

**proving later life**

Falling in older age can lead to increased anxiety and depression, reduced activity, mobility and social contact, higher use of medication and greater dependence on medical and social services and other forms of care.

Despite the fact that there are many different interventions that can reduce the risk of falls, communicating these messages in a way that's acceptable to older people can prove challenging. This briefing summarises the findings from the research report *Encouraging Positive Attitudes to Falls Prevention in Later Life*.<sup>1</sup>

Q

**What is the best way to persuade people to buy into advice on preventing falls?**

A

Rather than focusing on the risk of falls – the very mention of which can be anathema to older people – and the possible consequences, it is always better to start by stressing the benefits of improving strength and balance. Strength and balance training is a key intervention to reduce the risk of falling. Training can be given for this at home, in the community or in hospital.

Activity carried out to improve balance is likely to be seen as socially acceptable and relevant by a wide range of older people, whereas hazard



'I'd probably think [if given advice on falls prevention]: "That's for old ladies, not for me".'  
(67-year-old woman)



'I think [advice about improving balance] would give me more confidence when I'm out.'  
(78+-year-old woman)



'I've just had a fall. It takes your confidence away.'  
(78-year-old woman)



'It's the assumption that your legs are going, your hips are going wobbly –therefore you don't know what to do about it. You've got to tell these poor old things what to do – as though we haven't got any sense at all.' (72-year-old man)