older people. They were positive about screening members to identify potential fallers and have set up a register to track the occurrence of falls among their members. They are also aware of the support available from local organisations.

• Despite the project being developed within and for the Women’s Centre, some men also attended the information sessions. This was seen as a huge achievement by the Centre.

• Stronger links now exist between the Cypriot community and local statutory services, with a greater awareness and understanding of the Cypriot community.
What did the project cost?

A total budget of £2,000 covered the cost of translation and interpretation, room hire, purchase of slippers, catering and refreshments.

What were the biggest challenges the project faced?

- Language was an obvious challenge. Many of the women from the Centre spoke Greek with only a little or no English. However all staff at the Centre were fluent in both Greek and English. An interpreter was present at each of the information sessions.
- Getting to grips with a new cultural group was a steep learning curve for the project team. It helped that the group with whom the project were working were regular users of the centre and therefore felt comfortable with and trusted the staff there.
- Changes in key members of the project team caused a few problems early on in the project. There was also the added distraction of the project lead not knowing whether funding for her post would be continued beyond March. To help minimise the risk of disruption this project was planned for completion in February.

What were some of the key factors that made the project a success?

- Enthusiasm for the work and for trying a new approach, from all parties.
- Being opportunistic - working with a group who were already keen to do something in this area.
- Making use of an existing facility (the Centre) that is already regularly used by the target group.
- Building on the enthusiasm of staff at the Centre to engage them in the development and delivery of the programme.
- Training staff at the Centre to ensure the issue of falls does not disappear with the departure of the ‘experts’, but that it stays within the community.
- Consulting with and getting ‘live’ information from within the community to illustrate causes of falls and examples of how falls can be prevented.

What next?

Staff and members of the Camden Cypriot Women’s Centre will make sure that the issue of falls is kept at the forefront in its future activities. The assessment questionnaire will be used with community members as a basis for referring people to local services when they need advice and assistance. A falls register is being developed and will be maintained by the Centre.

The Centre is also considering further interventions such as a medication review day with a local pharmacist, checking walking aids on a day to day basis, and continuation of the exercise sessions.

The Centre manager is keen to continue with health promotion work and is in the process of applying for funding from grant-making bodies for further projects, with assistance from the Help the Aged regional advisor.
The Cypriot community in North London spreads well beyond the London Borough of Camden into Haringey, Enfield and Lambeth. Partnerships exist between the Camden Women’s Centre and Cypriot centres in the other boroughs and so efforts are in place to share the knowledge gained as a result of this work.

Contact details

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A falls awareness road show for Manchester’s Chinese community

The ‘Pills and Spills’ project was set up in Manchester in May 2002 to address the links between medication and falls within the National Service Framework for Older People. The goal of the project is to reduce falls among people over 75 years of age through effective and appropriate medicines management.

The project manager wanted to develop the work further to meet local need, and extend the service to a wider range of community groups, but was held back by lack of resources such as access to interpreters and personnel who speak different languages. It was also a priority to be able to offer home visits to housebound residents.

Target group

Manchester has a high proportion of minority ethnic communities, and hosts the second largest Chinese community group outside London. This community is mainly based within central Manchester. It is not well represented on many statutory groups, unlike for example the Bangladeshi / Pakistani communities who are more able to make the case for resources to meet their needs.

Project aims & objectives

The aim of this project was to raise awareness of falls among the Chinese community by providing information on falls prevention and local falls prevention services. The plan was to develop a ‘road show’ to demonstrate a variety of topics linked to falls prevention. The road show could subsequently be used as a model for working with different community groups in the future.

Who was on the project team?

The project was managed by Ashley Harling, Pharmacist, South and Central Manchester Primary Care Trusts. The team also consisted of a GPSI (GP with Specialist Interest) in falls and various health professionals such as podiatrists, dieticians and osteoporosis leads. Representatives from local voluntary organisations such as Care & Repair and Active Life for All were also involved.

What is a falls awareness ‘road show’?

On 27th January 2005, South and Central Manchester PCTs hosted an event called the ‘Chinese Elderly Health Day’. The event took place in a popular Chinese restaurant in central Manchester, called the Yang Sing.
In the morning, guests heard a series of short talks from health professionals and representatives from a variety of organisations. Topics covered included how medicines can affect the risk of falls, home safety, the role of footwear in falls prevention, the importance of a healthy diet, how to prevent osteoporosis, and how exercise can reduce the risk of falling. Interpreters translated the presentations into Cantonese.

After lunch, guests were invited to visit various information stands, which covered issues such as community pharmacy and medication reviews, smoking cessation, podiatry, blood pressure, diabetes and physiotherapy. At each stand health professionals were available to give personal consultations and offer advice, with the help of an interpreter.

**What did the project achieve?**

- The event was attended by over 200 older people from the Chinese community.

- Over 80 health assessments were completed on the day, with a further 163 requests for future interventions such as home visits for detailed medication reviews.

- The project developed a selection of health information materials in Cantonese, some of which were available on the day. Others are being developed in response to feedback from the event.

- Local health services have strengthened their links with the Chinese community and now have a much greater awareness of Chinese culture.

- The experience has highlighted what is involved in working with minority ethnic communities, as well as what is possible. It has demonstrated one way in which organisations can meet public health targets around work with minority ethnic communities.

- A ‘virtual’ team of health professionals with falls prevention awareness has been created within the host PCTs, and practical links have been made between previously unconnected members of staff.

- The event was widely publicised via local and national Chinese radio and television stations, the Chinese press and through flyers and posters distributed in Cantonese.

- The ‘road show’ approach can now be replicated, with some adjustments, to work with other minority ethnic communities in Manchester.
The project considerably increased the workload for the project manager and her team, but in her view “It was worth it”. Since the road show took place word has spread and there have been a number of requests for similar work with other minority ethnic communities, and for work on other topics in the Chinese community.

What did the project cost?

Holding the event cost a total of approximately £1,000. Much of that amount was spent on interpreters. The total was lower than it could have been as the restaurant provided the venue and catering at a very reasonable rate, and the health professionals and some of the interpreters gave their time for free.

What were the biggest challenges the project faced?

It was initially quite difficult for the team to find ways of engaging with the Chinese community. The original plan was to consult with one or more older representatives from the target community in the development of this project, but this proved quite a challenge.

People from three local organisations for older Chinese people were identified as potential leads to work with the project team. However, as the project team had no Chinese speaking members, and many of the people identified did not speak English, it was difficult to make contact. Also not everyone had a telephone. In the end one person from the Chinese Health Information Centre was identified as the key link with older people and older peoples groups in the community, who proved invaluable in co-ordinating the project.

Follow up home visits to deal with issues raised on the day of the road show requires access to interpreters, which is expensive. In the immediate future Help the Aged has been able to help as part of this project, but this will be an ongoing issue for work of this sort. It is hoped that recognition of this work, and its notable achievements with a relatively small budget, may lead to strategic decisions about sustainability.

It was difficult to know how to ensure that a large number of people attended the event. It proved extremely worthwhile investing time in widespread publicity, and in fact many more people attended than expected. Also, holding the event in a well known restaurant, with lunch provided, acted as an extra incentive for people to attend. Luckily, due to its strong links with the Chinese community, the restaurant was able to provide lunch at a heavily discounted rate.

The vast majority of people who attended the event were women. It remains a challenge to attract men to such events.
Were there any practical difficulties that could have been handled differently?

- One outstanding question is whether the right people were involved in helping to secure proper user representation from the start. It is difficult to know how this could have been resolved differently, due to resourcing issues.

- Translation of written material into Cantonese was highly time consuming, and proved to be expensive. This aspect of the project could be considered at an earlier stage.

- To get an ambitious day like this off the ground sometimes calls for strong leadership to ensure people deliver what they have offered, and on time. Some people make commitments but do not come up with the goods! This has to be carefully managed.

- It is important to manage expectations from the start, and make clear to everyone the limits of what can be realistically achieved. Not everyone involved in this project fully understood the constraints under which the project team was operating, which has led to disappointment in some instances.

- As a result of the widespread publicity surrounding this project, some of the people attending the event came from outside the area covered by South and Central Manchester PCTs. This meant there were some difficulties with referring people to the relevant services in their own areas.

What were some of the key factors that made the project a success?

Key to the success of this project was the involvement of the Chinese community in its development. This ensured that the event met local needs and was publicised in the right areas. The involvement of a Chinese nurse / link worker was particularly helpful in developing resources linked to the project.

The project served as a focus for health professionals working on falls in the area. By tapping into existing resources and expertise the project gave them a common interest, and by providing something to work on together it generated a lot of goodwill and strong working relationships. This will be a valuable foundation for future projects of this sort. It is already evident that this work has led to considerable growth in interventions in falls prevention in the area.

Costs were kept to the minimum wherever possible. Using a venue with strong existing links with the local community meant that it could be hired at very reasonable rates. Many interpreters were needed to make this project a success, and some local NHS staff who could speak Cantonese were excited by the project and gave their services for free.

What next?

In some ways the success of the road show project has raised as many questions as it has answered. Given limited PCT funding available for this kind of activity, a decision
now has to be taken on whether to do something similar with a smaller and more isolated community or whether to work with one of the larger groups such as the South Asian Muslims.

Now the needs of the Chinese community are clearer, and links have been established, another challenge is how to continue to meet these needs.

The project team is currently considering these issues. Future developments will be posted on the web site of the Help the Aged Minority Ethnic Elders Falls Prevention project, and distributed via the learning network.
The making of a Cantonese falls awareness video in Portsmouth

Falls prevention is a key priority in the Portsmouth area. A multi-agency Local Implementation Team (LIT) has been created to focus on this and other prevention issues. Social Services and the Portsmouth Prevention Network for Older People are actively engaged with the Primary Care Trust in this work.

Portsmouth City LIT wished to build on falls prevention work that had already been undertaken as part of the Healthy Communities Collaborative and to focus on key points in the Help the Aged ‘Preventing Falls’ programme.

Target group

Portsmouth is home to many diverse communities, with the Chinese community being one of the oldest and largest. A Community Development Worker, based within Social Services, works specifically with the Chinese community and this was seen as key to accessing older members of this group.

Project aims & objectives

The overall aim was to reduce falls among Chinese elders and to increase their participation in falls prevention activities. It was hoped that this could be achieved in a way that was different to the distribution of leaflets and other printed information, the traditional method of communicating health messages to all communities.

Who was on the project team?

The project team is led by Mabel Fan, Project Development Worker for the Chinese community with Portsmouth Social Services. Mabel was supported by Nick Bishop, Senior Manager, Prevention, Portsmouth City Social Services Department and Chair of the City LIT. Also on the team were Dave Caddick, Portsmouth City Social Services, who had previously worked on an English language health promotion video, and other falls prevention specialists. The project has also worked closely with some members of the Chinese lunch group.

How was the project developed?

The project team held a consultation exercise with a group of Chinese elders to establish their views on the best way to communicate a falls prevention message to the community. It was agreed that the project would produce a Chinese language video.

Video was seen as an effective tool for communicating the falls prevention message as it would be useable by all members of the community including those who had difficulty reading, and it could be used in the home. Cantonese would be spoken throughout the video.

The involvement of Chinese elders in planning and delivery of the video was seen as a key part of the process and an important factor in its success. Following the initial
consultation, the Chinese elders acted as advisers to the project team and video producers throughout the video’s development and production. Regular meetings were held to devise a script and plan the filming.

**What is the video about?**

The video includes real life experiences of some older people from the Chinese community, who feature as main characters, describing and acting out their falls experiences. Their experiences are used as case studies to introduce some key facts and figures about the incidence and consequences of falls among older people.

Mabel Wong, who is 78, has had two falls. She is an active and independent person but lost confidence after her second fall. She said she was pleased to demonstrate her experience for inclusion in the video. “The video project is a very good idea because it warns people about the importance of safety in the home.”

Mrs Pang is 80. She lives in sheltered housing and recently had a slip on the communal balcony which resulted in a swollen knee and ankle. She was an enthusiastic participant in making the video because it meant she could demonstrate to others how easy it is to fall and what can be done to make the home safe. She said “The video helps people to understand how falls happen and how to prevent them. The demonstrations in the video also help those who can’t read to understand more about falls.”

The video covers all the key aspects of the falls prevention message, including the importance of physical activity. A group of older people demonstrate some gentle exercises, to encourage viewers to be more active and promote general well being, and useful tips are given on how to prevent falls. It runs for about 15 minutes.

**What did the project achieve?**

- The video making process has generated a lot of enthusiasm within the Chinese community, and has helped to spread the word about falls prevention before filming was even underway. The target group has taken control of the project by setting the agenda and deciding on the content of the video. One member of the group has demonstrated significant leadership skills which will hopefully be built on for further work with this community.
• The team now has a better insight into how to work with different communities and different cultures, and in particular a better understanding of how best to work with Chinese elders, including the need to actively acknowledge the culture of ‘elders respect’ within this community.

• The profile of working with minority ethnic communities has been raised within the LIT and the Portsmouth Prevention Network for Older People.

• As part of this project, regular physical activity sessions have been offered to the Chinese community and will continue with funding from the Portsmouth Life Long Learning budget.

What did the project cost?

£2,000 from Help the Aged was used to cover the bulk of the production costs. It should be pointed out that this is exceptionally cheap for a professionally produced video, others have cost upwards of £10,000. Other funding sources provided resources for the other costs which included trainers to run exercise sessions and promotion of the video to the local community.

What were the biggest challenges the project faced?

• Making a video proved to be a time consuming process, which was compounded by the fact that some key members of staff were only available on a part time basis. Several changes to the filming and recording schedule were necessary to allow for events and activities that cropped up within the group’s calendar.

• Some of the older people found it difficult working with a younger person as project lead. This was unavoidable but by making sure the older people involved felt in control of the project the feeling of a hierarchical structure was minimised.

• Some participants became rather dependent on the project team for issues outside of the project. It was necessary to ensure a process was in place to make referrals on to the appropriate services.

What were some of the key factors that made the project a success?

The active involvement of older people from the Chinese community in designing and making the video was crucial. Not only did it generate a lot of enthusiasm, it meant that the video was accepted and respected by the community. It also led to their further engagement in its promotion and publicity.

The project was fortunate to find a local community based production team who were experienced in working with older people and very committed to working on issues such as this. Their prices were much lower than those that might be expected for a video project in the commercial field.

A critical success factor was the fact that the project lead was herself from Hong Kong and spoke Cantonese.
What next?

A premiere will be held to celebrate the launch of the video, which will be promoted through Chinese lunch and shopping clubs and through the community newsletter. Widespread distribution of the video is planned via publicity both through local press and media and through existing Chinese networks. It will also be promoted to the wider community by networking with other Chinese groups in the Portsmouth area. Information will be distributed to Chinese households offering the video to hire.

The experience has been so encouraging that the LIT now plans to undertake more projects with other BME groups. Plans are now in place to develop a similar project with the Bangladeshi community.

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Working with South Asian elders in north London

The Third Age Project is a popular older people’s project serving a highly diverse community with the immediate neighbourhood of West Euston, in the London Borough of Camden. A significant proportion of the local population are South Asian elders, principally from Bangladesh.

The organisation had previously completed some work on falls prevention and wished to extend the project to those members of the local population who do not currently attend the centre, and who were therefore not benefiting from the services on offer. It was as a direct result of a growing proportion of the local population being of South Asian origin that a Sylheti-speaking worker had been appointed to work with this group.

Target group

South Asian elders constitute the highest proportion of the project’s service users who are in receipt of means tested benefits. They also tend to be in the poorest health. The project aimed to target South Asian elders over 55 years of age with a long term health condition or disability, who did not attend a day centre or weren’t in regular contact with health or social care agencies. As a result, they were often socially isolated within the community, potentially more prone to falls, and in need of help and support.

Project aims & objectives

The project aimed to increase awareness of falls prevention within the South Asian community, via an outreach programme. One objective was to achieve an increase in the number of people engaged in the falls services on offer at the centre, and in the number of referrals on to statutory services.

Who was on the project team?

The project was managed by Tony Bloor, Third Age Project manager. Heeron Begh, the outreach project officer, was also based at Third Age Project. This small team has strong links with the Camden Active Health team and other local agencies who provided resources for the team to use and develop for this project.

What is involved in the outreach work?

The outreach project officer set out to identify older members of the South Asian / Bengali community who did not currently make use of the services the centre has to offer.

The Third Age Project South Asian Elders Forum took responsibility for over-seeing and advising on the project, and to help identify individuals. The group talked to friends and relatives to see if anyone knew of those who may benefit from the project.

A prominent local community pharmacy called Greenlight was approached and engaged as a key partner. Staff and members at the Third Age Project knew that many
local older people make use of the pharmacy on a regular basis, and so it was a useful vehicle for promoting the project and even making suggestions as to who may benefit.

Once individuals were identified, the outreach worker made contact, usually by telephone, and arranged to visit them at home.

Materials were prepared for use during home visits. These included a checklist of health related questions that the worker used to assess falls risk, and some information leaflets.

During the visits, the project officer would complete the basic risk assessment. Questions covered issues such as ‘Have you recently experienced any dizziness, light headedness, palpitations or shortness of breath?’ and ‘Do you feel unsteady on your feet?’. The officer consulted with the older person in Sylheti and transcribed answers into English.

Once the assessment was complete, possible interventions were discussed such as medication checks, occupational therapy consultations, or eyesight checks. Referrals were made to partner services such as Camden Reach Team with requests for walking aids, or Camden Active Health Team for specific chair based exercise training.

The project officer described what the Third Age Project had to offer and encouraged the older person to participate in some way. In some cases, weekly visits were agreed.

What did the project achieve?

• Over 20 individual contacts made with isolated South Asian elders in their own homes.
• Many have established ongoing weekly home visits.
• More people now make use of the services offered by Third Age Project such as the exercise class and cookery club. This represents a significant change in the lifestyles of a number of people, particularly men, who can now actively participate in decisions regarding their diet at home.
• South Asian Elders Forum focussing on falls prevention, with representatives having a greater role as responsibility as ‘gatekeepers’ for the project.
• New working relationships with referral agencies.

What did the project cost?

In total the project cost £2,000. This funded the Sylheti-speaking outreach worker on a part-time basis over a period of five months, and associated project costs such as telephone calls, office costs, travel expenses and stationery. This was a highly labour intensive project due to the nature of the target group.
What were the biggest challenges the project faced?

- The fact that the target group were people not currently known to the Third Age Project meant that by nature they were difficult to identify and make contact with. This meant the project had a slow start and led to some frustration within the project team.

- The project relied heavily on recommendations from existing service users, local facilities such as the Greenlight pharmacy.

- Some people were not at home when visits were made or were reluctant to open the door unless the person had previously been introduced to them.

- There was generally a poor understanding of falls as an issue within the South Asian/Bengali community.

- The project was highly time intensive.

- The South Asian elders mostly lived with younger members of family. Some were reluctant to speak about health issues with members of family present. This was perceived to be because of fear of being seen as vulnerable or more dependent on the family.

- Cultural beliefs connected to a form of fatalism, that what happens will happen, was something the project had to overcome: ‘If I am meant to fall then I will do so, there’s no point trying to prevent it’.

- All of the older people who were identified and accessed during this project were male. This was partly due to cultural reasons, older South Asian men do not tend to mix socially with women. Also the outreach worker is male so it would not have been appropriate for him to approach older women. The Third Age Project are however aware that it is equally important for women to be involved in the project, and would like to develop the role of a popular female Sylheti-speaking member of staff based at the centre to carry out outreach work to overcome this.

What were some of the key factors that made it a success?

- Sylheti-speaking outreach worker.
- Contact made via friends/neighbours/family contact - trusted source.
- Role of local pharmacy as referees. The pharmacy also had several members of staff who spoke the same language as the target group which was one of the reasons it is trusted by the elders.
- Respected member of elders forum as spokesperson.
- Dedicating plenty of time to each home visit appointment to explain things in detail and allay any fears.
- Having illustrated notes to discuss at home visits - not just English/Bengali text.
- Translated printed information where possible.
Materials used – particularly the falls assessment checklist – were based on resources which had been tried and tested in Camden.

The development of a programme of local activities and health events targeting the South Asian/Bengali community to which new people could be referred, alongside an outreach and home visiting programme.

What next?

During this project the team identified that they needed to look at ways of expanding its work with South Asian / Bengali older women, and are currently seeking funding to carry out outreach work with this group. Culturally they tend to be more isolated and home based and therefore more difficult to reach than their male counterparts.

The Third Age Project are planning to hold a falls event in the summer as part of National Falls Awareness Day to promote their services further within this community, with the particular aim of encouraging older people to join one or more activities provided by the Project e.g. physical exercise classes.

Contact details

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Resources

This programme provided an opportunity to develop resources in different languages. ‘Be strong, Be steady’ is an exercise video which was developed by the Preventing Falls programme in early 2004. The video has proved to be extremely popular, and given the demand for resources in different languages we devised and implemented plans to translate the video into three separate languages – Bengali, Punjabi and Cantonese.

In addition, some of the projects have developed resources which will be made available on a national level, such as leaflets and posters.

Learning network

In order to meet our objective of supporting the dissemination of best practice among groups working with minority ethnic older people around the issue of falls prevention, we are developing the MEEFP learning network.

There are now over 3,000 members of the Help the Aged falls network, many of whom have expressed a specific interest in working with minority ethnic communities and have provided valuable information on their work in this area.

The teams of the five year one projects are core members of the network. Their projects act as case studies and examples of good practice.

To support and facilitate the network, there is a dedicated page on the Help the Aged website. The page summarises the projects, provides links to resources and contacts, and offers the opportunity to start discussions among other community groups and practitioners.

We also send out regular newsletters to the network, highlighting useful ongoing work and available resources.

Evaluation

This progress report forms an interim evaluation report. We will continue to work with a monitoring and evaluation consultant through year two of the programme.

A similar report will be produced in April 2006 to describe progress in year two.
Summary

What has the programme achieved?

Community organisations and health practitioners across England have broadened their knowledge of working with older people from minority ethnic communities.

So far, five hundred older people from a number of different minority ethnic communities across England have been directly involved in this programme. Many have been instrumental in determining the nature and format of projects, thereby ensuring the work meets local needs and is relevant for the community.

The number of older people benefiting from the work in year one is much greater when the following factors are taken into account: word of mouth, distribution of videos and other resources, newsletters and other publicity, media coverage.

Effective working relationships have been developed between all parties involved. Help the Aged is working on new partnership initiatives with representatives from some of the projects.

Several of the projects have gone on to develop further work with minority ethnic communities. For example, the Manchester team are now looking at a health road show with the Somali community, and the West Euston team are working with older South Asian women in north London.

The MEEFP programme is recognised as a valuable piece of work by various national bodies, and is seen as a key active component of the Help the Aged policy on working with diverse communities. The Project Officer has been asked to advise on a number of new initiatives both internal and external.

What lessons have been learned so far?

- It is essential to be aware of the ways and needs of different cultures when planning any project involving people from different communities. Taking into consideration things like the timing and location of meetings, the possible need for interpretation/translation, and catering can all affect the success of a project.

- Don’t underestimate the time it takes to build sound understanding, trust and good working relationships with representatives from minority ethnic communities.

- Involving older people from the community in developing projects and resources can help to ensure the work meets local needs.

- It can be extremely beneficial to identify and engage a ‘gatekeeper’ to the local community for projects such as this. This was particularly apparent in Manchester and West Euston.
• Different ethnic groups will have different ways of communicating. This includes verbal and body language. For example a person from Bangladesh might speak Sylheti, read Bengali and not look a person in the eye when communicating as this is a sign of respect within the Bengali culture.

• One size does not fit all - each ‘minority ethnic community’ has different requirements, and even within one group needs and wants will differ. Individual histories will influence ideas, perceptions, aspirations and needs.

• Different groups have different ways of relating, and have different understandings of social roles, relationships with authority, social responsibility and social interaction. For example male and female Muslims may need to be consulted separately. Female roles may be seen as private and family orientated, whereas males roles are regarded as public.

• Your priorities may not be the same as the person next to you. Remember that external factors which appear to have no connection to the project can have a dramatic and unpredictable impact on plans. A particular example of this was in Barnet, when the team tried to access the Tamil elders group.

• Translating resources can be time consuming and expensive. This can prove to be problematic and it pays to do lots of research before starting work. It is vital to check written and presented translations to make sure the meaning has been correctly interpreted. This has been apparent in all the projects involved, including the production of the translated versions of ‘Be strong, Be steady’.

What next?

During year two of the programme we will be developing another five projects across the country. One recommendation from the national advisory group is that we redefine the criteria for choosing projects based on the results from year one.

As the majority of year one projects were based within large towns or cities, we are looking in year two to consider projects in more rural settings. This will enable us to explore some of the issues that are more pertinent to older people living in these areas. Projects will be sought in different areas to those in which we have already worked, to increase the geographical spread.

We will continue to develop the dedicated page on the Help the Aged website, to include updates from the projects and the opportunity to start discussions among practitioners and community groups.

Further resources will be developed, potentially including audio / video materials. Some of the resources developed by the five year one projects will be made available nationally, via the Help the Aged website.

We will remain in contact with the year one projects and feedback ongoing evaluation results to the learning network.
We will continue to develop the learning network, promoting the work via conferences, websites and the networks of the various organisations represented on the national advisory group.

Though this programme was set up to look specifically at falls prevention, we hope that the work can help provide a model for groups and practitioners working with older people from minority ethnic communities when working on other issues.

Report compiled by Emma Spragg, MEEFP Project Officer, April 2005

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Year 2: progress report

Minority Ethnic Elders Falls Prevention programme

April 2006
Welcome

This report highlights the second year of the three-year Minority Ethnic Elders Falls Prevention (MEEFP) programme, co-ordinated by Help the Aged and funded by the Department of Health.

This project would not have been possible without the dedication and commitment of our project leaders and independent consultant. To them, we owe a big thank you.

A short overview of the programme, key findings, useful contacts and resources will be produced and disseminated in June 2006.

You may have noticed that this report looks different from the year 1 report which Help the Aged produced. This is because in the interim period the Charity adopted a new brand. Changing times mean we must now give our work a sharper focus, a focus on supporting older people who are disadvantaged.

This message is explicit in our new logo, which combines the name of Help the Aged with the strapline ‘We will’. This call-to-arms is mirrored in our manifesto and strongly linked to our vision and mission statements. We believe this image better reflects our cause.
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About the Minority Ethnic Elders Falls Prevention (MEEFP) programme

The Minority Ethnic Elders Falls Prevention (MEEFP) programme is a Help the Aged initiative funded by a Department of Health Section 64 grant over a three-year period, from April 2004 to March 2007. In addition, Help the Aged committed funds from the Minority Ethnic Elders budget to support the work.

This report describes the achievements of the second round of projects which were undertaken in year 2. In June 2006 we will publish on our website a short report summarising the work undertaken in years 1 and 2 of the programme and the resources, lessons, findings and conclusions that have emerged from our work.

What did the programme set out to achieve?

The aim of the programme was to raise awareness about the risk of falls among minority ethnic older people and those who care for them.

We are aware that access to mainstream falls prevention services can be problematic because of language barriers, a lack of knowledge of what is available and because of practices that are not suited to the different cultures and communities that make up the minority ethnic population of the UK.

This programme has sought to address some of these issues by developing a series of pilot projects which have involved older people from minority ethnic communities in their design and delivery.

Our objectives have been:

(i) to empower older people and communities, through locally established networks and the use of appropriate resources, to reduce the risk of falls faced by older people; and

(ii) to support the promotion of best practice among groups working with minority ethnic older people on the issue of falls prevention.

How was year 2 of the programme put into practice?

As in year 1, a project officer based within the Help the Aged preventing falls programme has co-ordinated the programme. A key part of her role has been to ensure that work on projects was fully integrated and that knowledge and ideas were shared.

The national advisory group (composed of representatives from several prominent organisations, including the African-Caribbean Leadership Council, Race Equality Unit, Age Concern England, the Department of Health Human Rights and Equality Group, and the Health & Social Care Change Agent Team) met at the beginning of year 2 to discuss how the programme could progress.

What did monitoring and evaluation involve?

Plans for monitoring and evaluation were considered at an early stage. A consultant was appointed to work with the programme, assisting with plans for monitoring and evaluation, facilitating project workshops and contributing to this progress report.

In year 2, the programme of work included:

• an opening workshop and a closing workshop, which brought together representatives of the four participating projects to find out about each others’ work, while enabling the Help the Aged team to gather baseline data and findings as part of the project evaluation process;

• intensive project work with four projects across England, aimed at developing better links between minority ethnic communities and falls services;
• the promotion of the MEEFP programme to those working in falls prevention with older people from minority ethnic communities; and

• the production of resources in response to need, such as the *Be Strong, Be Steady* exercise video in Bengali, Cantonese, Punjabi (which includes a safety message in Urdu). A new exercise DVD is being produced by Help the Aged that will be translated into Hindi.

Who was in the Help the Aged team?
MEEFP Project Officer
Anna D’Agostino

Preventing Falls Programme Manager
Pamela Holmes

Preventing Falls Team Administrator
Cheryl Blake

Independent Consultant
Sue Burke

About the projects

How were the projects in year 2 chosen?
The Help the Aged regional development officers consulted with a number of local organisations that work with, or have an interest in, falls and minority ethnic older people. Four projects (based in London, Birmingham, Leeds and Doncaster) were selected according to the following criteria:

• They support a variety of minority ethnic groups, which reflect the multi-cultural nature of our society, and have a need to increase the number of older people from minority ethnic communities involved in falls prevention.

• They are geographically spread across England and represent a range of organisations or community groups.

• They are able to work closely with organisations representing minority ethnic older people.

• They adopt different ‘models’ of working and are prepared to incorporate the views of older people in the planning and delivery phases.

All groups were visited by the Project Officer and/or the Preventing Falls Programme Manager to discuss their project work and ideas. Each project had a budget of up to £2,000 from Help the Aged. The only exception was the Leeds project which had £4,000 as a result of the extensive work planned with seven organisations.

How were the projects supported?
Regular contact (via email, telephone) between the Project Officer and project teams, both formal and informal, ensured that strong working relationships were developed. Project visits and progress reports were planned every two months.

Two project workshops, facilitated by an independent consultant, were held in July 2005 and again in March 2006 at the Help the Aged head office. Representatives from each of the five projects met to share contacts and experiences, develop their plans and provide information for monitoring and evaluation purposes. The workshops provided a valuable opportunity for project teams to meet and share ideas, ask for advice and share resources.

The following section describes each of the four projects in detail. They are ordered alphabetically according to location.
Falls prevention with BME groups in the Heart of the Birmingham PCT area

Target group
The target audience comprised people from different BME groups, including Chinese, South Asian (Hindu, Sikh and Muslim) Somali, Polish, Irish and African-Caribbean.

Project aims and objectives
The aim of the project was to train a group of nine to twelve people from black and minority ethnic (BME) groups in falls awareness and prevention advice. Where relevant, they were expected to speak at least one community language. It was planned that three to four people from this group would be trained as ‘Extend’ exercise teachers to equip them to deliver exercise classes to older people in their communities. Following training, these ‘Extend’ exercise teachers were expected to provide falls awareness and prevention sessions at least six times during the project year and were asked to provide a minimum of one free exercise session a month to their communities.

Who was on the project team?
Team members were Lydia Smart, Falls Co-ordinator; Linda Pritchett, Community Health Care Co-ordinator; 13 participants from BME groups; and Belinda Wadsworth, Help the Aged Regional Development Officer.

What did the project involve?
The Falls Prevention training was provided over one half-day and one full day, giving a comprehensive coverage of falls prevention, together with information on osteoporosis and Help the Aged leaflets and other resources. Information was also provided on the Walk 2000 routes. Handout packs were provided for each participant and they were invited to put their names forward for the four available places on the ‘Extend’ course.

Letters were circulated to the BME communities, inviting them to put forward candidates for the proposed training. A total of 13 people participated from eight different BME groups. These were African-Caribbean (two people), South Asian Hindu, Muslim and Sikh communities (six people), Irish (two people), Polish, Chinese and Somali.

What did the project achieve?
- It met its target of training three ‘Extend’ teachers. Thirteen participants have been trained in falls prevention from eight different BME groups and ten are actively providing falls prevention sessions. Outputs included handouts, follow-up sessions, and visits to participants.
  ‘I am really enjoying the “Extend” training. I want to put what I’ve learned into practice.’
  (‘Extend’ trainee)
  ‘I have gained a lot of knowledge from the training and feel ready to use it with my clients.’
  (‘Extend’ trainee)
- It reached out to a number of BME older people, including 20 Somalis, over 100 South Asians (Hindus, Sikhs, Muslims with four to five languages and 12 centres), 70 Chinese, 50 Polish and over 50 African-Caribbeans.
- It made more BME older people aware of how to access local services, such as falls prevention services, and helped them to appreciate the importance of exercise.
- It led to some BME community organisations offering falls prevention advice and exercise on a regular basis.
Examples:

The Chinese community at Cherish House and Connaught Gardens now provides regular falls prevention exercises and does the ‘Extend’ classes on a regular basis.

The Asian Resource Centre provides regular falls prevention advice sessions, and is expected to begin ‘Extend’ classes.

The Somali Carers Group has translated falls prevention materials into Somali.

The African-Caribbean Church group is beginning regular ‘Extend’ classes.

The Irish Welfare Centre Tuesday Group has now compiled falls prevention resource folders for its members.

The Shakti Asian day centre provides falls prevention advice sessions, and regular exercise classes.

What did the project cost?
The £2,000 funding covered the training of four people as ‘Extend’ teachers. Falls prevention training and resources were provided through the Heart of Birmingham Teaching Primary Care Trust (HOBPCT).

What were the biggest challenges the project faced?

- It was unable to contact some communities, possibly because of out-of-date contact details (for example, the Vietnamese community).
- It was unable to gain an initial response from some communities, such as the Yemeni community, although it later showed interest in participating (towards end of project).
- It was hard to encourage participants to set a date to do their first falls prevention advice session with their community group.
Were there any practical difficulties that could have been handled differently?

Yes.

- It was difficult to get a group of nine to twelve people together, within a very limited time period, who could make the training dates and times suggested. Eventually the project did it in two groups – one of five people, and one of eight.

- It took more time than expected to assess participants’ ability to successfully complete the ‘Extend’ training.

- It was hard to complete the ‘Extend’ training courses within the timescales of the project.

- It was misguided to assume that the best person to put across the falls prevention message would be someone from the audience’s own community. It turned out that, in some cases, the audience expected to receive information from someone in authority or a health professional and did not easily accept falls prevention advice from someone who was ‘just one of their group’. People who had a working role within a community (for example, a support worker) found it easier to run sessions with their community.

- It was difficult to hold sessions for the Irish group because of time constraints and the working roles of two participants.

What were the key factors that made the project a success?

- It used both telephone and written contact to get involvement from groups.

- It secured the venue free of charge, as well as equipment for teaching.

- It held feedback meetings with participants.

- It used community workers as participants.

- It used translated materials, handouts, visual aids, PowerPoint presentations and Help the Aged leaflets during sessions. Practical demonstrations, such as how to get up after a fall, facilitated the learning.

- It was a challenging but highly rewarding project for the team leading it.

- It enabled the falls service to reach out to many communities in the heart of Birmingham in a very effective way even though it was quite intensive and time-consuming at times, particularly at the start.

- It has been well received by the communities involved and has drawn interest from others who have requested information.

- It has effectively broken through barriers, championed equality and diversity, and developed relations with different BME community groups.

- It is a sustainable project with the ability to be applied to other groups across a greater area.

How will the project be sustained?

The project’s work will be followed up with those who have been trained to provide services to the community, and regular network meetings will be held to maintain their motivation and keep them up to date. Some enquiries have already been received about the possibility of a second round of projects, and this is being considered but will require funding.

Groups will continue their work and have ordered more copies of falls prevention materials, such as the Help the Aged Staying Steady leaflet and the Be Strong, Be Steady video. They are also being
provided with material and contact numbers via email.

A full electronic evaluation report is available from Lydia Smart:
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Falls prevention project with Chinese older people in Doncaster

Target group
The target audience comprised Chinese older people and their carers in Doncaster and South Yorkshire.

Project aims and objectives
The aim of the project was to provide information on falls prevention and general health to Chinese older people and their families in Doncaster and the South Yorkshire area.

Who was on the project team?
The team was led by Terence Kwong (Manager at the Doncaster Chinese Club) with the assistance of Patricia Law, a volunteer who acted as interpreter, facilitator at the talks, and took the responsibility of the home visits. Mr Yeung (adviser on exercises) spoke of the importance of exercises at the first falls prevention talk. Helpers and caterers at the Doncaster Chinese club also contributed to the project’s success.

What did the project involve?
- Home visits to Chinese older people’s homes in the South Yorkshire area (in order to break through the language barrier).
- Trilingual (English, Cantonese and Hakka) awareness-raising days at the club.
- Networking with local service providers (Doncaster PCT, Doncaster Dial, Doncaster Repair and Support, DMBC Social Services, Doncaster Pal).
- Production and distribution of leaflets in traditional Chinese.
- Demonstrations of falls prevention exercises by Mr Yeung at the awareness-raising days at the club.
What did the project achieve?

- It led to two falls prevention awareness days, which were attended by 57 Chinese older people and their families, thus making the events truly intergenerational. On the day, a variety of presentations were given, including one on the importance of exercise in retaining strength and mobility, one on the role of cartilage in keeping joints healthy, and another on how to prevent falls in the home.

‘I found the exercises Mr Yeung demonstrated on the day very practical and easy to do. I’m glad the talk was in Chinese as my English is not good. This project has also helped me learn about cartilage and the importance of keeping strong bones in preventing falls.’ (Mr Shum)

- It introduced home visits to ten families with volunteers, resulting in referrals to other local services, DMBC Social Services, and Doncaster Repair and Support Services.

- It resulted in the mailing of over 450 leaflets on falls prevention to older people.

‘It’s very important to have leaflets on falls prevention in Chinese because I can’t read English.’ (Mrs Chan)

- It enjoyed a good response from Chinese older people and their families, thanks to good communication through leaflets, mailings, telephone calls and home visits.

- It had a positive impact on the project team. While Terence has developed good knowledge of falls prevention, Patricia’s confidence and ability to empower older people have increased. As a team, they have achieved a better understanding of how to plan and work together.

What did the project cost?

A grant of £2,000 covered the administrative cost of two awareness-raising days, leaflets and CDs.

What were the biggest challenges the project faced?

- It encountered language barriers which made it difficult to link the community to local service providers.

- It could not obtain locally any falls prevention materials in Chinese, which led to information having to be sourced elsewhere (for example, Hong Kong Chinese University).

- It was unable to persuade the local PCT to become actively involved in the project, despite repeated attempts, which caused several meetings to be cancelled.

- It was unable to persuade the Doncaster Repair and Support Services to provide the desired home improvements. These services can only deal with minor work (for example, moving a settee to a more suitable place) but cannot replace carpets or broken tiles, unless the client covers the cost of any materials needed. As the older people could not usually afford to buy these materials, it meant
that no major work could be done to help them prevent falls in the home.

- It received, from the 150 people who were contacted, a poor return (only 20 per cent) of consent forms agreeing to a home visit.
- It was difficult to conduct home visits easily because of older people’s reluctance to communicate with people they did not know and were not sure they could trust, especially if these people did not speak their language. As a result, isolation can be common among Chinese elders. Nevertheless, despite these difficulties a reasonable response rate of 20 per cent was achieved. Having good links with the club also helped.
- It was unable, at times, to persuade the older people to change their lifestyles. Most Chinese elders keep to their habits and are not likely to change. In some cases, older people rearranged their furniture initially but then reverted back to their original set-up.

**Were there any practical difficulties that could have been handled differently?**

Yes.

- It would have been useful to contact older people well in advance to explain the benefits of taking part in the falls prevention project.
- It would have been a good idea to contact the local PCT before starting the project and to liaise with an officer in a more senior position.
- It would have been beneficial to start researching and gathering the information needed before starting the project.

**What were the key factors that made the project a success?**

- It was beneficial to translate all materials into Chinese to overcome poor understanding of English.
- It was wise to publicise the two awareness-raising days on Sky TV, since it promoted the Chinese club in the UK, Europe and North Africa.
- It was a good idea to use interpreters at the awareness-raising days because it enabled older people to learn and participate in the discussions.
- It was useful to obtain excellent falls prevention leaflets and CDs in Chinese from the Hong Kong Chinese University.
- It improved links with local service providers.

**How will the project be sustained?**

The Chinese Club has raised approximately £40,000 to support the work of ten volunteers who will carry on giving information on falls prevention. Different portions of the funding will be used to train some volunteers in teaching falls prevention exercises and to conduct more home visits to help older people eliminate the risk of falls in the home.

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Falls prevention project with BME Older People’s Forum in Leeds

Target group
Seven voluntary organisations supported BME elders across Leeds. Each aimed to involve 35 BME elders over four sessions. This totalled 245 BME elders from across the city of Leeds from the following communities:

- Asian (Indian subcontinent – Gujarati, Bengali, Pakistani, Sikh, Hindu);
- Black (Caribbean and African);
- Chinese; and
- Irish.

Project aims and objectives
The BME Elders’ Focus Group (managed by Leeds Older People’s Forum) provided a unique opportunity for voluntary organisations, already providing services for BME elders in Leeds, to work in partnership to address the following aims:

- To raise awareness about the risk of falls in BME elders and to foster better links with the local falls prevention services and the voluntary sector.
- To break down some of the barriers faced by BME elders in accessing falls prevention services.

Who led the project?
The project was led by Jenny Sleight, BME Elders Focus Group Worker, Leeds Older People’s Forum; and Zara Farshi, Research Consultant, External Evaluator.

Who was on the project team?
Team members were Vikrant Bhatia, Amrit Day Centre; Jenny Cheng, Leeds Chinese Women’s Group; Yimin Cheng, Leeds Chinese Community Association; Amanda Douglas, Falls Prevention Co-ordinator (city-wide), Leeds West PCT; Jennifer Walker and Wesley Grant, Leeds Black Elders’ Association; Stephanie Lewis, Roscoe Luncheon Club for the Black Elderly; Swapna McNeil, Association of Blind Asians; Caroline Murphy, Leeds Irish Health & Homes; and Gurpreet Gill, Aasra Women’s Group (in partnership with South Leeds Health for All), Ramgarhia Sikh Centre.

What was involved in the project?
Four sessions were devised to address the aims set out above. In order to consult with the local BME communities and incorporate the views of older people into the project design and approach, a focus group was held on 20 October 2005 to ascertain BME elders’ current knowledge on available falls prevention services and their experience of falls, and to involve them in the planning and development of the project. In particular, our aim was to ensure that the four planned sessions were appropriate to their needs. A total of 18 BME elders attended the focus group from the seven voluntary organisations participating in the project. They were invited to attend as users of services already provided by the seven participating voluntary organisations.

The focus group discussion identified the issues that the participating BME elders considered to be important in falls prevention. In particular, they said that appropriate footwear and their own health conditions were important, but they also highlighted their lack of awareness of risks in other areas, such as daily exercise, having regular eye tests and ensuring any walking aids were appropriate and regularly maintained.
‘I’ve fallen a lot due to my visual impairment – think I’m made of rubber because have had many falls but never broken a bone – seem to bounce back!’ (Asian elder)

‘I have multiple health conditions – problems with legs, eyes, ears – and makes me vulnerable to falling. I am cautious all the time so prevention of health conditions can prevent it from happening.’

(Caribbean elder)

Each session focused on one topic, as follows:

**Session 1 – falls prevention**

This session was led by Amanda Douglas, the Primary Care Trusts’ Falls Prevention Co-ordinator. The session included a quiz during which BME elders recalled hazards in and around the home, as well as personal factors: for example, health conditions that may contribute to a fall. Advice was then given on how to reduce the identified risks, including distribution of a leaflet (recently produced by the PCTs) on falls prevention. BME elders were also asked to complete a questionnaire which ascertained the incidence of falls among participants.

**Session 2 – physiotherapy advice**

This session was conducted by individual physiotherapists from the relevant intermediate care teams. Advice was given to BME elders on strength and balance exercises which could be undertaken either standing up or, for those with mobility problems, sitting on a chair. BME elders who had walking aids were also assessed (for example, walking sticks were checked, height adjustments made and ferrules replaced). A booklet listing the exercises undertaken in the session was distributed to BME elders for their future reference.

**Session 3 – t’ai chi class**

As t’ai chi enhances balance and body awareness, it may significantly reduce the risk of falls among older people and may also help to maintain improvements gained from other types of balance and strength training. A qualified t’ai chi instructor was contracted to deliver the session to each of the organisations.

**Session 4 – podiatrist/dietitian and sloppy slipper exchange**

This session was designed to include a short presentation to the BME elders by a podiatrist and dietician from the relevant intermediate care teams. It was envisaged that this would ensure that BME elders were aware of the importance of foot care and healthy diets in the prevention of falls. At the end of this session, each BME elder received a new pair of slippers to ensure appropriate slippers were worn in the home to prevent falls.

**Note** The original plan had to be modified as the podiatrists and the dietician were not able to cover all the sessions. (See ‘The biggest challenges the project had to face’ below.)

In total, the four sessions held at the seven participating organisations were attended by approximately 512 BME elders (although within each voluntary organisation the majority were the same individuals attending all four sessions). A total of 336 evaluation questionnaires were completed by participants.
What did the project achieve?

- It increased awareness among the group of the importance of safety in the home, and of health, eyesight and walking stick checks.

- It provoked a greater interest among BME elders to engage in physical activity, in particular t’ai chi.

- After the BME elders’ participated in a t’ai chi session, many for the first time, some decided to continue to actively engage in such physical activity in their own time because they had enjoyed the session so much.

- Furthermore, following the success of the t’ai chi class, a number of the participating voluntary organisations are now in the process of setting up regular t’ai chi classes and weekly walking groups, focusing on exercise and health.

- ‘My walking sticks were checked and the session helped me with understanding the direct relationship between body balance and preventing a fall.’ (Sikh elder)

- ‘I have changed things around my home to make it safer, like improved lighting.’ (Irish elder)

- ‘Awareness sessions like these should happen more regularly so we don’t forget

- It brought about the translation of the falls leaflet (distributed in session 1) into other languages (Gujarati, Urdu, Bengali and Cantonese) in CD format and its distribution city-wide to all BME elders’ voluntary organisations.

- It developed links between voluntary organisations supporting BME elders and healthcare professionals working within intermediate care teams, plus a better understanding of religious and cultural differences. For example, when delivering some of the sessions, healthcare professionals were invited to stay for lunch and sampled traditional Asian food.

- It had a positive impact on the project team because of the challenges it set in arranging sessions for seven organisations. Furthermore, the project enabled the team to build experience in partnership practice and have direct contact with BME older people and the issues they face.

- It led to greater awareness among staff of voluntary organisations about health and safety issues when conducting home visits: for example, whether a hand-rail was needed and the importance of advising elders about having regular eyesight checks and medication reviews.

- It increased awareness about the project through the SEEM II Project (Services for Elders from Ethnic Minorities) – a guide to good practice in the EU. The SEEM...
project has addressed the issue of social exclusion among BME elders through the exchange of good practice across Europe – the falls project being one such example.

• It provided valuable opportunities to include more photographs of BME elders in the Positive Images Collection of older people in Leeds. This collection is available free of charge to all voluntary organisations that wish to use photographs of older people in publicity material and was exhibited at Leeds Civic Hall at the end of March 2006.

**What did the project cost?**
Seven voluntary organisations (members of the existing BME Elders’ Focus Group) worked in partnership to submit a joint proposal for funding of the project to Help the Aged. As a result, Help the Aged allocated a budget of up to £4,000. Subsequently, a further £700 was obtained from the Leeds Older People’s Modernisation Team.

**What were the biggest challenges the project faced?**
• It was unable to find podiatrists to cover all seven sessions because of staff shortages. Since the podiatrists could only cover one of the seven sessions, it was regretfully decided to remove the podiatry contribution from the session in the interests of equality to the BME elders and the organisations.
• It was only able to procure dieticians at three of the sessions, rather than all seven, as a result of staff shortages. However, it was felt possible to hand out leaflets (or interpret the advice contained in the leaflets) to the elders at the remaining sessions when a dietician was not available.

**Were there any practical difficulties that could have been handled differently?**
Yes.

• It would have been preferable if materials had been made available in languages other than English.
• It would have been better to allocate more time to co-ordinating and facilitating the project considering the size and scale of the project (seven voluntary organisations conducting four sessions)
• It would have been more sensible to incorporate management costs into the project.
• It would have been a good idea to choose a different venue for sessions 1 and 2 at one of the voluntary organisations because the one that was used was unsuitable, but was chosen owing to financial restrictions. The venue that was used was adjacent to the kitchen. Since lunch was being prepared at the time of the session, this made it difficult for the majority of participants to hear all of the advice given and to participate in the sessions. Indeed, it was only for t’ai chi that an alternative venue was found.

**What were the key factors that made the project a success?**
• It was wise to ensure that the four sessions were appropriate to the target group’s needs. Some sessions were particularly popular with older people, notably:
  o t’ai chi classes (older people requested more exercise sessions);
  o sessions with the physiotherapist who replaced ferrules;
Help the Aged Minority Ethnic Elders Falls Prevention programme
Year 2: progress report

- interactive sessions with the dietician who talked about the food-map model and distributed leaflets on dietary advice;
- the checking of walking sticks; and
- the replacement of old slippers.

- It was a good idea to encourage older people to ask questions, for example, of GPs about medication.
- It was beneficial to timetable sessions in the chosen way because they reached all communities and encouraged good participation.

How will the project be sustained?
There is a commitment from the local PCT to include working with minority ethnic groups in their business plans. So far, opportunities have not been taken because of a lack of resources and a lack of involvement by social services.

There will be regular monitoring of levels of falls awareness and improvements in the lives of older people in BME groups. This will include:

- increasing staffing levels, either through volunteers or paid staff. The latter will require fundraising. Funds are needed to keep the project leader in post; and
- taking falls awareness to people’s homes if outreach staff can be found.

What is needed?
- Input to ensure regular checks are made on whether people have reported falls and what they have done as a result.
- Continued education on how the body works and the effect of ageing, and why falls experiences need to be reported to the GP.

- Regular medication checks to ensure the kinds of medication and quantities are appropriate.
- The re-introduction of t’ai chi on a more regular basis – so far, only taster sessions have been offered.

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Falls prevention drama with Latin American older people in London (concluding June 2006)

Target group
The target audience comprises mainly older and young people from the Latin American community, but the wider public will also benefit from the project as the play (see below) will be performed in a park and during a summer festival.

Project aims and objectives
The aim of the project is to raise awareness of the risks of falls through drama classes, culminating in two performances of a play in June or July 2006 in London. The project will also produce the performance on DVD for wider distribution.

Who is on the project team?
Team members are Elizabeth Carter Flores, Project Co-ordinator and Claudia Forero, bilingual drama teacher. Volunteers who helped with the theatre presentations include: Aldo Mazzini, actor and general support; Cristhian Cusme, publicity and presenter; and Melissa Ceuterick, nutrition information.

What is involved in the project?
Weekly drama classes focused particularly on the management and prevention of falls, for example, how a person should get up and react after a fall. These ideas will be presented in two theatre performances for the Latin American community in London. The first performance will be on 27 June 2006. The second will take place on 15 July 2006 during a two-day event of photography and art and crafts exhibitions, dance presentations and workshops to celebrate the centre’s 20th anniversary. This second presentation will be held in Paradise Park, Lough Road, London N7.

The drama classes also included:
- body and muscle training and strengthening;
- relaxation;
- sessions on theatre scenes;
- projection of voice and reading; and
- complementary information related to the subjects of the performance.

What has the project achieved so far?
- It has increased older members’/actors’ knowledge on how to prevent falls, following discussions, exchange of personal experiences of falls and rehearsals of the play.
- It has provoked great enthusiasm for learning about falls prevention because so many members have experienced a fall or know someone who has.
- It has made it easier for BME elders to identify with falls and the impact they can have because the play was based on their own experiences.

‘I have fallen twice. The first time I was walking in the street. I suddenly fell face down, hurting my nose. The second time I fell as I was coming to the LAEP centre a couple of months ago. I had real difficulty in getting up. I did not attend a falls clinic because I thought falling is part of life and I was glad nobody saw me falling as I would have been very embarrassed. I was never a weak woman and didn’t imagine I could fall. The drama class has helped me feel good and encouraged me to exercise (yoga, for example) which I now do every day. When you’re old, you become weak if you don’t move around.’ (Ms Sylva)

‘I have been participating in the drama classes for the last few months and have learnt a lot, mainly about how to be more careful in the house and outside in order to prevent falls. I am actually acting in a scene based on my own experience of falling down in my home, when I got struck under a chair...”
and couldn’t get out. It seems a bit far-fetched, but as it is my own reality, I feel more enthusiastic about acting it out. I have also been able to express myself better as a result of the classes and can now teach other friends how to be more careful too.’ (Ms Velez)

• It has given the volunteer actors physical and mental training to face a fall, in addition to knowledge about how to avoid falls. Training was provided in the classes and in activities that Latin American elders were already participating in.

• It has created a solid group of volunteers and networked with other groups (Well and Wise, NHS – Mobile Repair Service, Noticias (Latin American newspaper), The Golden Years, Latin American Disabled Project, and funders).

‘I am working as a volunteer in this project, helping out with the structure of the classes and the teaching skills given. As I am in my twenties, I hadn’t really considered the importance of the prevention of falls as I hadn’t been in contact with elderly people before. I am a professional actor and have worked as a TV presenter in my country and have therefore not only enjoyed working in the drama classes but also learnt a lot about the needs of the elderly and how to prevent falls.’ (Mr Cusme)

• It has made members, co-workers and volunteers more aware of falls prevention.

• It has given Latin American elders a general knowledge of healthy eating because volunteers were involved in a health project for the first time and suggested adding a scene to the play on healthy eating.

• It has attracted more people to the organisation, reinforcing its mission to reach the Latin American community.

• It has helped to build better links with other organisations in the borough, for example, Well and Wise, Healthy Islington and the Mobile Repair Service.

• It has had a positive impact on the team since it has increased the team’s awareness of falls prevention, brought it more cohesion, and improved its administrative and organisational skills by encouraging team members to learn to work together more effectively.

What did the project cost?
£2,000 covered the cost of refreshments at each session, production of publicity materials, translation of materials into Spanish, costumes, prompts and scenery for the play

What have been the biggest challenges for the project so far?
• It has received little support from the local PCT.

• Although the project made contact with the PCT, it has not received any real help with providing training opportunities for the project’s tutor. In particular, it took a long time for the project to get through to the person in charge of training and the advice given was purely a referral.
• It forced the actors involved to face their own experiences of falling down and to learn to overcome the trauma, and also to understand the need to separate acting from the reality of their own lives. This is considered a positive challenge.

• It was hard to encourage older people to attend classes, especially during the winter months when the weather was bad and over the Christmas period when many were visiting family. The absence of volunteers over the same period meant that the teacher did not receive necessary support and all these factors delayed the two performances.

• It was unfortunate that the project schedule became further delayed as a result of the drama teacher falling ill, which, in turn, held up her research into training in falls prevention.

Were there any practical difficulties that could have been handled differently?
Yes.
• It would have been better to contact the PCT at an earlier stage, and to undertake the research and liaison with a senior officer.

• It would have been more beneficial to start all the research needed for the project earlier, such as falls prevention training for the drama tutor.

• It would have been a good idea to inform older people in advance of the benefits of taking part in the falls prevention project.

What were the key factors that made the project a success?
• It was a good idea to communicate with the group face-to-face and through the newsletter.

• It helped to have an interpreter who could translate documents, especially because the drama teacher and volunteers could not be around all the time to attend to everyone.

• It worked well to have very interactive drama classes. Rehearsals were visual and lively, and the script reflected the expressive, outgoing personality of the group members because some of the older people involved in the drama classes could not read.

• It was beneficial to involve younger volunteers because their dedication and willingness to give their time freely motivated the elderly members. The younger team not only helped to overcome any age barriers and forge better relationships and understanding of the different generations and cultures, but also gave the older ones a new energy, which was reflected in their acting.

How will the project be sustained?
Presentations of the play will be recorded and CDs given to the members who are unable to attend. CDs will also be sent to other Latin American organisations to teach and inform them of the prevention of falls and also to support them in starting up their own drama groups.

If more funding is obtained, it is hoped that the drama will continue to be presented over the coming year and for several more years to come.
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Resources
This programme provided an opportunity to develop resources in different languages. Be Strong, Be Steady is a chair-based exercise video available in Bengali, Punjabi (with safety message also in Urdu) and Cantonese. It can be purchased via:
Help the Aged Home Shopping
Tel: 0870 770 0441
Website: www.helptheaged.org.uk

Learning network
• There are now over 3,000 members of the Help the Aged falls network, some of them working with minority ethnic communities. We will continue to promote best practice through these channels.
• The teams of the four different year 2 projects are core members of the network. Their projects act as case studies and examples of good practice.
• A dedicated page on the Help the Aged website supports and facilitates the network. The page summarises the projects and provides links to resources and contacts.
• We also send out regular electronic newsletters to the network, highlighting useful ongoing work and available resources.

Summary

What has the MEEFP programme achieved so far?
• It has widened the knowledge of the community organisations and health practitioners across England that participated in this Help the Aged project, and broadened their direct experience of working with older people from minority ethnic communities.
• It has ensured that work meets local needs and is relevant to the community by enabling older people from different ethnic minorities across England to determine the nature and format of projects.
• It has created some very positive and active links with the local statutory sector. At the same time, however, some of the projects found that some local statutory agencies, such as PCTs and social services, did not actively respond to invitations to become involved in the projects. Also, health professionals, including podiatrists and nutritionists, were not always able to participate owing to staff shortages. This was disappointing to the project teams, especially as they were relying on developing effective working relationships with all the parties actively participating in their project.
• It has led to several projects developing further work with minority ethnic communities. For example, the Doncaster team will train more volunteers to provide falls prevention information, while the Birmingham team is hoping to continue its work for another year.
• It has become an active component of the Help the Aged policy on working with diverse communities.
• It has provided a clear demonstration of how health professionals can reach BME older people, even with limited funding.

• It has shown that BME older people are clearly receptive to falls prevention work when the right links are made.

In general, what are the biggest barriers to falls prevention awareness for BME elders?

• Language barriers can be a big problem in reaching and working with BME groups because there is a lack of information on falls prevention in languages of BME communities.

• Reaching those who are housebound can be difficult, even when home calls have been part of the design.

• Failure to report falls is common among older people because of fears about being taken into care. Since most falls happen at home, this adds to the hidden nature of the problem.

• Some local statutory agencies are reluctant to engage actively with BME groups: either they do not keep in touch with them or they simply fail to respond to invitations that would encourage interaction between the groups. This was a common experience in spite of the National Service Framework emphasising the need to take action to reduce falls among older people.

What lessons have been learned so far?

• It is essential to be aware of the customs and needs of different cultures when planning any project involving people from different communities. The timing and location of meetings, the possible need for interpretation and translation, and catering all need to be taken into consideration as these can affect the success of a project. Reaching communities through their day centres or mosques, for example, and working with their own community workers, can help put the message across and overcome language and cultural barriers.

• It is vital to have outlets, such as GPs’ surgeries, pharmacists and home helps, which older people can reach to receive written information.

• It is important to get the whole family involved in falls awareness so that everyone understands what needs to happen and what the sources of falling-related problems are.

• It is essential not to underestimate the time it takes to build sound understanding, trust and good working relationships with representatives from minority ethnic communities.

• It is vital to involve older people from the community in developing projects and resources if work is to meet local needs.

• It is important to recognise that different ethnic groups have different ways of communicating, both verbally and with body language. For example, a person from Bangladesh may speak Sylheti, read Bengali and not look a person in the eye when communicating, since this is a sign of respect within the Bengali culture.

• It is useful to remember that one size does not fit all when it comes to dealing with the different requirements of minority ethnic communities or even the needs and wants within just one group. Individual histories will influence ideas, perceptions, aspirations and needs.

• It is worth noting that different groups have different ways of relating to each other and different understandings of social roles, relationships with authority, social responsibility and social interaction. For example, male and
female Muslims may need to be consulted separately. Female roles may be seen as private and family-orientated, whereas male roles are regarded as public.

- It can be time-consuming, expensive and problematic to translate resources, so it pays to do sufficient research before starting work. It is also vital to check written and presented translations to make sure the meaning has been correctly interpreted. This has been apparent in all the projects involved, including the production of the translated versions of the *Be Strong, Be Steady* video.

**What was the role of Help the Aged and what value did it add?**

Help the Aged has played a role in providing falls prevention resources (leaflets, videos, exercise guide), establishing links with other services and disseminating information through its falls prevention network and dedicated website.

**How will the MEEFP programme be sustained?**

- We are producing a new exercise DVD in English and Hindi, targeted at more active older people. More details will be available on the Help the Aged website.
- We will remain in contact with the year 2 projects to receive information on further developments to their work.
- We hope this work in falls prevention can help provide a model for groups and practitioners when working with older people from minority ethnic communities on other issues.

Report compiled by Anna D’Agostino, MEEFP Project Officer, April 2006

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如何避免在家中摔跤
給老年人的資料

Avoiding slips, trips and broken hips

How to avoid falls in the home
Information for older people
老年人有權期望獲得最佳的生活質素。可惜，很多老年人會絆倒、滑倒或跌倒，而摔跤可能嚴重地損害一個人的生活質素。

本小冊子為你提供一些如何避免摔跤的簡單建議。

要安全 ...
要小心 ...
要獨立 ...
照顧你自己

使身體保持活躍
如果你身體肌肉孱弱和難於保持平衡，你便較可能會摔倒。一個使肌肉更強壯及改善平衡的好方法，就是經常做運動。
其中一些良好的運動方式包括：

- 步行
- 輕微的園藝工作和家務
- 健身班
- 太極班（但要查清楚導師是否曾經教導過老年人）。

經常運動對減輕痛楚和腫脹關節炎或因而亦甚有幫助 - 而按摩亦是。

在你開始前
若你不習慣做運動，請先與你的醫生傾談。然後：

- 慢慢地開始 (切勿過份積極)
- 循序漸進
- 若你的身體感到勞累，切勿嘗試繼續做下去

切勿放棄
不要只是因為你曾經跌倒 - 或由於你害怕跌倒而放棄做運動。如果這樣的話，你可能會更容易跌倒。
使身體保持健康
確保你進食多量的鈣質和維他命 D。你可以從牛奶、乳酪和酸乳酪中吸收到鈣質。如可能的話，請盡量選擇較低脂肪的食品。

維他命 D 使你的骨骼保持強壯，及減少折斷和折裂的危險。你可以從肉類、沙甸魚、金槍魚(吞拿魚)和其他含油魚類中吸收到維他命 D。大多數的牛油類塗醬和早餐麥片等都加上了維他命 D。

皮膚與陽光接觸亦會製造維他命 D。

若你不進食這些食物 - 或你甚少在陽光下外出或身體通常被衣服遮蓋，你可能需要服食更多維他命 D。請向你的家庭醫生 (GP) 或藥劑師尋求指導。
留心衣著

如果你穿著以下服飾，便會較容易滑倒或絆倒：

- 太鬆或沒有鞋幫的拖鞋
- 涼鞋
- 高跟鞋
- 喇叭褲
- 長至拖地的衣服

要穿著平底鞋或有薄鞋底或原
有鞋跟的鞋子。不要穿著運動
鞋，或類似的鞋子。亦請記
著，切勿只穿著襪子或絲襪而
在濕滑的地面上行走。

請向你的醫生查詢有關保護臀骨的內
衣褲。若你摔倒，保護臀骨的內衣褲
可以減少骨折的危
險。你應該日夜都
穿著它。這些內衣
褲不會在其他衣服
之下顯露出來，而
且可以清洗。
注意你的健康

配戴適合的眼鏡
你應至少每兩年檢查一次眼睛。60歲以上的人士可以獲得免費視力檢查。

你是否需要配戴遠視和近視的眼鏡？如果是的話，最好是擁有兩套滿足不同需要的眼鏡。遠近兩用眼鏡或漸進式兩用眼鏡並不很安全。

你可能毋須繳付配眼鏡的全費。請向驗眼師查詢。

保持身體穩定
你是否需要服食四種以上的藥物？如果是的話，請要求醫生定期檢查藥方。讓醫生知道你服食的藥丸是否令你感到暈眩。

在你服食藥物期間，不要飲酒。否則兩者一起會使你頭昏眼花及可能失去平衡。

你的脊椎或頸部是否患有有關節炎？如果是的話，你需要慢慢移動頭部。將頭向後彎伸如果太快速地轉頭都會使你頭暈。

請向醫生查詢你是否可以接受預防感冒注射。感冒是一種可能使你雙腳站得不穩的疾病。

小心保護你的雙腳，檢查是否有任何疼痛發炎的地方。無論你穿著甚麼鞋襪，都需確保雙腳感到舒適。

若你感到不適，要讓一位朋友或鄰居知道。
使你的家居更加安全

在家中進行少許改變你可以減少發生意外的危險。你可以：

- 安裝一個信箱盒
- 在廚房和樓梯裝上 100 瓦特 (watt) 的電燈泡
- 使用耐用燈泡，以便不必經常更換
- 將樓梯級的外邊緣刷上防滑的白色油漆
- 在廚房內、樓梯間及浴缸內和旁邊，在小地毯下放置防滑墊
- 在廁所、浴缸和樓梯旁安裝扶手
- 修補或除去地毯上任何磨散的邊口，使它們更為安全
- 將任何你用來倚靠或扶持的傢俬的腳輪拆除

減少日常生活中的危險

當你起床時

起床、或長時間坐下後從座椅站起，都可能是一個問題。如果你太快地站起，你的血壓可能突然急降。這可能會使你感到頭暈目眩。

嘗試慢慢地逐步站起。當你由座椅站起，嘗試首先將雙臂和雙腿收緊數次。用一個楔形的枕頭可以將床頭升高，使你更容易起床。

當你晚上如廁時

如果你晚上需要去廁所，請開電燈不要使用電筒，要亮著燈。若你需要彎身，記著要扶著一些物件。
考慮使你的家居更安全的方法

- 確保在樓梯或任何你會經過的地方沒有任何電線或其他雜物
- 試試你可否找別人替你更換窗簾或電燈泡
- 將你常用的物件存放在你容易拿到的地方
- 在濕滑或有冰霜的石級撒上含鹽份的沙粒
- 若有東西濺灑，立即用地拖抹乾
- 如果你要使用梯級去拿東西，要確保它是防滑及裝有安全鍊和扶手

其他可考慮的事項

- 在屋內安裝多部電話分機，你便毋須趕去接聽電話。安裝電話錄音機會更好。
- 安裝個人摔倒警報系統，可以使你和家人更安心。請致電關懷老人會 (Age Concern) 的資訊專線（請看本小冊背頁），查詢有關這些系統的更詳細資料。

- 設法使家居更溫暖。寒冷的肌肉沒有那麼靈活，因而可能導致意外和受傷。
- 如果你養有寵物，何不為牠配上鮮明顏色的頸圈，以便你更容易看見牠？
若你摔倒

設法找人協助
若你摔倒，盡量不要驚慌。若你感到痛楚或知道自己受了傷，請勿移動。設法吸引他人的注意力。猛拍牆壁或地板使你的鄰居注意。打電話到緊急服務、或者朋友或親人。

嘗試站起來
很多老年人在跌倒後都會有問題，即使他們並沒有弄傷自己。這是由於他們在跌倒後躺在地上一段長時間 - 這樣「長時間躺著」可能引起體溫降低症和肺炎。如果你無法找到別人協助你，設法使用傢俬扶起自己。爬往一張穩固的椅子，然後利用椅子的支持，慢慢從跪姿站起來。在椅上坐一會才站起來。

設法保持溫暖
如果你無法自己站起來，你需要使身體保持溫暖，經常將雙腿和雙臂的肌肉收緊，或找一些東西作毯子用。

在跌倒後
若你跌倒，應該告訴醫生。若你無法自行從地面站起，你必須告訴他們。
尋求更多協助

若你跌倒，應告訴醫生。醫生可以告訴你如何處理這項問題。

各地方議會的照料及修理 (Care and Repair) 計劃和關懷老人會，都可以為你提供以下的私人指導：

■ 如何防止摔跤
■ 你的福利權利
■ 你可獲得的福利

這些服務也許可以協助你支付安全用具的費用。其中一些服務會替你的家居進行免費的安全和保安檢查。協助老人會 (Help the Aged)、關懷老人會及某些地方當局可以發款給某些老年人，幫助他們購買一個摔倒警報器。

你可以向老年研究會 (Research into Ageing)（其地址在本冊背頁），圖書館或一些好書店購買／借出一些有關家中運動的書籍或錄影帶。
有用的聯絡組織

■ 協助老人會 - 長者專線 (Help The Aged – Senior Line)
  0808 800 65 65
Help The Aged
207 - 221
Pentonville Road
London
N1 9UZ
■ 星期一至五由上午 9 時至下午 4 時。
■ 為老人及其照料者提供的全國性免費諮詢服務。
■ 為你提供有關福利及殘障的權利、房屋及社區照料等方面的指導。

■ 關懷老人會資訊專線 (Age Concern Information Line)
  0800 00 99 66
Freepost (SWB30375)
Ashburton
Devon
TQ13 7ZZ
■ 每週七天由上午 7 時至晚上 7 時。
■ 為老人及其照料者提供的免費輔助專線。
■ 為你提供有關金錢、保健、社區照料、房屋、交通、取暖、教育及其他問題的指導。

■ 老年研究會 (Research into Ageing) 020 7278 1114
Research into Ageing
207 - 221
Pentonville Road
London
N1 9UZ
■ 是一間全國性的醫療研究慈善組織。
■ 目標是防止老年人變成殘障的主要成因，及改善為老人提供的治療。
■ 若你捐款給這慈善組織，它會寄送小冊子和運動錄影帶給你。

欲索取更多份本小冊子，請致電： 0870 1502 500
避免滑倒、絆倒和臂骨脫落

要安全 ...

要小心 ...

要獨立 ...

■ 地方當局

你可以在電話簿找到你當地議會的電話號碼。請將它寫在此空格內。

有關當地的資料，請聯絡：

With thanks to the Chinese Healthy Living Centre 0845 6016030

Health Promotion England
URN 01/1478
अधानक लपसी पड़वुं, गोथुं भाई
जवळुं अने थापानुं हाकुं भांगतुं
ठाणवुं
घरमां पडी जवानुं कह रीते ठाणवुं – वृक्ष लोको माटे मालिटी
શક્ય વધુ સારી ગુજરાતિ જવાનો બૃહત લોકોને અવિચાર છે. અબજ્જે,
વધુ બૃહત લોકો ગોરીંય ભાઈ બેસે છે, અમારાં લપસી પઠ્ચે છે અથવા પહેલી જાહેર છે
અને પરી જવાને કરીને અનિયમિત ગુજરાતાની જવાની ભારત હાથ પણ્યરી
શકે છે.

નીચેને પરી જવાના આ પ્રકારના વસ્તુઓ રાખવા માટે 
તમારે શું કરવું જોઈએ સુની સીધીસાદી સમજ આ ઓપરેશન આપવામાં આવી છે.

સલામત રહો ... 
સમાધાન રહો ... 
સ્વંભાગીની રહો ...

![Image of an elderly person working in a garden]
तमारी जणज लेनी
तमारुं शरीर कर्षतं राणो
तमारां सनःग्रुणो नवण्यं होव अनं नवण्यं समतुल्य होव, तो पर्य जवानी तमने वधु भीति रेखानी छ। तमारां सनःग्रुणो प्रमाणां मधु मण्डतं थाव अनं तमारुं समतुल्य वधु सुधेरे ते माटे तमारे निवालित कसरत करवी फोडिएँ।
उटलीक शारीरिक कसरताती सीत नीचे मुख्य छ।

- थालुँ
- लणवु नागाम अनं घरनुँ ग्राम
- ‘क्रीप –क्रीट’ (तहुरस्ती ज्वावनी)ना वर्गो
- ‘ताली’ना वर्गो (जोळां पेड़ला तपास करवी के तालीम आप्नारे वूढ लोड़ी साधे अे पेड़ला ग्राम करुँ छ)

धुःभावो ओझा करवा माटे तेम 7 संधियाणे (आध्यात्मिक) एरत्ने शवां गोरा निवालित निवालित कसरत अने मालिस (मसाज) अनं बने जुरूँ छ।

कसरत श्रेय कसरतं पेड़लां
तमे कसरत करवा देवाळेला न दो तो तमारा डॉक्टर साधे पेड़ला वातनीत करवी लेनी। पछऱः

- धीमे धीमे शाहात करवी (वधु पढती नली तरां)
- धीमे धीमे वधारात रेभेयुँ
- तमे तनमनखी सदी शाडी तेनाथी वधु प्रमाणां करवी नली

नासीपास न थवुँ
तमे पहऱ ग्राम दो तेनी दे पछऱी करी पहऱी जवाना दर्वा करणे कसरत करवावुँ फोडशो नली। तमे जो आवृ मरो तो क्राघ सही जवानी शाख्वता वये छ।
तमारु शारीर तंदूरस्त राज्य
डिशियम (यूनानी धातुतन्त्र) अने विटामिन डी पुष्पण प्रमाणमां तमे लो तेवी राज्य लेन्या. दूधमां, बीजमां तेम ज थोरट (डॉक्टर)मां तमने डिशियम मणी राह करे छे. जे जणी शांता तो ओळी शर्यतीवाणी

"विटामिन डी वर तमारु हांडां मजबूत राह करे छे तथा तेनाथी हांडां बांगवाणे बन ऑथी करी शकाय छे. अे तमने भांसमां, सार्वसमां, ट्युनामां अने बीज तेली माछलीयां मणी राह करे छे. मोटा भागना शर्यतीवाणा रुपेर्स (तोपटवा माटेना पदार्थ) मां तथा सवारना नास्तां लेवातां सिर्विट्समां

विटामिन डीनु प्रमाण उभेचांमां आवेलु बेव करे छे.

शारीरनी शामकी पर सूर्यो प्रकाश पडवाली पत्र विटामिन डी पेदा थाव छे.

तरे आ गोराक लेतां न हो अथवा
तमे सुरेखेनी तापमां बगारे न
जाता हो जे पची कपडांमां ज
डाचेलां राहता हो को तमारे
विटामिन डी वर भारी लेवाणी जुड
राह करे छे. तमारा ज्ञानी एने अथवा
डिस्ट्जन सलाव माटे पूर्वानु.
तमें शुं पेडेरी छो तेनुं ध्यान राणो
तमें जी आवां कपडं पेडेवां लोय तो नीवऱ्य पडी जवानी के गोषुं भार जवानी बघु शकव्या रळे छे:

- ठीक स्विपर से पशी भुलं जेडं पेडेवां लोय
- सेन्डल पेडेवां लोय
- गोंदी अंडीवां जेडं पेडेवां लोय
- मोटं पाखवांवाणी पाटलूं पेडेरी लोय
- जमीनने अंदे अंवां लांबा कपडं पेडेवां लोय

सपाट जेडं अंतवा पात्रां सोल्सनां (सपाटीवां) जेडं के पशी संगणे जेढळवली अंडीवां जेडं पेडेवां. टॅर्निंग्स के टॅर्निंग्स जवा हपात् जेडं न पेडेवा. सर्की पडत्य तेनी छो पर मोजं पेडेरीवा के टॅर्निंग्स पेडेरीवा जालवुं नढी, अं संमाप्नूर्वक वाह रळवूं.

तमारी डेटनी संबंधन तबे शरवाद तेनां जागिरा, यक्की पेडेवां
प्रात्व तमारा डेक्सचरी सलांग लेवी. थापवानी सलामती जागवतां
जागिरा, यक्कीऱ्य पेडेवारी पडी
जवाे चारषूं लाबा भांगवानु
जोबम ओवां करी शरवाद छे.
तमारे अं संत्रज्जस पेडेरी
शरवां जीूणा; वीजं कपडंधारी
अं हमाराआ आवतां नढी अने तमे
अंने गोरे करी शडी छो.
તમારી સંદ્રમની દેશભાષા રાજબી

સર્વાં યાશમાં પહેરવાનું ઓછામાં ઓછું જાણવા બદલે નિવૃત્ત તમારી આંખ તપાસવાની રાજબી. ૮૦ વર્ષની ઉમરમાં પછી આંખ તપાસવા માટે કોઈ હી આપણી પકડતી નથી.

તમારા યાશો માટે તમારે જાણી દક્ષતા ખુબ ખાંદી નથી આવે. માર્ગદર્શન માટે તમારા ઓપ્શનિયનને પૃથીપરશ કરવી જોઈએ.

સ્થાયર રહેવું

તમારા આરામ જાતની દવા લેવાની ધાર છે? તમારે દવા આમ લેવાની ધાર, તો તેની નિવૃત્ત જાં તપાસ કરવા માટે ડોક્ટરને તેની જાળ કરવી. તમારી દવાની ગોળીઓ લેવાની જો તમને વક્કર આવવાની ધોરણ તો તમારા ડોક્ટરને તેની જાળ કરો.

તમે દવા લેતાં ઠોંકીએ હોય પોથે નહીં. દવા અને તે પોથે બેગાની બને પછા કરો તમને વક્કર આવી શકે અને તેણે સમતુલય કમ્લાલી એકસારી શકી શકી શકી શકી શકી શકી શકી.

કરોદોજું અથવા ગળી તમને સંબિબા (અથવા પાકિસ્તાની) છે? ગંધ હોવો, તો તમારે તમારા માથું હળવણે લખવા માટે તમને કિંમત આવી શકે અને તેમને સમતુલય કોમલી જેરી શકી શકી શકી.

તેમ કબુલ ઉઠશે તારી શકી તેમ છી એ નહીં તેની તપાસ તમારા ડોક્ટરને પૃથીપરશ કરીને તેમ કરી શકી શકી શકી શકીએ. કહું વાતની મહીયતમી પણ ભર સીધી ટ્રોક હોના રહેવામાં મુક્ત કરવે છે.

તમારા પગામી સંસાધનની લેવી, અને તારી પર કયાંક લોઝ નથી રહેવા કે તે આણા નથી ગયા, તેની અંદાજ લેવી. તેમ તમારા પગામની જે કદી પહેરો તેનીએ તમારા પગ આપામણાની લાગે તેની પ્રથમ રાજબી.

તમારી સમાજન વારાંદે ન હોય તો તમારા કેઠીમ મિલનને કે પછી તમારા પહેરીને તેની જાળ કરો.
તમારા વર સલામત કરવું
તમારા દરમિયાન તમે તમારી ક્રીયા શકો શકો વગ્ર અને અધી અકસમતો ઘરી શકે છે. તમે આટલું કરી શકો છો:

■ દર્ખાસતા ટાપુલ માઈ પીઠું મુકાદમી શકો છો.
■ રસોડામાં તેમ જ ધારાફે ઉપર ১০০ વોટ્સના બીજાના ગોણા (লાઇટ
     બેલ) મુકવાઈ છે.
■ લાંબા સમય સુરેત તકતા બીજાના ગોણા (લોગ - લાઇટ
     બેલ)નો ઉપયોગ કરવા દેખી તમારે જરૂરી તે હોવા ન પડે.
■ લાંબી ન પડાવ તેના સેંદર્ભી દદારાનાં પગલ્લીમાંની આશ્રીબાણી થે
     ઉતારીઓનો બાજ રેખાપાતરું રાખ્યો.
■ રસોડામાં, જે દદારા દેખેલી જીવાનમાં, તેમ જ બાથમાંના અને તેની
     નજીક જગજમ (રగ) ઉત્કર્ષ લસરી ન પડે તેની (નોં-સ્ટીપ) સાહીબીઓ વાપરવી
■ ટોલેલ્ગ્રે (જષ) પાસે, બાથમ પાસે તાર દદારા પાસે રહેલ બુકાવવા.
■ પાસેથી દૌરણ નીકળી જવા હોવ તેની થે કઠી ગેલી કાર્ફેટ કરાવી નોંખાયી અધયા તેનું સમારૂખ
     કરાવી તેનું.
■ તમે જે ક્ષણીકોટો ટેક્સ તેના ઉપયોગ કરતા હો છે પકડાવાનું રાજતા હોવ તેના પહોંચાવી લેવા.

તમારા રોજિલા જીવનમાંથી જેમં ઓજાન કરવાના

પદાર્થમાં જીવાનમાં થાયો તયારે

પદાર્થમાં જીવાનમાં થાયો, તે પછી લાંબો વગત તમે પુરસ્કારમાં બેઠે છો
તમારી જીવાનનું સંતું નથી. ને મુખ્ય થવાનું કામ છે. તમે જે મજબૂતદારી
જીવાન થવા જાણો તો તમારું સુંદરી દર્શન આહ્યા જીવાન જાણો, જેણા
કરના તમારા માનવીના અખીદીરી આભી જીવ અધયા માં ઉત્કર્ષ વધારે શકે
છે એંબો માફ થાય.

તેમ તેમ જીવાન થાય રાખવું, તમે જીવારે પુરસ્કારમાં જીવાન થાયો તયારે તમારા લાંબે તમે જે ફળને સૌ
પ્રશ્ન ટોલેલ્ગ્રે વાર મજબૂત્રટ કરવા. સંકરો શકું આકર જેનો તચ્છો તમને માં બેઠું કરવા સહાહાક નીકલાયે
અને તેની પદાર્થમાંથી બહુ નીકલમાં સાંદ્રતું થશે.

સાંદર્ભના ટોલેલ્ગ્રે (જષ)માં જીવાન થાય તયારે

રાત ટોલેલ્ગ્રેમાં જીવાન થાય તયારે ટોલેલ્ગ્રે ઉપયોગ ન કરવો. તમારે જવા જ કરવી. તમારે જે વાળું પડે
જમો હોવ તો ટોલેલ્ગ્રે આવાનો સલામત ટેક્સ લેવાનો રાખવો.
માટે થતા વડું સલામત કરવા માટેના વિવારવા જેવા
મૂદ્રાઓ

- દિશા પર કે ભીજ જગ્યાઓને કે જગ્યાં તમે આવીને જઈશ હો લાયું
- વાર કે પછી આખીએબંની વસ્તુઓ પડી હોવી ન જાઈએ તેની
  ભારતી કરી લેવી
- પડાતા બહાલાં માટે અથવા બનના ગોળાં બહાલાં માટે છે કે બહાલ કરાતા
  બોલાવી શકો છો કે કેમ તે પણાં વિવારવા
- તમે જેનો અધ્યાત્મિક ઉપયોગ કરો છો તેવી વીજભસ્તાઓ વધારે
  સહેલાઈની લઈ શકાય તેવી જગ્યાઓ સામર્થી
- બીનાં અથવા બહીંગીઓ પણસાયાઓ પર વીજભસ્તાઓ રાખી બનાવવા
- બોક પર કુલ પાસ્ત્રભાવનું કરું હોવા તો તત્ત્વ છે લૂથી નાંબાંબુ
- કર્ત્વ લેવા કરવા માટે તમે નાની નિસર્ગની ઉપયોગ કરતા કરી
  શકતી હો, તો લક્ષણી ન પાય તે માટે સલામત જગ્યા
  તેવી કોઈ કરી
- માટે પારી કોટર તમે જાળી જેવી નિસર્ગની ઉપયોગ કરતા
  રહી તેની
- વયસ્થા તેની જાળી તથા તેની હાથ મુકવા કરી હો, તેની
  ભારતી કરીએ.

વિવારવા જેવી ભીજ ભાર્તો

- ધરાં ટેલિફનના અંકસ્ટેશન કર્યું ઓરસામાં મુકવાયું, ટેલિફન
  વાળે ત્યારે અધીંતથી દિશાવાની જુરુત રહેશે નહીં. અનાસર મધિન
  લખાવું અંધી પાસ વધુ સાં પડશે.
- પણ જગ્યા તે વચને બાંધતું 'પારસન પ્લી અલામ સિસ્ટમ' તમને
  અને તમારા પરિવારજે રોને શાદતારી નિવ્વિ શકે છે. 'અંધકાર
  કન્સ્ટન્ટ ટેલિફનએશન લાઇન'ની ટેલિફન સંપર્ક કરવાથી તમને આ
  વિશેષતી ભૂલ માલની મળી શકશે. (આ નંબર માટે આ ચાચાઓમાં
  પાણ રાહી આભાવમાં આખી છે તે જગ્યા વિનંતી છે.)
- તમારાં ધર ભૂં રાય પાલયું રમવું. દૂર સાથું આ માટે આ પ્રશંસા
  અકસમત થવા તેમ જ રાજ પદોશ્યાં સંમાન રહે છે.
- તમારે ધરમા પાળેલા ઝાડી જેટલી ઢાળ, તે નટે વષયાત ભાર્તો
  ગળે પડ્યા ભાંધાવાનું વિવારવા.  
  તેનાશી તમે અને સહેલાઈની જેટલી કરી શક્શો, પરને?
તમે પદી જાઓ ત્યારે

મકદ મેળવવા પ્રયત્ન કરવો
તમે પદી જાઓ ત્યારે ગમશ્ચ અંતૈપણી નહીં. તમને પીડા થતી હોવ કે પદી ઝડપી હોવ તેમ તમને લાગતું હોવ, તો તમે દૂષનયતન તળીરી ચ કરતા નહીં. ઓછામું હૃદય હોરા પ્રવાસ કરો. તમારા પદાંશીનું હૃદય હોરા માતે દીશવાળ પર કે બોંદ પર હોરા કરવા આવતા કરવો. કોટિદિવી સમયે ક્ષમ તાળે તેવા ‘ઉમરજન્ય-સમસ્યા’ ના અને પર મોક મિજ કે સાગંડ્રબી ટેલિકોણ જોઈએ.

જીવા થવાનું પ્રયત્ન કરવો
જ્યાં ભાવનું વૃદ્ધ લઇને પહી જવા પાણી, તમને ઝડપના ન થશે હોવ તો પતા, મુખદીયોનો સામાન કરો પણ છે. કારણ કે પદી ગાવા પદી લાંબી સમય સુધી બોંદ પર તમને પદી રહેવું પણ છે. આ રીતે લાંબી સમય સુધી પદી રહેવાને કારણ ‘જીવયોગદીનયા’ અને ‘નામભાષા’ વધુ જવાઓ સંબવ રહે છે. તમને મદ્દત થવા મટે તમે કરવો શોલાના શાખા અંગ ન હો, તો. વિદ્યાયોગી આપણે લઈ લઈ લખાવેલી જીવા થવાનું રામબું. ભજનપુત પુર્સી સુપ્રી માંડોબચી જવા. પુર્સીનો જીવા થવા માતે ટેકી લેવા અને ચૂંટાવણો આપણ લઈ લઈ દીધી જીવા થવાનું રામબું. જીવા થતા પહેરો શોલિક વાર પુર્સીંએ બેસી રહેવાં.

લુકાણા રહેવાનું રાણબું
તમે જાતે જીવા વાળ શકી અંગ ન હો, તો તમારે લુકાણા રહેવાની જરૂર રહેવાની. પતા, પ્રગના તથા જાણની પ્રયાસો પાણીવાળી જીવા રાજપૂત હોવા પ્રવાસ કરવા રહેવા અને પ્રયોગ તરીકે ઉપયોગી તાર શકાય તથ્યું ઓછીઓ સાધન મેળવવા પ્રવાસ કરો. 

પદી ગાવા પાણી
તમે પદી ગાવા હો તો અંગેની જાણકારી તમારા ઓકટરે તમારે કરવી જોઈએ. તમે જાતે બોંદ પાણી જીવામાં વાળ શકી અંગ ન હો, તો તમારે ઓકટરેનો ઓક્કોમ જાણબું જોઈએ.
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- तमारा कड़ा गनिहिटो मणी शण्ड अंम चे
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■ हेल्प द अजेज - सिनियरलाईन (Help The Aged – SeniorLine) 0808 800 65 65
Help The Aged
207 - 221
Pentonville Road
London
N1 9UZ

■ अजज एन्सर इन्फोर्मेशन लाईन (Age Concern Information Line) 0800 00 99 66
Freepost (SWB30375)
Ashburton
Devon
TQ13 7ZZ

■ रिसर्च इन्टो अजेज (Research into Ageing) 020 7278 1114
Research into Ageing
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Avoiding slips, trips and broken hips

पत दिच डिगाटें विरें घरीट – वहललना लेवं सधी नष्टवणी
घनुंता सेवं हृदि अभम रैझट सं रंवर ये वि ड्राइवरं की तिनिइंगी चंगी उं संवरी उंचे। धर दूध ची बॉल ड्रिव ये वि घपुड़ मचे घनुंता ठेठ धर वे डिगा नन्दे उठ, मं दिलुड़ वे डिगा नन्दे उठ, ओवे बिजाट रूल ड्राइवरं की तिनिइंगी घजी दूध डवी घट मचरी ये।

विम बिउष्धवे लिय डुगरं बुध संवरी तिनिइंगी समल डिवो नाढी ये वि उमी विम उदुं बिजाटे बिदे दूध मचरे ये।

मुखविभाजन बने ...
फिरान बने ...
मुंडफ तिनिइंगी नीरी ...

![Image of an elderly person in a garden]

The text is in Hindi, and the image shows an elderly person working in a garden.
ਅਪਟੀ ਸੰਬੰਧ ਖੂਟ ਬਣਵਾ

ਅਪਟੀ ਪ੍ਰਫੀਲ ਦੀ ਬਧ ਬਲਕ ਹੀ ਹੋਂਦੀ ਰੱਖੀ ਕਾਨਵੀਆਂ

- ਪ੍ਰਰੋਸ ਸ਼ੋਲਟਾ
- ਖ਼ਾਸਕੀ ਬਿਮਾਰ ਸੀ ਸਜਾਵਾਤਲੀ ਅਖ਼ਾਰ ਪਹ ਦਾ ਬੇਬ
- ਸੀਥ-ਸਹਤ ਉੱਚਕਾਲੀ ਬਣਿਆ ਰੋਟੀਦੀਅਨ ਸੀਖਾਂ
- ਉੱਠੀ ਚੀ ਬਲਾਨਿਆ (ਪਹਚਾਣ ਵਚੇ ਵੀ ਵੀ ਤੀਜਾਂ ਦੇ ਪਾਣੀ ਪਾਣੀ ਬੇਅਰੀ ਦੇ ਬੇਬਾਂ)

ਅਧਾਰਕਾਲੀਂਤ ਨਾਥਲਿਟ (ਨਾਹਿਤਰ) ਸੇ ਵੇਂ ਵੇਂ ਮੇਰਾ ਵੇਲਾ ਸੇਵਾ ਅਤੇ ਮੇਰੇ ਪ੍ਰਮੰਤ ਵਨ ਵਨ ਸੇਵਾ ਸਕਾਦਾ ਸਬਰਾਂ ਬਣਾ ਬਣਵਾ ਹੈ
- ਅਰੇ ਅਭਿਆਸ ਦੀ।

ਖੁਸ਼ ਬਣਵਾ ਉੱਂ ਪਹਿਲਾਂ

ਸੇ ਉੱਨੀ ਪਹਿਲਾਂ ਵੇਂ ਬਣਦੁਆਂ ਉਗੀ ਵੀਂ ਨੂੰ ਖੁਸ਼ ਬਣਵਾ ਉੱਂ ਪਹਿਲਾਂ ਅਪਟੀ ਬਣਦਕਿ ਤਾ ਮਾਲ ਵਨ ਹੋਣ। ਹਿੱਟ

- ਖ਼ਾਸਕੀ ਬਣਦਕ ਮੂਲ ਵਨ (ਪ੍ਰਮੰਤ ਉੱਂ ਬੱਗ ਰਾ ਵਨ ਹੋਣ)
- ਹਿੱਟਡੀ ਤੀਜਾ ਬਣਾਣਾ
- ਸ਼ਿਕਾਈ ਬੁਨੀ ਸੌਂ ਵਨ ਬਣ ਵਨ ਹੋਣ ਵਨ ਹੋਣ ਵਨ ਹੋਣ।

ਠੇਂਦ ਨਾ

ਬਣਦਕ ਬਣਦਕ ਸਿਰਦਜ ਵੇਂ ਵੇਂ ਨਾ ਠੇਂਦ ਖਵਾ ਖਵਾਂ ਵਾਂਤਰੀ - ਸੰ ਉੱਨੀ ਖਵਾ ਨਾਦ ਰੋਕ ਵਨ। ਸੇ ਉੱਨੀ ਖਤਮ ਵਨ ਵਨ ਉੱਨੀ ਖਵਾਣ ਨਾ ਉੱਨੀ ਖਵਾਣ ਵੇਂ ਬਣਦਕ ਬਣਦਕ ਸੀ ਮਨਾਲਾਈ ਵਪ ਸਾਲਾਈ ਹੋਣ।
अपने स्वीकार हूँ उन्दरमात्र वन्धे।

भाग विशेषतः वन्धे त्रि उम्री बाली बैलरियन अनेक दिनभर ती धार्मिक चन्द्री हिन्द भिक्ष मजबूत गरह। ते सब उंत दिलालं चीजं भर्गम–हट (बांट फिक्टरी राष्ट्रां) बिन्मां चुरे।

दिनभर बी उम्रीमात्र तीजी माहुब वेदक्ष ते मुंदे दिलालं ते टॉट अं दिवर ए भुजा पहलिंगुआ न पै। दिव उम्री भूट, मानीत, टिप्पु मोह उंत आफ्ती उंट मृड़ी हिंद भिक्ष मजबूत ते। निजामदुद तत्त्वां (चूह ते लघुट दश्मी माहबिलव चक्रीत) अं राणे एले मीनिबलं हिंद बी दिनभर बी रहिक्ष चुरे नै।

चाकी ते यूंं घंट तल ची स्वीकार हिंद दिनभर बी घटक्ष ते।

से उम्री दिल चीजां तथी चन्द्री धार्मिक ता नंसे उम्री यूंं हिंद निजामदुद बांट तथी दिवरसंह तं भुजा तो बांटरियां राण एले बे बंधे ते – उंत उम्री बृप दिनभर ही लेट ची लेट एले मजबूत ते। अपने वैभव मात्र सी भी बांटर उंम मजबूत रही।
बिखराए रखें वि उमीं बी धरिके वे

दिम बिखम चीस्सं चीस्सं धरिके तत तत तत धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके धरिके
ਅਪਹਟੀ ਮਿਖਾ ਸੂ ਵਿਖੇਟ ਲਿਖੀ

ਸਮੀ ਵਿਸਾਮ ਹੀ ਅਢੀਤ ਲਿਖੀ

ਅਪਹਟੀਆਂ ਅੰਤੇ ਹਾਵਾਟੀਆਂ ਟੀਸਟ ਵਿਕਾਸਕੀ ਲਗਦੇ, ਮੇਂ ਦਸਾਂ ਕਿਲੀ ਬੇਠਣ ਲਈ ਬੋਢ ਹੋਵੇਗੀ। 60 ਸਾਲ ਉੱਤੇ ਟੀ ਹੁਲਵਾ ਦੇ ਸੈਕਨੀਆਂ ਤੋਂ ਅੰਤੇ ਟੀਸਟ ਆਉਂਦੇ ਹਨ।

ਜੀ ਉੱਗਾਣ ਹੁਲਵਾ ਸੀਟ ਅੰਤੇ ਹੁਲਵਾ ਹਾਵਾਟੀਆਂ ਅੰਤੇ ਹੀ ਸੀੜ਼ ਹੋਣਾ ਹੈ? ਸੀ ਹੀ ਅਪਹਟੇ ਟੀਸਟ ਕਰ ਕੇ ਜਿਹਨੀਆਂ ਹਾਵਾਟੀਆਂ ਰਹਾਂ ਜਾਣ ਲਗਦੀਆਂ ਹੁਲਵਾ ਸੀੜ਼ ਹੋਣਾ ਹੈ। 

ਝੀਡੀਵਾਲਾ ਅੰਤੇ ਟੀਜ਼-ਟੀਵਾਲਾ ਅੰਤੇ ਸ੍ਰੀਵਿਸਵਾਦ ਰਾਉਂਦੀਆਂ।

ਵੇ ਸਰਦਾਰ ਦੇ ਬਾਵਜੂਦ ਅੰਤੇਬਾੰਗ ਹਡਪਰਟ ਦੇ ਪੂਰੇ ਵੇਂਟ ਦੀ ਰੇਟ ਨੇੜੇ ਹੋਣਾ। ਅਪਹਟੇ ਅੰਤੇਬਾੰਗ ਉੱਠ ਰਿਚਵੇ ਭਾਵ ਸ਼ਾਸਨ ਲਿਖੀ।

ਉਕਲਮੂਰਤ ਕੀਤੇ

ਜੀ ਉੱਗਾਣ ਸਦ ਉੱਤੇ ਟੀ ਨੈਲਕੀਆਂ ਹਾਵਾਟੀਆਂ ਕਾਲੀਆਂ ਕਲਾ? ਸੀ ਹਾਂ, ਅੰਤੇ ਟੀਸਟ ਕਾਰਟ ਦੁੱਡ ਵਚਨਾ ਵਿਚ ਖਿਡਾ ਵੀਂਗਿਆ ਲਾਂਚ ਹਾਵਾਟੀਆਂ ਕਾਰ ਵਹਾਂ ਚੱਲਦਾ। 

ਨੇਮੁ ਜਘ ਨੈਲਕੀ ਸੀ ਲੋਕ ਅੰਤੇ ਰਾਹਰ ਸ਼ਾਸਨ ਕਾਲੀਆਂ ਮੈਕਸੀਆਂ ਕਲਾ? ਸੀ ਹਾਂ, ਅੰਤੇ ਟੀਸਟ ਕਾਰਟ ਦੁੱਡ ਵਚਨਾ ਲਾਂਚ ਅੰਤੇ ਹਡਪਰਟ ਸਕਲਾਂ ਕਲਾ।

ਜੀ ਉੱਗਣ ਸੀੰਝ ਹੀ ਮੈਕਸੀ ਸੀ ਨਾਵਾਲਕ ਟੀਵਾਲ ਭਾਵਨਵਿਚਿਤਰਾ ਹਾਵਾਟੀਆਂ ਕਲਾ (ਕਾਲੀਆਂ) ਕਲਾ? ਸੀ ਹਾਂ, ਅੰਤੇ ਟੀਸਟ ਕਾਰਟ ਮਿਤ ਕਿਸੀ ਪੁਮਾਣਾਂ ਸਕਲਾਂ। ਮਿਤ ਵਿਧਾਣ ਹਨ ਹਡਪਰਟ ਕਲਾ ਰੋ ਸੰਨ ਵਾਹਰ ਉਸੀ ਕਲਾ ਪੁਮਾਣਾਂ ਕਲਾ ਹਡਪਰਟ ਕਲਾ ਹਡਪਰਟ ਵਚਨਾ ਮੂ ਵਚਨਾ ਚੱਲਦਾ।

ਅਪਹਟੇ ਟੀਸਟ ਦੁੱਡ ਪੁੰਨ ਵਾਲੀ ਵਿਚ ਜੀ ਉੱਗਾਣ ਕਲਾ ਦੀ ਰੋਜ਼ ਰਚਨਾ ਕਰਦੇ ਹੋਣਾ ਹੈ? ਕਲਾ ਦੇ ਮਿਤ ਹਡਪਰਟ ਉਸੀ ਪੁਮਾਣ ਦੁੱਡ ਵਰਤੀਆਂ ਸਕਲਾਂ। ਅੰਤੇ ਟੀਸਟ ਕਾਰਟ ਦੁੱਡ ਕਲਾ ਉਪਭੁਰਾਣ ਕਲਾ ਅੱਠ ਦਸਾਂ ਵਚਨਾ ਕਾਰ ਕਾਰੀ ਉਪਭੁਰਾਣ ਦੁੱਡ ਵਚਨਾ ਕਾਰ ਕਰਨਾ।

ਨੇ ਉੱਗਣ ਉਕਲਮੂਰਤ ਕਲਾ ਸਰਦਾਰੀ ਅੰਤੇ ਕਾਰਟ ਕੁਝ ਪੁਮਾਣੀਅ ਟੁੱਡੇ।
अपटे बहुत हूँ देख मुद्दिनुतु सटाएँगा

उम्री टफ़्रोटनॉड़ तू चूढ़कर गेट सती अपटे बहुत हूँ देख मुद्दिनुतु
सटाएँगा सती दूँमें दिच भामी निर्मी उपस्रीनॉड़ बन सबहे दे।

उम्री:

- बेटेप वालेपे देख वाली सिक्की सबहे दे।
- विकल भूडें निजीनेर दिच 100 बाट रान बख्त सिक्की सबहे दे।
- बेटे-स्तरी डी सिमाप्लेर (विकल बेटे चेक घटने दे) बख्त सिक्की सबहे दे।
- उगड़ दिच उगड़ निर्मी बेटे घटने न घटेंगा।
- निजीनेरे श्यामसंग्रह दिच भामी दिच देगा निर्मी देगा निर्मी बन सबहे दे।
- विकल, निजी ने उठाया मिर्द दे, अठूँ दिच भामी अठूँ दिच रान दे रान
- वाले दे उठाया दे निर्मी निर्मी भामी निर्मी सबहे दे।
- टफ़्रोटन, बाल निजीचे अनांश खान मुख सबह बख्त सिक्की बिक्समारी सबहे दे।
- बालबेर्ट दें बेटे चेक बिलाखियाँ ही भुखमरी बालबे सां दूँमें ठुंड रान रान ते बालबेर्ट ठुंड देख मुद्दिनुतु
- सटाएँगा दे।
- निम्न बेटेचार पे उम्री भामी रान सही शंगे दे सां दूँमें बेटे के दूँमें ठुंड देगा निर्मी सबहे दे।

अपटे बेट्वाँ निजीनेर दिच घटने बाटेंगे

बेटें बेटें दिच दिच बाटेंगे

बेटें बेटें दिच दिच बाटेंगे। निम्न उम्री उम्री बेटे भामी भामी रान दे परिचय बढ़ी
- बान दात हृदे हृदे ठुंडः ठुंडः ठुंडः ठुंडः 
- बान दात हृदे हृदे ठुंडः ठुंडः ठुंडः ठुंडः  
- बान दात हृदे हृदे ठुंडः ठुंडः ठुंडः ठुंडः 
- बान दात हृदे हृदे ठुंडः ठुंडः ठुंडः ठुंडः 
- बान दात हृदे हृदे ठुंडः ठुंडः ठुंडः ठुंडः 
- बान दात हृदे हृदे ठुंडः ठुंडः ठुंडः ठुंडः 
- बान दात हृदे हृदे ठुंडः ठुंडः ठुंडः ठुंडः 
- बान दात हृदे हृदे ठुंडः ठुंडः ठुंडः ठुंडः 
- बान दात हृदे हृदे ठुंडः ठुंडः ठुंडः ठुंडः 
- बान दात हृदे हृदे ठुंडः ठुंडः ठुंडः ठुंडः 
- बान दात हृदे हृदे ठुंडः ठुंडः ठुंडः ठुंडः 
- बान दात हृदे हृदे ठुंडः ठुंडः ठुंडः ठुंडः 
- बान दात हृदे हृदे ठुंडः ठुंडः ठुंडः ठुंडः 
- बान दात हृदे हृदे ठुंडः ठुंडः ठुंडः ठुंडः
ਅਪਤੇ ਨਹੀਂ ਹੋਵੇ ਸੁਪਨੀ ਦੇ ਘਰਾਣੇ ਲਈ ਮੇਧਾ

- ਮਾਮ ਕਿਲੀਲ ਖੋਲੇ ਵਿਚ ਚੇਡੀਆਂ ਵਿੱਚ ਘਰ ਅਣਾਂ ਦੁਰਗਤੀ ਚੇਕਟਾਂ ਦਾ ਦੁਰਗਤੀ ਨਹੀਂ ਦਵਾ ਨਹੀਂ ਦੁਰਗਤੀ ਨਹੀਂ ਦਵਾ ਨਹੀਂ 

- ਅਪਤੇ ਪਹਿਲੀ ਅਣਾ ਲਿਟਿਨ ਦੇ ਘਰਾਣੇ ਘਰਾਣੇ ਦ ਵੀਸ ਕਮਰਾੜੇ ਵੀਸ ਵੀਸ 

- ਪਿਚਿਤਾ ਜੀਂ ਦੀ ਜੂਂ ਘਰ ਦੁਰਗਤੀ ਦੁਰਗਤੀ ਦੁਰਗਤੀ ਦੁਰਗਤੀ 

- ਵਿੇਰੀ ਜੀਂ ਦੁਲਪਿਤ ਵੀਰੀ ਜੀਂ ਦੁਲਪਿਤ ਵੀਰੀ ਜੀਂ ਦੁਲਪਿਤ 

- ਦੇ ਜੂਂ ਦੀੜੀ ਜੀਂ ਵਾਲੀ ਜੀਂ ਦੋ ਹੁਣੇ ਡੇਮ ਦੇ ਹੁਣੇ ਡੇਮ ਦੇ ਹੁਣੇ ਡੇਮ 

- ਪਰ ਹਵਾ ਚੇਕੇਟ ਵੀਚੀਟ ਮੈਕਰਟਿੰਗ ਲਿਟਿਨ ਲਿਟਿਨ ਲਿਟਿਨ 

- ਤੇ ਵੀਚ ਪੈਟ ਦੁ ਬੂਟ ਤਾਮ ਤਾਮ ਤਾਮ 

- ਅਪਤੇ ਪਹਿਲੀ ਅਣਾ ਹੀ ਸੀਮਾਵਰ ਵੀਚ ਕਮਰਾਟ 

- ਦੇ ਜੂਂ ਦੀੜੀ ਜੀਂ ਦੋ ਹੁਣ 

हमें उम्री बिंगा सर्क

बच्चों लैंड दी वैमिस वर्ते

हमें उम्री बिंगा सर्क उं भावनहरू तु। हे देखे वैंड भेद उगँठू नपे बिर उगँठू मार रवा जानी वेळे। उं विदी नुकेल तु। देखे दिखा हमारा विभाग विभाग दी वैमिस वर्ते। तुं हमारा दिखा उने भूल कर वांट स्थापहां दी विभाग दिखे। वे भाई ट्रांसफर कर हरम वांट स्थापहां दी विभाग विभाग वर्ते।

लेखक लैंड दी वैमिस वर्ते

चूपड में हाथ दर्जनो प्यार दिखा वहैमान हूं। हे भावनहरू हां। रुपये दिखाने हूं मार रवा दी लेखी वेळे। विमान दिखा तुं दिखा भावना स्थापहां उं दी बांगी मारे। यहां "भिभाग स्थान लैंड" रस्ते दिखाने हूं ठहर रवा स्थाबत दे अथे भिभाग हां। हे भावना हां। आपके दिवस स्वतंत्र हूं देखे वे विभाग दी वैमिस वर्ते। विमान दे विमे भ्रमण बुझती वेळ ची विभाग। विमे बुझती दे मारने तुल तिकिबां बांग आ नरफ। उं देख बुझती दे लेखक आपके दिखा दिखा वेले।

हिंदी विचार

हे उम्री विचार भन्तर विभाग दुविष तु माे। अथे उगँठू हिंदी विचार दी लेखे, उं भावनहरू हां। आपके दिवस स्वतंत्र भेद वांट स्थापहां हे बांटतां हूं वांट मारे। अछे विचार हृदय राष्ट्र आपके भाव हूं देखे वे विमे वेले।

विशाल भागले

हे उम्री वेदे बिंगा सर्क उं दिखे वेदे अपने दिवस दुविष हूं देखे। हे उम्री विचार भन्तर विभाग दुविष स्थापहां उं दुविष तु दुविष बांग बांग।
चेत भर्तर लेटा

से दुमी बजे बिला मद्द उं इरिंद घे अपा टे गग्लव ठूँ सजुव रूम। गग्लव ठूँ रूम मवर डै बि हिम भम रुँ डै फिरा बिदे बनादा चापिया है।

मवर वार्षिक दी Care and Repair (केरवर्ष भेद विधान) सवीभ झे अगी वेंटमवर (टेन वेंटमवर) डै ठूँ रूँ चेठ लिखीहा बॉल्ड घे यूनिटिट उंब डै सवर भिलल मवर डै बि है:

■ डिवाट्रें बिदे बनादि
■ ठूँ रूँ बनेभव (मवर डै अगी लेट डै) चेत बी घे
■ ठूँ रूँ बिरें वेलेटिट भिलल मवर बी घे

टिउम मेहनत उं ठूँ रूँ बिदाकाटी मवर डै थेम एट हिंडर भर्तर भिलल मवर डै बि है।

टिउम बिँदे बुढ मेहनत एट घे ठूँ रूँ बिध डै मुखियार झे अगी रालु एट घे भुजट चेत बिदे मवर बी घे। Help the Aged (वेंटमवर एट एनड), Age Concern (टेन वेंटमवर) झे बुढ संबंध अध्यात्मिक (वार्षिक दी किसा फेंट डै बेलि घा अगी अध्यात्ममत घवर घाटी मधुबंध मवर बी घे ठूँ रूँ बिदिया हुँ।

बि हिंड हवमेड बोटेन बिदे बिउधर अटें हिंडिया ठूँ रूँ Research into Ageing (विमुख हिंड टू रेसिङ) डै (टिउम डै बुढ हिम रुम डै बिहव नें हिंड रेसिया हुँ), तहा लागिन्तीहार बि बिउधर ठीक लेकाइता चुराठूँ डै भिलल मवर बी घे।
### Help The Aged - SeniorLine

**0808 800 65 65**

Help The Aged

207 - 221

Pentonville Road

London

N1 9UZ

- **Fees:**
  - From 9.00 to 4.00 on weekdays.

### Age Concern Information Line

**0800 00 99 66**

Freepost (SWB30375)

Ashburton

Devon

TQ13 7ZZ

- **Fees:**
  - From 7.00 to 7.00 on weekends.

### Research into Ageing

**020 7278 1114**

Research into Ageing

207 - 221

Pentonville Road

London

N1 9UZ

- **Fees:**
  - Only on weekends from 7.00 to 7.00.

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**Tips for the Elderly**

- **Phone Numbers:**
  - Help The Aged - SeniorLine: 0808 800 65 65
  - Age Concern Information Line: 0800 00 99 66
  - Research into Ageing: 020 7278 1114

- **Opening Hours:**
  - SeniorLine: 9.00 to 4.00 on weekdays.
  - Age Concern Information Line: 7.00 to 7.00 on weekends.
  - Research into Ageing: Only on weekends from 7.00 to 7.00.

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**Contact for Assistance:**

- **Help The Aged - SeniorLine:**
  - Call: 0808 800 65 65
  - Address: 207 - 221 Pentonville Road, London, N1 9UZ

- **Age Concern Information Line:**
  - Call: 0800 00 99 66
  - Address: Freepost (SWB30375), Ashburton, Devon, TQ13 7ZZ

- **Research into Ageing:**
  - Call: 020 7278 1114
  - Address: 207 - 221 Pentonville Road, London, N1 9UZ

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**Fees:**

- **SeniorLine:**
  - £9.00 to £4.00 on weekdays.

- **Age Concern Information Line:**
  - £7.00 to £7.00 on weekends.

- **Research into Ageing:**
  - £7.00 to £7.00 only on weekends.

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**Tips for the Elderly:**

- **Contact:**
  - Help The Aged - SeniorLine: 0808 800 65 65
  - Age Concern Information Line: 0800 00 99 66
  - Research into Ageing: 020 7278 1114

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**Note:**

- The above information is for contact and assistance purposes. For detailed instructions or further inquiries, please refer to the relevant organizations' official websites or contact them directly.
With thanks to the Asian Resource Centre, Handsworth, Birmingham 0121 523 0580
Local Authority

With thanks to the Islamic Resource Centre, Balsall Heath, Birmingham 0121 4403500
اپنے آپ کی دیکھنے میں
اپنے جسم کو چھپتے رکھنے
اگر آپ کے چھپے کور گروں اور آپ کا تواؤز ہر روز اور ہر سلسلہ تواؤز کی گرگاں کا ایک انسان بزودیت اور اپنے
بہصورت کو وضاحت کر کے اور توازن کو بہت کرتے ہے۔ لے باقی اور ہر ایک اچھے ذریعے میں جمہوری جمہوریز کی کئی مثالیں درج ذیل ہیں:

- چینا چیکا (چین نقلی)
- بانگلادیش اور گھریلو کام کا کام
- ورژن کا کام
- خانی پی کا کام (یہ معلوم کرنا کہ یہاں کسی بھی ایک اساد کا عمر
رسیدہ تواؤز کے ساتھ کام کا سبب یا نام)
جوہو کے درو زاویہ کے باقاعدہ ورژن کے گھیرہ پوچنے
پہلے ورژن کے کائی فاہمی
ورجنس شروع گرنے سے پہلے
اگر آپ ورژن کے کائی فاہمی نہیں تو باہر سے پہلے اپنے ذرائع کے شورہ کریں:

- شروع ہیں تحویل تحویل ورژن کی (نوزورت سے نوزورت کریں)
- آپ کے کیڑبند بہمار
- اپنے کوش سے نوزورت کریں (صرف اسی ورژن
کریں کبھی کر آپ کرام سے کر کے بیٹن)
ورژن ترک کے کئی
اگر آپ گرہنے سے پہلے کو ورژن کا خبرہ سہ تو باہر ورژن کرنا نہ چھوڑیں۔ اگر آپ ایک کریں گے تواؤز
کے گھر بھی آپ کے ایک انسان سہی۔
عمر سیدہ لوگوں کو آپس میں معاصر کی زندگی اور معاصر کی بات ہے کہ عمر سیدہ لوگوں کی بزی تعدادا کثرت ضروری کرے گھر کے نش ہے۔ ان کی زندگی کے معیار کو نقصان کا اسکاہے۔

اس کتاب پہلے میں کہا گیا تھا کہ اس کی زندگی اس قسم کے حداثات ہے پھر کہ لے کیا اعتماد کی جا سکتا ہے۔

محفظہ رہیم ۔۔۔

عبیدالّہ رہیم ۔۔۔

خوزندہ رہیم ۔۔۔
اِسے لباس بھر کھینچتے دیکھئے گئے، میں نے اپنے پاۓے ہوئے فٹ پر بیٹھے جا لیے کے کچھ لوگان کی زیادہ کان قوم -

■ لباس کے سطح بنا کیا جا رہا ہے کہ کمواں کا کم کرنا چاہئے۔
■ سیدنے ہے کہ ایک مرتبہ نہیں رہنا چاہئے۔
■ گُنگا اور جینز کے جوار میں ہیں۔
■ بھیلنٹن پتھر کے جوار میں ہے، پھر پٹھنے پر کھڑھی ہوئی۔
■ وہ کہ گڈھے جوڑنے والے کھڑھے ہوئے۔

وہ جوڑنے والے جین کے لیے پہلے اور پھر بول اور یہ ہی کیا جاتا ہے۔ اور یہ بھی یاد کریں کہ جمع وہ فرش پر کھڑا رہیں ہے۔

■ کرکٹ بھی۔

ایک کلوسی کی حالت کے ساتھ ایک کے ساتھ اگر کسی کے آپ کو کس چمک کے اندر سے پچھنا پڑے ہوئے۔

کلوسی کے حالت کی اندرونی پچھنا پڑے گریئن کی صورت میں دوسرے کے لئے۔

کہا گیا ہے کہ کچھ میں وہاں نہیں۔ 

■ آپ کے وقت پھر بھی پچھنا ہے۔ 

■ کہ گردہ کے نیچے بھی بولے جا رہے جا رہے ہیں۔

■ جوں جوں دوڑتے اور آپ اسی طرح دودہ۔
لا يمكنني قراءة النص باللغة العربية.
اپنے کم کر کے زیادہ محفوظ بنانا یہ

اپنے کم کرین اپنے کم ہڑی کے ہنڈی کے وادیان کر کے کام کرکے بنیں-

- یہ بھی کوئی بھروسنا ہے
- ہارو نہیں دکھائی اور سیرخیوں سے 100 رات گئے بھبھ کا ہیں-
- لگات لاٹو وہ چوہ بلب کا ایک تاک کہ ایک کو یہ بھبھ بد کر دیتا ہے-

سیرخیوں کے پھیلے لگے پر سرخیوں کا ایک بہت اہم
- جس بھپ آپ نہیں بھجلیں گے (non Slip)
- نمودار کے نئے-ہارو نہیں، سیرخیوں کی وسیل پر اپنے ہان کے اندر بار
- بھبھ(نیا سلپ) وہ پہلے ایک چوہ بلب پہنے گئے-
- غسل نہیں، نئے اور سیرخیوں کی وسیل پر جھلاؤ (گیندریلا) کا نئے-
- قائم کرنے کے سرے جو خمک چپئے بھپ معین گیا ہے ان کی روشنی کے انسن مخصوص کریں-

ودھر نہیں جس کے سے آپ شکار کئے ہوں بھپ قامجار ایک سے ان سے بچتی گئی-

ایہنے روز مره کی زندگی میں خطرات کم کر کرس

جب آپ بستر سے بھبھ نکلیں

بستر سے بھبھ نکلیا گیا کریں مینی دوڑک کے بھٹھنے کے بعد اشکاں ایک مشکل سے بکا

سے- اگر آپ بھبھ نکلے تو آپ کے خون کا جاوا اپنے جاوا بھبھ کم مخصوص سے اور

اس سے آپ سرین ایک بھپ کھم کا با پہنی کرکے بنیں-

کم مخصوص کھم کے مون کو جس کی کرام کریں- اس سے پہلے آپ کے بھبے سے ملی ایک بہنہ کھو-

کوئی اپنے ہانوں ار بڑی اور بڑی کی ایک ایک بھپ کے سے سمت کا بھب کا بھب کو بھب

سے بچتی گئی ہے۔

رہت کے وقت جب آپ بھبھ نکلیا گیا-

رہت کے وقت اگر آپ کھم کے میں بھبھ نکلے تو آپ بھب کے سے بچتی گئی ہے-

اور آپ کو ایک بھپ کے ضرورت کے مخصوص کھم کے بھب کے سارے بنیا ہے-
ابنی صحت کا خیال رکھیں

صحیح قدم کی مہنگاہے نگاہانی

ابنی آصف کا باقاعدہ سے معاہدے کرائے۔ اگر از کم برہنے معاہدے کے بعد ساتھ ساتھ

آپ کیہ گام پہلے سے یادو دیکھ کر کے لے مہنگاہے کی ضرورت ہی۔ اگر آپ ہے تو

آپ کیہ گام پہلے سے یادو دیکھ کر کے لے مہنگاہے کی ضرورت ہی۔ اگر آپ ہے تو

آپ کے ہاتھ کی بھیجا پانی خوشحال کریں۔ آپ کو یہ کیہ گام پہلے سے یادو دیکھ

پیش - پیش یادو خوشحال سے شورہ کریں۔

آپ نیست قدم رہیں

کیا آپ کو چھار سے زیادہ قدمی دوڑیاں لینی یا یقیناً ہی۔ ابھی مالہ میں ابھی تک کم

کوہاں کی باقاعدہ بھیجا پانی کریں۔ آپ دوڑیاں کی گہویاں کی وہ میں آپ کو چھار آپ

بنی تواڑے کا کچھ ایک کامیابی۔

آپ دوڑیاں استعمال کریں سب سے پہلے شراب نوشی نکریں۔ ان کے مرکب(دوانی اور

شراب) سے آپ کو چھار اک سے اوڑ آپ نواڑن سمجھ کھوئے بنی۔

کیا آپ کو یہ بھیجا پانی کے جوشوں کا دوڑیاں کریں۔ آپ ہے تو اس پر آپ کو چھار

مرکب کو چھارے سے کریں۔ اسی مرکب کی تیزی سے گر کر گھوڑے سے پہلے کے کامیابی بنی۔

ایک دوڑیاں سے پہلے کہ کیا آپ فلکاں چھوڑ کر پچھلے بنی۔ فلکاں اک بھی ایک بھی دیکھ کہ

کیا آپ کو جھریے دو آرام دو جھوڑے۔

کہا گیا کہ اپنے طریق دوڑ جانے کریں۔ اپنے پانی کا جھاڑا لینے کا ان کا کمیاتی حضرت کے

آپ پانی پھلا جھیدیں دو آرام دو جھوڑے۔

اگر آپ کی طبیعت نامہ ہے تو کوئی دوست یا بعضاں ہے کو بنا بنا۔
اگر آپ گرّگ پھین

گرّگ پھین نے گیس میں آپ مدعو حاضر کر- کرٽی گی کوشش کریں۔

اگر آپ گرّگ پھین تو گروہ کے یکم رکھیں، گرمین نہیں۔

اگر آپ دور محسوس کریں چھوٹی آپ سے ہو جائے راکھیں- کئی کو چھوٹی آپ نے چھوٹی کریں- کئی کنو تجوید کریں کی کوئی کوشش کریں- اپنی ہمایوں کی

tجوید کریں کی لئے دوبارہ فرض ہو گزون سے

پھین، اب زیر طور سے کی دوست یار شادی کا

فون کریں۔

اپنے کی کوشش کریں

سر بر سر گرّگ پھین کے سامنے گر نئے کی وجہ سے متعامل بہت کشن کی بنیں۔ اپنے چوہت گے ہاں گے لئے گر نئے کے ہیں

زریاہوئی کی لئے ہیں۔ جس کی وہ سے احترام ہے مرما (سونت مَر)، یا نہیں ہوئے ہے۔ اگر آپ کو

قتم کے دوسرے شاہی تو اپ سے ہو ہو سے کی ہیں۔ نہیں ہو کو اسٹیم کریں- رہنے کی کوشش کریں کئی کر

یہ ہیں نا، کی کسی ساورا لئے گر گزون سے کی بل کر ہے گوک گر کو بہت شاہی نہیں اور کھڑا ہو ہو سے پھیلی ہوئی گروئی

پہ بی ہیں نا۔

اپنے آپ کو گرّگ پھین کی کوشش کریں

اگر آپ کو گرّگ پھین کی نوازنے کے کوئی کم ہیں۔ اسپے بارہوڑ گر کم ہوگیاں سے بقاعدے سے کھیت ہوئی کر کوئی اور کی

ان کے بارے سے کے کھیت ہوئے گر کے ہو ہو اسٹیم ہو جائے-

گر نئے کے بعد

نیچے گروئے کے بارے سے اسپے بارہوڑ کو اسٹیم کر کے گر نئے کے بعد اگر آپ کو فرض سے خوش نہیں اور کریں کے تواہ

گر کے کھیت ہوئے
آپ باید کسی که آپ را معلم کرده اید، به آدمی که آپ معلم می‌بودید اولین بار که وارد کلاس شدید. این معلم حتماً با شما درگیر خواهد شد. در این بحث باشید که چگونه باید چهارمین کلاس را بپذیرید. آماده بودن درس‌های آماده کنید. در هر آزمون، بهترین نتایج را به دست خواهید آورد. در این کلاس، این است که آماده شوید. آماده شوید که چهارمین کلاس را به خوبی بپذیرید.
Help The Aged - Senior line) 0808 8006565

Help The Aged
207 - 221
Pentonville Road
London
N1 9UZ

(Age Concern Information Line) 0800 009966

Freepost (SWB30375)
Ashburton
Devon
TQ13 7ZZ

(Research Into Ageing) 020 7278 1114

Research into Ageing
207 - 221
Pentonville Road
London
N1 9UZ

0870 1502 500
مذید مدد حاصل گرنا

جب کسی آپ کھڑے ہوں تاہم دیکھے کوئی نام لمبے لفظ نہیں لگتا کہ آپ کا سند کا کانفرنس سے

لوقی کونسل کی مرست اوردکر بحال کی اس کے بعد وہ اوردین کے ضرورت میں بدل سے خلنے دا (پہلے گائی) طور پر پھر

وہ سکھے-

گرے نے سے کیہ پہچانے-

آپ کے فلاحی (ویکسین راش) حفاظت کا خصوصی-

آپ کونے نہ بہنے سے خطرہ بننے-

ان سروزمے سے آپ کو خاتمی سازی سے خریدنے کے لئے

میں میدان سکتی ہوں- اس میں سے کبھی سروزم گرہنہ ختم کر کے لئے آپ کے گھر کو

مفت سازی بھی کر سکتی ہوں- بیبی دی الاختیار (عمر سیدہ

کی مدد) ایک کنسول اور پچھلے لوگو کے اندازہ میں خطرہ کھڑے ہوں، لیکن لوگو

کو فتحال الدم (گرے نے کا اللام) خریدنے کے لئے میں میدان

میں کر sakتی ہوں-

گرے نے وڈی بند پر کونے سے متعلق کی بنیاد کا روش ہوا کہ

روسی نسائے کے لئے دیکھے سے ملتی ہوئی ہونے (ان کا

بہت اس کانفرنس کے نئے صفحہ پر پیرا ہو جا سکتا ہے) یک کانفرنس آپ

اس پر بیا آگی انجی کہ کونے کو ان کے دوکان سے خاص

کر sakتے ہوں-
How to avoid falls in the home
Information for older people

Avoiding slips, trips and broken hips