Help the Aged
Policy Statement 2007
Overview

This briefing details the prevalence of falls among older people and the impact of falls on their lives. It also highlights how Help the Aged is working to raise awareness of the issue for older people, carers and health professionals in England.

Help the Aged has been promoting falls prevention to older people since the Department of Trade and Industry’s campaign ‘Avoiding slips, trips and broken hips’ in 2002. Since then, the Charity has extended its reach by commissioning research and resources for practitioners and older people.

Background

- Falls represent the most frequent and serious type of accident in the over-65s, with one older person dying every five hours as a result of a fall. Falls destroy confidence, increase isolation and reduce independence.
- About 30 per cent of older people living in the community fall each year, rising to approximately 50 per cent for those aged 85 and over.1
- Over half of all those aged 75+ who have fallen say that their fall had a major impact on their daily activities for a month or more.
- After a fall, an older person has a 50 per cent probability of having seriously impaired mobility and a 10 per cent probability of dying within a year.
- The UK population is ageing and therefore the cost of falls incurred by the NHS and other agencies is expected to escalate; already falls cost our society almost £1.8 billion a year.2

However, falls are not an inevitable part of ageing and there are a number of steps that older people can take to reduce their risk of falling.

Falls occur for a number of reasons and can be the symptom for other hidden health conditions. The National Service Framework (NSF) for Older People, Standard 6: Falls identified the need for integrated falls and fracture prevention services and set out plans in 2001 for services to be established in primary care trusts across England by April 2005.

The National Institute for Health and Clinical Excellence (NICE) produced guidance in 20043 recommending good practice in preventing falls among older people, with the provision of clinical support health practitioners.

The Royal College of Physicians conducted an organisational audit of falls and bone health services in January 2006 that identified that 26 per cent of services were failing older people by not being part of a co-ordinated, integrated, multi-disciplinary, multi-agency service for falls.4 It also identified that services for bone health lag significantly behind falls services (see Osteoporosis policy statement for further information). A clinical audit is now being carried out in response to the organisational audit. In addition, Help the Aged has successfully pressed for the commissioning of an audit to capture older people’s experiences of falls prevention services. The audit starts this summer.

Promoting falls prevention to all older people

Research commissioned by Help the Aged in 2005, carried out by the University of Southampton, investigated older people’s attitudes towards falls prevention advice and identified ways to increase the uptake of services. The resulting report, Encouraging Positive Attitudes Towards Falls Prevention in Later Life, demonstrated that older people are more likely to take up services and advice when the emphasis is on maintaining independence and mobility. The report identified that there was an urgent need to emphasise the potential to prevent falls by positive action – improving balance – rather than by the much less desirable method of restricting activity.5

A three-year programme was launched by Help the Aged in 2003, funded through the Department

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4 National Audit of the Organisation of Services for Falls and Bone Health for Older People, Royal College of Physicians, January 2006.
of Health’s Section 64, that looked at the best way to communicate falls prevention to different community groups. Projects representing minority ethnic communities across England were funded to develop ways to raise awareness about falls within their communities. Summaries of the lessons learnt are documented in the Minority Ethnic Elders Falls Prevention Reports – Years One and Two.6

Resources produced by Help the Aged for older people and practitioners are produced in a variety of formats to ensure falls prevention messages are accessible to all older people.

National Falls Awareness Day is a nationwide initiative to promote falls prevention. Established in 2005 by Help the Aged, it concentrates the falls prevention message on a specific day when falls prevention practitioners can promote their local services and to raise the awareness of falls to local older people. The day, promoted through our 3,000-strong practitioner network, is co-ordinated and promoted nationally by Help the Aged. It is supported by key national partner organisations including the Department of Health and helps to keep older people and falls prevention on the national agenda.

Falls are a major factor leading to premature admission to residential care7 and half of hip fracture patients lose the ability to live independently. Help the Aged is keen to ensure that care home managers are aware of falls in care homes. Our 2004 report on practical examples has been widely distributed to care homes across the UK.8

Summary

With an ageing population, prevention of ill-health and promotion of well-being and independence are fundamental issues, as identified in the White Paper Our Health, Our Care, Our Say. It is important to ensure older people are aware of the falls prevention services available to them locally and to ensure that these services are high-quality and sustainable for an older population in the future.

‘Currently most older people enter falls prevention programmes after they have fallen, by which time it may be too late to avoid serious consequences, since half those with hip fracture never regain their previous level of functioning and one in five die within three months.’9

Despite significant improvements in falls and fracture prevention services, there are still improvements to be made nationally and locally. For instance, falls are poorly recorded in the NHS, using inadequate coding systems, which makes tracking trends and monitoring success difficult. Preventative services also come under threat early on when PCTs face deficits in their budgets, which can make it difficult to ensure the future of services without ring-fenced funding.

Falls continue to be on the national agenda beyond the NSF in the Department of Health’s document A New Ambition for Old Age.10 It aims for falls prevention services to extend beyond current initiatives by:

• ‘improving the emergency response to falls’
• encouraging ‘every economy to have access to a falls assessment service’
• ‘increasing the capacity in osteoporosis services in DEXA scanning’
• making efforts ‘to improve rehabilitation services’.

The future of falls prevention is balanced between government initiatives and funding limitations within healthcare organisations. Help the Aged will continue to work hard to ensure that the falls prevention message remains relevant and current in the healthy ageing agenda, while continuing to be accessible to older people.

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10 A New Ambition for Old Age: next steps in implementing the National Service Framework for Older People, a report from Professor Ian Philp, National Director for Older People, Department of Health, London, April 2006.
The Help the Aged position

Help the Aged believes that falls prevention services must respond effectively to older people's needs and should be accessible to all older people. While significant steps have been made in implementing integrated falls and bone health services through the National Service Framework for Older People, there are still improvements to be made nationally and locally to ensure that all older people can access the same high-quality service.

Specifically, Help the Aged is calling for:

- Older people to be encouraged to seek falls risk assessment and for assessment to be provided at GP level, through mechanisms such as the Quality Outcomes Framework.
- A standardised falls risk-assessment tool to be used by all health professionals in England. This will create better synergy between falls prevention services, with all older people receiving the same assessment.
- Promotion on the link between fragility and fractures, ensuring that people work towards the NSF for integrating falls and bone health services.
- Falls prevention awareness to be raised in institutions such as care and residential homes, with training for all home managers and staff.
- Wider promotion of the falls prevention and healthy ageing agenda, detailing the impact that prevention has on health and well-being in later life.

Practical resources from Help the Aged

- **Staying Steady**, a free falls prevention advice leaflet for older people and their carers.
- **Strength and Balance Exercises for Healthy Ageing**: a book of exercises for older people to be used as part of an exercise programme.
- **Be Strong, Be Steady**: a falls prevention exercise video in English, Bengali, Cantonese or Punjabi with older people demonstrating strength and balance exercises for healthy ageing.
- **Step to the Future**: a video/DVD featuring strength and stability exercises for the more able-bodied to help strengthen muscles, increase flexibility and improve balance.
- Dedicated falls prevention section of the Help the Aged website at www.helptheaged.org.uk/slipstrips

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Fighting for disadvantaged older people in the UK and overseas, **WE WILL:**

**COMBAT POVERTY** wherever older people’s lives are blighted by lack of money, and cut the number of preventable deaths from hunger, cold and disease

**REDUCE ISOLATION** so that older people no longer feel confined to their own home, forgotten or cut off from society

**CHALLENGE NEGLECT** to ensure that older people do not suffer inadequate health and social care, or the threat of abuse

**DEFEAT AGEISM** to ensure that older people are not ignored or denied the dignity and equality that are theirs by right

**PREVENT FUTURE DEPRIVATION** by improving prospects for employment, health and well-being so that dependence in later life is reduced