Welcome to our final issue for 2007. We have a bumper issue for you with reports from both the ACT Falls Forum and the inaugural Hunter new England Area Health Service Falls Forum.

The inaugural Greater Southern Area Health Service (GSAHS) Falls Forum will take place in Wagga Wagga on Thursday 14th February 2008, further details on page 9.

The Australian and New Zealand Falls Prevention Society, 3rd Biennial Conference, will be held in Melbourne from the 12-14th October 2008. See page 10 for more information.

We wish you all a peaceful, joyful, restful and safe Christmas and holiday break.

Standing tall for Sally Castell’s Exercise Workshops in Canberra.
The 3rd Annual ACT Falls Prevention Forum was held on Thursday December 6th at The University of Canberra and hosted by the Territory Wide Reference Group. There were around 200 participants at this forum which featured a variety of presentations, a brief outline is presented below and presentations are available on our website at http://www.powmri.edu.au/fallsnetwork

This Forum featured two keynote addresses and a number of shorter presentations.

**Associate Professor Lindy Clemson** from the Faculty of Health Sciences, University of Sydney, presented the first keynote address on ‘Trends in Falls prevention and Practice: Lessons from the Research’ which focused on evidence for home safety audits as well as exercise for falls prevention including programs such as Stepping On and LIFE. It was important to increase a persons self efficacy by setting goals and enabling older people to change old habits. Exercise programs need to cater for the range of abilities and condition of older people as well as providing programs sensitive to the needs of CALD and indigenous communities.

**Sally Castell** from Northern Sydney Health, entitled the ‘Big Exercise jigsaw puzzle—applying the research relating to Exercise and falls injury reduction.’ The focus of this presentation was the use of a multi-layered approach which combines the evidence, policy, structure and assessment. With exercise programs it is important to keep challenging people by moving them along into more challenging programs. Exercise programs need to focus on helping people enjoy their lives. Many components make up a successful exercise program. The main challenge is having people continue with exercise once a program has finished. It is also important to enable older people to incorporate exercise into everyday life.

**Joanne Gould** from Age Concern in Albury presented ‘A world First: Tai Chi for people with Low Vision’. A 7 week program for people with <5% useable vision is currently being piloted and this class, includes a mixture of ages. A precise script is used for the classes and those that complete each program then become mentors to those in the next program.

**Claire Schofield** from Calvary Hospital, ACT spoke on the ‘Implementing the Nationwide Calvary Healthcare Falls risk Minimisation policy in Canberra’. Calvary Healthcare developed a Falls Minimisation Policy with a National Falls working party in 2006 this Policy has 7 keys area which include assessment and risk identification, level specific care strategies, post fall management and staff education. The policy was rolled out in June 2007 across all of Calvary Healthcare’s facilities. Each facility has a local falls committee that develops the local procedures and coordinates the local implementation as well as the modification of the training packages and developing an e-learning package.

**Cherie Mercado** and **Linda McCormack** from the Bega Valley Community Health service, presented ‘The next step in “Stand Tall, Don’t Fall” which has now focused on establishing a long term community based exercise program Get Balanced and Stay Balanced (GBSB) to complement the Stand Tall, Don’t Fall program. They currently have a total of 124 people attending 6 classes in 6 different towns.**
**Louise Green** from the Fremantle Hospital and health service spoke on ‘SQuIRe Falls prevention Project at Fremantle Hospital and Health Service (FHHS), Western Australia.’ SQuIRe is the Safety and Quality Investment for Reform, and falls reduction is one of the mandated clinical improvement practices in this program. The SQuIRe falls prevention project aims to achieve 100% compliance of falls risk assessment for all patients over 65 years (or younger if cognitively impaired) within 24 hours of admission and 100% compliance with Falls prevention interventions to prevent falls and a 5% reduction in the rate of falls by 30 June 2008 in the FHHS. Interventions are audited monthly using a clinical sample size of 20 beds in large wards and the results are fed back to the ward. Falls are recorded in a medical incident data system. One of the main challenges has been the documentation of compliance due to staff turnover and the many other clinical improvement practices that demand staff time.

**Fiona Dawes** from the Older person’s Mental health Inpatient Unit at Calvary hospital spoke on the ‘Challenges for a Falls prevention Program in an Older Person’s Mental Health Inpatient Unit, this presentation highlighted the challenge of the complex and diverse needs of the patients in this unit. The use of individualised interventions and the promotion of self efficacy was found to be the most useful in this care setting where many patients are on psychotropic medications. Falls prevention initiatives included an independent learning package for staff as well as the use of armbands, stickers and there was a balance between supervision and fostering self confidence in the patients.

**Mandy Harden** from the Hunter New England Health Service, presented on the ‘Challenges in Implementing Best Practice Falls Prevention Strategies in a Residential Care Setting’ spoke on this project which involved 88 Residential Age Care Facilities (RACF) in the Lower Hunter Valley of NSW. Mandy discussed the main challenges in implementing best practice falls prevention strategies in RACFs. These included engaging RACFs in falls prevention initiatives, vitamin D and Calcium supplementation, use of hip protectors and, supporting RACFs in collecting data.

**Kate Johnson** from the Lillian Wells Nursing Home in North Parramatta spoke on ‘Reducing Falls in the lounge of a dementia specific facility’. In a 71 bed dementia facility the average number of falls was 19.9 per month with 36% of these falls occurring in the lounge area. The lounge area had been set up as a series of rooms to provide a more homely atmosphere however due to the high incidence of falls it was decided to try a number of different layouts for this area to see if falls could be reduced. It was found that by opening up the room and having chairs around the edges allowing free flow movement, this led to a decrease in the total number of falls to 11 in October with only 9% in the lounge area. A home like environment may not always be conducive to preventing falls.

**FALLS PREVENTION WORKSHOPS**

The YMCA of Canberra and the ACT Falls and Fall Injury Prevention Program hosted 2 workshops on Friday December 7th with Sally Castell, a physiotherapist and physical activity for falls prevention expert, providing knowledge on planning appropriate and graded falls prevention exercise programs. These workshops were attended by a total of 54 people with mostly physiotherapists and fitness instructors in the afternoon session.

These sessions were very practical with Sally leading the participants through a variety of exercises that could be included in a falls prevention exercise session. Sally also included ideas to improve technique and provided a variety of options using recreation and equipment in a falls related strength and balance exercise program. All participants came away with a wealth of ideas to incorporate into their exercise programs.
Hunter New England Falls Injury Prevention Forum
Tuesday 20 November 2007

Patsy Bourke, HNE Falls Injury Prevention Coordinator

The inaugural Hunter New England Falls Injury Prevention Forum was held in Tamworth on Tuesday 20 November 2007. The organisers were thrilled with the attendance of 175 delegates from across the large geographic region of the Area and from many different clinical, and private services in the community, hospitals and residential aged care.

The Forum was developed by the HNE Falls Injury Prevention Advisory Committee and was the culmination of a productive year in establishing structural framework in HNE around falls injury prevention.

Dr Nigel Lyons Chief Executive HNE Health

In opening the inaugural Fall Injury Prevention Forum, Hunter New England Health Chief Executive, Dr Nigel Lyons highlighted that every day there are about 165 older people reporting to one of the Emergency Departments in the Hunter New England Health Service, following a fall, and as many as 14 of these people die as a result of their fall.

Dr Lyons said “falls injuries account for about 20% of the presentations to local emergency departments in people aged over 65 years, and a lot of this is preventable”.

“As based on projections, if we do not act on preventing this epidemic now, we will need 800 additional hospitals beds and 1200 residential aged care beds in the next forty years in NSW. This is just to cater for the expected increase in falls events resulting from the demographic trends of an ageing population” Dr Lyons said.

“As a consequence of these realities – in the NSW State and the NSW Health Plans – prevention of falls injuries is considered everybody’s business,” Dr Lyons concluded.

During the morning a range of speakers provided participants with information on topics including:

Implementation of the NSW Falls Program - Lorraine Lovitt, NSW Falls Leader, Clinical Excellence Commission (CEC)

Putting Falls Management into Practice in HNE - Patsy Bourke, HNE Health Falls Injury Prevention Coordinator, highlighted specific falls prevention initiatives in HNE.

Managing the Falls Journey – this session described the patient journey through community, admission to the ED, acute care, rehabilitation and residential aged care and highlighted a range of possible interventions in each setting that showed best practice implementation.

The afternoon program consisted of three concurrent sessions for people working in hospital, residential aged care facilities or community settings. The groups discussed issues ranging from minimising falls in hospital and nursing homes, Vitamin D and calcium supplementation, rehabilitation and the role of physical activity, as well as many other topics.

This forum generated good radio, television and newspaper coverage.
The Relationship Between Glycemic Control and Falls in Older Adults

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Abstract

Objectives: To determine whether glycemic control contributes to fall risk in frail and nonfrail elderly adults with diabetes mellitus.

Design: Retrospective, case-controlled design.

Setting: Health maintenance organization in the Denver, Colorado, metropolitan area.

Participants: One hundred eleven community-dwelling adults aged 75 and older who receive care through Kaiser Permanente of Colorado. All subjects had been diagnosed with diabetes mellitus, had at least one hemoglobin A1C (HbA1c) measurement in the previous 12 months, and were using oral hypoglycemic medication or insulin to control their diabetes mellitus.

Measurements: Measurements of risk factors (Vulnerable Elders Survey (VES-13) with a cutpoint of 3 to determine frailty status, self-reported number of falls over the prior 12-month period, HbA1c, fasting low-density lipoprotein cholesterol, average blood pressure, and other factors related to fall risk) were obtained through telephone interview and medical chart review. The outcome measure was falls.

Results: Bivariate analyses to assess correlations between falls and risk factors determined that only HbA1c, frailty, and peripheral neuropathy were significantly associated with falls. A stepwise logistic regression determined that fall risk markedly increased when HbA1c was 7 or below, regardless of frailty status.

Conclusion: In this retrospective study of a convenience sample of frail older adults with diabetes mellitus, tighter glycemic control was associated with greater risk of falling. Prospective studies that further evaluate the risks and benefits of relaxed glucose control in high-risk older adults are needed to confirm this finding.

Incidence of In-Hospital Falls in Geriatric Patients Before and After the Introduction of an Interdisciplinary Team–Based Fall-Prevention Intervention

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Abstract

Falls are among the most common unwanted events in older hospital inpatients, but evidence of effective prevention is still limited compared with that in the community and in long-term care facilities. This article describes a prevention program and its effects on the incidence of falls in geriatric hospital wards. It was a prospective cohort study with historical control including all 4,272 patients (mean age 80, 69% female) before and 2,982 (mean age 81, 69% female) after introduction of the intervention.

The intervention included fall-risk assessment on admission and reassessment after a fall; risk alert; additional supervision and assistance with the patients’ transfer and use of the toilet; provision of an information leaflet; individual patient and caregiver counseling; encouragement of appropriate use of eyeglasses, hearing aids, footwear, and mobility devices; and staff education.

Measurements included standardized fall-incidence reporting, activity of daily living and mobility status, number of falls and injurious falls, and number of patients who fell. Before the intervention was introduced, 893 falls were recorded. After the intervention was imple-
mented, only 468 falls were recorded (incidence rate ratio (IRR)=0.82, 95% confidence interval (CI)=0.73–0.92), 240 versus 129 total injurious falls (IRR=0.84, 95% CI=0.73–1.04), 10 versus nine falls with fracture (IRR=1.40, 95% CI=0.51–3.85) and 611 versus 330 fallers. The relative risk of falling was significantly reduced (0.77, 95% CI=0.68–0.88).

A structured multifactorial intervention reduced the incidence of falls, but not injurious falls, in a hospital ward setting with existing geriatric multidisciplinary care. Improvement of functional competence and mobility may be relevant to fall prevention in older hospital inpatients.

**Conclusion:** Significant demographic changes took place, with older people and more men experiencing hip fracture. After adjustment for age, sex, and comorbidity, survival was poorer in patients suffering a hip fracture than in controls. This calls for measures to improve survival.

### Interventions for Preventing Falls in Acute- and Chronic-Care Hospitals: A Systematic Review and Meta-Analysis

Joke Coussement, Leen De Paepe, René Schwendimann, Kris Denhaerynck, Eddy Dejaeger, and Koen Milisen

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**Objectives:** To determine the characteristics and the effectiveness of hospital fall prevention programs.

**Design:** Systematic literature search of multiple databases (Medline, Cinahl, Precinahl, Invert, the Cochrane Library) and of the reference list of each identified publication.

**Setting:** Inclusion of prospective controlled-design studies reporting the effectiveness of fall prevention programs in hospitals.

**Participants:** Two reviewers.

**Measurements:** The methodological qualities of the studies were assessed based on 10 criteria. For the meta-analysis, the relative risk of a fall per occupied bed day (RR$_{\text{fall}}$) and the relative risk of being a faller (RR$_{\text{faller}}$) were calculated.

**Results:** Eight studies met the inclusion criteria, of which four studies tested multifactorial interventions. Although these studies took place in hospitals, most were conducted on long-stay (mean length of stay (LOS) >1.5 years) and rehabilitation units (mean LOS 36.9 days). For analysis of the number of falls, one unifactorial and two multifactorial studies showed a significant reduction of 30% to 49% in the intervention group, with the greatest effect obtained in the unifactorial study that assessed a pharmacological intervention. The pooled RR$_{\text{fall}}$ for the four multifactorial studies became nonsignificant after adjustment for clustering (RR$_{\text{fall}}$=0.82, 95% confidence interval (CI)=0.65–1.03). No studies reported a significant reduction, either single or pooled, in the number of fallers in the intervention group (pooled RR$_{\text{faller}}$=0.87, 95% CI=0.70–1.08).

**Conclusion:** This meta-analysis found no conclusive evidence that hospital fall prevention programs can reduce the number of falls or fallers, although more studies are needed to confirm the tendency observed in the analysis of individual studies that targeting a patient’s most important risk factors for falls actively helps in reducing the number of falls. These interventions seem to be useful only on long-stay care units.

### Promoting older peoples' participation in activity, whose responsibility? A case study of the response of health, local government and voluntary organizations

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a Centre for Research in Primary and Community Care University of Hertfordshire, b Primary Care Nursing Research Unit, Department Primary Care and Population Sciences, London, UCL, UK


**Abstract**

The benefits for older people of participating in regular activity are well documented. This paper focuses on how publicly funded community-based organiza-
tions enable older people to engage in physical activity. The research questions were: (i) What activity promotion schemes/initiatives exist for older people? (ii) Who has responsibility for them, how are they funded and organized and what evidence exists of interagency working? (iii) Who are the older people that participate? (iv) What are the perceived and measurable outcomes of the initiatives identified? To establish the type and range of provision for older people in a sector of London, the strategies and information about existing activity promoting schemes of inner city health, local government and voluntary organizations were reviewed. Key informants were then interviewed to establish the rationale, achievements and different schemes. One hundred and nine activity-promoting initiatives for older people were identified. Most were provided within an environment of short-term funding and organizational upheaval and reflected eclectic theoretical and ideological approaches. The findings demonstrate: (i) the need for organizations to apply evidence about what attracts and sustains older people's participation in physical activity, and (ii) the need to develop funded programmes that build on past achievements, have explicit outcomes and exploit opportunities for cross agency working.

**Exercise for improving balance in older people**

Howe TE, Rochester L, Jackson A, Banks PMH, Blair VA.


**Abstract**

**Background**

Diminished ability to maintain balance may be associated with an increased risk of falling. In older adults, falls commonly lead to injury, loss of independence, associated illness and early death. Although some exercise interventions with balance and muscle strengthening components have been shown to reduce falls it is not known which elements, or combination of elements, of exercise interventions are most effective for improving balance in older people.

**Objectives**

To present the best evidence for effectiveness of exercise interventions designed to improve balance in older people living in the community or in institutional care.

**Search strategy**

We searched the Cochrane Bone, Joint and Muscle Trauma Group Specialised Register (Feb 2006), the Cochrane Central Register of Controlled Trials (CENTRAL) (*The Cochrane Library* 2006, Issue 1), MEDLINE (1966 to February 2006), EMBASE (1980 to February 2006), other databases and reference lists of articles. No language restrictions were applied.

**Selection criteria**

Randomised controlled trials and quasi-randomised trials testing exercise interventions designed to improve balance in older people were included. We excluded trials of interventions targeting individuals with specific conditions in order not to broaden the scope of this review too widely. Trials were included where participants were randomised to receive the following: a single exercise intervention or a multiple exercise intervention and a control group (usual activities or attention or recreational activity). Trials comparing two or more exercise interventions and a control group were also included.

**Data collection and analysis**

Three pairs of members of the review team independently assessed trial quality and extracted data. For each trial, relative risk and 95% confidence intervals were calculated for dichotomous outcomes, and mean differences and 95% confidence intervals calculated for continuous outcomes. Where appropriate, results of comparable groups of trials were pooled and 95% confidence intervals calculated.

**Main results**

For the 34 included studies there were 2883 participants at entry. Statistically significant improvements in balance ability were observed for exercise interventions compared to usual activity. Interventions involving gait; balance; co-ordination and functional exercises; muscle strengthening; and multiple exercise types appear to have the greatest impact on indirect measures of balance. There was trend towards an improvement in balance with cycling on a static cycle. However, there was limited evidence that effects were long-lasting.

**Authors’ conclusions**

Exercise appears to have statistically significant beneficial effects on balance ability in the short term but the strength of evidence contained within these trials is limited. Many of these mainly small studies demonstrated a range of methodological weaknesses. The failure across the included studies to apply a core set of standardised outcome measures to determine balance ability restricts the capacity to compare or pool different trials from which firm conclusions regarding efficacy can be made. Further standardisation in timing of outcome assessment is also required as is longer term follow-up of outcomes to determine any lasting effects.
WEBSITES

Australian Centre for Evidence based Aged Care

ACEBAC is located at Bundoora Extended Care Centre (BECC), and aims to improve the care of older people by advancing service delivery through research programs that focus on:

• The conduct of systematic reviews and analysis of the literature in areas such as: continuous quality improvement in aged care; the development of innovative models of care delivery; clinical effectiveness in aged care.
• Developing and evaluating guidelines for Best Practice in service delivery and organisation in aged care, based on the systematic review of research findings
• Conducting international, multi-site programs to implement Best Practice guidelines

Evaluating the impact of the implementation of Best Practice guidelines on health and social outcomes in aged care. This site provides details of courses, research, news and other information about ACEBAC.

Effective Older People Care Website

This website enables Health care professionals to find evidence based information relating to the health care of older people. The section on falls has evidence based information on interventions to reduce and prevent injury in people who fall as well as interventions to reduce and prevent the number of falls.

This website can be found at: http://www.effectiveolderpeoplecare.org/

New on the NSW Health Website

The NSW Dementia Action Plan

The plan summarises actions to be taken over the next two years with the following five Priorities for Action:

1. Diagnosis and Assessment, Care and Support Services that are flexible and can respond to the changing needs of people with dementia, carers and families.
2. Access and Equity to dementia information, support and care for all people with dementia, their carers and families regardless of their location or cultural background.
3. Information and education that is evidence-based, accurate and provided in a timely and meaningful way.
4. Research into prevention and delaying the onset of dementia as well as into the needs of people with dementia, their carers and families.
5. Workforce and training strategies that deliver skilled, high quality dementia care.


New on the Australian Institute of Health and Welfare (AIHW) website

Older Australians at a Glance– 4th Edition

Australia's population is ageing and as baby boomers move into old age this trend is set to gather greater momentum over the next three decades. Significant changes will flow to all aspects of social and economic life as both the number and proportion of older people in the community increase. This fourth edition of Older Australians at a glance provides insights into the diversity of the older population of Australia, where they are living, what they are doing, how healthy they are and the services they are using.

Published 22 November 2007; Available at <http://www.aihw.gov.au/publications/index.cfm/title/10402>

The South Australian Falls and Management website was launched in November and features information on falls prevention for Health professionals and General Practitioners as well as for the over 50’s, the website is at http://www.fallssa.com.au/
GREATER SOUTHERN AREA HEALTH SERVICE
FALLS PREVENTION FORUM

THURSDAY FEBRUARY 14TH 2008

CHARLES STURT UNIVERSITY CONVENTION CENTRE, WAGGA WAGGA
9:30am- 4:30pm

PRELIMINARY NOTICE

The inaugural GSAHS Falls Prevention Forum has invited speakers from: NSW Health, Charles Sturt University, Riverina Division of General Practice, University of Sydney and Northern Sydney Central Coast Area Health Service.

The forum will showcase programs and strategies from GSAHS that have been developed and implemented to prevent falls and reduce injury in older adults.

Cost: approx $40 (incl) and includes morning and afternoon tea and lunch.

Posters, resources and initiatives that have been developed will be on display. If you wish to submit items for display please forward details to Sue Weston.

Note: You will need to be on hand to display items and provide information.

For catering purposes, please RSVP your intention to attend to:
Sue Weston, Area Falls Coordinator
Phone: 60237169; mobile 0428423124 or
Email: susan.weston@gsahs.health.nsw.gov.au
First Announcement

3rd Australian and New Zealand Falls Prevention (ANZFP) Conference

12 - 14 OCTOBER 2008
GRAND HYATT, MELBOURNE VICTORIA

- A two day conference featuring noted keynote speakers from Europe / UK, New Zealand and Australia, which focuses on multidisciplinary research, successful implementation and sustainability of falls prevention activities for older people.
- Additional workshops addressing contemporary issues in falls prevention.
- Abstract submission available to lodge online from February 2008.

Hosted by: Australian and New Zealand Falls Prevention Society
www.anzfallsprevention.org

www.anzfpconference.com
NSW FALLS INJURY PREVENTION NETWORK BACKGROUND

The NSW Falls Injury prevention network has existed since 1993. The role of this network has grown since its inception and now includes:

- Meetings for discussion of falls related issues;
- Dissemination of research findings both local and international;
- Sharing resources developed and exploration of opportunities to combine resources in joint initiatives;
- Encouragement of collaborative projects and research;
- To act as a group to influence policy;
- To liaise with NSW Health to provide information on current State/ Commonwealth issues in relation to falls and;
- Maintenance of resources pertinent to the field

The main purpose of the network is to share knowledge, expertise, and resources on falls injury prevention for older people.

"The NSW Falls Injury Prevention Network activities are part of the implementation of the NSW Falls Policy funded by the NSW Department of Health"

SHARE YOUR NEWS AND INFORMATION/IDEAS ON FALLS PREVENTION

Do you have any news on Falls Prevention you want to share with others on the network, or do you want to report on a project that is happening in your area. Please email Esther with your information. We also welcome suggestions for articles and information you would like to see in this newsletter.

Send your information to e.vance@unsw.edu.au

THE NETWORK LISTSERV

It is great to see the increased activity on the listserv and want to continue to promote this. To send an item to the listserv where all members of the network can see it, send an email to:

nsw-falls-network@lists.health.nsw.gov.au

You need to be a subscriber to the listserv to send an email that will be distributed to all members of the on the listserv. Remember to put a short description in the subject line.

Recently some posts to the listserv have bounced due to email address changes in the area health services, you need to re-subscribe with your new e-mail address and unsubscribe from your old address following the Join the Network instructions as shown on this page.

JOINING THE NETWORK

To join the NSW Falls Injury Prevention Network listserv:

- Send an email to:
  majordomo@lists.health.nsw.gov.au

- In the body of the message type subscribe nsw-falls-network on the next line type end

- Do not put anything in the subject line

- To unsubscribe send an e-mail to the above address and in the body of the message write unsubscribe nsw-falls-network on the next line type end

If you have any problems contact Esther at e.vance@unsw.edu.au.