

A Summary report of a special Care & Repair England and British Society of Gerontology Conference for researchers, planners, commissioners, providers & activists with an interest in housing, ageing & falls



Falling Through the Gaps

Connecting Research, Policy and Practice in the Fields of Ageing, Falls Prevention and Housing Interventions

15th July 2015

National Falls Prevention and Housing Conference Summary Report

Contributors



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On 15th July 2015 Care & Repair England in partnership with the British Society of Gerontology (BSG) (thanks to BSG sponsorship) held a one day conference in London aimed at connecting research, policy and practice in the fields of ageing, falls and housing interventions

The conference attracted over 100 delegates including researchers, planners, commissioners, providers and activists with an interest in housing, ageing and falls.

It aimed to connect people from a range of disciplines to consider how to make best use of the evidence available to bring about improvements in local falls prevention work in order to enhance the wellbeing of older people. The discussions would not only inform local commissioning but also help to determine what further research might be needed.

This is a summary of the day including:

- key issues from the main presenters
- messages from 5 multidisciplinary workshops
- concluding thoughts and next steps

This report is not just a summary for participants but is available to a wider network of interested groups.

It has been produced as part of the [Catch 22](#) project run by Care & Repair England which aims to forge new partnerships of researchers and stakeholders to stimulate fresh interest in undertaking research in the health/housing and ageing field.

We hope that the issues raised in this report will encourage people to work together to develop housing interventions that make a difference to the lives of older people and to build the evidence base that quantifies the benefits of investing in home modifications and adaptations.

If you have any comments, good ideas, good practice, and issues to raise in this field or want to join our virtual research network in order to receive occasional email alerts please contact:

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A packed day of knowledge transfer (presentations can be accessed [here](#))

Sue Adams [Care & Repair England](#) set the agenda for the day. Policy concerns include the need to reduce the cost of health and care spending. 90% of older people living in mainstream housing and 3.1 million of the country's housing (14% of stock) has a Category 1 hazardⁱ (with 1.8 million of these homes with a risk of people falling.) Fixing such hazards could save on costly health interventions, not to mention improving older people's quality of life. How can we, together, ensure that we can provide the standards of evidence demanded by health and make best use of resources?

Lord Filkin, [Centre for Ageing Better](#) (CfAB) set out the aims of the CfAB to consider 'what works' for our ageing society with a plan to use £50 million over 10 years on building the evidence base for investment that leads to change for the better. A research agenda would be developed to harness and strengthen the evidence base around ageing and to encourage change in line with this evidence. He welcomed the event especially bringing practitioners and researchers together and asked participants to think about what matters most in building a business case for new investment and research in the housing/ ageing field. CfAB recognises the importance of home in later life. Final decision on research field priorities for CfAB will be announced later in the year.

Professor Sheila Peace, [British Society of Gerontology](#) identified work undertaken by gerontologists in relation to falls using the Ref databaseⁱⁱ. Although there are a number of falls studies she pointed out that they were not about falls in the home. Two studies at Manchester and Loughborough looked specifically at factors in the home. In Manchester the research studied everyday actions in the home and Loughborough was working on the impact of stairs. At the last BSG conference there were 5 falls papers but none focused on housing so current research in this field was limited.

Daniel Macintyre [Public Health England](#) (PHE) identified the key intrinsic, extrinsic and behavioural risk factors for falls highlighting the complexity of services/locations where falls occur and set out the evidence base for work at PHE (including in relation to muscle strength, home hazards and health screening.)

Current work includes the impact of physical activity, the development of falls prevention tools, working with allied health professionals to limit falls and secondary fall's prevention. PHE is keen to work with others to develop the evidence base and is currently looking at the role of fracture liaison services and primary fall's prevention.

Kate Bennett [AGILE](#) and [Chartered Society of Physiotherapy](#) focused on using the evidence base for physical activity in falls prevention work noting that falls are a major cause of disability in people over 75, lead to hip fractures and high number of visits to A&E departments. Kate set out recommended action including multifactorial interventions and falls prevention programmes. She highlighted physiotherapy commissioning tools, stressed the importance of individualised interventions and analysed the cost effectiveness of physiotherapy interventions on falls prevention.

Mike Roys, [Building Research Establishment](#) provided an overview of the evidence base for the impact of work to the home environment on falls prevention and showed BRE's cost

modelling system. This identifies the significant cost of poor housing to the NHS. Using falls on stairs as an example Mike showed the impact of mitigating the risks. He concluded that research from BRE shows that cold, damp and dangerous homes cost the NHS £2.5bn a year.

Derek Hardy, [Dorset County Council](#) described how Dorset has developed an integrated service for major and minor adaptations and telecare services. It has brought together a range of service providers and commissioners to provide a joined up service for the public with a single point of contact. Taking over 2 years to develop and, working within a very rural county, Dorset has achieved its new Dorset Accessible Homes service, which went live on 1 April 2015. Derek offered some practical pointers and lessons for others on this journey.

Tom Best [Knowsley Older People's Voice](#) set out how older people in Knowsley have worked with the council for over 15 years as 'experts by experience' to develop a range of new services in the area such as the [Knowsley Centre for Independent Living](#) (a one stop shop to enable independent living). Tom showed that working with older people was crucial to understand the issues that older people face in developing the centre's services including the importance of transport links to the centre. He concluded that involving older people was crucial to good commissioning and resulted in better use of resources.

Evidence and practical action – a view from the workshops

Five interdisciplinary workshops were asked to consider if they were convinced by current evidence that housing modifications are a key part of falls prevention and if not why not. They were also asked what action might be needed to convince others. In summary the following issues were identified

Convinced of the evidence? If not, why not?:

Most participants were convinced that the evidence on the impact of housing interventions as a key part of falls prevention existed (It was noted for example that NICE guidelines on falls includes home hazards) but that:

- other factors such as posture/surgery/exercise/balance training are often better recognised by health and care practitioners
- the evidence is not visible enough or couched in the right language to convince health and care practitioners of its worth.
- the evidence is not seen as robust enough for health outcome purposes (it was, for example, noted that studies from other parts of the world were identified as being more robust with work in the UK not well known and also fairly limited in relation to research on adaptations)
- the evidence was also seen not to be practical enough for individual health and care front line workers to see the impact in their day to day work with people
- there is a need to couch the measurements of success in a way that engages the health and social care sectors
- there was a plea to validate the impact of interventions over a much longer term (i.e. needing follow up) and agree a set of common measures for this validation. To do so services must work together (not in silos) to establish measures which are acceptable to the health and social care sectors to lead to changes in practice.

Who needs convincing and what more needs doing to convince them:

- *older people and their carers (all of us)* – It was felt that falls prevention that includes home modifications and lifestyle changes needed to occur at an early stage in life (would some participatory work be useful here to understand any reluctance and to plan focused education work that could lead to a public information campaign?)
- *health and care organisations including commissioners, and in particular GPs* – A methodology was needed to demonstrate both the evidence and cost savings couched in the right language with a shared approach using a common set of outcome measures across sectors and common technique for data capture
- *housing providers* – Have a significant role in building better buildings in the future and modifying existing buildings to reduce falls by understanding the significance of home hazards
- *academics* – Need to innovate to build the robust evidence needed on the impact of home modifications on health and care outcomes (including falls prevention)
- *occupational therapists and other front line professionals* – What evidence could OTs and others be convinced to collect at the level of front line work with older people to help make the case?

Ideas for action:

- determine an acceptable and robust methodology to demonstrate the evidence of early housing interventions and savings to health and care sectors
- harness the baby boomers to engage others to improve their homes and change behaviours to reduce falls
- harness the designers (working with older people) to build/modify homes to reduce falls
- link a home improvement agency directly with a falls prevention service and evaluate the health and social care outcomes over time
- look at people who have refused adaptations (why they refused) and assess falls risks (hard to do)
- develop a series of RCTs recognising the difficulty of the multifactorial nature of falls and longitudinal studies assessing the impact over time of falls prevention work including home modifications
- develop a central repository for the evidence/good practice in this field
- proactively promote the role of housing to health and social care policy and practice managers to build the momentum (with consistent messages of its value)
- ask PHE to front a business case for action

Concluding comment

Whilst the majority of delegates believed that there was already a convincing evidence base regarding falls prevention and modification of the home environment, it was also acknowledged that more studies were needed; particularly those to quantify health gain and meet the research standards demanded by the health sector. The work of Care & Repair England to encourage, stimulate and support such developments was welcomed. It was hoped that more events like *'Falling through the Gaps'* would help to broker new partnerships between academics, commissioners and providers.

About Care & Repair England

[Care & Repair England](#) is an independent charitable organisation established in 1986, which aims to improve older people's housing. Its vision is that all older people have decent living conditions in a home of their own choosing. It aims to innovate, develop, promote and support practical housing initiatives and the related policy and practice which enable older people to live independently in their own homes for as long as they wish, particularly for older people living in poor or unsuitable private sector housing. Care & Repair England also chairs and administers the [National Home Adaptations Consortium](#) which aims to champion quality provision of home adaptations for disabled people

About the [Catch 22 project](#)

At a time of unprecedented reductions in public expenditure higher standards of evidence are being demanded by commissioners, including demonstrating the cost benefits of even well-established services. A lack of investment in high standard academic research into the housing, health and ageing connections, particularly to the 'gold standard' of a randomised control trial, could put practical housing services at risk. Care & Repair England's aim is to forge new partnerships and stimulate fresh research in the health/ housing/ ageing field by bringing together leading researchers and key stakeholders.

ⁱ When a hazard presents a severe threat to health or safety of a resident, it is known as a category 1 hazard. Examples might include: broken rail on a steep stairway, inadequate heating, fire alarms that don't work, a leaking roof, a lack of physical security, for example doors and windows that don't close or lock properly

ⁱⁱ www.ref.ac.uk