

Fall Stop



Making falls prevention programmes more effective

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1. *How can we make the general public more aware of the importance of specific physical activities and exercise in improving balance and reducing the risk of falling?*

There are a number of ways that this message can be shared with the public, including conversations with trusted staff and family, and the use of written information. First it is important to reach a shared understanding about what is meant by a 'fall', as this will mean different things to different people.

Written information should be available in different formats, including large print. It should be clear and concise in content. One-to-one communications should be clear and delivered in a positive, sensitive and professional manner.

2. *How can the benefits of a falls programme be promoted in a way that is positive and acceptable to a person who is in need of this service?*

Information should be presented in a way that recognises the diversity of older people: for

example, it should be sensitive to different cultures, sexuality etc. It should present positive images of older people and refer to life stages such as retirement and being a grandparent, rather than emphasising older age itself.

3. *How can older people be encouraged to participate in falls prevention programmes?*

Group activities to improve strength and balance have the advantage of bringing people together so that they can learn from each other and enjoy the social aspects of meeting. However, problems with using public transport in order to get to a meeting, the cost of travel, or lack of confidence because of poor hearing or memory can make this a less attractive option for some older people. Home-based exercises should therefore be offered as an alternative.

Group activities should be structured so that they provide information in a clear and concise way, and should not take up too much time (we agree with Barrett & Kirk 2000's suggestion of up to an hour or 1.5 hours if a refreshments break is included). A balance between sharing information, discussion and socialising should be struck.



4. *How can falls interventions be designed to meet individual needs and preferences?*

Any falls programme or intervention should be designed to meet the needs and lifestyle of the individual. It should take account of the person's social background (gender, age and occupation) confidence, overall health, ethnicity, language and cultural beliefs. Assessments and information should be tailored to respond to the particular falls risks of the person. Information can be shared either in person, through written material or self-help websites.

5. *How can older people be encouraged to take an active part in falls prevention rather than being dependent upon a professional?*

The relationship between the professional and older person is important. If the older person is fully involved in identifying lifestyle changes and planning the action that they will take, they are more likely to take responsibility for their own health. This can be encouraged by developing joint action plans rather than using checklists by staff, for example, to identify home hazards.

6. *How can the evidence for keeping people committed to falls prevention, particularly over a long period, be used?*

There has been research to look at how to encourage people to change their behaviour. This is based on changing the person's attitudes and beliefs. We recommend health psychology theories (such as social cognitive theory and the theory of planned behaviour) as a good basis for developing effective falls prevention interventions. Tailoring activities to a person's personal circumstances and involving them in making decisions and taking control are key to getting a commitment to change.

Fall Stop summarises the findings of the report Falls Prevention in Practice: A literature review by Samuel R Nyman (University of Southampton) and Claire Ballinger (London South Bank University). A PDF of the full report is available online at www.helptheaged.org.uk/slipstrips/practitioners

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