Kent County Council
Postural Stability Service

Consultation report

Prepared by Lake Market Research

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Contents

Executive summary

- 141 responses were received to this consultation. 116 were submitted online and 25 (18%) questionnaires were submitted in hard copy or by email.

- The most common means of finding out about the consultation is via an email from KCC's Public Health Team, an email from Let's talk Kent / KCC's Engagement and Consultation Team and at a current Postural Stability Service venue.

- 46% have interacted with the Postural Stability Service before (currently use the service or have used in the past). 2% are on the waiting list for the service. 47% have never used the service before and 5% did not know.

- Levels of agreement with the three proposed aims for the service were mixed as follows:
    - Include more older adults below the age of 65 - 69% agree, 11% disagree, 19% neither agree nor disagree.
    - Continue to help older adults to increase and maintain their strength, flexibility, balance, and coordination, in a place and time that suits them - 98% agree, 1% disagree, 1% neither agree nor disagree.
    - Reduce inactive lifestyles such as sitting too much for too long - 96% agree, 1% disagree, 3% neither agree nor disagree.

- Levels of agreement with the three service proposals put forward were also mixed as follows:
    - Reduce courses to 12-weeks - 51% agree, 43% disagree, 6% neither agree nor disagree.
    - Extend the service to more adults aged 50 and older - 75% agree, 14% disagree, 11% neither agree nor disagree.
    - Have more classes in more locations across Kent in communities that need them the most - 89% agree, 2% disagree, 9% neither agree nor disagree.

- When given the opportunity to provide any comments on the aims and proposals put forward in the consultation, some consultees commented that there is a more general need to promote / advertise the service / raise awareness moving forward and also communicate the purpose / message of the service more, so those aware understand what it could offer.

- Some consultees put forward the following concerns with the aims and proposals put forward:
    - 12 weeks may not be long enough for service users to benefit / see real behaviour change.
    - Mixing age groups may not work as they may require different things from the service (prevention vs. rehabilitation) and/or progress at different paces.
    - Consider the social support people enjoy from these sessions and concerns that these proposals may take that away.
    - Desire for continuation / longer term solutions to be offered to those who need it once the 12-week sessions are complete.
- 22% of consultees making a comment on the ten principles put forward indicated they generally agree with them. The most common concern expressed by consultees is a

perception that 12 weeks is not long enough / they are uncertain of evidence to support this change. Some consultees referenced the importance of training / understanding of screening, notably in relation to principle 1 (focus on biggest geographical differences), principle 2 (long term behaviour change) and principle 4 (remaining active post course).

- Levels of agreement with proposals put forward for the grant process in the consultation are as follows:
    - I/my organisation would welcome KCC awarding grants over three years, for up to £3,000 per year (£9,000 in total); to be reviewed annually - 67% agree, 7% disagree, 14% neither agree nor disagree,12% do not know.
    - KCC should encourage joint applications from groups of organisations (consortiums) who may wish to provide services - 71% agree, 8% disagree, 16% neither agree nor disagree, 6% do not know.
    - KCC should encourage organisations to seek additional funding from elsewhere to run the service - 57% agree, 14% disagree, 23% neither agree nor disagree, 6% do not know.
- Only 29% of consultees provided open feedback on the proposed grant process (41 consultees). Of those, 17% commented they did not know enough about the grants process to comment. Amongst those answering, the most common theme expressed is that the service needs more funding / £3,000 is not enough.

Background and methodology

Background

Postural stability means how well someone can control and keep themselves stable to help them move and keep their balance. The Public Health team at Kent County Council (KCC) undertook a public consultation on proposed changes to KCC's Postural Stability Service in Kent.

Proposals included:

- Reducing the current course from up to 36 weeks to 12-weeks.
- Extending the service to more adults aged 50 and older
- Providing more classes in more locations across Kent in communities that will benefit them most.
- Giving organisations a chance to apply for grants of up to £3,000 a year or more in some circumstances.

Changes are being proposed because of feedback from service users and what KCC know about the way the population in Kent is growing and increasing aged which suggests that the current offer needs to be updated. KCC want to make these changes so the service can be used by more people, earlier in life so they are able to get the most use out of the help on offer more locally to stay well, fit, mobile and independent for longer.

Rather than make savings, KCC are proposing to deliver the service differently. The current budget for the service will remain the same and there are no savings associated with the proposed changes to the service.

Consultation process

On the 6 November 2024, a six-week consultation was launched and ran until the 17 December 2024. The consultation invited service users, residents and other interested parties to provide views on the proposed changes.

Feedback was captured via a consultation questionnaire which was available on KCC's engagement website (https://letstalk.kent.gov.uk/postural-stability). Hard copies of the consultation material were also available on request. Large print formats were available from the consultation webpage and consultation material and the webpage included details of how people could contact KCC to ask a question, request hard copies or an alternative format. A Word version of the questionnaire was provided on the webpage for people who did not wish to complete the online version.

A consultation stage Equality Impact Assessment (EqIA) was carried out to assess the impact the proposals could have on those with protected characteristics. The EqIA was available as one of the consultation documents and the questionnaire invited consultees to comment on the assessment that had been carried out. An analysis of responses to this question can be found with the overall findings' sections of this report.

Activities to raise awareness of the consultation and encourage participation, included the following:

- Media release – https://news.kent.gov.uk/articles/have-your-say-on-proposed-new-service-to-help-kents-over-50s-get-active-and-age-well
- Poster and postcards displayed in current providers premises, Kent Libraries and Gateways.

- Posts on KCC's Facebook, X (formerly Twitter), Instagram, Nextdoor and LinkedIn channels tagging current providers.
- Links to consultation webpage from Kent.gov. service page.
- Promotion through internal staff comms channels and directorates
- Promoted to towns and parish councils through the Kent Association of Local Councils (KALC).
- Promoted through Kent's Resident e-Newsletter
- Invitation to those registered with Let's talk Kent who have expressed an interest in 'Public Health and Wellbeing' and 'Adult Social Care' (9,240).
- Promoted via Kent community hospitals
- Promotion to Armed Forces Network and Kent Equality Council
- Email to stakeholders, including integrated care board and Healthwatch.
- Promoted via Community Wardens
- Promoted via Active Kent networks
- Promoted via District and Borough councils

A summary of interaction with the consultation website and documents can be found below:

1,670 visits to the consultation webpage by 398 visitors.

- Organic posts had a reach of 6,948 on Facebook.
- There were 118,423 impressions generated by posts across LinkedIn, Instagram, X and Nextdoor.

Reach refers to the number of people who saw a post at least once and impressions are the number of times the post is displayed on someone's screen.

The posts generated 418 clicks through to the consultation webpage. (Not all social media platforms report the same statistic).

Consultation response

There were 141 responses to this consultation. 116 were submitted online and 25 questionnaires were submitted in hard copy or by email.

Points to note

- Consultees were given the choice of which questions to answer / provide a comment for. The number of consultees providing an answer to each question is shown on each chart / data table featured in this report.
- Consultees were asked to detail the reasons for their views in their own words. For reporting, we have reviewed the comments made for each of these questions and grouped common responses together into themes. These themes are reported where relevant in this report.
- Please note the percentages in any multiple choice question will exceed the sum of 100%.
- Please note the sum of individual percentages in any single choice question in this report may not sum to 100% due to rounding.
- Please note that participation in consultations is self-selecting and this needs to be considered when interpreting responses. Inclination to take part in the consultation is subject to individual personal topic interest and service usage.

- KCC were responsible for the design, promotion and collection of the consultation responses. Lake Market Research were appointed to conduct an independent analysis of feedback.

Consultation profile

Response profile

Most consultees responding to the consultation questionnaire are Kent residents (78%). 1% responded as a resident from somewhere else and 3% responded on behalf of a friend or relative. 9% responded as a representative of an organisation.

CONSULTEE TYPE	Count	Percentage
As a Kent resident (living in the Kent County Council authority area)	110	78%
As a resident from somewhere else, such as Medway or further away	1	1%
On behalf of a friend or relative	4	3%
A charity	4	4%
As a Parish, Town, District, Borough or County Councillor	3	2%
As a representative of a local community group or residents' association	2	1%
On behalf of a Town, Parish, District or Borough Council in an official capacity	2	1%
On behalf of a charity or Voluntary, Community or Social Enterprise (VCSE) organisation	1	1%
Other / As something else (e.g. Postural Stability Instructor, practitioner, healthcare professionals, training providers)	15	11%
Total	141	

Demographic profile

The tables below show the demographic profile of resident consultees who completed the More About You questions at the end of the questionnaire. The proportion who left these questions blank or indicated they did not want to disclose this information is not included in the statistics below.

Gender (resident consultees answering More About You questions only)	Number of responses	Percentage
Male	27	24%
Female	85	75%
Prefer not to say	2	2%
Total	114	

Gender same as birth (resident consultees answering More About You questions only)	Number of responses	Percentage
Yes	111	98%
No	0	0%
Prefer not to say	2	2%
Total	113	

Age (resident consultees answering More About You questions only)	Number of responses	Percentage
16-25	0	0%
26-35	2	2%
36-45	4	3%
46-55	7	6%
56-65	19	16%
66-75	33	28%
76-85	37	32%
86 and over	13	11%
Prefer not to say	1	1%
Total	116	

Working status (resident consultees answering More About You questions only)	Number of responses	Percentage
Working full time	8	7%
Working part time	10	9%
On a zero hours or similar casual contract	1	1%

Working status (resident consultees answering More About You questions only)	Number of responses	Percentage
Work flexibly / shift work	1	1%
Freelance / self employed	7	6%
Not working due to a disability or health condition	7	6%
Carer	7	6%
Homemaker	2	2%
Retired	82	71%
Other	5	4%
Prefer not to say	0	0%
Total	116	

Disability (resident consultees answering More About You questions only)	Number of responses	Percentage
Yes	59	52%
- Musculoskeletal e.g. conditions affecting muscles or bones	28	25%
- Physical	20	18%
- Long standing illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy	16	14%
- Sensory (hearing, sight or both)	15	13%
- Mental health condition	8	7%
- Neurodivergent, such as ADHD, autism, dyslexia and dyspraxia	2	2%
- A different disability or health condition (e.g. cancer, multiple sclerosis, leukaemia, stroke, Alzheimer's, balance issues)	14	12%
No	48	42%
Prefer not to say	6	5%
Total	113	

Carer (resident consultees answering More About You questions only)	Number of responses	Percentage
Yes	17	15%
No	93	82%
Prefer not to say	3	3%

Ethnicity (resident consultees answering More About You questions only)	Number of responses	Percentage

White English, Scottish, Welsh, Northern Irish or British	102	94%
White Irish	2	2%
Any other white background	1	1%
Mixed White & Asian	1	1%
Black or Black British Caribbean	1	1%
Black or Black British African	1	1%
Any other ethnic group	1	1%
Prefer not to say	0	
Total	109	

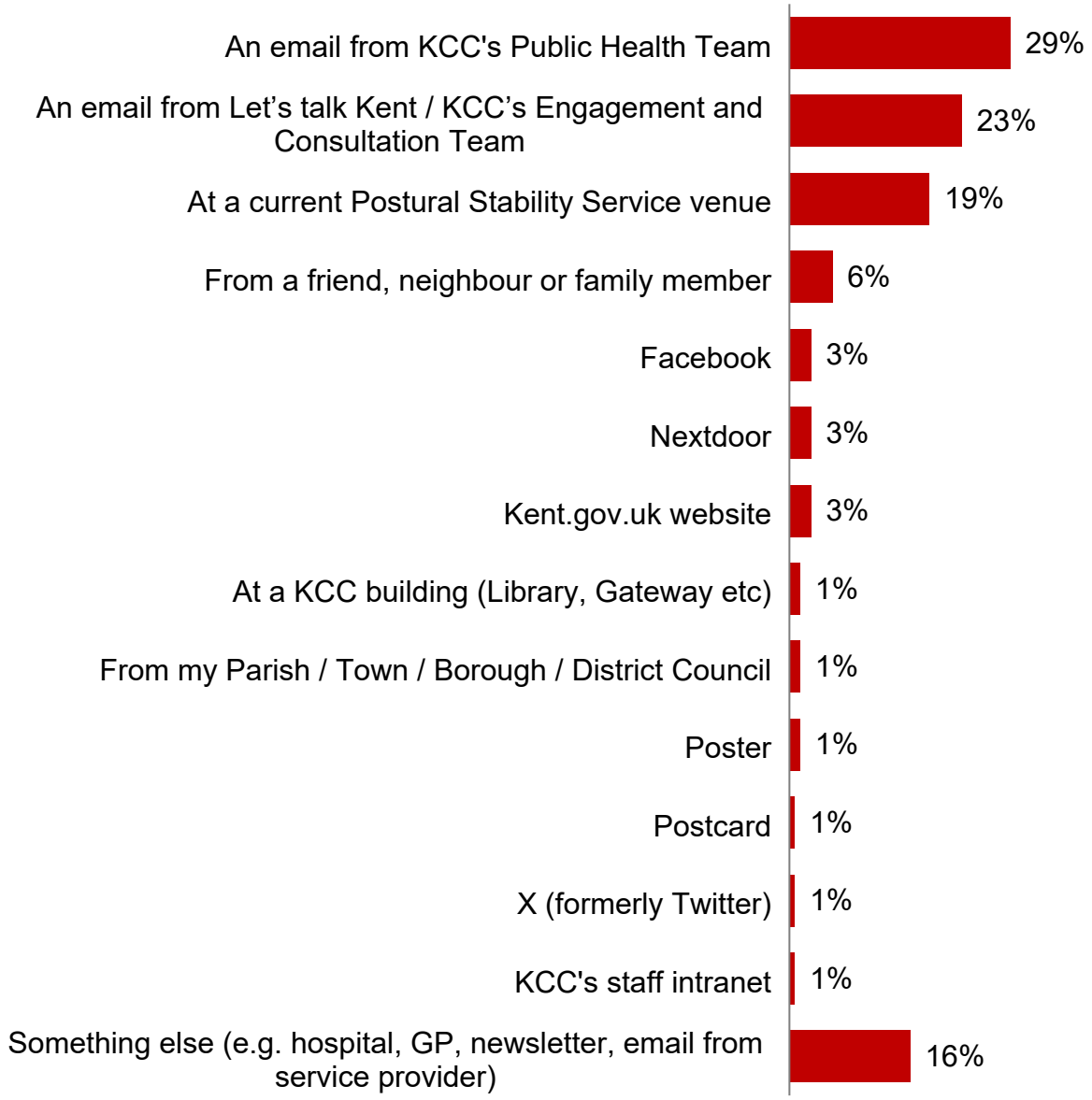
Religion (resident consultees answering More About You questions only)	Number of responses	Percentage
Atheist	2	2%
Christian	65	58%
Buddhist	2	2%
A different religion or belief	1	1%
No	34	30%
Prefer not to say	8	7%
Total	112	

Sexuality (resident consultees answering More About You questions only)	Number of responses	Percentage
Heterosexual / Straight	99	91%
Bi / Bisexual	2	2%
Prefer to define my own sexuality	2	2%
Prefer not to say	6	6%
Tota	109	

Consultation awareness

The top three means of finding out about the consultation was via an email from KCC's Public Health Team (29%), an email from Let's talk Kent / KCC's Engagement and Consultation Team (23%) and at a current Postural Stability Service venue (19%).

How did you find out about this consultation? Base: all providing a response (140).



Supporting data table	Number of responses	Percentage
An email from KCC's Public Health Team	41	29%
An email from Let's talk Kent / KCC's Engagement and Consultation Team	32	23%
At a current Postural Stability Service venue	26	19%
From a friend, neighbour or family member	8	6%
Facebook	4	3%
Nextdoor	4	3%
Supporting data table	Number of responses	Percentage

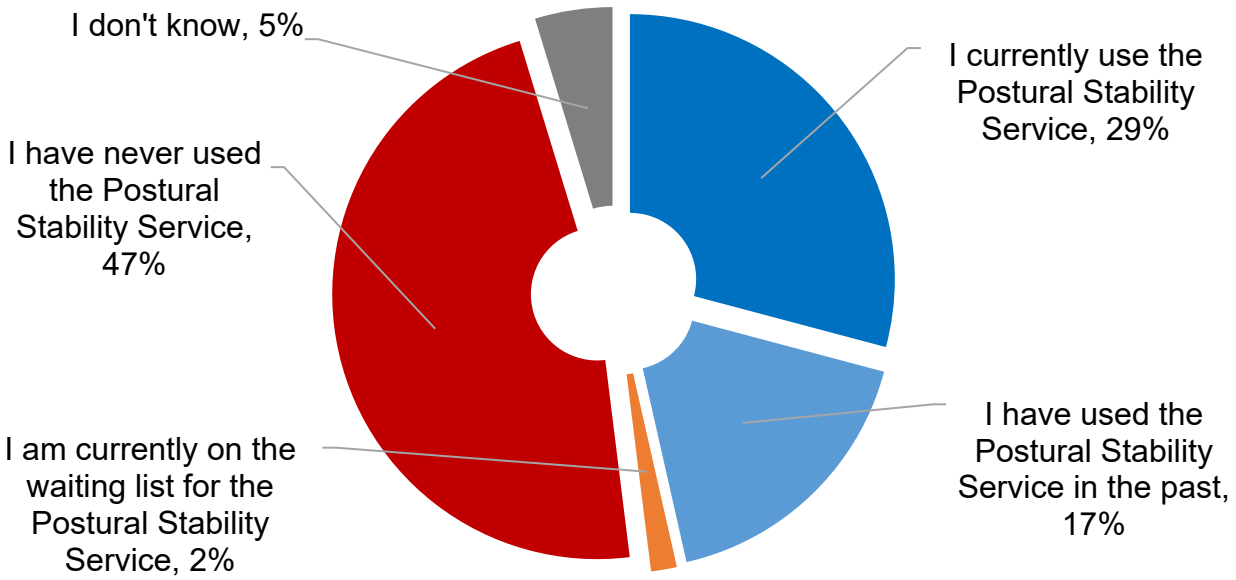
Kent.gov.uk website	4	3%
At a KCC building (Library, Gateway etc)	2	1%
From my Parish / Town / Borough / District Council	2	1%
Poster	2	1%
Postcard	1	1%
X (formerly Twitter)	1	1%
KCC's staff intranet	1	1%
Something else (e.g. hospital, GP, newsletter, email from service provider)	22	16%

Use of Postural Stability Service

Just under half of consultees (46%) were either currently using the Postural Stability Service or have used it in the past. 2% indicated they were on the waiting list for the service.

47% of consultees indicated they have never used the service before and 5% are unsure.

Please tell us which of the following options describes your use of the Postural Stability Service? Base: all responding (127).



Supporting data table	Number of responses	Percentage
I currently use the Postural Stability Service	37	29%
I have used the Postural Stability Service in the past	22	17%
I am currently on the waiting list for the Postural Stability Service	2	2%
I have never used the Postural Stability Service	60	47%
I don't know	6	5%

Consultees were offered the opportunity to comment on their experiences of using the service in their own words. The comments have been reviewed and summarised below. 20 consultees made a comment at this question (34% of consultees who indicated they currently use or have used the service).

Consultees complimented the classes received in terms of mobility / balance improvements, support from instructors and social benefits.

"The postural stability classes were vital for me to regain my mobility and balance. I have a severe autoimmune condition which has severely impacted on my balance and general mobility I had falls several times a day some worse than others since completing the course, I have only had a couple of falls which were more stumbles than hitting the deck. I have no doubt that the classes are to thank for this."

“It was a good course and has helped with my balance but not long enough to build up confidence.”

“Excellent exercise programme including instructor. Our group were a friendly bunch and have continued with various friendships, meeting for coffee, occasional meals out and birthday celebrations.”

Four consultees commented the length of course was too long:

“I certainly benefited from the service and my balance and movement improved considerably. 36 weeks was too long. I feel 12 weeks (as proposed) would be too short. 24 weeks would be ideal and probably necessary.”

“Too long. Difficult to stay course and be enthusiastic.”

Response to consultation proposals

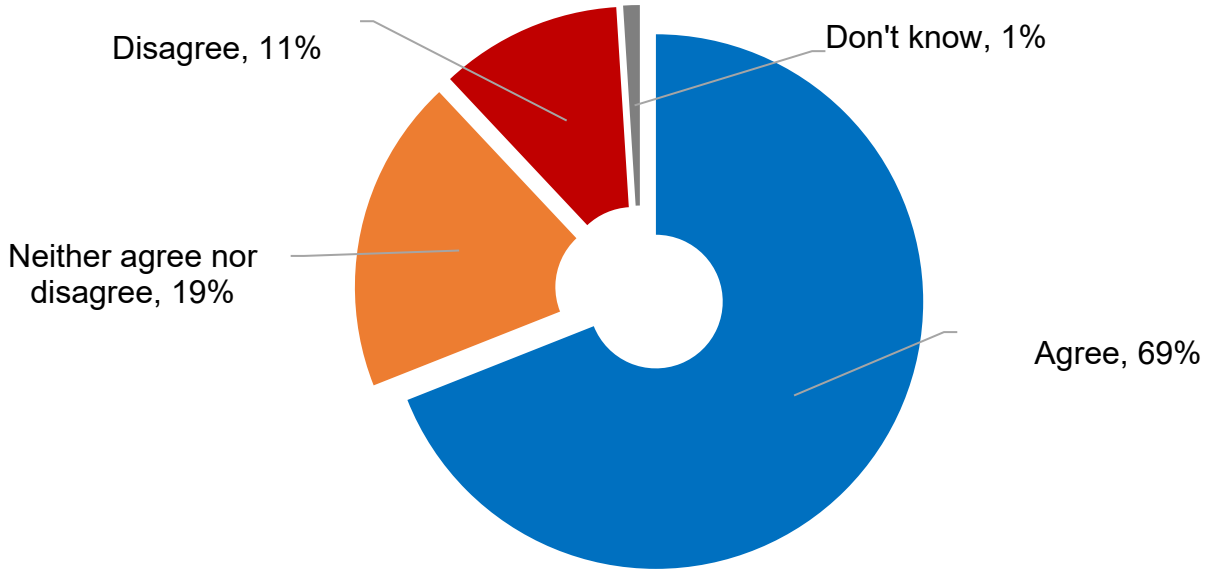
This section of the report details response to the aims and proposals put forward in the consultation document.

Proposed aims of Postural Stability Service

Just over two thirds of consultees (69%) agree the Postural Stability Service should aim to include more older adults below the age of 65. 11% disagree the service should aim to do this, and 19% neither agree nor disagree.

Do you agree or disagree that these are the aims we should be focusing on for the Postural Stability Service…?

Include more older adults below the age of 65. Base: all providing a response (141).



Supporting data table	Number of responses	Percentage
Agree	97	69%
Neither agree nor disagree	27	19%
Disagree	15	11%
Don't know	2	1%

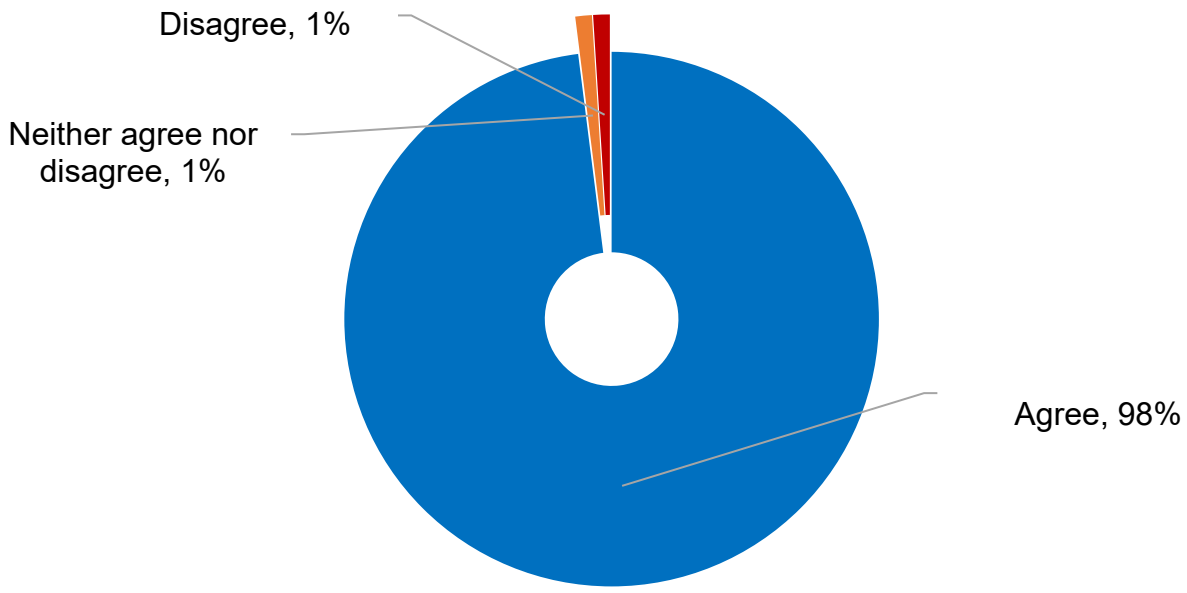
Whilst it should be considered that subgroup sample sizes are small, agreement is highest amongst consultees who have never used the service (82%) and consultees aged 65 and under (81%).

Agree by subgroup	Number of responses	Percentage
Use / have used service / on waiting list (n=61)	29	48%
Never used service (n=60)	49	82%
Aged 65 and under (n=32)	26	81%
Aged over 65 (n=83)	51	61%

The vast majority of consultees (98%) agree the Postural Stability Service should aim to continue to help older adults to increase and maintain their strength, flexibility, balance, and coordination, in a place and time that suits them. Only 1% disagree the service should aim to do this and 1% neither agree nor disagree.

Do you agree or disagree that these are the aims we should be focusing on for the Postural Stability Service…?

Continue to help older adults to increase and maintain their strength, flexibility, balance, and coordination, in a place and time that suits them. Base: all providing a response (138).



Supporting data table	Number of responses	Percentage
Agree	135	98%
Neither agree nor disagree	1	1%
Disagree	2	1%
Don't know	0	0%

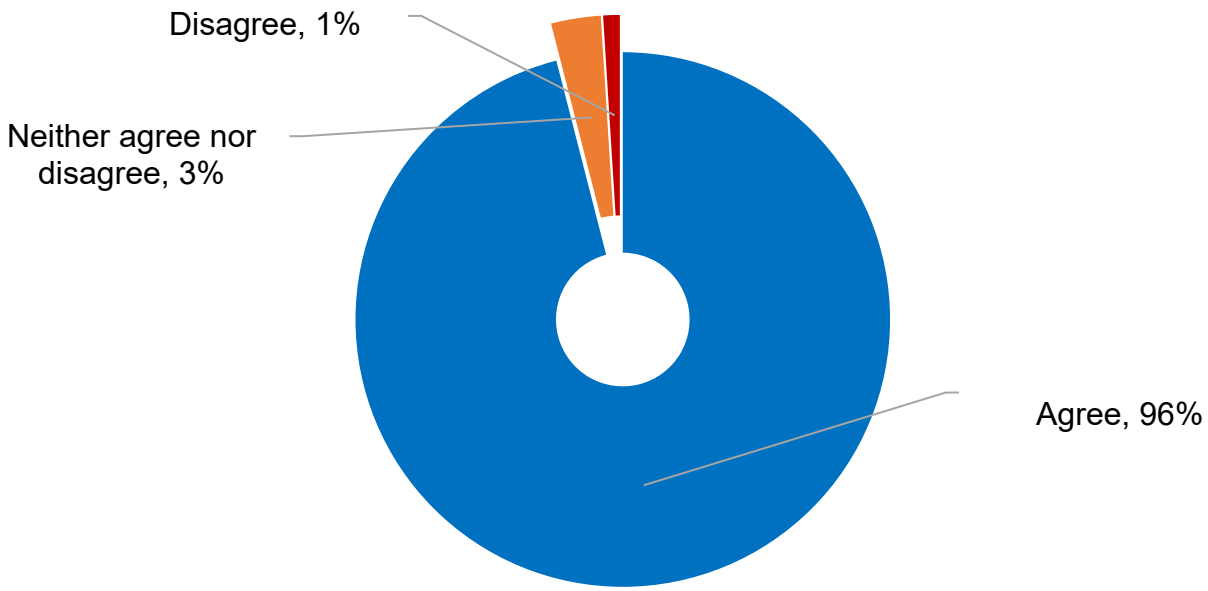
Whilst it should be considered that subgroup sample sizes are small, agreement is consistently high across subgroups.

Agree by subgroup	Number of responses	Percentage
Use / have used service / on waiting list (n=59)	57	97%
Never used service (n=59)	59	98%
Aged 65 and under (n=32)	32	97%
Aged over 65 (n=82)	82	98%

Most consultees (96%) agree the Postural Stability Service should aim to reduce inactive lifestyles such as sitting too much for too long. Only 1% disagree the service should aim to do this and 3% neither agree nor disagree.

Do you agree or disagree that these are the aims we should be focusing on for the Postural Stability Service…?

Reduce inactive lifestyles such as sitting too much for too long. Base: all providing a response (139).



Supporting data table	Number of responses	Percentage
Agree	133	96%
Neither agree nor disagree	4	3%
Disagree	2	1%
Don't know	0	0%

Whilst it should be considered that subgroup sample sizes are small, agreement is consistently high across subgroups.

Agree by subgroup	Number of responses	Percentage
Use / have used service / on waiting list (n=59)	56	95%
Never used service (n=60)	59	98%
Aged 65 and under (n=32)	32	100%
Aged over 65 (n=81)	77	95%

Consultee comments on the aims put forward

Consultees were offered the opportunity to comment on any of the aims in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. 49% of consultees provided a comment to this question.

14% of consultees answering made general comments that they agree with aims put forward and 10% of consultees answering made general comments that they agree with the first aim to include provision for 50–65-year-olds.

The predominant themes make reference to improved service promotion and clarity of service aims and availability, as well as better health promotion of the benefits and importance of maintaining strength and balance. Some express concern about mixing age groups / age groups needing varying outcomes / service delivery, and removal of the social benefits reaped by service users.

If you would like to comment on any of the aims, please use the box below. You can also tell us if you have suggestions for other aims we might consider.
Base: all consultees providing a response (69).

Theme	Number of responses	Percentage
Promote it / advertise it / raise awareness / not heard of it / choose a more suitable / obvious name	12	17%
The purpose / message of the service needs to be enforced / prevention and education / making sure people understand the importance of maintaining strength and balance	12	17%
Agree with aims (generic / unspecified)	10	14%
Agree with provision to include 50-65s	7	10%
Concerns around mixing age groups (e.g. progress at different pace / for the younger age groups it's about prevention / for the older age groups it's about rehabilitation / two different groups)	7	10%
Consider the social support (older) people enjoy from these sessions / these proposals take it away	7	10%
Needs consideration on case-by-case basis, e.g. need / mobility / ability to attend session times / all sessions	7	10%
Would need to be local / accessible / transport would need to be provided	6	9%
Comments about having a positive personal experience of the service	5	7%
Offer a follow up if twelve weeks / people do not follow programmes at home / follow ups are essential	4	6%
Should be available for anyone that needs it	3	4%
Align / link in with other services e.g. falls prevention / inactive lifestyle initiatives	3	4%
Leave the service as is	2	3%
Twelve weeks is not long enough (e.g. those over 65, not long enough to make a difference, twenty weeks better)	2	3%
Theme	Number of responses	Percentage

Some may miss out if oversubscribed / older people missing out if too many younger people	2	3%
Need more classes not fewer	2	3%
Other comments made not applicable to question	2	3%

Example comments, in consultees own words, of the need to promote / advertise service / raise awareness / change the service name can be found below:

"Advertise this service--I have never heard of it before, despite having some problems with stability and strength." (Kent resident)

"I am 77 and I have never heard of this scheme. No-one has ever referred me or suggested I use this service which I feel may be helpful to me and many others. People need to be made aware of this facility." (Kent resident)

Example comments, in consultees own words, about the purpose / message of the service needing to be enforced can be found below:

"People need to be pushed, encouraged in early mid age to be active and focus on core strength." (Kent resident)

"As already discussed in your proposal, we need to start earlier with messages about reducing inactivity to younger people. The risk of a more sedentary job and lifestyle increases as you enter your 50's due to many physical and mental health issues developing as we get older." (Kent resident)

Example comments, in consultees own words, supporting concerns about mixing age groups as they may require different things from the service and/or progress at different paces can be found below:

"To include 50 year olds with 80 year olds would be difficult. Most of the younger ones would need encouragement whereas the older ones would be slower and progress more slowly. Under 65s with mobility problems could be included as now. Too wide a range of ability would not give the same sense of shared goals and the possibility of improvement. Fitter, younger people could discourage the older ones. On my course the fitter ones found it boring so left. the less able have persevered and made excellent progress. The third aim applies to the younger ones rather than the older so a different course for the older ones is required. The less able are there because they see the need for increased activity and need help to get there whereas the younger mainly need education." (Kent resident)

"If groups are very large it is difficult for leader to monitor and help each one. Adding people 50 upwards is not a good idea it will frustrate the younger ones and cause possible embarrassment to the older ones. We discussed this at our last session and agreed unanimously. Also, at the social session with coffee and biscuit it is easier to discuss and compare the difficulties of growing old." (Kent resident)

“I do not agree with mixing the age groups anyone younger than 65 will not feel comfortable exercising with people 65 to 85.” (A Voluntary, Community or Social Enterprise (VCSE) organisation)

Example comments, in consultees own words, supporting concerns the social support people enjoy from these sessions and that proposals may take that away can be found below:

“Something that is often overlooked is the ability for older people to socially and make new friendships whilst attending these classes and continue once the class has concluded!” (Kent resident)

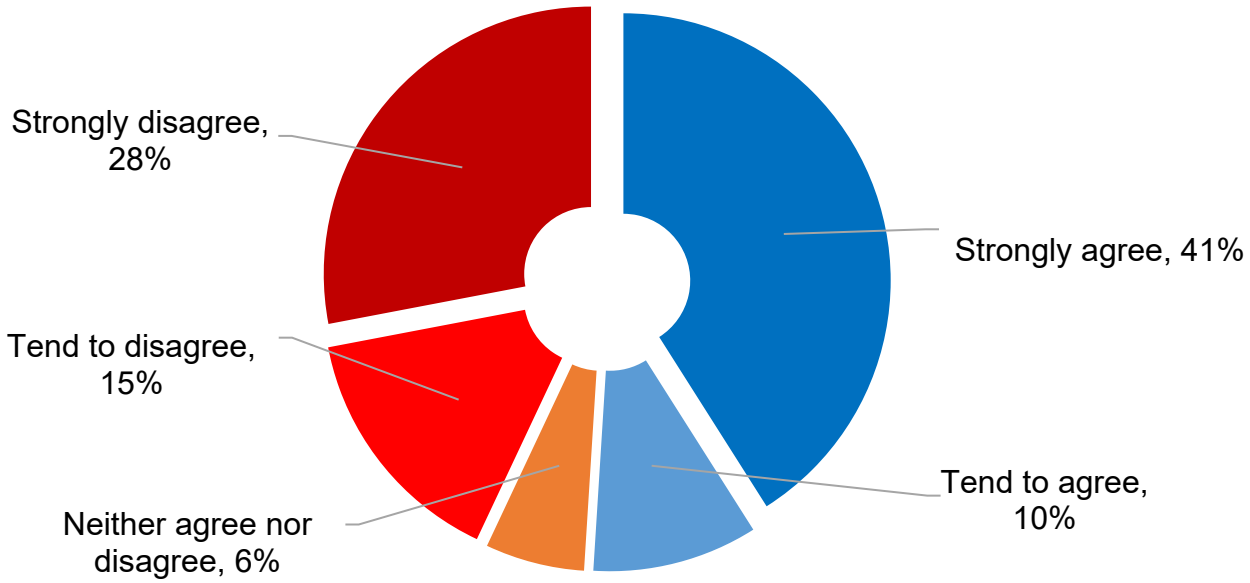
“I wonder if there is a need for more social support, i.e. for lonely older people? Just concentrating on physical ability may not be enough although I appreciate it's the aim.” (Kent resident)

Proposals to change Postural Stability Service

Proposal 1 - Reduce courses to 12-weeks

Just over half of consultees (51%) agree with proposals to reduce course to 12 weeks. 43% disagree the service should do this and 6% neither agree nor disagree.

How much do you agree or disagree with our proposals to reduce courses to 12-weeks?
Base: all providing a response (140).

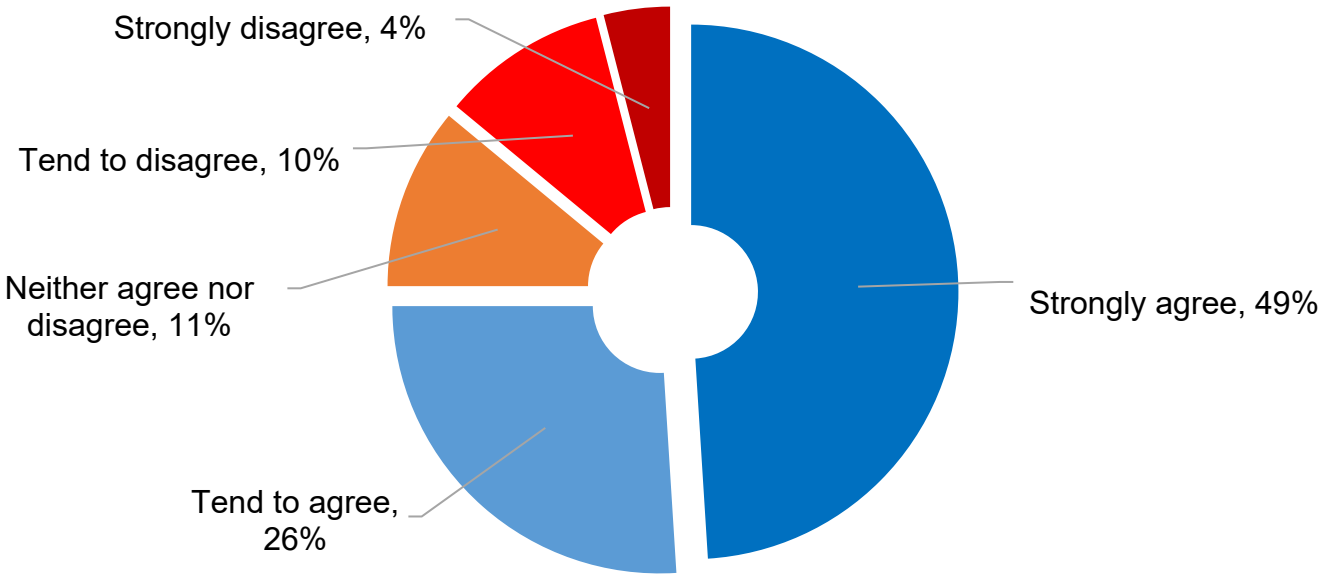


Supporting data table	Number of responses	Percentage
Net: Agree	72	51%
Net: Disagree	60	43%
Strongly agree	58	41%
Tend to agree	14	10%
Neither agree nor disagree	8	6%
Tend to disagree	21	15%
Strongly disagree	39	28%
Don't know	0	0%

Proposal 2 - Extend the service to more adults aged 50 and older

Three quarters of consultees (75%) agree with proposals to extend the service to more adults aged 50 or over. 14% disagree the service should do this and 11% neither agree nor disagree.

How much do you agree or disagree with our proposals to extend the service to more adults aged 50 and older? Base: all providing a response (140).

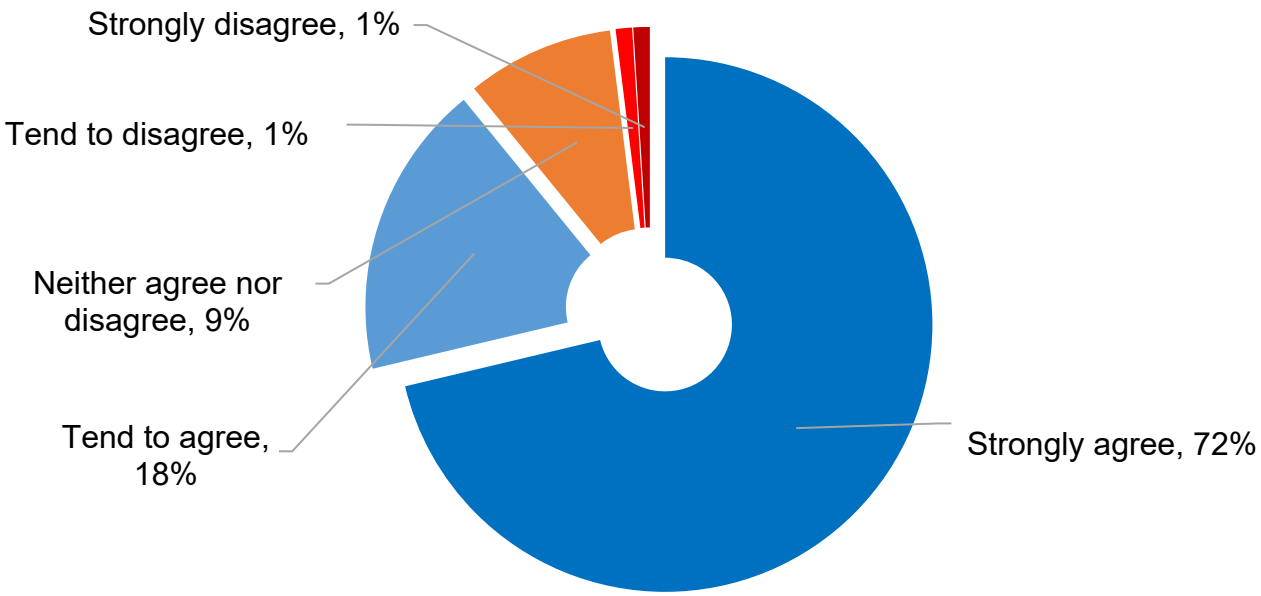


Supporting data table	Number of responses	Percentage
Net: Agree	104	75%
Net: Disagree	20	14%
Strongly agree	68	49%
Tend to agree	36	26%
Neither agree nor disagree	15	11%
Tend to disagree	14	10%
Strongly disagree	6	4%
Don't know	0	0%

Proposal 3 - Have more classes in more locations across Kent in communities that need them the most

The vast majority of consultees (89%) agree with proposals to have more classes in more locations across Kent in communities that need them the most. Only 2% disagree the service should do this and 9% neither agree nor disagree.

How much do you agree or disagree with our proposals to have more classes in more locations across Kent in communities that need them the most?
Base: all providing a response (140).



Supporting data table	Number of responses	Percentage
Net: Agree	126	89%
Net: Disagree	3	2%
Strongly agree	101	72%
Tend to agree	25	18%
Neither agree nor disagree	12	9%
Tend to disagree	2	1%
Strongly disagree	1	1%
Don't know	0	0%

Response to proposals by subgroups – use of service and age of consultee (please note that subgroup sample sizes are small and indicative only)

Proposal 1 - Reduce courses to 12-weeks

Agreement is at its lowest amongst consultees who have interacted with the service (20% amongst those who use / have used / on waiting list). 80% of consultees who have never interacted with the service agree.

Net agree by subgroup	Number of responses	Percentage
Use / have used service / on waiting list (n=60)	12	20%
Never used service (n=60)	48	80%
Aged 65 and under (n=32)	19	59%
Aged over 65 (n=82)	40	49%

Proposal 2 - Extend the service to more adults aged 50 and older

Agreement is lower amongst consultees who have interacted with the service (55% amongst those who use / have used / on waiting list). 88% of consultees who have never interacted with the service agree.

Net agree by subgroup	Number of responses	Percentage
Use / have used service / on waiting list (n=60)	33	55%
Never used service (n=60)	53	88%
Aged 65 and under (n=31)	27	87%
Aged over 65 (n=83)	58	70%

Proposal 3 - Have more classes in more locations across Kent in communities that need them the most

Agreement is consistently high across all subgroups.

Net agree by subgroup	Number of responses	Percentage
Use / have used service / on waiting list (n=60)	51	84%
Never used service (n=60)	57	95%
Aged 65 and under (n=31)	30	94%
Aged over 65 (n=83)	74	89%

Consultee comments on the proposals put forward

Consultees were offered the opportunity to comment on any of the proposals in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. 52% of consultees provided a comment to this question.

The most common theme expressed by consultees is a perception that 12 weeks is not long enough to embed behaviour (28% of consultees answering). This increases to 46% amongst who have interacted with the service and made a comments at this question.

Other predominant themes refer to the importance of the service being accessible and the opportunity to extend support beyond the 12-week timeframe. There is also some concern that more information / evidence is needed prior to changing the service and that dropout rates experienced could be a result of external factors (not service related).

If you would like to make any comments on any of the proposals to change the Postural Stability Service, please tell us in the box below. Base: all consultees providing a response (74).

Theme	Number of responses	Percentage
Twelve weeks is not long enough to embed and consolidate	21	28%
Access to service is important, e.g. ensure accessible by public transport / or Involve Kent service provision	11	15%
Option to extend / continue if timeframe is reduced to twelve weeks / option for more long term support (e.g. if wish to, if trainer agrees, if willing to pay)	7	9%
More information and evidence needed (e.g. evidence for a twelve week course, how will this work, who aimed at, what abilities, stability and balance different to fall prevention)	7	9%
Dropouts can be due to other factors: other appointments, weather, lack of transport (why are there dropouts?)	6	8%
Twenty four weeks should be the minimum / better	6	8%
Mixing younger and older age groups is inappropriate / socially and physically / older people may feel intimidated	5	7%
Consult with the experts / look at the evidence base for twelve weeks / thirty six weeks	5	7%
Thirty six weeks is a big commitment	5	7%
Twelve weeks if with a follow up / follow up is essential	5	7%
Thirty six weeks is needed	5	7%
More funding needed / more classes / if twelve weeks then more classes per week / less spent on co-ordination	5	7%
Comments about positive experience of classes	5	7%
Consider the social aspect that older people enjoy as part of attending these classes	4	5%
Twenty weeks (minimum / better)	4	5%
Theme	Number of responses	Percentage

Allow trainer to tailor and adjust programmes to individual need where appropriate	3	4%
Twelve weeks would allow more to attend	3	4%
Suggestions of other types of classes: Move it or Lose it, Nordic Walking, online for those unable to attend	3	4%
Provide educational element as well	2	3%
Consistency in content and delivery needed / centrally co-ordinated	2	3%
Twelve weeks would keep people motivated	2	3%
Could / does create inequality	2	3%
Agree with proposals / make sense	2	3%
Essential that classes continue	2	3%
Makes no sense (e.g. to lower age if waiting lists, more classes when Age UK is closing locations)	2	3%
Ensure outcomes are evaluated / how will outcomes be evaluated and assessed	1	1%
Change the language / change the name	1	1%
Other comments made not applicable to question	4	5%

Example comments, in consultees own words, supporting the concern that twelve weeks is not long enough to embed and consolidate can be found below:

“Reducing number of lessons given not a good idea because it takes a few lessons before oldies settle into programme 12 weeks, it is far too little 24 the very least even better 36. To make the exercise a routine and to become a habit.” (Kent resident)

“I am a volunteer at a posture stability class we are on week 15 and we are now starting to see improvement both physically and in confidence. Bear in mind not everyone can come every week due to illness, Dr appts etc so out of 12 weeks they might complete 8 or 9. To cut it to 12 weeks would be cruel.” (A Voluntary, Community or Social Enterprise (VCSE) organisation)

Example comments, in consultees own words, supporting views that access to service is important can be found below:

“Access is important. I have neighbours who hardly ever leaver their flats. They need to be able to get to classes or helped with transport. Reduction in bus services doesn't help things. They are pretty independent, but a fall could mean they are not able to continue at home.” (Kent resident)

“The service is designed for people with problems. The easier you can make it for them to access the service the better the uptake and the outcomes.” (Kent resident)

“The provision of low cost transport by Involve Kent encourages take up by the less affluent. People in country areas often have no buses or transport to get to centres of population. More centres might help them.” (Kent resident)

Example comments, in consultees own words, supporting requests to extend / continue if timeframe is reduced to twelve weeks / option for more long term support can be found below:

“The service should not automatically be reduced to 12 weeks it should be adjusted to 12 week blocks so those users who need shorter or longer interventions are both catered for.” (Other)

“I can see why classes may need to be restricted to 12 weeks, the numbers do drop as the weeks go by, but if a participant has been attending all classes but needs more time, they should be given the opportunity to expand past the 12 weeks if the trainer agrees.” (Kent resident)

Example comments, in consultees own words, supporting requests for more information and evidence needed before any service changes can be found below:

“The proposal fails to mention the evidence base behind delivery of the course over 36 weeks to reduce the incidence of falls. Neither does it mention the qualifications required to deliver a 36 week program all the people that deliver it currently. There is clear evidence readily available that indicates the need for a progressive tailored course delivery over a longer period to achieve the correct dose of exercise. The course currently delivered is the falls management exercise (Fame). This is delivered over 36 week period which has clear phases.

The first 12 weeks are for learning new skills, meeting new people and feeling part of a group and adopting a new habit. Week 12 onwards are about progress and maintenance. Time is needed to allow for adaptation to occur, both in terms of an individual’s physical condition and psychological adjustment.

In 12 weeks, it would not be possible to deliver the same quality of course. The instructors currently delivering the course are trained to level four. This is a specialist exercise qualification. They are able to design and deliver classes which are tailored to individual needs and progressions, with a detailed knowledge of disease processes affecting the older population. Their specialist training enables them to assess, set individualised goals and monitor progress whilst ensuring safety in class.” (Other)

“I would like to have more information about how you visualise the lowering of age to work and how this will be triaged, with the various levels of abilities across the age groups. The focus of the 36 week course has been on more able bodied patients with a quite demanding programme, it this the level that is going to be continued or are you looking at the more venerable patients as well?” (A charity)

Example comments, in consultees own words, about concerns dropouts could be due to other factors can be found below:

“Reducing the length of the courses will serve no useful purpose. Attendees tend to miss sessions due to illness, doctor or hospital appointments, etc. Sad but true. If courses are

shortened to 12 weeks and someone misses a couple, then all the benefit of attending is lost as the course will be over before the true benefit is felt and the expenditure is wasted. If cuts have to be made 24 weeks should be the minimum." (Kent resident)

"12 weeks is not long enough to establish good stability in the older generation (70, 80 + 90 years). Taking into consideration their age and other health problems which may restrict their attendance and inclement weather, lack of transport." (Kent resident)

Consultee comments on the principles put forward

Consultees were offered the opportunity to comment on any of the following principles in their own words:

1. How the organisation will focus on making the biggest differences in areas and communities with the most to gain from increasing physical activity.
2. The ability to participate in appropriate training before the launch of their programme to ensure practice is evidence based and staff can effectively engage with older adults.
3. How the organisation will focus or deliver long-term changes in behaviour (behaviour change) in participants.
4. How the organisation will motivate participants to remain active after the 12-week course ends.
5. How the organisation will consider barriers to joining courses (e.g. availability of transport and health conditions) and what reasonable adjustments they will make for people to enable safe and comfortable participation.
6. How the service will promote their activity or service.
7. The organisation's ability to provide annual reports describing how participants are doing and taking part in research to support the evaluation of this approach and add to the knowledge base.
8. Organisation's ability to contribute to the Live Longer Better - Everyday Active Kent learning network. This is a website for people and organisations within local communities in Kent to promote activities in their area, connect with other people to become more active and share motivating stories. For organisations and practitioners, there is the opportunity to personalise information and activities, and use the partnership resources e.g. training, campaigns and link with others across England.
9. If and how the organisation(s) will be able to attract match funding to enhance their service offer.
10. If they are working with local organisations to provide activities

The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. 48% of consultees provided a comment to this question.

22% of consultees answering made general comments that they agree with the principles / they target needs.

The most common concern expressed by consultees is a perception that 12 weeks is not long enough / uncertainty of evidence to support this change (22% of consultees answering). Some

consultees referenced the importance of training / understanding of screening, notably in relation to principle 1 (focus on biggest geographical differences), principle 2 (long term behaviour change) and principle 4 (remaining active post course). Some also reiterated earlier concerns raised in terms of the opportunity to extend support and service promotion.

Please tell us if you have any comments about the principles.
Base: all consultees providing a response (67).

Theme	Number of responses	Percentage
Makes sense / agree with the principles / support / targets needs	15	22%
Twelve weeks is not enough / query where the evidence is to support this (including principle 4 specifically)	11	16%
Training: vital to principle 1, 2 and 4 / trainers trained on working with older age groups / understanding the screening process	11	16%
Twelve weeks needs the option on continuation / flexibility / what is the follow up?	10	15%
Promotion and awareness: social media, community events, newspapers, Age Concern, Help the Aged (not everyone uses the internet)	10	15%
Accessibility considerations / local, transport provision / important in relation to principle 5	10	15%
Facilitate attendance in groups / coffee mornings / community centres / church groups	5	7%
Ensure outcomes and efficacy measured (including in relation to principle 7 and principle 9 specifically)	5	7%
Everyone is important / inclusive to all / including older age groups / disabled	5	7%
Match funding could be difficult / should be a preset application / might be difficult to attract agencies	4	6%
Consider the social aspect	3	4%
Provide discounts / rewards / incentives for continued membership / financial assistance / difficult if have to pay	3	4%
Support should be tailored to meet individual health conditions	3	4%
Course / service must continue / leave as is	3	4%
Principle 1 targets areas of most need and supports health inequalities	2	3%
Agree it's important to embed and support sustainable activity	2	3%
Provide resources and tools to motivate, encourage, educate	2	3%
Theme	Number of responses	Percentage
Other comments made that were not applicable to question	2	3%

Example comments, in consultees own words, expressing concern that twelve weeks is not enough / query where the evidence is to support this can be found below:

“My Dad is very enthused about attending the Involve Postural classes in XX. He had been referred by NHS to a course in XX but only 4 folks attended. The class in XX has 12 - 15 folks and he says they all get along real well and motivate each other. 12 weeks in his opinion is too short, 32 weeks is preferred. He says just has he is getting motivated the class will end i.e. 12 weeks.” (Kent resident)

“Long-term behaviour change depends on many factors. 12 weeks is not long enough to establish a new habit in this population. Currently goal setting occurs at the point of assessment and at 12 week intervals until week 36. Small improvements might be made in a 12 week period, but the course of that length would not be sufficient to and our individuals to achieve their goals regarding independence or allow for more permanent behaviour change.” (Other).

“The postural stability course that I teach is based on the Falls Exercise Management programme devised by Dawn Skeleton in 2005. The programme has been evidence to show a reduction in falls in community dwelling women aged 65 plus with a history of falls who undertook 24-36 weeks training. There is good evidence to support a programme of this length.

KCC have not presented evidence to show how effective a 12 week course would be in reducing falls. An important element of the class is the community element which results in mental health benefits for those attending the class, together with benefits from the support and motivation of the group participating together. Many of those attending are quite isolated, and this is an important social interaction for them. It would be harder to build this sense of community with a rolling programme.” (Other)

Example comments, in consultees own words, about the importance of training / understanding the screening process can be found below:

“If big changes are to be made, please don’t make it harder for people to access the classes or lose them altogether. They are so good! Obviously, the trainer we have had has made the classes this good, so it is necessary to have the right person training the class, and they themselves have had the right training to make the classes successful. I worry that when there is talk of change, it is not always for the better, or things get scrapped for good.” (Kent resident)

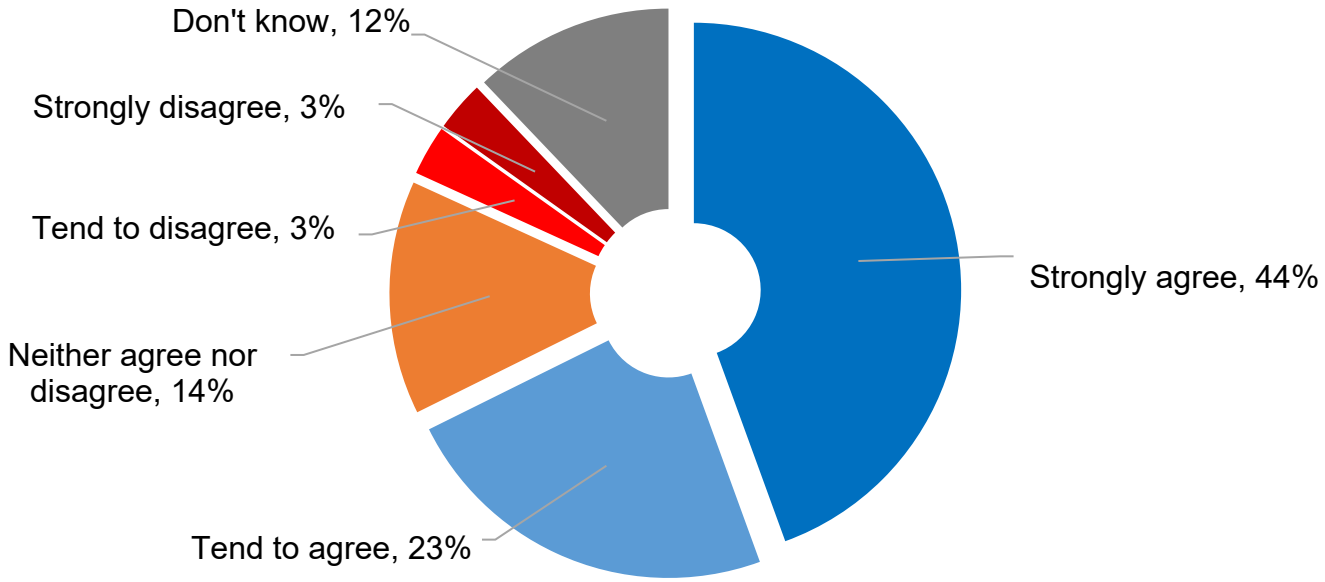
“It is important that tutors have training for teaching older people so as to be at the right level and understanding.” (Kent resident)

Views on proposed grant process for Postural Stability Service

Proposal 1 - I/my organisation would welcome KCC awarding grants over three years, for up to £3,000 per year (£9,000 in total); to be reviewed annually

Just over two thirds of consultees (67%) agree organisations would welcome grants over three years, for up to £3,000 per year. 7% disagree the grant service should work like this and 14% neither agree nor disagree. An additional 12% are uncertain.

Thinking about how the proposed grant process could work for the Postural Stability Service, please tell us to what extent you agree or disagree 'I/my organisation would welcome KCC awarding grants over three years, for up to £3,000 per year (£9,000 in total); to be reviewed annually'? Base: all providing a response (121).

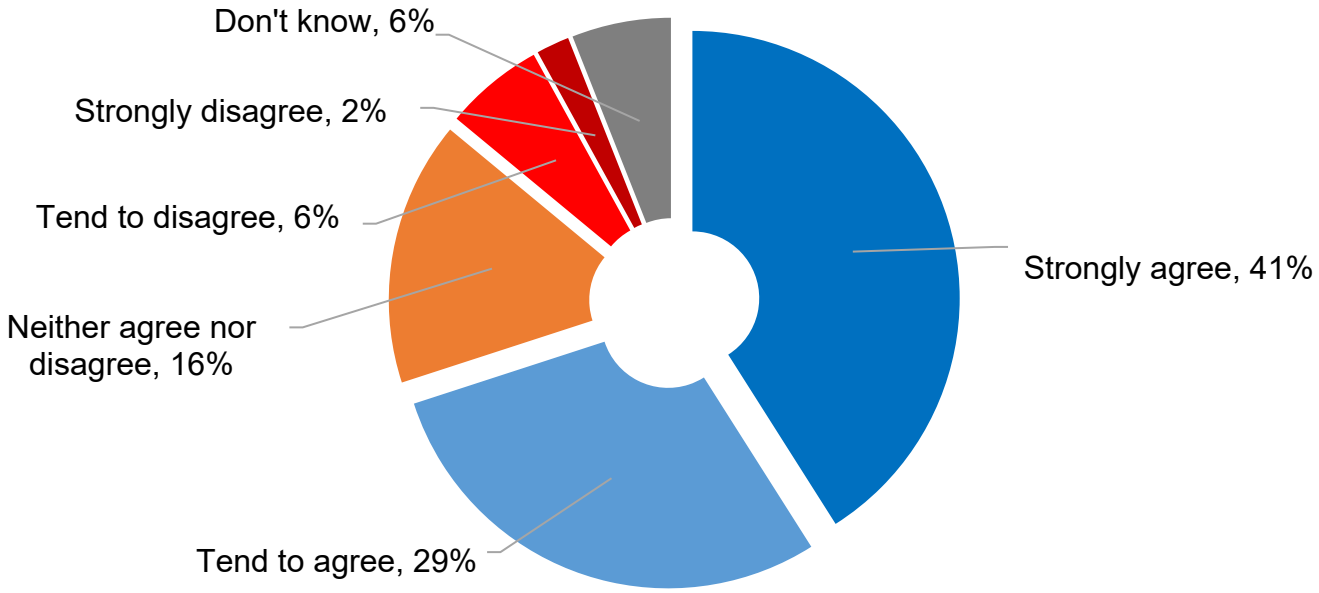


Supporting data table	Number of responses	Percentage
Net: Agree	81	67%
Net: Disagree	8	7%
Strongly agree	53	44%
Tend to agree	28	23%
Neither agree nor disagree	17	14%
Tend to disagree	4	3%
Strongly disagree	4	3%
Don't know	15	12%

Proposal 2 - KCC should encourage joint applications from groups of organisations (consortiums) who may wish to provide services

Just over seven in ten consultees (71%) agree KCC should encourage joint applications from groups of organisations (consortiums) who may wish to provide services. 8% disagree the grant service should work like this and 16% neither agree nor disagree. An additional 6% are uncertain.

Thinking about how the proposed grant process could work for the Postural Stability Service, please tell us to what extent you agree or disagree 'KCC should encourage joint applications from groups of organisations (consortiums) who may wish to provide services'? Base: all providing a response (126).

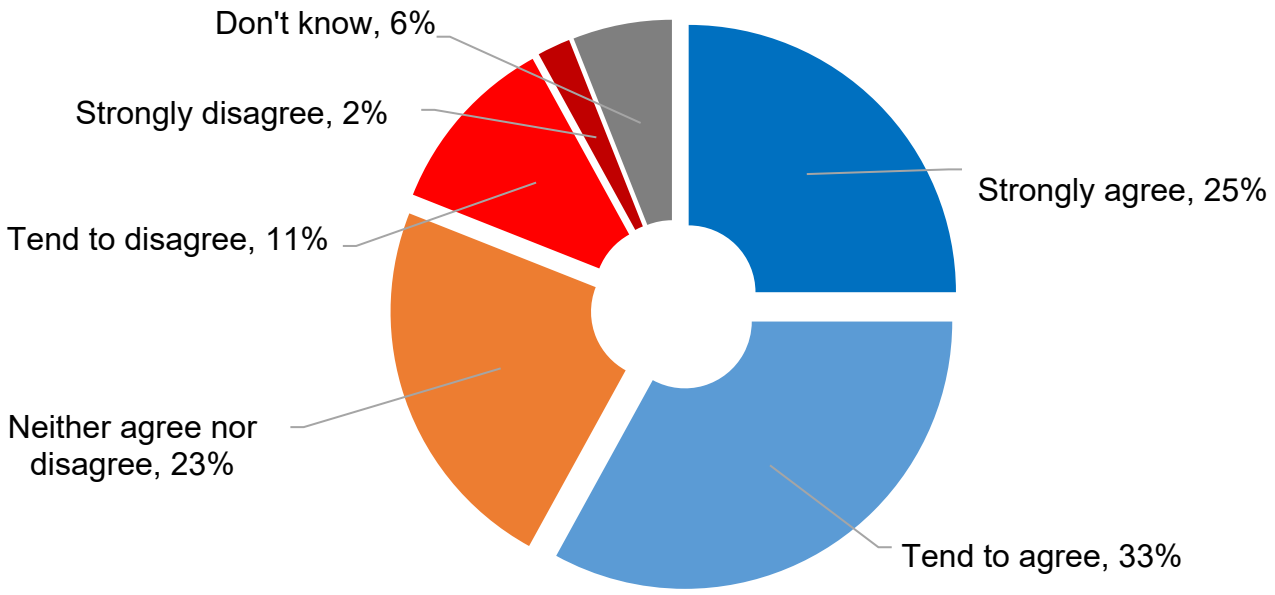


Supporting data table	Number of responses	Percentage
Net: Agree	89	71%
Net: Disagree	10	8%
Strongly agree	52	41%
Tend to agree	37	29%
Neither agree nor disagree	20	16%
Tend to disagree	8	6%
Strongly disagree	2	2%
Don't know	7	6%

Proposal 3 - KC should encourage organisations to seek additional funding from elsewhere to run the service

57% agree KCC should encourage organisations to seek additional funding from elsewhere to run the service. 14% disagree the grant service should work like this and a significant proportion (23%) neither agree nor disagree. An additional 6% are uncertain.

Thinking about how the proposed grant process could work for the Postural Stability Service, please tell us to what extent you agree or disagree 'KCC should encourage organisations to seek additional funding from elsewhere to run the service'? Base: all providing a response (122).



Supporting data table	Number of responses	Percentage
Net: Agree	70	57%
Net: Disagree	17	14%
Strongly agree	30	25%
Tend to agree	40	33%
Neither agree nor disagree	28	23%
Tend to disagree	14	11%
Strongly disagree	3	2%
Don't know	7	6%

Response to proposals by subgroups – use of service and age of consultee (please note that subgroup sample sizes are small and indicative only)

Proposal 1 - I/my organisation would welcome KCC awarding grants over three years, for up to £3,000 per year (£9,000 in total); to be reviewed annually

Agreement is broadly consistent across subgroups.

Net agree by subgroup	Number of responses	Percentage
Use / have used service / on waiting list (n=47)	30	64%
Never used service (n=54)	36	67%
Aged 65 and under (n=31)	18	58%
Aged over 65 (n=67)	46	69%

Proposal 2 - KCC should encourage joint applications from groups of organisations (consortiums) who may wish to provide services

Agreement is comparably lower amongst consultees who have interacted with the service (59% of consultees who use / have used / on waiting list) and consultees aged 65 and under (59%).

Net agree by subgroup	Number of responses	Percentage
Use / have used service / on waiting list (n=51)	51	59%
Never used service (n=76)	55	76%
Aged 65 and under (n=59)	32	59%
Aged over 65 (n=74)	70	74%

Proposal 3 - KCC should encourage organisations to seek additional funding from elsewhere to run the service

Agreement is lowest amongst consultees aged 65 and under (48%) and highest amongst consultees aged over 65 (66%).

Net agree by subgroup	Number of responses	Percentage
Use / have used service / on waiting list (n=48)	28	58%
Never used service (n=55)	32	58%
Aged 65 and under (n=31)	15	48%
Aged over 65 (n=68)	45	66%

Consultee comments on how the grant process could work

Consultees were offered the opportunity to comment on any of the proposals for how the grant process could work in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section.

Only 29% of consultees provided a comment to this question (41 consultees). Of the consultees answering, 17% referenced that they did not know enough about the grants process to comment. Please bear these points in mind when considering the statistics below.

The most common theme expressed by consultees is that the service needs more funding / £3,000 is not enough (24% of consultees answering). Some express concern that outside funding groups may not operate to the required standards and the importance of accountability in money spent. There are also suggestions for fundraising opportunities.

If you would like to make any comments on any of the proposals for how the grant process could work, please tell us in the box below. Base: all consultees providing a response (41).

Theme	Number of responses	Percentage
The service needs more funding / £3,000 is not enough / the service should remain regardless	10	24%
Don't know enough about the grants process to comment	7	17%
Outside funding groups may not operate to the required standards / from inappropriate locations / with unqualified staff	5	12%
There must be accountability / ensuring money is spent where it is intended / evidence-based practice	5	12%
Have a fundraising day / seek sponsorship / public donations / charitable donations	5	12%
Grant applications take a long time for little	4	10%
Widen the applications for grant funding to attract local small businesses, sole traders, give the smaller organisations a chance to deliver (could open up more creative projects for example)	3	7%
Grant applications must be clear and simple with all relevant information to aid completion (including having an initial screener)	3	7%
Funding needs to be encouraged / promoted / could result in no service otherwise	3	7%
Instructors must still be fully trained	2	5%
Link in with other service providers (e.g. complimentary service and for grants formula ideas)	2	5%
Joint funders may have different outcome expectations to one another	1	2%
Generally agree with proposal / grants process outlined	1	2%
Other comments made not applicable to question	2	5%

Example comments, in consultees own words, concerning the service needing more funding / three thousand is not enough / the service should remain regardless can be found below:

“£3000 for hall hire, instructor, equipment, insurance is ridiculous low. Other funding will be needed. Most easily sorted from participants donations making it not a free service. If you believe in public health fund it properly.” (Other)

“Considering the long-term health benefits of preventing falls, socialising and mental wellbeing that the courses provides to clients, and the skilled trainers who commit to the program, I believe more investment should be invested/encouraged to reach as many people that require help. This will help keep them out of hospital and/or prepare them for surgery (e.g. knee, hip replacements).” (Kent resident)

Example comments, in consultees own words, about not knowing enough about the grants process to comment can be found below:

“I'm not sure I understand the implications of how this would work.” (Kent resident)

“I don't belong to an organisation so difficult to comment.” (Kent resident)

Consultee comments on ‘new service name’ for consideration

Consultees were offered the opportunity to put forward any suggestions for a new name for the service or any feedback on the terms ‘active’ or ‘later life’ in their own words. The comments have been reviewed and summarised below. 68 consultees made a comment at this question (48% of consultees who indicated they currently use or have used the service).

7 of the consultees answering indicated the current name should remain and an additional 7 of the consultees answering commented they had no suggested to put forward.

Some consultation expressed a preference for more positivity and/or a better explanation of the service in its name

“It needs to be something that easily identifies the reason for the scheme.... "Get Up, Get Active, Get Healthy”

“'Strength and Balance', 'Forever Fit'. 'Active Aging'.”

“Needs to say what it does on the tin so people know what they are signing up for. What does 'later' mean will this put people off? Suggestion Strength, balance and Mobility.”

“A change from Postural Stability Service is essential! Whilst it is technically self-explanatory, it makes no sense to a great many of the people that you are trying to reach. Something simpler is needed - even 'Fall Prevention Courses' is better, even if the aims are actually wider than that.”

Some expressed concern over use of the phrase ‘later life’ in terms of connotations and appeal to those aged 50 & over. The term / inclusion of the term ‘active’ was seen as more positive.

“I think it should make reference to balance and active but less wedded to the term later life as this lacks clarity and has different meanings for different patients especially if this service is now to serve those younger than 65!”

“Both those terms, unfortunately, have connotations of deterioration. State solely what's on offer.”

“Personally, I do not like later life and do not think it would attract 50 year olds.”

“Active is a much more positive use of language than later life.”

Consultee comments on alternative options considered

Consultees were asked to read some of the alternative options considered for the service in the consultation document. Alternative options considered include:

1. Keeping the service the same with no changes.
2. Stopping the service completely.
3. Stop classes and focus on improving education to older adults on the importance and benefits of activities that help people to remain stronger and independent for longer.
4. Jointly providing a service with other health and social care partners.
5. Spending the money for the service on the current NHS Health Checks programme to educate people on falls prevention and the benefits of physical activity.

Consultees were offered the opportunity to comment on the alternative options and/or suggest any other ideas for consideration in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. 53% of consultees provided a comment to this question.

The most common themes expressed by consultees are as follows:

- Alternative 1 – keep service / fund correctly / could work / keep the same – 41% of consultees answering.
- Alternative 3 - Wouldn't work / education would not work (with older people) / classes / face to face works best – 27%.
- Alternative 4 - Yes, could work / social prescribing potentially working / would need to know more about how it would work – 23%.
- Expand age range / number of classes / range of classes / different options – 13%.
- Consider the social interaction impact for those that attend face to face – 11%.

Please tell us if you have any comments on these other options we have considered or if you have other ideas you think we should consider. Base: all consultees providing a response (75).

Theme	Number of responses	Percentage
Alternative 1 – keep service / fund correctly / could work / keep the same	31	41%
Alternative 3 - Wouldn't work / education would not work (with older people) / classes / face to face works best	20	27%
Alternative 4 - Yes, could work / social prescribing potentially working / would need to know more about how it would work	17	23%
Expand age range / number of classes / range of classes / different options	10	13%
Consider the social interaction impact for those that attend face to face	8	11%
Promote / raise awareness of service	6	8%
Twelve weeks could work (including with option to continue / with flexibility)	5	7%

Theme	Number of responses	Percentage
Alternative 2 - no / would end up costing more / the service must remain	4	5%
Education is important	4	5%
Prevention is key	4	5%
Twelve weeks is too short, twenty four weeks minimum	4	5%
Alternative 5 – Do not agree	3	4%
Alternative 5 - possibly / would need to know more	3	4%
Provide some online / virtual classes	2	3%
Positive personal experience comments	2	3%
Alternative 1 - isn't working	2	3%
Other comments made not applicable to question	5	7%

Example comments, in consultees own words, about Alternative 1 being possible, if funded correct / service could work / be kept the same can be found below:

"Stopping the service would be a false economy costing more rehab and falls can be fatal. Trying to improve education I can imagine will be a waste of money. If people make a social face to face connection with a health professional it will offer support to continue with the course. In way if you know you are going to see someone again you like to be able to say you have been practicing being active etc. if nobody is checking up on you it's easy not to participate fully." (Kent resident)

"I feel these courses are essential to reducing the load on the NHS where people who are in later life who have an increased risk of falls can gain improved strength, fitness and balance to the concept of stopping them altogether is extremely unwise. We know that people who have long term conditions such as dementia, stroke survivors, people with heart conditions are best having help to prevent injury rather than filling hospital beds after a fall!! This may not be something the council feels is it's remit but the funding needs to come from somewhere and the NHS needs all its resources to keep its own functions funded without getting involved in prevention." (On behalf of a friend or relative)

"Keep the service but maybe restructure the length of the course of classes. If people miss several classes, they maybe need to be dismissed from the course and another person can take their place. No, please do not stop the classes, they are very valuable. I have seen the improvement that take place in participants." (Kent resident)

Example comments, in consultees own words, about Alternative 3 not working / education would not work / classing working best can be found below:

"No. 3. Focusing on improving education to older clients, is unlikely to improve their mobility, which is a key aim of the service." (Kent resident)

"Older adults do not require more education, but they do require more ways to keep active, stronger and therefore independent." (Kent resident)

Example comments, in consultees own words, about Alternative 4 possibly working / perceptions of social prescribing potentially working / needing to know more about how it would work can be found below:

"Jointly providing a service with other health and social care partners - imperative as to many services are fragmented, Individuals generally have many linked or related issues as they get older - an all-round one stop shop would have greater buy in from uses and be more cost effective in time and money." (Kent resident)

"Jointly providing a service with social prescribing/ care partners would be helpful, to ensure that the health professionals work together with the clients who would most benefit from the course are encouraged to participate." (Kent resident)

Any other comments on proposals or how they could affect consultees

Consultees were offered the opportunity to make any other comments about the proposals or how they could affect them in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section. 40% of consultees provided a comment to this question.

36% of consultees express the importance of the service / in person support and their desire for it to continue. Whilst the sample size is low, this increases to 52% amongst consultees who have interacted with the service and made a comment at this question. Some reiterated earlier concerns with regards to service promotion, accessibility and the 12-week timeframe.

Is there anything else you would like to tell us about the proposals or how they could affect you? Base: all consultees providing a response (56).

Theme	Number of responses	Percentage
Classes / in person must continue, it's an invaluable service, many / I have benefited from it and would continue to	20	36%
Service needs promoting / didn't know it existed and would have / would like to join	11	20%
Accessibility: classes need to be local / public transport is insufficient / people are often on sticks and frames	7	13%
Twelve weeks is not enough time / takes longer to embed	7	13%
Prevention is key	6	11%
There needs to be flexibility / option to continue if needed if twelve weeks	5	9%
Offer more classes, at more venues (allows more people to join)	4	7%
Linking with other healthcare providers is a good proposal	3	5%
Theme	Number of responses	Percentage
Should be for all / inclusive to all	2	4%

36 weeks is too long / more likely to commit if shorter	2	4%
Mixing ages in classes would not work	2	4%
The social interaction aspect must be taken into account for those that attend classes	2	4%
More information needed	2	4%
Other comments made not applicable to question	2	4%

Example comments, in consultees own words, reiterating that classes / in person must continue / it's an invaluable service can be found below:

“I have seen that the present course really helps the clients that are lucky enough to participate. A shortened course, one shortened by so much, is a completely different course because much of the content will have to be left out. Will the clients get the benefit from the shortened course? Particularly as follow up classes are hard to find.” (Kent resident)

“Please do not stop the classes. I and I am sure many others have found great benefit from them.” (Kent resident)

Example comments, in consultees own words, reiterating the service needs promoting / some didn’t know it existed can be found below:

“Both myself and my partner are always in fear of falling and would relish help with our balance but were unaware this service existed.” (Kent resident)

“I think there needs to be more publicity about any courses that are run - I have never heard of this scheme before getting the email, it's an excellent idea. Prevention of falls in the elderly is an excellent aim and will save money and lives.” (Kent resident)

Response to Equality Impact Assessment

Consultees were asked to provide the views on KCC's equality analysis in their own words. The comments have been reviewed and grouped into themes consistent with the process reported in the 'Points to Note' section.

34 people (24% of consultees), commented on this section. Of these, 9% had nothing further to add. 26% of those answering highlighted that classes must remain inclusive. 21% commented that it's the service that's important and the characteristics of who is accessing it is irrelevant / unnecessary.

We welcome your views on our equality analysis and if you think there is anything else we should consider relating to equality and diversity?
Base: all consultees providing a response (34).

Theme	Number of responses	Percentage
The classes are all inclusive / continue to be	9	26%
It's about the service / who's accessing it is irrelevant / unnecessary	7	21%
Nothing to add / none	3	9%
Consider hard to reach groups (generic / unspecified)	2	6%
Consider how to increase uptake / participation from minority ethnic groups	2	6%
Consider how to ensure participation across protected characteristic groups / encourage those with disabilities to take part	2	6%
Consider deprived areas / socio-economic areas	2	6%
May need single sex classes	2	6%
Equality analysis is good	2	3%
Information needs to be in multiple languages	1	3%
Consider access to the service / easy to get to for all	1	6%
Other comments made not applicable to question	2	6%

Two separate emails were received specifically related to the EqIA conducted. The contents of one requested that clearer reference to impact on veterans should be made clearer as they represent a significant proportion of residents aged 65 & over. The contents of the second requested a need to consider those who are visually impaired and/or dual sensory loss in terms of varying cultural and communication needs (language differences), perceived lack of access to tailored services and support, perceived poorer health outcomes (e.g. diabetes, mental health, dementia), social interaction concerns and loneliness / boredom.

Next steps

This consultation report will be published on the consultation webpage (https://letstalk.kent.gov.uk/postural-stability). An email will also be sent to those who completed the online questionnaire and selected that they would like to be kept informed of KCC consultations.

Feedback from the consultation, along with the Equality Impact Assessment is expected to be presented to Members of the Adult Social Care and Public Health Cabinet Committee on 8 July 2025 for discussion and comment. Following the Adult Social Care and Public Health Cabinet Committee, the Cabinet Member for Adult Social Care and Public Health will make the final decision on the future direction of the service.

If a decision is taken to create a new service, it would be expected to launch in April 2026.

If you require this document in an alternative format or language, please email alternativeformats@kent.gov.uk or call 03000 42 15 53 (text relay service number: 18001 03000 42 15 53). This number goes to an answering machine, which is monitored during office hours.

Appendix - Consultation Questionnaire

Section 1 – About you

Q1. Are you responding as…? Please select the option from the list below that most closely represents how you are responding to this consultation. *Please select **one** option.*

- [ ] A. A Kent resident
- [ ] B. A resident from somewhere else, such as Medway
- [ ] C. On behalf of a friend or relative (please complete this questionnaire using their information)
- [ ] D. A representative of a local community group or residents' association
- [ ] E. A charity
- [ ] F. A Voluntary, Community or Social Enterprise (VCSE) organisation
- [ ] G. A Kent business owner or representative
- [ ] H. On behalf of a Parish / Town / Borough / District Council in an official capacity
- [ ] I. A Parish / Town / Borough / District / County Councillor
- [ ] J. A KCC employee
- [ ] L. Something else, please tell us:

The Postural Stability Service is summarised on page 14 of the consultation document. Currently the service:

- Is for adults aged 65 and older and those aged 50-64 years if a professional assesses them to be at higher risk of falling due to an underlying condition.
- Is accessed by self-referral (this is not proposed to change).
- Has varied class locations across Kent. For example, currently nine venues in East Kent and five in West Kent.
- Currently runs for up to 36 weeks (8 months).
- Delivered by Involve in West Kent and by Kent Community Health Foundation Trust (KCHFT) in East Kent

Q1a. If you selected A, B or C for Q1 please tell us which of the following options describes your use of the Postural Stability Service? *Please select **one** option.*

☐	I currently use the Postural Stability Service
☐	I have used the Postural Stability Service in the past
☐	I am currently on the waiting list for the Postural Stability Service
☐	I have never used the Postural Stability Service
☐	I don't know

Q1b. If you are 'currently using the service' or have 'used it in the past', please tell us more about your experiences of using the service. What did you like / think could be improved? Please do not include any personal information that could identify you within your response.

Q1c. If you responded D to I for Q1 (on behalf of an organisation), please tell us the name of your organisation. *Please write in below.*

Q2. Please tell us the first five characters of your postcode:

Please do not reveal your whole postcode. If you are responding on behalf of an organisation, please use your organisation's postcode. If you are responding on behalf of someone else, please use their postcode. We use this to help us to analyse our data. It will not be used to identify who you are.

Q3. How did you find out about this consultation? *Please select **all** that apply.*

☐	An email from KCC's Public Health Team
☐	At a current Postural Stability Service venue
☐	An email from Let's talk Kent / KCC's Engagement and Consultation Team
☐	At a KCC building (Library, Gateway etc)
☐	KCC County Councillor
☐	From my Parish / Town / Borough / District Council
☐	From a friend, neighbour or family member
☐	Poster
☐	Postcard
☐	Facebook
☐	X (formerly Twitter)
☐	Nextdoor
☐	Kent.gov.uk website
☐	KCC's staff intranet
☐	Newspaper
☐	Something else, please tell us:

Section 2 – Our proposals

Please see page 9 of the consultation document for more details about our proposed aims for the service. They are to:

- **Include more older adults younger than 65 years of age**. We propose to offer support to those aged 50 and older to ensure that they have the information they need, and helpful and enjoyable activities that they want to do closer to home and at times that suit them. We especially want to attract people of diverse backgrounds and underserved communities.
- **Continue to help older adults to increase and maintain their strength, flexibility, balance, and coordination, but in a place and time that suits them**.

- **Reduce inactive lifestyles such as sitting too much for too long**, to help people to remain independent for longer, enjoy a better quality of life, and delay and in some cases prevent the onset of disability.

Q4. Do you agree or disagree that these are the aims we should be focusing on for the Postural Stability Service? *Please select **one** option per row.*

Aims	Agree	Neither agree nor disagree	Disagree	Don't know
1. Include more older adults below the age of 65.				
2. Continue to help older adults to increase and maintain their strength, flexibility, balance, and coordination, in a place and time that suits them.				
3. Reduce inactive lifestyles such as sitting too much for too long.				

Q4a. If you would like to comment on any of the aims, please use the box below. You can also tell us if you have suggestions for other aims we might consider. If your response is about a specific aim(s), please make this clear in your answer.

Please do not include any personal information that could identify you within your response.

Please read more about our proposals to change the current service in depth from page 9 onwards of the consultation document. A summary of key changes to the delivery of the service is available on page 14 of the consultation document. They include:

- **Reducing the current course from 36 weeks to 12-weeks.** This would reduce the high drop-out rate seen in the current service and enable more people to get onto the course and

complete it. The course should fit better with people's lifestyles and commitments outside of the course.

- **Extend the service to more adults aged over 50.** This is younger than most of the current service users who are aged 65 years and older. This will capture those who need it sooner.
- **Include more classes in more locations across Kent** in communities that will benefit from it the most. This will be dependent on where we get successful bids for grant funding to run and matched to areas of identified need. Need may be identified by where there are ageing populations, health inequalities, or low reported take-up of physical activity.

Q5. How much do you agree or disagree with our proposals to …? *Please select **one** option per row.*

Proposals	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
1. Reduce courses to 12-weeks.						
2. Extend the service to more adults aged 50 and older.						
3. Have more classes in more locations across Kent in communities that need them the most.						

Q5a. If you would like to make any comments on any of the proposals to change the Postural Stability Service, please tell us in the box below. If your comment relates to a specific proposal, please make this clear in your answer.

Please do not include any personal information that could identify you or anyone else in your answer.

We have set out principles on page 12 of the consultation document to be considered when deciding to award a grant for an activity or service. These are:

1. How the organisation will focus on making the biggest differences in areas and communities with the most to gain from increasing physical activity.
2. The ability to participate in appropriate training before the launch of their programme to ensure practice is evidence based and staff can effectively engage with older adults.
3. How the organisation will focus or deliver long-term changes in behaviour (behaviour change) in participants.
4. How the organisation will motivate participants to remain active after the 12-week course ends.

5. How the organisation will consider barriers to joining courses (e.g. availability of transport and health conditions) and what reasonable adjustments they will make for people to enable safe and comfortable participation.
6. How the service will promote their activity or service.
7. The organisation's ability to provide annual reports describing how participants are doing and taking part in research to support the evaluation of this approach and add to the knowledge base.
8. Organisation's ability to contribute to the Live Longer Better - Everyday Active Kent learning network. This is a website for people and organisations within local communities in Kent to promote activities in their area, connect with other people to become more active and share motivating stories. For organisations and practitioners, there is the opportunity to personalise information and activities, and use the partnership resources e.g. training, campaigns and link with others across England.
9. If and how the organisation(s) will be able to attract match funding to enhance their service offer.
10. If they are working with local organisations to provide activities

Q6. Please tell us if you have any comments about the principles above. Please tell us which of the principles you are commenting on in your response.

Please do not include any personal information that could identify you within your response.

Please read page 11 ("How would this work?") of the consultation document where we suggest how the grant process could look in the future. Under proposals, we would allow organisations to apply for grants of up to £3,000 over three years (£9,000 in total) with annual reviews from the Public Health team at KCC. In addition to this, we would encourage the following:

- Joint applications from groups (consortiums) who wish to provide services.
- Community led projects or services (led by people who serve communities) that would make services more local and encourage cohesiveness.

Q7. Thinking about how the proposed grant process could work for the Postural Stability Service, please tell us to what extent you agree or disagree with the following statements. Please select **one** option per row.

Proposal	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
1. I/my organisation would welcome KCC awarding grants over three years, for up to £3,000 per year (£9,000 in total); to be reviewed annually.						

2. KCC should encourage joint applications from groups of organisations (consortiums) who may wish to provide services.						
3. KCC should encourage organisations to seek additional funding from elsewhere to run the service.						

Q7a. If you would like to make any comments on any of the proposals for how the grant process could work, please tell us in the box below. If your comment relates to a specific proposal, please make this clear in your answer.

Please do not include any personal information that could identify you within your response.

Q8. Do you have any suggestions for a new name for the service, or any feedback on the terms 'active' or 'later life'? *Please write in below.*

Please read about some of the alternative options we have considered for this service on page 15 of the consultation document. You can find out more about the other options considered and why we do not think they should be taken forward. Alternative options considered include:

1. Keeping the service the same with no changes.
2. Stopping the service completely.
3. Stop classes and focus on improving education to older adults on the importance and benefits of activities that help people to remain stronger and independent for longer.
4. Jointly providing a service with other health and social care partners.
5. Spending the money for the service on the current NHS Health Checks programme to educate people on falls prevention and the benefits of physical activity.

Q9. Please tell us if you have any comments on these other options we have considered or if you have other ideas you think we should consider. *Please write in below.*

Please do not include any personal information that could identify you within your response.

Q10. Is there anything else you would like to tell us about the proposals or how they could affect you? *Please write in below.*

Please do not include any personal information that could identify you within your response.

Section 3 – Equality analysis

To help ensure that we are meeting our obligations under the Equality Act 2010 we have prepared an initial Equality Impact Assessment (EqIAs) on our proposals.

An EqIA is a tool to assess the potential impact any proposals could have on the protected characteristics: age, disability, gender identity, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. At KCC we also include carer's responsibilities.

The EqIA is available online at **www.kent.gov.uk/posturalstability** or in hard copy on request.

Q11. We welcome your views on our equality analysis and if you think there is anything we should consider relating to equality and diversity. Please add any comments below.

Please do not include any personal information that could identify you within your response.

Section 4 – More about you

We want to try to make sure that everyone is treated fairly and equally, and that no one gets left out. That's why we are asking you these equality monitoring questions.

This information helps us to understand how different people could be affected, but if you would rather not answer any of these questions, you don't have to.

It is not necessary to answer these questions if you are responding on behalf of an organisation.

If you are responding **on behalf of someone else**, please answer using their details.

Q12. Which of the following best describes your working status?

Please select **all** options that apply.

- ☐ Working full time
- ☐ Working part time
- ☐ On a zero-hours or similar casual contract
- ☐ Work flexibly / shift work
- ☐ Freelance / self employed
- ☐ Temporarily laid off
- ☐ Unemployed
- ☐ Not working due to a disability or health condition
- ☐ Carer
- ☐ Homemaker
- ☐ Retired
- ☐ Student
- ☐ Other, please tell us:

Q13. What is your sex? A question about gender identity will follow. *Please select **one** option.*

- ☐ Female
- ☐ Male
- ☐ I prefer not to say

Q14. Is the gender you identify with the same as your sex registered at birth?

*Please select **one** option.*

- ☐ Yes
- ☐ No, please tell us your gender identity: ☐
- ☐ I prefer not to say

Q15. Which of these age groups applies to you? *Please select **one** option.*

☐ Under 16	☐ 16-25	☐ 26-35	☐ 36-45	☐ 46-55
☐ 56-65	☐ 66-75	☐ 76-85	☐ 86+ over	☐ I prefer not to say

Q16. What is your religion or belief? *Please select **one** option.*

- [ ] No religion or belief
- [ ] Atheist
- [ ] Christian
- [ ] Buddhist
- [ ] Hindu
- [ ] Jewish
- [ ] Muslim
- [ ] Sikh
- [ ] A different religion or belief, please tell us: _____
- [ ] I prefer not to say

Q17. Do you have a disability, health condition, physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities? *Please select **one** option.*

- [ ] Yes
- [ ] No
- [ ] I prefer not to say

Q18. If you answered 'Yes' to Q17, please tell us if any of the following disabilities or health conditions apply to you. *You may have more than one, so please select all that apply. If none of these applies to you, please select 'A different disability or health condition' and give brief details.*

- ☐ Musculoskeletal conditions. (e.g., conditions affecting muscles or bones)
- ☐ Physical
- ☐ Sensory (hearing, sight or both)
- ☐ Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy
- ☐ Mental health condition
- ☐ Learning disability
- ☐ Neurodivergent, such as ADHD, autism, dyslexia and dyspraxia
- ☐ I prefer not to say
- ☐ A different disability or health condition (please tell us below):

A Carer is someone who gives unpaid care or help to anyone because they have a long-term physical or mental health condition or illness, or problem related to old age. Both children and adults can be Carers.

Q19. Are you a Carer? *Please select **one** option.*

- ☐ Yes
- ☐ No
- ☐ I prefer not to say

Q20. **What is your ethnic group?** *Please select **one** option.*

White

- ☐ English, Scottish, Welsh, Northern Irish or British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Roma
- ☐ Any other White background, please tell us: ☐

Mixed or Multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed or Multiple background, please tell us: ☐

Asian or Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background, please tell us: ☐

Black, Black British, Caribbean or African

- ☐ Caribbean
- ☐ African background, write in below
- ☐ Any other Black, Black British, or African background, please tell us:

Another ethnic group

- ☐ Arab
- ☐ Roma
- ☐ Any other ethnic group, please tell us:

Q21. Which of the following best describes your sexual orientation? *Please select **one** option.*

- ☐ Heterosexual/Straight
- ☐ Bisexual
- ☐ Gay or Lesbian
- ☐ I prefer to define my own sexuality, please tell us:
- ☐ I prefer not to say

Thank you for taking the time to complete this questionnaire; your feedback is important to us. All feedback received will be reviewed and considered in the development of our proposals.

This report was produced for Kent County Council