



Falls Data Insights

Introduction

From September to November of 2024, Third Sector Leaders and Community Champions engaged with local communities to get feedback regarding falls. The feedback highlighted participants views, sentiments and knowledge regarding falls. The feedback also highlighted their reasons for not disclosing if they have experienced a fall. The varying opinions are categorized by the different demographics including gender, age bracket, ethnicity, and location. The respondents identified their trusted sources of information for getting accurate health information in general as well as their source of information relating to falls. The positive outcomes of these conversations and their impact has been noted.

Overview of Data Collected

- 821 conversations were held which included 63 group conversation 758 individual conversations
- 73 group conversations included female groups, male groups, and mixed-gender groups.
- Participants were
 - 63% (519) females (or a females only group)
 - 32% (265) males (or a males only group)
 - 4% or 32 mixed-gender groups
 - 1 individual chose prefer not to say
 - 5 non-binary individuals
- The respondents were of diverse ethnic backgrounds:
 - 32% were Asian British Pakistani
 - 29% were Asian British Indian
 - 23% were White British/English/Northern Irish/Scottish/Welsh
 - 2% Black/Black British Caribbean
 - 2% Black/Black British African
 - 2% Asian British Bangladeshi
 - 2%% White Irish
 - 1% Arab
 - 1% Asian British Chinese
 - 1% or less each of other ethnic groups including any other Asian/Asian British, Black/Black British, and/or White British backgrounds or ethnicity not known.

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- Participants were also from different age groups (includes age bracket of all individuals and one count of age bracket represented in the group conversations):
 - 43% of the respondents were in the 25-49 years age bracket (435 individuals)
 - 33% were 50-64 year olds (340 individuals)
 - 17% were 65-79 year olds (169 individuals)
 - 6% were 18-24 year olds (60 individuals)
 - Just above 1% were aged 80+ (14 individuals)
 - Less than 1% not known (2 individuals) and prefer not to say (2 individuals)
 -
- 94 individuals had a disability (12%)
 - 49% state N/A – no disability (636 individuals)
 - 12% had Physical or mobility impairment (151 individuals)
 - 8% had Mental health condition (110 individuals)
 - 8% had Long term condition (107 individuals)
 - 7% state it's not known (93 individuals)
 - 6% had sensory impairment (74 individuals)
 - 5% had Learning disability or difficulties (60 individuals)
 - 4% chose Prefer not to say (57 individuals)
 - 1% stated Other (11 individuals)
- Location/Postcode
 - 41% or 338 conversations were held in postcodes with an index of multiple deprivation decile of 1.
 - 46% or 380 conversations were in postcodes with an index of 2
 - 8% or 64 conversations were in postcodes with an index of 3
 - 2% or 19 conversations were in postcodes with an index of 4
 - Nearly 2% or 15 conversations were in postcodes with an index of 5
 - Less than 1% or 5 conversations were in postcodes with an index of 8

Key Findings

- Do you think that falling is inevitable as you or others age?
 - 46% said Yes (379 individuals)
 - 46% said No (379 individuals)
 - Remaining 8% did not answer this question (blank response)
 - Women were more likely to say yes (54%) while men were more likely to say no (62%).

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- Do you think it is still important to exercise as we age?
 - Majority agreed yes (86% or 704 individuals)
 - 7% said no (54 individuals)
 - 7% blank responses (63 group conversations were not asked this question).
 - Of the 54 individuals choosing no, half were Asian British Indian (28 individuals), a quarter were Asian British Pakistani (13 individuals), 6 White British/English, 2 Arabs, 2 Not Known, 1 White Roma, and 1 Black British.
- Do you think that thinking about falls prevention is only for the old?
 - 70% responded no while 23% said yes (remaining 7% did not answer).
 - From those saying yes, Asian British Indian and Asian British Pakistani were of the highest percentage (35% each or 66 individuals each of the 187 total saying yes).
- What do people think are the right actions to reduce the risk of a fall?
 - Common answers included exercising and keeping healthy physically as well as reducing fall risks and hazards through precaution. Some had other reasons such balance issues due to alcohol dependency or sorting out any vision issues.
 - Removing tripping hazards/good housekeeping
 - Having handles fitted and using mobility aids if needed
 - Being aware/avoiding distraction
 - Maintaining fitness
 - Suitable footwear and clothing to avoid tripping risk
 - Being careful and safe
- Do you know who to contact if you have had a fall?
 - 39% said yes (323 individuals)
 - 61% said no but were given information (498 individuals)
 - 67% of those saying no they don't know who to contact were females.
 - Nearly two-thirds of all female participants (63%) said they did not know while just over half (56%) of male participants said they did not know.
 - Those of White British/English ethnicity were more likely to say yes they know who to contact in comparison to participants of other ethnicities. Over half (53%) of them knew contact information while just over a third of Asian British Indian (36%) and Asian British Pakistani (35%) knew.
 - Although the remaining ethnicities were lower in numbers with less than 3% of each in the respondent pool, majority of them did not know who to contact in case of a fall.
 - Although fewer in number, 57% (28 out of the 49 total) of 18-24 year old respondent were aware of who to contact. This percentage is lower in the other age

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brackets. 36% of 25-49 year olds, 39% of 50-64 year olds, 48% of 65-79 year olds, and 27% of 80+ aged respondents knew who to contact if they had a fall.

- If you have had a fall, but didn't tell anyone - what was the reason?
 - Listed below are the reasons in order of named most to least often:
 1. N/A – not had a fall (274 individuals)
 2. I was embarrassed (179)
 3. I didn't know who to contact about my fall (106)
 4. Didn't realise the amount of help out there (98)
 5. Other (96)
 6. Fear and anxiety of the unknown or realisation (90)
 7. It's very taboo – we don't talk about it in our community (59)
 8. I found that there was not enough info on falls prevention and where to get help in my first language (52)
 9. I was worried about losing my independence (50)
 10. Worries about stigma (40)
 11. Mental health barrier – anxiety etc. (15)
 12. Disability related barriers (11)
 - Barriers across demographic groups:
 - The order of the list changes based on the top barriers for different demographic factions.
 - Of the 94 respondents with a disability, 20% said they were embarrassed to tell about their fall, 20% also said they did not know who to contact about their fall, and 18% faced fear and anxiety of the unknown or realisation.
 - Losing their independence is also one of the concerns and reason for not talking about their fall. 15% of those with a disability felt this reason while 6% of overall respondents chose this reason. Women were more likely to express this concern compared to men. 84% of those reporting this reason were women.
 - More women selected other as a reason compared to men (15% of female participants or 77 women; 7% of male participants or 19 men).
 - Twice as many women (119 individuals) reported they were embarrassed to tell compared to men (58 individuals).
 - Being too embarrassed to tell others was chosen as the top barrier for men and women as their reason for not telling anyone about a fall they had (23% of all female and 22% of all male participants chose this as their reason).
 - Those in the 18-24 years age bracket primarily reported embarrassment as their reason.

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- The 25-49 year old respondents were more likely to report embarrassment compared to other age brackets. It is their top reason followed by fear and anxiety.
 - 19% of 50-64 year olds reported they were embarrassed followed by not knowing who to contact (13%).
 - 65-79 year olds didn't tell primarily because they didn't realise the amount of help out there. This is followed by other reasons and not knowing who to contact.
 - From the respondents aged 80+, the main reason was not knowing who to contact about the fall followed by worried they'll losing their independence.
 - For respondents of Asian/Asian British Pakistani ethnicity, the top reasons were "I was embarrassed", "I didn't know who to contact about my fall", and "Didn't realise the amount of help out there".
 - For respondents of Asian/Asian British Indian ethnicity, the top reasons were being embarrassed, fear and anxiety of the unknown or realisation, and it's very taboo so it's not talked about in their community.
 - For those of White British/ English ethnicity, the main reasons were embarrassment followed by 'other' reasons and fear/anxiety.
- If other answered please state what
 - Most of those choosing an 'other' reason stated one of the below as their reason:
 - Alcohol dependency
 - Independence would be disturbed – didn't want to give others a reason to interfere in their life
 - The fall was an accident
 - Experienced dizziness and diagnosing through GP
 - Felt it was a minor fall
 - They didn't hide their fall/told others
 - Other health issues
 - Felt they were already knowledgeable as in healthcare profession
 - Already knew about/contacted Locala falls team
 - What would make it easier to tell someone about a fall you had?
 - Qualitative thematic analysis of responses to this question shows the common themes that would help in telling about a fall.
 - Overall, the themes that would make it easier to tell someone about a fall were (listed in order of most to least frequent):
 1. Trust

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2. More information/awareness of the topic and support available (including falls prevention, reporting falls, support for those with a digital barrier, posters)
 3. Having contact information for help/support
 4. Feeling comfortable to share i.e. situation, environment, etc.
 5. Showing the injury or getting medical attention for injury after fall
 6. If multilingual support available
 7. If they'll listen without judgment
 8. Telling someone they know (friend/family member)
 9. Unsure
 10. Empathy
 11. Confidence to tell
 12. Telling someone knowledgeable on the topic or with similar experience
 13. Reassurance – if won't lose independence after telling about fall
 14. Safety measures
 15. If they're able to help
- Not everyone had trouble telling about their fall to others. 16% of all respondents (129 individuals) shared they were fine with sharing this information with others.
 - 15% (126 individuals) shared trust would make it easier for them to tell someone about a fall they had. 99% (125 individuals) of those expressing their need for trust before confiding about their fall to someone were of Asian/Asian British background (79 Asian British Indian and 46 Asian British Pakistani). They were primarily females (90% or 114 women). 56% were in the 25-49 years age bracket and 27% in the 50-64 years age bracket.
 - More information/awareness of topic and support available was requested more often by females and 25-49 and 50-64 year olds.
 - The top themes for those with a disability were having contact information for help/support, more information/awareness, not losing their independence, and being listened to without judgement. They were primarily Asian British Pakistani, Asian British Indian, White British, and Black British African.
 - Asian British Indian were more likely than other ethnic groups to choose trust and showing their injury/getting medical help as ways to help them tell someone about their fall.
 - Asian British Pakistani were more likely to more information/awareness, feeling comfortable enough to tell and multilingual support as their ways of making it easier to tell.

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- White British/English were more likely to say having contact information for help/support, more information/awareness and being listened to without judgement would be make it easier for them.
- Where would you go to get information on strength and balance?
 1. GP
 2. Internet – google search, etc.
 3. Community champion
 4. Community centre
 5. NHS
 6. Friend/family member
 7. Community group or activity
 8. Social media
- The most popular choice was GP and 57% of all respondents chose GP to get information on strength and balance.
- Men were more likely to choose GP instead of the other options. 69% of men chose GP.
- 53% of women chose GP but they also chose other options for this information including Internet (35%), Community Champions (31%) and community centre (31%).
- Across all age groups, at least half of them preferred to get their information from a GP.
- 33% of 25-49 year olds would use internet for this information while 31% of 50-64 year olds and 18-24 year olds also chose this option.
- Those aged 80+ were more likely to choose community champions, community group or activity and friend/family member compared to other age brackets.
- Who do you consider as a trusted source when it comes to getting accurate health information?
 1. GP or health centre
 2. Community Champion
 3. Internet – social media, google search, etc.
 4. Friend/family member
 5. Local faith group/leader
 6. Teacher
 7. Other
- 81% of the participants chose GP or health centre. This choice is unanimously the top choice among different demographic groups including different ethnic groups and across the different age brackets.
- 36% chose community champion

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- 23% chose internet as their source
 - 16% would also ask a friend/family member
 - Very few would rely on local faith group/leader for accurate health information (only 4% of participants chose this option).
 - Approximately 4% also chose teacher. 18% of 18-24 year olds chose this option.
- What was the outcome of the conversation? (Listed in order of most to least frequent)
1. I know more about falls and prevention including where to get support
 2. I have a much better understanding about strength and balance activity to support
 3. I feel confident passing this info on to relevant people who it might help
 4. I had a fall that I kept quiet, I will now reach out for help as I am more confident after out chat
 5. I have been signposted to activity to help prevent falls
 6. Signposted to GP
 7. I helped someone with referral to Locala falls team/community social care hub
 8. Signposted to other organisation for support
 9. I helped someone with referral to the falls team
 10. N/A
- Respondents chose all outcomes they found applicable to them.
 - 76% (618 out of the 821 total conversations) noted knowing more about falls and prevention including where to get support as their top outcome.
 - 44% had a much better understanding about strength and balance activity to support.
 - 38% felt confident passing the information on to relevant people whom it might help
 - 23% admitted they had a fall they had kept quiet about but now are more confident after the community champions chat and will reach out for help. 69% of those with this outcome were females.
 - 16% of the conversations ended with signposting to activity to help prevent falls. Half of those choosing this outcome were Asian British Pakistani and 38% were White British/English and remaining from the other ethnic groups. 88% (15 of the 17 individuals) of White Irish ethnicity chose this outcome.
 - 13% of respondents were signposted to GP. Nearly a third of those signposted were female.
 - Asian British Pakistani and Asian British Indian primarily female and 25-49 year olds said they helped someone with referral to Locala falls team/community social care hub. This outcome came from 8% of the overall conversations.

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- If 'other' outcome - what was it?
 - Most of other outcomes were N/A and a few mentioned they were already knowledgeable on the topic or they had benefited from the talk with a community champion.
- Index of Multiple Deprivation/Deprivation decile
 - Respondent breakdown is based on postcode where conversation was held.
 - 87% of the conversations were held in deprivation decile 1 and 2.
 - 13% of the conversation held represented postcodes from deprivation decile 3,4,5 and 8.
 - Those from deprivation decile 1 were more likely to get their information on strength and balance from internet search. Those from deprivation decile 1 were two times more likely to use internet search for strength and information compared to those from deprivation decile 2. It is their top choice with GP being their second choice.
 - Those from deprivation decile 1 were more likely to report they didn't know who to contact about their fall. 57% of those reporting this reason as a barrier for not telling anyone about their fall were from decile 1 and 36% from decile 2.
 - Those from deprivation decile 2 were more likely to report fear or anxiety of the unknown or realisation as their barrier. 60% of those reporting this barrier were from decile 2 while 31% were from decile 1. Similarly, decile 2 respondents were more likely to report that the falls topic is very taboo- we don't talk about it in our community. 81% of those reporting this reason for telling someone about their fall were from decile 2. In addition, 60% of those reporting worries about stigma were also from decile 2 (with 20% from decile 1, 13% decile 3, and 2-3% each for decile 4,5 and 8).
 - Although few reported mental health barrier (11 individuals) and disability-related barrier (11 individuals), the majority of them (73% in both cases) were respondents from deprivation decile 1.
 - From the 64 from deprivation decile 3, the most common reason for not reporting their fall was embarrassment (15 individuals).
 - In terms of outcomes, those from deprivation decile 1 were more likely to report they're more confident after their conversation with community champions to pass on this information to relevant people whom it might help. They were also more likely to be signposted to activity to help prevent falls. Those from decile 1 felt more confident in reaching out for help now where they've previously kept quiet about a fall they had.
 - Those from decile 2 were more likely (compared to other deciles) to say their outcomes were knowing more about falls and prevention and helping someone with referral to Locala falls team/community social care hub.

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- 49% of those signposted to GP were from decile 1 while 34% were from decile 2.
- The top outcome for deprivation decile 4 respondents is they now know more about falls and prevention including where to get support (59% or 38 out of the 64 from decile 4 chose this outcome). 13 out of the 15 from decile 5 also chose this outcome.

Conclusions and Recommendations

It's important to continue to hold these conversations to raise awareness. The top outcomes identified after these conversations included improved awareness of falls and prevention and getting signposted to relevant services for further support. The conversations also allowed a closer look at the barriers individuals faced in not being able to tell about their fall. Particular demographic groups may need more awareness of support available and information on falls including prevention and support available for those who need it. Asian British communities of Kirklees have reported the need for multilingual support to help make it easier for them to tell someone about their fall. The respondents have also highlighted the need for trust, awareness of topic and support available, contact information and not being judged among the key factors that may help make it easier for them to tell about a fall they had. Those from deprivation decile 1 were more likely to report they didn't know who to contact about their fall and will benefit from this information. Those from deprivation decile 2 were more likely to report struggles with anxiety or fear, taboo topic in community, and worries around stigma which made it difficult for them to talk about a fall they had with someone else. It appears those from decile 1 will benefit more information especially contacts in case of a fall while those from decile 2 may benefit more conversations and the opportunity to talk with someone to overcome their fears/anxiety and concerns around taboo topic and stigma. Raising awareness in the community will help individuals talk about their own fall easily in the future. Respondents unanimously identified GPs and health centres as their trusted source for getting accurate health information in general as well as their preferred option for information relating to strength and balance. Hence, holding drop-in sessions and information sessions at these locations will have the most impact. Information leaflets readily available, especially in different languages, at health centres will also help raise community awareness of falls.

If you require this report in another format, please get in touch with Healthwatch Kirklees on telephone: 01924 450 379 or email: info@healthwatchkirklees.co.uk

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