

Pilot fiche O1.4

# Trail on the Coast and Soft Gym

## Part 1: The pilot

## **Pilot name: Soft Gym & Walking**

### *Pilot overview*

La Ritournelle is a residential facility that cares for individuals with severe cognitive disorders and many residents have severe memory impairment, severe spatial and temporal disorientation. Some who require significant support living within a specialist unit. Prior to the SAIL project the home offered a wide and varied programme of activities to its residents that included:

- Occasional informal walks that offered leisure time outdoors
- Some informal soft gym activities led by the psychomotor therapist.

The research team began the pilot by talking to the residents about what activities they had done in the past and whether there were additional activities that they would like to offer within the home. The residents did make some suggestions for example the opportunity to engage in spiritual activities or to do some gardening. However, as many of the residents had severe cognitive disorders there was a need to gain consent from family members to enable them to participate in the pilot. Unfortunately, when approached about their relative taking part many families were reluctant to give their consent. The result of this was that few residents had direct involvement in creating the pilot. The soft gym element of the pilot was an adaption of the existing physical activity programme, but the walking element was a new opportunity for the older people. The residential home during the period of the pilot was also able to attract an intern from the Sports University for two consecutive years, which was unusual, and the pilot may have contributed to this interest from students. The walking activity was also supported by the development of a partnership with Decathlon. As a result of initiating walking at the home a walking event was held in October 2019 which attracted over 100 people.

### *Key issues for the pilot*

The cognitive capabilities of the residents and the lower number of participants were both factors that impacted upon the original scope of the pilot. These issues also limited the opportunity to evaluate outcomes. There were other issues that hampered data collection such as the schedule of the home which did not always accommodate the data collection process. However, it would seem likely that the cognitive condition of the

residents was such that they would be unable to clearly distinguish what impact the pilot had on their daily lives. However, observational data indicated that for some residents some of the small modifications made a difference to individuals such as being given dumbbells to use during soft gym exercise sessions.

The host venue was also at times an issue for the pilot as staff found incorporating the new activities into the routine of the home difficult at times and on occasions due to staff shortages or sickness sessions had to be cancelled. The partnership with Decathlon was highly valuable to the pilot. The pilot was rolled out to two other residential care homes operated by AFEJI during 2019 however, only one decided to deliver both elements as the other site felt ill-equipped and had less interest in the soft gym element. This suggests that successful transference is highly dependent on the nature of existing infrastructure and locations need to be carefully selected.



Soft gym session for residents  
at Villeneuve d'Ascq.

## Part 2: Evaluation

## Test Phase

As a reminder the activities we tested were those proposed by our partner AFEJI. The activities belonged to the following work packages: Movement and Sport (which was operationalized by Soft gym and walking in the neighbourhood) and Wellbeing and Food (which was operationalized by activities around animal mediation). These activities were proposed to older adults living in a nursing home due to autonomy impairment mainly as a consequence of severe neurocognitive pathologies (dementia).

## Efficacy testing

Prior to the presentation of the information we gathered, we will first focus on the context and conditions in which the test phase was conducted. Initially we planned to perform a rigorous methodology with several indicators to establish a base line in order to determine the efficacy of the activities before, during and after participants' involvement in the projects. This methodology was impossible to be implemented and as a result we were not able to capture any objective change over time. The reasons are various and we have outlined a few of them below to contextualise our testing environment:

- The sample of participants involved in the project was small for various reasons (no consent to take part in the project, inability due health conditions...,). As result, it was impossible to have for each activity different participants. Almost the same participants took part in all activities. It was thus impossible to determine specifically the efficacy of a given activity due to cross contamination.
- Among the participants who took part in the project, many were not constant to allow a before, during and after measurement. Participants were regularly absent to some of the activities at crucial testing periods due to health issues
- Testing intervals were also frequently not performed according to the defined schedules (not enough participants during testing periods, not enough staff to accompany participants to their activities, bad weather...,)
- The activities were planned according to the agenda of the nursing home and the institutions delivering these activities. Unfortunately it regularly happened that the university partners (UPJV) could not adapt their agenda accordingly. Consequently, several sessions took place without the presence of the academic partners conducting the testing phase

- Due to the geographical distance (100KM) between the university partners and AFEJI nursing home, we could not conduct several testing periods or be flexible according to last minute changes in the schedule. As

a consequence, testing was at several moments quit due to organisational factors

- Certain activities that we have evaluated were already implemented in the nursing home since several years. Certain modifications were performed but no resident noticed these changes. It was thus difficult to evaluate the benefit of these activities.

- Most the participants suffered from severe cognitive disorders (severe memory impairment, severe spatial and temporal disorientation anosognosia, insights deficits, executive disorders,...). As a result the participants could not actively take part in a before, during, after testing design. The administration of the questionnaire was problematical.

For all these reasons, in order to be able to extract some useful information with regard to the purpose of the project, we performed single case evaluation

Table 1

Anticipated distribution of residents within activity groups

	Participants Walking activity	Soft gym	Animal mediation	Médiation animale
	Sorties WAF	Café Sortie	Z'ânes	Attitude
BL003	X	X		
CY009	X	X		
DR015	X	X	X	
DM001	X	X		
DA011	X			
GM006	X			
HL010	X			
HI013	X	X	X	X
LM012	X			

MO018 X

NE017 X

SA007 X X X

TM019 X

VM002 X X

WB008 X X

BC005 X X

TT020 X

Total

participants 7 15 4 4

The evaluation of the activities proposed within the framework of the SAIL project requires on the part of the participants relatively preserved cognitive capacities for informative and coherent answers. Memory capacities in particular are essential to have information on the effect of a given activity. Few participants had the memory capacities necessary for this exercise. In addition, the healthcare teams were not sufficiently available to provide qualitative information and communications were not regular and informative enough. This is why we had to adapt our collection of information and our subsequent analyses by proposing case studies. Testing was conducted with all participants. We invested considerable efforts in gathering both quantitative and qualitative information (observation, interview with staff, with residents,...) for all the participants but most of the time, the data collected were not relevant due to severe cognitive disorders and the reasons evoked above. It is to be noted that the university partners (UPJV) have a solid expertise in Neurocognitive disorders since they are all researchers in

neuropsychology and have practised as clinical psychologists with elderly adults. We have made our best and tried various techniques to gather relevant data but our efforts in most cases were fruitless. Contrary to what we initially aimed, information that are presented below are the outcome of interactions with only 4 participants who were sufficiently informative in a context of cognitive disorders.

Participant VM002



· Data on Perceived wellbeing with regard to the following factors : Perceived health; Levels of empowerment; Levels of independence; Levels of social isolation; Physical activity; Eating habits

Regarding the responses to the SAIL questionnaire, Mr. VM002 assesses his quality of life as acceptable, and says that he is happy and appreciates his life most of the time. Regarding his health, he reports that he has a lot of energy and that his health is good enough to allow him to go out and take care of himself, he believes that the pain does not affect his well-being. Regarding social relations, Mr. VM002 seems indifferent to the wish to have more contact with new people and reports being well surrounded (family). Regarding his independence, he feels healthy enough to be independent and feels like he has enough control over the important things in his life. Regarding his psychological and emotional well-being, Mr. VM002 reports that he feels lucky compare to most people and that he tends to take life as it comes by seeing the bright side of things. He is ready to adapt his activities if his health forces him to. Concerning

leisure activities, Mr VM002 declares appreciating to take part in various activities and to remain involved in things important for him; he shares all his meals with the other residents of the establishment and seems satisfy with this situation. However, according to him, no activity allows him to have a role in life. Mr. VM002 estimates the number of days he performs physical activity as at least 30 minutes-7 times a week (daily walk).

#### Participant's self-identification of change

Mr. VM002 declares that he did not meet new people since the restaurant of the institution brings together all the residents of the establishment. However, participating in the activities allowed him to get to know more people with whom he would like to keep in touch outside the activities. In addition, the activity in which he participated makes him want to participate in other activities such as manual or drawing workshops. The physical activities offered as part of the SAIL project did not encourage him to do more since it is a lifestyle habit that he has had for a long time.

Mr. VM002 was informed of these activities when he arrived in the institution (July 2016). He decided to participate as soon as he arrived because he likes to be active. Mr. VM002 would like to continue these activities and would like to use dumbbells more regularly during soft gym. Sessions. He appreciates that the group leaders are different from one session to another, because according to him it diversifies the exercises offered. He would like to be able to ride a stationary

bike. Since the assessment (March 2019), Mr. VM002 now has dumbbells at his disposal which satisfies him. In addition, an exercise bike is also available to him and Mr. VM002 practices it every Friday for 20 minutes.

#### Participant GM006

Data on Perceived wellbeing with regard to the following factors: Perceived health; Levels of empowerment; Levels of independence; Levels of social isolation; Physical activity; Eating habits

Ms. GM006 describes her quality of life as good. She declares appreciating her life and being happy most of the time. She is not impatient to see what life has in store for her and focus on the present. She recalls a period of life that was complicated for her, but conclude that her mood has since returned good. She also expresses a certain weariness of life linked to age, which however does not go so far as an active desire to end her life. Regarding her health, she agrees that she has sufficient physical energy, sufficiently in good health to go out. She does not agree with the fact that her health prevents her from taking care of herself or her environment. She is nevertheless aware of the aid provided by the nursing home. For her social relationships, she expresses feeling surrounded and thinks she can count on those around her if needed. She does not want to have more companies from other people because it's "good like that." However, she would like her grandchildren to be more present. Ms. GM006 believes that she has enough independence and control over the important elements of her life. For the aspects of psychological and emotional well-being, she responds to take life as

it comes, to make the most of things and to see them on the bright side. She also feels lucky compared to most people. She says that if her health limits her activities, she will compensate and find other things to do. Regarding her hobbies and activities, Madame GM006 is completely satisfied with the activities in which she takes part. The meal times she shares with others are enough for her. However, she does not consider that she has any specific role and responsibilities related to her activities, which does not seem to bother her. Finally, the religious aspect is important to her, she says her prayers every day, but she reports that she does not take part in any particular religious event within the establishment. She estimates the number of days that she has been physically active for at least 30 minutes once a week.

#### Participant's self-identification of change

Mrs. GM006 mentions that she has participated in soft gym activities since she arrived in the nursing home. She has not met new people through these activities and does not want to try new ones. She reports that once she leaves

this activity, she feels rather happy. She explains that her daily activities are not limited due to any disability or health concern. According to her, "it's not like before, but I'm not limited due to health issues." She once again considers her quality of life to be "good" and talks about the hobbies she likes to do. For her, vision difficulties do not put her in disability since during activities, help is provided. In addition, she enjoys being in action. However, she would like to be always with the same

person who drives the activity and sees no other suggestion for improvement. She was involved in these activities before the Sail project and reports participating in everything, because the most important is "to be together".

#### Participant DM001

Data on Perceived wellbeing with regard to the following factors: Perceived health; Levels of empowerment; Levels of independence; Levels of social isolation; Physical activity; Eating habits

Participant DM001 assesses her quality of life as acceptable and says that she is happy as well as enjoying her life most of the time. Regarding her health, she reports having a lot of physical energy and thinks that she is in good health enough to go out. For her social relationships, she says that she feels surrounded by her loved ones and does not want to have more companies. Regarding her independence, she feels healthy enough to be independent, but does not feel like she has enough control over the important things in her life. Concerning her psychological and emotional well-being, she seems optimistic and looks on the bright side. Regarding her social activities, she says that she does not have any physical or social activity that she likes to do. She also reports that she is not trying to stay involved in things. However, she agrees to participate in events and is happy to share her meals with others.

#### Participant's self-identification of change

Mrs. DM001 did not meet people with whom she would like to stay in contact within the walking or soft gym group. She would not like to participate

activities. Likewise, the resident does not find that she is more motivated to do physical activities. She explains this by the fact that she does not go spontaneously to the group, she would not come if we did not come to pick her up. Her self-assessment of her psychological state after performing the activities is rather positive. Regarding her condition after the walk, she is also positive. Regarding the improvements that could be made for soft gym and walking, she finds that there are too many breaks within the walking group. She joined these two groups following a proposal from her family. She decided

to participate in the walking group because she always loved walking. For the soft gym group, she goes to this activity only because it allows her to move.

#### Participant TM019

Data on Perceived wellbeing with regard to the following factors: Perceived health; Levels of empowerment; Levels of independence; Levels of social isolation; Physical activity; Eating habits

Participant TM019 declares that her quality of life is acceptable and appreciates her life in general. However, she reports that she is not happy most of the time due to her paralysis. She says that she has no energy and that her physical condition negatively affects her well-being and limits her activities. For example, she explains that she has to be accompanied to go out. She says that she is not healthy enough to live independently, but reports having enough control for the important things in her life. The resident seems satisfied with all of her social relationships and reports wanting more contact. Mrs TM019 declares to

feel depressed. She explains that she does not feel lucky and finds it difficult to compensate for the activities that cannot be performed due to her motor deficit. Concerning the activities, the resident reports that the proposed activities do not please her. She declares that she does not want to remain involved in life in nursing homes, claiming that she can do nothing. However, she reports that she wishes to attend cultural or religious events. Concerning the meals, Mrs TM019 declares to like and share these with the other residents.

#### Participant's self-identification of change

The resident declares that she did not meet new people because of her difficulties in establishing contacts. Her paralysis limiting her activities, does not motivate her to carry out new activities. She reports that soft gym does not really interest her and reports that she does not feel happy after the session. She says that she does this to spend time and describes her quality of life as poor. She explains that time is long and that she is bored because of her immobility. To date, she reports that she no longer has any activities or hobbies that she would like to do and reports that she read less than before due to a decrease in vision.