May 2026

THURROCK FALLS PREVENTION PROGRAMME DEEP DIVE EVALUATION

ActiveEssex

Table of Contents

Executive Summary

The Active Essex Evaluation team undertook a midpoint deep dive evaluation of the Thurrock Falls Prevention Programme to understand how the programme is progressing in practice, and to understand early signs of impact. As part of the Thurrock Place Partnership investment, falls prevention has been prioritised for its potential to reduce avoidable demand on health and care services, and support a more preventative approach across the system. This evaluation responds to that strategic focus and the need to evidence early progress. The qualitative insights were gathered from four partners across both strategic and delivery roles within the programme.

Findings demonstrate that the programme is generating meaningful early impact through:

- Improvements in strength, balance, and mobility
- Increased confidence, reduced fear of falling
- Greater independence among attendees

Importantly, social connection appeared to act as core programme outcome, with strong peer relationships supporting sustained engagement and reducing isolation, an area not currently captured through existing measures.

Delivery has been enabled by strong partnership working and staff adaptability, allowing the programme to respond to local needs and implementation challenges. Contrasting this, system-level pressures remain, including referral inconsistencies and capacity constraints due to the high demand and popularity of the programme.

Overall, the programme is operating as a holistic and adaptive intervention, with outcomes driven by the interaction between physical, social, and behavioural changes. To maximise ongoing impact, there is a need to strengthen referral pathways, recognise social outcomes within evaluation, and support long-term system alignment and sustainability.

KEY INSIGHTS

- Improvements in physical function alongside increased confidence and independence
- Social connection is a primary driver of sustained engagement
- Referral pathways are not yet fully consistent
- Demand exceeds delivery capacity

Introduction and Context

The Thurrock Falls Prevention Programme is a targeted intervention supporting adults living with frailty or mobility challenges to reduce falls, improve strength and balance, and remain physically active. The programme is delivered across community settings in Thurrock and has been implemented as part of the wider Place Partnership investment to expand access to preventative support.

Falls represent a growing challenge for health and care services, contributing to increased demand through fall-related injuries and loss of independence. In Thurrock, emergency hospital admission rates for falls among people aged 65+ have increased over time and were estimated to be 52% higher than the national average in 2024/25, underlining the scale of local need. The programme therefore aims to reduce the risk and impact of falls, alongside contributing to a reduction in avoidable demand on acute and community services.

The core offer is a 36-week, free, small group programme delivered by qualified Postural Stability Instructors using the FaME (Functional Ageing and Mobility Exercise) model. In line with international best practice, attendees completing the programme are offered a further 14-week continuation phase to support sustained outcomes. The programme is open to adults aged 18+ living in Thurrock who have experienced a fall, feel unsteady, or have conditions affecting mobility. Eligibility is informed by practitioner assessment, including the use of the Rockwood Frailty Scale to determine appropriate placement.

Delivery is supported through a combination of GP and health practitioner referrals, as well as self-referral, with a focus on engaging individuals at risk of falls and supporting measurable improvements in strength, balance, confidence, and ongoing participation in physical activity.

A mid-point deep dive was undertaken by the Active Essex Evaluation team to understand the progress to date, capture current insights on learning and progress, and to provide a richer understanding of attendees' experiences through the perspectives of staff.

Methodology

The data gathered for this report consisted of three semi-structured interviews being conducted over Microsoft Teams, with four partners working on the Falls Prevention programme. The participants ranged from working across strategic oversight, through to delivery functions. Interviews were informed by a topic guide shared with participants in advance, designed to provide consistency across interviews while allowing flexibility to explore emerging areas of relevance, noted in Figure 1:

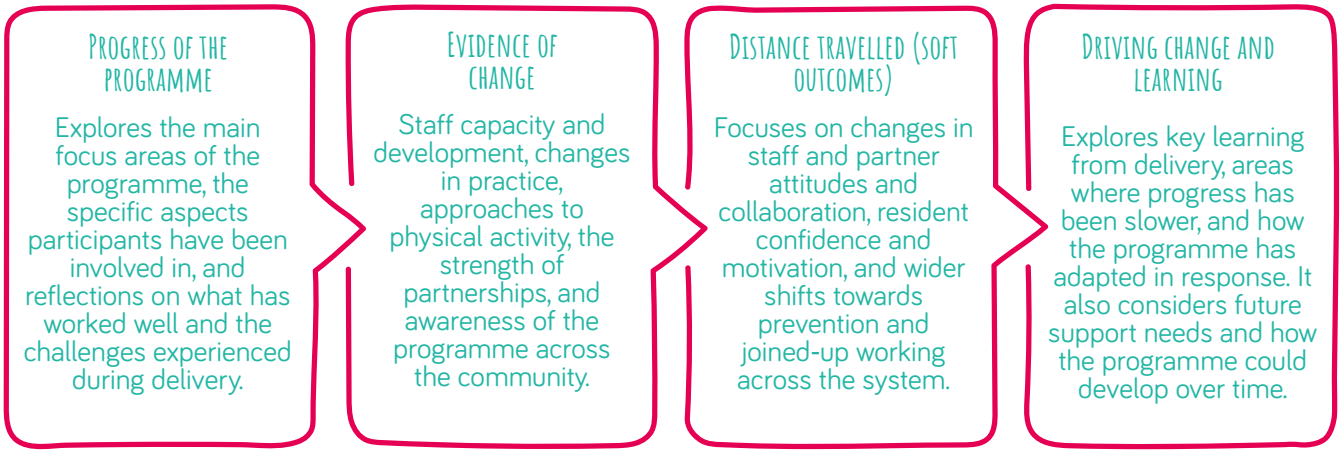

Figure 1 - Topics of discussion for the Falls Prevention interviews

Interviews were transcribed and thematically analysed to generate deeper insights and identify key delivery patterns. As the Falls Prevention Programme is mid-way through delivery, attendee perspectives and experiences have not yet been captured however, this is an area intended for exploration in the next phase of the evaluation.

Thematic Overview

The overall analysis of the interview data identified a set of interconnected themes that collectively provide insight into the delivery, impact, and ongoing development. In turn, these themes reflect a range of outcomes from operational experiences and delivery impact, through to the programme's attendee outcomes. Moreover, these themes highlight how the programme is being implemented in practice and where it is generating change.

A consistent thread across the data is the relationship between physical outcomes and wider social and emotional benefits, with improvements in strength and balance often accompanied by increased confidence, reduced fear of falling, and strengthened social connections. Counterbalancing this, the thematic analysis also highlights delivery challenges and system considerations, specifically in relation to referral processes and staff capacity. Together, these themes offer a nuanced understanding of early programme progress, illustrating both areas of strong impact beyond statistical measurement, and aspects requiring further refinement to support sustainability.

Figure 2 presents the most commonly used terms and phrases across the interviews, with colour coding used to group words according to the key themes identified:

Deep Dive: Exploring the Key Themes

The following section presents a detailed exploration of the key themes identified through the thematic analysis. Each theme reflects a core area of insight which has been socially constructed from the interview data. In addition, the analysis aims to move beyond description to examine how these themes interact, highlighting multiple areas which range from strong progress, through to the practical challenges encountered during implementation. Where appropriate, illustrative examples are included to evidence key reflections, and ensure findings remain grounded in the experiences of those involved in delivering the programme.

PHYSICAL OUTCOMES LINKED TO CONFIDENCE AND INDEPENDENCE

Despite only being halfway through the delivery of the Falls Prevention Programme, findings indicate that attendees' improvement in strength, balance and mobility were entwined with an increase in confidence and independence. Further to this, partners that were interviewed, expressed that they had witnessed a reduced level in fear of falling, potentially enabling a greater willingness to engage in everyday activities. It can be noted that these physical gains were not experienced in isolation, but acted as a catalyst for broader behavioural change amongst the programme's attendees. Moreover, the reflections on the attendees' confidence and increased autonomy became a central sub theme, noted persistently throughout all interviews. It could be suggested that the factors relating to the distance travelled by attendees such as rises in confidence and increased motivation, should be positioned as a core programme mechanism, rather than a specific outcome.

Alongside attendee level outcomes, the data also highlights a parallel increase in staff confidence in delivery. Reflecting on the progression of the programme, participants expressed a high level of assurance in delivery through adapting activities to meet attendees' diverse needs, and support them with differing levels of ability:

> **The confidence... before they were, you know, anxious, a lot of preparation and anxiety, but now they're flying.**
>
> Delivery staff

This growing confidence reflects both increased familiarity with the Falls Prevention model, and how prior knowledge and learning was further strengthened through delivery, contributing to more responsive and effective facilitation. Furthermore, this theme highlights that physical strength and confidence across both attendees and staff are not standalone outcomes, but were intrinsically linked. In combination, these elements form an interdependent cycle in which physical gains, attendee's confidence and staff capability strengthen and sustain one another.

SOCIAL CONNECTION AS A MECHANISM FOR SUSTAINED ENGAGEMENT

Analysing areas relating to evidence of change, increased social connections and peer support reflects a compelling finding that is richly illustrated throughout all interviews. Participants expressed a heightened awareness of loneliness and isolation amongst attendees, noting that these factors are not measured. Whilst the programme aims to address the physical health of attendees, isolation and mental health appears to sometimes act as a key driver for being referred into to the programme.

Strong peer relationships have been developed by attendees, including informal socialising after the group. In turn, this has led to a strong connection between attendees, regularly meeting after the class for refreshments. In addition, attendees have created a WhatsApp group, and knitting group called 'Knit and Natter', in which they support each other and socialise outside of the programme. The WhatsApp group reflects a strong element of peer support, with one example evidencing the support an attendee received from their peers after experiencing a fall:

> **She'd had a fall, and the rest of the group was so supportive, and they were like, 'hope you are alright... Well come along and have a chat. You don't even have to do the class if you don't want to. Just come along and have a coffee with us so we can check and make sure you're alright.**

This suggests that the programme is facilitating sustained social connection beyond structured delivery, creating informal peer support networks that contribute to ongoing engagement. Further to this, participants state that these relationships are supporting increased levels of physical activity beyond the structured sessions, by describing how attendees organise their own walking groups outside of the programme, demonstrating how peer connections are translating into sustained behavioural change. This factor suggests that the social environment created through the programme is enabling participants to continue engaging in physical activity independently, reinforcing both confidence and longer-term lifestyle change.

In continuance, it is also indicative that social connection is not an incidental benefit, but a central component of the programme's overall impact. In enabling meaningful peer relationships and reducing isolation, the programme is addressing wider determinants of health that extend beyond its primary physical focus. As such, these social outcomes may contribute to sustained engagement and longer-term wellbeing, reinforcing the value of a holistic approach to falls prevention.

STRONG PARTNERSHIPS ENABLING DELIVERY

Established partnerships across Thurrock have played a key role in enabling effective programme delivery. Participants highlighted that existing relationships between organisations are well-embedded and have developed over time, creating a foundation that supports collaboration, communication, and coordination. Subsequently, this has enabled the programme to build on pre-existing connections whilst marginally forming new ones, facilitating a more efficient implementation process:

> **We've used for example the Aveley Hub because we already had a relationship with the Site Manager there, because we deliver some other programmes there, so we're quite well connected as an organisation. It's just a case of resurrecting those relationships.**

Partnerships have also supported practical delivery, particularly in relation to accessing suitable venues and engaging with local partners. Noting that health and safety and risk assessments require a thorough process, familiarity with community settings and existing contacts has enabled delivery to be more flexible and responsive. In turn, this has thought to have reduced potential barriers that may otherwise delay implementation such as providing a venue with ample parking.

In addition, knowledge and learning have been shared across programmes, with staff applying skills and experience from other health-related interventions, strengthening the overall delivery approach. Evidence highlighted that instructors utilise their knowledge and skills from other classes they deliver for long-term health outcomes such as cancer rehabilitation sessions.

Following this, evidence further suggests that partnership working has contributed to increased visibility and awareness of both the programme and wider issues relating to frailty and physical activity. An example of this is strengthened system level partnerships, with one health partner sending out a text campaign to their patients on a Friday afternoon. This led to 44 new referrals on the Monday. Whilst one participant reflected that the visibility of physical activity and frailty have always been discussed by health professionals in the context of Thurrock, other participants felt this had increased. Further evidence of strengthened partnerships includes statutory organisations promoting the launch of the programme. Reflections highlight that these factors are now more frequently discussed within meetings, communications and wider system discussions, potentially indicating a shift in how frailty and physical activity are considered locally within the health system.

Beyond organisational partnerships, the findings also evidence an extension of partnership working at the community level. Through the use of social media, residents were actively sharing information and commenting about the programme, whilst drawing attention to members of their family or friends that this may be of benefit to. It can be noted that this potentially reflects a broader conception of partnership in which collaboration extends beyond the system level.

Overall, these findings demonstrate that strong and established partnerships are not only enabling delivery at a practical level, but are also supporting wider system alignment and awareness. Residents' engagement and promotion of the programme through social media channels also adds an additional dimension to this, extending partnership beyond organisational boundaries, creating a more favourable environment for the programme to operate and develop.

IMPLEMENTATION CHALLENGES AND SYSTEM PRESSURES

Alongside areas of progress, a range of implementation challenges and system-level pressures were also identified which shaped the delivery of the programme. These challenges reflect both practical barriers encountered during the mobilisation phase, and wider system constraints, influencing how the programme operates in practice.

The data highlights tensions between programme demand and available capacity, with insight illuminating a high level of referrals, some of which do not meet the specified criteria. Moreover, participants express referral pathways do not always undertake a thorough assessment of the patient, leading to referrals being made simply to resolve loneliness and isolation. Participants expressed a number of patients being referred with Dementia, leading to an unnecessary heightened workload for delivery staff, which could have been avoided through more efficient referral pathways. Data collection inconsistencies and the difference in IT systems being used by health professionals also demonstrates a heightened challenge noted by the participants:

> **Data collection was not consistent as not all GPs would complete a Rockwood frailty score, and different data systems are used so for example, System One for patients but Falls Prevention practitioners don't have access to that.**

Operational considerations such as training timelines also played a significant role in the implementation of this programme, due to the unavailability of tutors over the summer period. Further to this, recruitment also added to the challenges due to the difficulty of establishing a part-time practitioner, meaning another candidate was then selected but had missed the original timeframe to undertake their training.

While these challenges have influenced delivery, they reflect broader contextual and system-level constraints rather than limitations of the programme itself, evidencing the complexity of implementation within a multi-agency environment.

ADAPTATION AND LEARNING THROUGH DELIVERY

Participants reflected that the delivery of the programme has been shaped by ongoing adaptation and learning in response to implementation challenges. Throughout the progression of the programme, approaches to delivery have been refined, illustrating practical experience in responding to attendees' needs, operational constraints, and system-level pressures.

Adaptations are reflected across several aspects of delivery. An example of this can be seen by the learning from early referral inconsistencies, leading to greater clarity around eligibility and improved communication with referral partners. Similarly, perceptions of programme structure have evolved over time, with increased recognition of the benefits of a more controlled, closed-group approach to delivery. Attendees are therefore not able to join the group beyond the fourth week of delivery. This concept caused differing views amongst participants during the mobilisation phase, but noted a shift in opinions once delivery had begun due to recognising the differing levels of ability amongst attendees:

> **...you could get to week 18 and still take people in however, our funders did not want that. They were very specific about there being a start and a finish. So far actually, I'll eat my hat as it is working.**

More broadly, delivery has been underpinned by a flexible and responsive approach, with staff demonstrating a strong capacity to adjust and refine delivery in line with emerging challenges, but also from their originally perceived target audience.

With reference to demographics, all participants reflected that whilst the programme initially aimed to support people over the age of 65, they have noticed a younger age cohort wishing to participate, widening their original view of attendees' criteria. Moreover, delivery has evolved beyond a perceived age threshold, with increased recognition that fall risk is not confined to those aged 65 and over, but is influenced by wider health complexities.

Learning from the Thurrock context has reinforced this shift, indicating that frailty and fall risk may present at a younger age locally. In a similar vein, emerging patterns in the demographic profile of attendees regarding gender were also noted, with current programme uptake consisting of mostly women. This adds to the programme's evolving understanding of its target population, suggesting that those accessing the programme in practice may differ from initial expectations.

While not explored in depth within this deep dive, this observation points to the potential need to better understand patterns of engagement, including whether certain groups may be under-represented and how access could be broadened over time. Moreover, these considerations reflect the programme's responsiveness to local context, and further understanding into the diversity of future attendees.

Overall, this theme suggests that adaptation has been a central feature of delivery, rather than a reactive response. The ability to embed learning into practice reflects a responsive and evolving model, which is well-placed to strengthen delivery consistency and support longer-term sustainability within a complex system context.

FUTURE SUSTAINABILITY AND SYSTEM ALIGNMENT

Throughout the interviews, participants expressed a strong focus on the future sustainability of the programme, consistently emphasising the need for longer-term investment and stronger alignment within the wider health and social care system. While early progress and outcomes are evident, there is recognition that the current two-year funding model limits the programme's ability to fully realise its potential impact.

Participants reflected on the need for the programme to be embedded more formally within existing health structures, suggesting it should be positioned alongside other long-term condition pathways. This reflects a broader aspiration to move beyond a time-limited intervention, and more towards a sustained and integrated model of delivery, supported by ongoing funding and system-level commitment:

> **This programme is only funded for two years... it should be another long-term health condition strand.**

In continuance, there was also a clear emphasis on the importance on the continuity of provision, particularly following completion of the 36-week course. Participants identified a need for onward pathways such as progression into strength and balance programmes in order to maintain physical gains, and prevent regression. This indicates a desire for a wider requirement in the form of a joined-up pathway, rather than a standalone intervention. It can be noted that this could continue to support sustained behaviour change and long-term outcomes.

The need to consider broader and earlier intervention also contributed to this theme, including a more upstream and preventative approach, reflecting a growing recognition that the programme has the potential to contribute not only to individual outcomes, but also to wider system priorities. This could be evidenced through a reduction in hospital admissions for falls, leading to a reduction in pressure on acute services. Statistical data from 2024-2025 shows that hospital admission rates due to falls in Thurrock were higher than the national average, underlining the significance of this issue and the need for continued focus, emphasised by one participant.

The findings also suggest that specific outcomes, particularly relating to social isolation and wellbeing, may not yet be fully captured within existing evaluation frameworks. This raises important considerations for how impact is measured and understood, specifically in relation to the programme's wider contribution to prevention and wellbeing.

Whilst these findings indicate the programme is demonstrating early success and clear progression, its longer-term impact will depend on its ability to secure sustained investment and achieve stronger alignment within the health and care system. This includes embedding the programme within existing pathways, strengthening onward provision, and recognising its role in both prevention and wider population health outcomes.

Connecting Insights: System-Wide Themes

Across the themes, several key patterns are apparent that provide a deeper understanding of how the Falls Prevention Programme is operating in practice. Demonstrated in Figure 2, a Context–Mechanism–Outcome pathway illustrates how delivery conditions shape the mechanisms through which change occurs, such as improved strength, confidence, and social connection, which in turn lead to a range of participant and system-level outcomes. This highlights that impact is generated through a dynamic and interconnected process, rather than through isolated elements of delivery:

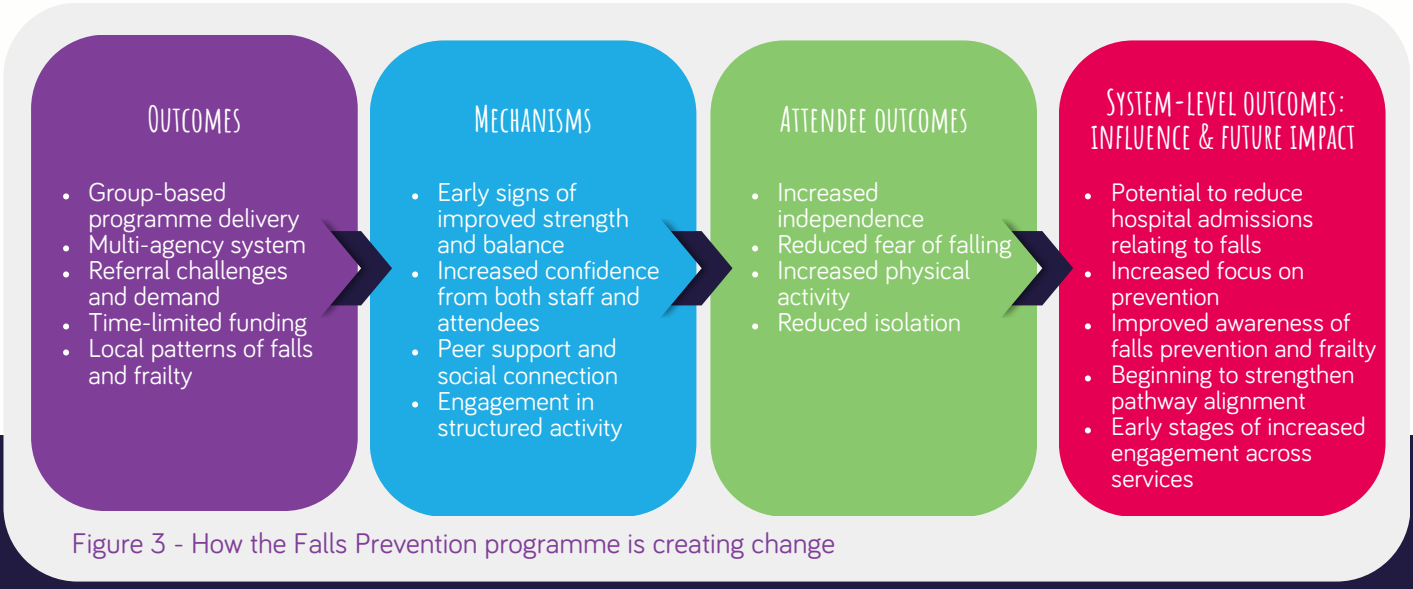

Figure 3 - How the Falls Prevention programme is creating change

In turn, this indicates that outcomes appear to be holistic and interdependent, rather than discrete, noting the interconnectivity of physical, emotional, and social changes that further reinforce one another. Improvements in strength and balance can also be noted to contribute to increased confidence which is also suggested to support greater participation, independence, and social connection. Moreover, this demonstrates that impact is generated through a dynamic and mutually reinforcing process, rather than acting as isolated outcomes.

Following this, delivery has been shaped by participant's increased adaptability. Operating within a context of implementation challenges and system pressures, participants have drawn on experience and emerging learning to refine delivery approaches over time, evidencing a continuous reflective cycle. This ongoing adjustment has enabled the programme to better respond to the diverse needs of attendees and operational realities, resulting in more consistent and effective delivery despite initial constraints.

The significance of social outcomes also becomes pivotal. Whilst they are consistently evident across the data, they are not routinely captured within existing measures. The group-based nature of the programme creates opportunities for shared experience and interaction, illustrated by social connections continuing beyond programme delivery, building relationships and informal support networks amongst attendees. These relationships appear to play a key role in a number of factors such reducing isolation and building motivation, whilst sustaining engagement beyond the structured sessions themselves.

Furthermore, the analysis demonstrates that system conditions play a critical role in shaping delivery and outcomes. Reflecting upon variations in referral pathways, capacity and funding can be suggested to influence how the programme is accessed and delivered, affecting both efficiency and reach. As a result, the programme's impact cannot be determined by delivery alone, but by how it operates within and responds to the wider system.

Taken together, these insights suggest that the programme functions most effectively as a holistic and adaptive intervention, where outcomes emerge through the interaction between delivery context, attendee experience, and system conditions, rather than through isolated components of the programme itself.

Implications for practice, policy & delivery

As this deep dive reflects the midpoint of programme delivery, the implications outlined should be considered as emerging, based on early learning and evidence gathered to date. These implications draw on patterns identified across the themes and provide insight into how delivery, practice, and system conditions may need to evolve to support the programme's continued development and sustainability.

IMPLICATIONS FOR IDENTIFICATION AND ENGAGEMENT

Findings suggest a need to strengthen and standardise referral pathways to ensure more consistent and appropriate identification of individuals who would benefit most from the programme. Whilst there is evidence that this has begun, this could be further strengthened. In turn, this could include increased awareness that moves beyond perceived age-based criteria, leaning more towards a needs-led approach, alongside improving awareness through both professional and community channels.

IMPLICATIONS FOR PRACTICE AND DELIVERY

The interdependent nature of physical, social, and confidence related outcomes indicates that the programme's effectiveness is underpinned by a holistic, group-based model. This suggests that social connection should be recognised as a core component of delivery, rather than an additional benefit. In addition, the importance of staff adaptability highlights the need for existing valued support to be continued, and shared learning to sustain effective delivery.

IMPLICATIONS FOR SYSTEM AND SUSTAINABILITY

The importance of stronger system alignment to support long-term sustainability includes the need for clearer referral processes and improved integration with wider health pathways. Early indications also suggest that the programme has the potential to contribute to wider prevention priorities, reinforcing the case for sustained investment and a more embedded, system-wide approach.

Key Insights and Recommendations

The following recommendations are based upon learning and evidence identified at the midpoint of programme delivery:

1

Strengthen referral pathways and targeting

As evidenced, there appears to be inconsistencies in referral processes to ensure appropriate identification of attendees. This should include clearer referral criteria and strengthened communication across referral partners.

Lead: Health partners, Social Prescribers, Commissioners

2

Recognise and embed social outcomes within delivery

Given the rich evidence of social connection as a core outcome, this should be formally recognised within programme design and evaluation. Consideration should be given to how social outcomes are captured and reported.

Lead: Programme leads, Commissioners, Evaluation teams

3

Maintain a holistic, group-based delivery model

The effectiveness of the programme is closely linked to the integration of physical, social, and confidence related outcomes. Delivery should continue to prioritise structured, closed group-based settings that enable both physical progression and peer support.

Lead: Delivery providers

4

Support continued workforce development and adaptability

Ongoing support should be provided to delivery staff to enable continued adaptation and learning, supported through skill development, shared learning, and flexible delivery approaches.

Lead: Delivery organisations, Programme leads

5

Strengthen system alignment and long-term sustainability planning

A more fully embedded impact approach within wider health and prevention pathways, could assist in identifying longer-term funding and clearer progression routes beyond the 36-week programme, aligning with system priorities around prevention.

Lead: Commissioners, System partners

6

Strengthen evaluation to capture social and wellbeing outcomes

Findings indicate that social connection and reduced isolation are significant outcomes of the programme but are not routinely captured within existing monitoring approaches. Consideration should be given to incorporating attendee-level evaluation methods to further capture these outcomes, including feedback from attendees on social, emotional, and wellbeing factors. Further to this, evaluation would be best placed towards the end of the 36-week course, to maximise opportunities for attendees to reflect upon their entire journey, and provide richer insight into peer support and social networks that have developed beyond the programme's delivery.

Lead: Commissioners, Evaluation teams, Programme leads

OVERALL SUMMARY

This deep dive provides a more nuanced understanding of the Falls Prevention Programme, offering insight beyond what routine monitoring and survey data alone can capture. Specifically, it identifies the holistic and interconnected nature of outcomes, demonstrating how the current progress and noted increase in physical ability, confidence, and social connection from attendees, work together to drive wider behavioural change and sustained engagement. In addition, it further highlights the importance of staff adaptability whilst simultaneously building upon existing strong partnerships, and local context in shaping effective delivery.

At the midpoint of delivery, these findings are significant in demonstrating that the programme is generating meaningful impact, while also identifying key areas for refinement. The emergence of strong social outcomes, with focus on reduced isolation and peer support, alongside continued implementation challenges, further reinforces the need to consider the programme as part of a wider system of prevention, rather than a standalone intervention.

Looking ahead, the findings suggest that maximising the programme's impact will require continued alignment with several considerations such as system priorities, strengthened referral processes, and sustained investment. There is also a clear opportunity to enhance evaluation approaches, with the aim to capture rich data centred around social and wellbeing outcomes from the perspective of attendees.

Further learning will be critical as the programme progresses, particularly in understanding longer-term outcomes. In addition, sustainability beyond the 36-week intervention, and the extent to which early impacts contribute to wider system change also proves pivotal to understanding the programme's long-term value, and future commissioning decisions. As such, this deep dive provides a valuable foundation for ongoing reflection, adaptation, and future development.

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