



Falls: measuring the impact on older people

Researched by PCP market research consultants

WRVS 2012



Executive summary

Falls occur on a high scale for the older people studied, 43 per cent of those surveyed have fallen in the last five years, with 26 per cent of those living alone suffering a fall in the last year. Over one fifth (21%) of respondents who had suffered a fall in the last five years lost their confidence as a result, with 16 per cent saying nothing can help them regain it.

The loss of confidence resulting from a fall is directly linked to the physical impact of the incident as 62 per cent have sustained injuries as a result. Seventeen per cent of those over the age of eighty say that having a fall has made them worried about leaving the house. Fear of falling means that five per cent of people aged over 75 won't leave the house by themselves (this equates to 225,000 when extrapolated across the whole population).

It is of great concern that the majority (58%) of those who did not report the fall to a medical practitioner said that this was because the fall was minor. Medical psychology literature shows that, due to the lower expectations that many older people have of their health, some may not report medical problems that would actually require specialist support or advice.

Only 11 per cent of people have received a visit from the specialist falls prevention team. This low level of service response is worrying given the seriousness of the injuries experienced by many older people studied. There is a significant level of variation across the three nations as English older people were less likely to have had support from a falls team than their counterparts in Scotland or Wales.

Seventy six per cent of those who reported extensive physical injuries resulting from a fall had not been visited by a specialist team.

Background

One in three people aged over 65 falls every year. This has to be seen in the wider context of the fact that hospital readmissions for the over 75s have risen annually from 306,000 to 360,000 per year in the period from 2006 – 2011. Falls can be prevented and with the right support, many older people who have fallen can be supported not to fall again. For example, this can be done through exercise classes that improve balance.

Falls have a significant adverse impact on the confidence of older people affected by them and, in turn, can lead to individuals losing their confidence. This will prevent policymakers achieving their objectives of prolonging the period of time that people can remain in their homes.

The loss of independence can result in people prematurely entering long term care when, with the right support, they could have remained in their homes. Helping older people to remain living independently in their own homes has been a long standing policy objective of the Department of Health in England and has been reflected in the renewed emphasis on preventative care.

The research shows that in response to having a fall, many individuals lose their confidence to leave the home – thereby worsening their isolation. The recent findings of the English Longitudinal Study of Ageing has underscored the extent to which clearly defined sections of the older population lack social connections, including older men and some people from deprived communities. WRVS research published in July 2012 showed that 20 per cent of older people over the age of 75 do not leave the house for days (WRVS 2012). This isolation can create the conditions for problems with older people's physical and mental health. The health impacts of loneliness are outlined in more detail in the Campaign To End Loneliness publication, *Safeguarding the Convoy* (Campaign To End Loneliness 2010: 10).

Practical impact and challenges

Vulnerability of the respondents

Many older people lack social connections because of factors like bereavement and family members who do not live nearby due to work or other reasons. Half of over 75s live on their own (Campaign To End Loneliness 2010). WRVS research has shown that 20 per cent of older men and women do not leave the house for days at a time (WRVS 2012). The lack of social contact reduces levels of well-being and this can damage older people's mental health. However, it also means that features of older people's homes that present risks, like steep stairs and poor lighting, may go unnoticed. Some of these domestic features can result in falls. Significantly, 32 per cent of those living alone have fallen in the last year compared to 22 per cent of those who do not live alone.

Forty three per cent of the older people in this study live alone. This figure rises to 66 per cent of those aged over 85.

Twenty per cent of the respondents feel vulnerable to having a fall because they believe they are not physically fit. This sense of vulnerability is greater amongst those who have had a fall in the last year – 40 per cent.

Twenty five per cent of women, a significantly higher figure than for men, say that the poor state of their neighbourhood environment discourages them from going out.

Have people fallen?

Over a quarter of older people (26%) report that they have fallen, either inside or outside their home in the last year. This figure rises to 30 per cent for the over 85 age group. Twenty seven per cent of people in England have fallen compared to 23 per cent in Scotland and 15 per cent in Wales.

The severity of the fall

Twenty five per cent of respondents said that it took them between 10 minutes and half an hour to get themselves off the floor after a fall.

Over a quarter say that they had extensive injuries resulting from the fall. This finding is of great concern given that, as will be outlined below, older people are not generally accessing falls prevention services.

Twenty eight per cent of people in Wales reported that they had extensive physical injuries as a result of having a fall and 20 per cent in Scotland.

The reaction to the fall

Twenty one per cent of respondents say that they have lost confidence as a result of the fall (18% in Scotland and 19% in Wales).

Fifty eight per cent of those who did not seek help from a doctor following a fall said it was because they judged the fall to be of minor consequence.

So can we afford to take older people's self-appraisal of whether they need to seek help at face value? The medical psychology literature indicates that we cannot do so. There is a phenomenon known as a 'clinical iceberg' whereby some older people fail to report what are serious health problems or problems that could escalate into becoming serious (Sanders et al 2002). Some qualitative studies indicate that some older people attribute significant health problems to the process of ageing and therefore downplay them or do not seek medical advice. This phenomenon indicates that some of the people surveyed who did not seek medical attention may have needed it, either in relation to the fall they had already sustained, or to assist them in preventing future falls in or around the home. In some cases individuals who have fallen may have underlying disabilities that could make them susceptible to falling in future.

Losing independence

For those who have fallen in the last five years, 10 per cent report that they have lost independence as a consequence. This figure rises with age – 14 per cent of those over the age of 80 have lost independence attributable to a fall.

Women are more likely to report that they now need help with domestic tasks as a result of having a fall in the last five years. The loss of independence experienced by some people has meant that 21 per cent of the English older people in the survey are no longer self-caring and need help with domestic chores.

WRVS has published a series of reports that highlight the phenomenon of loneliness amongst older people and its associated health risks, such as the link between declining mental health and physical health problems. It is of great concern therefore, that this survey provides evidence that, understandably some older people react to having a fall by withdrawing from social spaces. Eighteen per cent of those studied report that they are less likely to go out because of the fear of falling.

The phenomenon of older people's loneliness and how it affects health is also borne out by the fact that respondents living alone were significantly less likely to have visited a doctor as a result of the fall. The lack of social interaction meant that those living alone are less likely to have people noticing a deterioration in their condition.

There is a worrying level of fatalism shown by 16 per cent of the respondents who have experienced a fall, who say that they do not believe anything can help them regain their confidence levels.

The response of statutory services

WRVS' report investigating the use of reablement services by Primary Care Trusts in England found that very few PCTs were using funds to invest in falls prevention services (WRVS 2011: 14). It is therefore unsurprising that 90 per cent of English older people had not received support from a specialist falls team.

However quite high levels of Scottish and Welsh people also failed to receive specialist falls support.

One particular issue for statutory services is that the majority of respondents in all three nations perceive that they are more vulnerable to falling during the winter period. An identical number of people – 28 per cent across England, Scotland and Wales say that they avoid going out in winter because of the fear of falling.

Discussion

Given the impact of falls in diminishing independence, it is worrying that such low levels of people have accessed a specialist falls service in the three nations. The fact that almost a third of the people who have had a fall feel vulnerable due to their lack of fitness is indicative that there is an underlying need that is not being addressed. Equally, given that nearly a fifth of respondents believe that a fall has diminished their independence, the lack of a service response potentially means that some older people may enter residential care prematurely. The poor level of access to appropriate support is unsurprising given that the WRVS 2011 survey of commissioners in England (WRVS 2011) found that only a tiny minority had invested in falls prevention services. Low access to these services is of concern given the 'iceberg' effect where many older people may not seek medical advice about health problems. The results show that a significant number of older people react to a fall by retreating from public spaces. This could exacerbate the loneliness some of them already face and in doing so, make them more vulnerable to experiencing declines in their mental and physical health that go undetected.

This section reviews policy guidance regarding falls prevention and associated interventions in England, Wales and Scotland particularly in relation to individual and community settings.

National policies and guidelines to prevent falls

England

In 2001 the Department of Health England introduced a 10-year programme of action linking services to support independence and promote good health in older people, which was detailed in The National Service Framework for Older People (NSF). The framework set out standards to provide person-centred care, remove age discrimination, promote older people's health and independence and to 'fit the services around people's needs'. Specifically two standards were detailed on falls (standard six) and the promotion of health and active life in older age (standard eight). The stated aims of the falls standard are to:

- reduce the number of falls which result in serious injury
- ensure effective treatment and rehabilitation for those who have fallen

Key interventions include:

- prevention: this includes both public health strategies to reduce the incidence of falls in the population
- the identification, assessment and prevention measures taken for those at most risk of falling
- improve care and treatment of those who have fallen, with an emphasis on preventing serious injuries which can lead to disability. All those who have fallen should be assessed and action taken to prevent further and more serious falls
- provide rehabilitation and long term support which are needed to help older people regain mobility, confidence and independence

The stated aim of the health and active life standards are to:

- promote good health and quality of life
- prevent or delay frailty and disability

Key intervention:

- promote wider initiatives involving a multi-sectoral approach to promoting health, independence and well-being in old age, for example exercise services

Milestones:

The NSF states that NHS organisations, working in partnership with local authorities, should take action to prevent falls and reduce injuries in older people. Milestones to be achieved included an audit of procedures; putting in place risk management

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procedures by all local healthcare providers (health, social services and the third sector), the development of local falls prevention plans and the establishment of an integrated service by 2005.

In 2004, the National Institute for Clinical Excellence (NICE) issued clinical practice guidelines for the NHS in England and Wales regarding the assessment and prevention of falls in older people (NICE: 2004). NICE clinical guidance for the assessment and prevention of falls in older people outlines the following principles:

- Older people who present for medical attention because of a fall, or report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance should be offered a multi-factorial falls risk assessment. This assessment should be ... normally in the setting of a specialist falls service
- Individuals and carers should also be offered information, both verbally and in writing recommending which measures should put in place to reduce the risk of falling

In 2009, the Department of Health launched The Prevention Package for Older People to assist Primary Care Trusts, Strategic Health Authorities and Local Authorities in prioritising and effectively commissioning services that focus on supporting the health, well-being and independence of older people. The Department of Health identifies 'early intervention to restore independence' as one of the four key objectives in 'Falls and fractures, effective interventions in health and social care'. The document suggests this can be achieved through falls care pathways linking acute and urgent care services to secondary prevention services providing assessment and management programmes.

However, as the report shows, in England it would appear falls prevention services are not being commissioned – 90 per cent of respondents in England say they have not received a visit from a falls prevention team. This is undoubtedly due in part to budget constraints.

Wales

In Wales, issues relating to older people's health and wellbeing feature strongly in the Strategy for Older People in Wales, launched in 2003 in particular 2 key aims of the strategy are:

- To promote and improve the health and well-being of older people through integrated planning and service delivery frameworks and more responsive diagnostic and support services
- To promote the provision of high quality services and support which enable older people to live as independently as possible in a suitable and safe environment and ensure services are organised around and responsive to their needs

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In particular, a key objective of the strategy was to implement a National Service Framework for Older People in Wales which would address variations in standards of care and achieve greater consistency in the availability and quality of both health and social care services.

The National Service Framework for Older People in Wales (NSFW) was launched in 2006 and this set out a 5-10 year programme to bring all services up to a minimum good standard and share good practice in the longer term. This framework sets out standards to ensure that as the population grows older, people are enabled to maintain their health, well-being and independence for as long as possible and receive quality services and support as and when required. NSFW reflects the vision of the Welsh Assembly where people stay safe and independent for as long as possible and where potential health and social care problems are promptly identified and holistic needs are assessed. Specifically, two standards are detailed on falls and fractures (standard eight) and health and well-being (standard nine). The aim of the falls and fracture standard is to:

- takes action to prevent falls, osteoporosis, fractures and injuries
- provide effective treatment and rehabilitation and, with their carers, receive advice on prevention through integration of falls and fracture services

Key objectives include:

- review local systems for the prevention and treatment of falls and fractures
- take action to improve local services for falls prevention and the treatment and mental wellbeing of patients with fall related injuries

The stated aim of the health and well-being standard is to:

- promote the standard of physical and emotional health and wellbeing of older people through strong partnerships
- extend healthy life expectancy and quality of life

Key objectives:

- increase physical activity
- develop health promotion programmes to meet the needs of local older people

Milestones:

The NSFW states that NHS Trusts, Local Health Boards and Local Authorities, working in partnership with the third sector should have carried out a full review of local services

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for falls and fractures by 2007 and developed and integrated a multi-agency, community wide falls and fractures strategy for prevention and treatment of falls, by 2008.

1000 Lives Plus is a five-year programme, introduced in 2010 to improve patient safety and reduce avoidable harm across NHS Wales. The programme builds on the work of the 1000 Lives Campaign in delivering changes that improve patient safety and the quality of all NHS services, including hospitals, GP surgeries and pharmacies. The Multiagency Falls Collaborative for Wales aims to support practitioners and community-based teams to improve care for patients who have fallen. The aim of the collaborative is to reduce mortality and harm to adults who have fallen, and are at risk of further falls, by providing a structure around which to align and develop community services.

Despite the service framework 81 per cent of older people in Wales have not been visited by a specialist falls team.

Scotland

The publication of the 'The Framework for the Delivery of Adult Rehabilitation' (2007), which focuses on the rehabilitation needs of older people, required all Boards to publish a Falls Prevention and Bone Health Strategy. The Framework provides strategic support and direction to NHS and local authorities to underpin the necessary transformational change in service provision at the heart of Delivering for Health in the context of Joint Future and the establishment of Community Health Partnerships (CHPs) within single healthcare systems. Specifically, older people's services with an emphasis on falls prevention and management were identified. The National Falls Programme is part of the Delivery Framework for Adult Rehabilitation. This national, multiagency programme was established to raise the profile of falls and fracture prevention and to support the development of related services in Scotland. The Scottish Executive convened a Falls Working Group, which first met in 2007. Its remit was to consider how best to raise the profile of, and progress work on, falls and falls prevention in Scotland by producing advice for Community Health Partnerships (CHPs) and others. Each NHS Board and CHP was asked to develop a falls prevention strategy. There are three areas of management (hospitals and care homes, community and individual). In particular, the strategy focuses on the following:

- Community perspective – e.g., strength and balance exercise opportunities for older people at risk of falls through community care and leisure and recreation services; pavements, lighting, and making sure public areas are safe
- Individual perspective – e.g. a multidisciplinary assessment including review and modification of medication, comprehensive specialist medical review including assessment of postural hypotension, cardiovascular disorders, vision, nutrition, continence and foot care.

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- Home hazard assessment e.g. loose carpets, uneven flooring or steps, trailing flexes, badly positioned furniture, and the need for handrails and grab handles in the home

Milestones:

The falls working group identified the following key aspects to be developed:

- NHS Boards need to have a combined Falls Prevention and Bone Health Strategy under which CHP's can develop operational implementation strategies
- CHP's need to appoint a Falls Prevention Lead or Co-ordinator, to work alongside the Rehabilitation Co-ordinator (which each health board requires to appoint as part of the Delivery Framework for Adult Rehabilitation)
- CHP's need to develop an operational combined Falls Prevention and Bone Health Implementation Strategy, working within the NHS Board Strategy and any wider Community Planning Strategy

Reshaping Care for Older People; A Programme for Change 2010-20218, sets out the Scottish Government's headline ambitions for improving quality and outcomes of care for older people, against a background of demographic and funding pressures. Falls prevention and management is closely aligned with the aim. This programme provided the opportunity for partnerships to build on existing work and to develop a co-ordinated, integrated approach to prevent falls and fractures in the community.

In 2010, NHS Quality Improvement Scotland (Practice Development Unit), published 'Up and About -Pathways for the Prevention and Management of Falls and Fragility Fractures', a report which focuses attention on the key stages of the journey of care of an older person living in the community. It presents an overview of the various aspects of fall and fragility fracture prevention and management and attempts to demonstrate how they link to provide comprehensive, co-ordinated and person-centred care. Specifically the report is a resource for those involved in the planning, development, evaluation and delivery of services which aim to prevent and manage falls and fragility fractures. The primary aim of the report was to:

- Provide health boards with a resource which can be applied practically to identify and promote best practice, to assist in identifying gaps in service provision, and to assist service planning in the management of falls and fractures in older people

However 82 per cent of Scottish older people surveyed had not received a visit from a specialist falls prevention team.

When measuring the data against these benchmarks, it is clear from our survey findings that those who are having falls are still not being offered appropriate support. The English National Service Framework is not being reflected in the low priority being attached to falls within reablement investments. The Welsh Assembly Government

WRVS recommendations

objective of reducing variations in access to services is clearly not being met, given the low levels of access to falls preventative support identified in our survey.

The WRVS falls data does not show what is happening at a local level, but findings from the National Audit of the Organisation of Services for Falls and Bone Health of Older People (2010-latest data), show that services for falls prevention and treatment are still not integrated and that routine falls risk assessments are not being carried out.

We would make the following recommendations in terms of policy change:

The Department of Health

- The Department of Health should raise awareness that falls are not an inevitable part of ageing and that in many cases they are preventable

For Commissioners

- People over the age of 65 should feature strongly in a risk analysis on the risk of falling in English joint strategic needs assessments (JNSA)
- It is recommended that older people (and carers) are consulted and involved as part of the commissioning process – this will allow individuals to be seen as citizens and not just consumers and provides a clear opportunity for older people to exercise choice and control in their lives
- There is a need for the systematic collection and analysis of local data on falls – when English commissioners develop their local JNSAs and when the proposed Scottish Community Health Partnerships determine local priorities they should focus on those who are most at risk from falls. Local data on the prevalence of falls should be incorporated within JNSAs
- Data on falls incidents should be used to inform and improve services
- Commissioners should collate a directory of health and social care services across health, social care and third sector voluntary and community organisations to signpost older people and carers to services and organisations that can support health, well-being and self-management improvement and specifically falls prevention

Commissioners should also implement the good practice in existing English, Scottish and Welsh policy frameworks. Specifically:

- Local authorities can support prevention of falls due to uneven paving, obstacles on pavements etc.
- Physiotherapy and occupational therapy teams should promote health and well-being through exercise and occupation to maximise an individual's independence

- The provisions in existing service frameworks in England and Wales around advice on safety in the home, the provision of exercise classes and falls clinics should be fully implemented.

Success at local level will be measured through:

- Reduction in preventable falls, reduction of falls risk, including those that result in hospital admissions
- Introduction of interventions being adopted by older people as lifestyle choices (fitness classes, gardening, balance training etc)

Falls present a significant cost to the individual; the consequences can range from physical injury, loss of confidence, loss of independence and quality of life, and occasionally, death. There are also considerable financial costs associated with falls in terms of local health and care services, as a result of multiple A&E attendances, inpatient stays and an increase in social care services provided. The implementation of these recommendations will help deliver a competitive, cost efficient quality service that will reduce overall incidence and severity of falls.

For more information on these and other services available in the community go to **wrvs.org.uk**

Survey methodology

PCP conducted the interviews with 500 older people in England, Scotland and Wales and asked them about their experiences of falls.

References

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