

# How Taking Care Deliver Practical Prevention

**Navigating the impending social care  
crisis through effective prevention.**

Taking  
Care

Part of AXA Health



# Introduction

In 2023, Taking Care launched a **Delivering Prevention Today** report which explained how we are using our existing personal alarm data to build models identifying those at risk, so that proactive action can be taken. A year on, we are providing an overview of the work we've undertaken and the ways we believe this can help further support preventative care.

We hope this report highlights practical solutions that could assist us all to navigate the impending social care crisis and keep service users safe and more independent for as long as possible.

Prevention is a key issue for health and social care providers; however, it can be difficult to define and difficult to deliver. When we talk to our corporate customers and commissioners we understand and empathise with the challenges they are facing, from the relentlessly increasing social and health care needs to the huge pressure on social care budgets and resources.

Taking Care are now monitoring over 120,000 people and receiving more than 1 million alarm calls a year. We are in a unique position as the UK's leading private pay alarm provider to use our anonymised alarm user data, Big Data/AI tools and additional research to show how we can be proactive with preventative interventions for our customers and service users.

## From reactive to proactive, prediction and prevention

Our aim is to make personal alarms proactive, life-saving devices that can help customers and service users to lead healthier, more independent, and empowering lives in the homes they love for longer.

By working with the data that you already have, proactive interventions can be implemented without needing the service user to engage in any new technology or making any extra investment.

We are delighted to share our findings and suggestions in the following pages, where you can discover how we're turning our thinking on prevention into practical everyday solutions.

### Steve Gates

Managing Director

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# Why delivering prevention RIGHT NOW is even MORE important

**Times are difficult for those involved in social care:**

## Local authorities facing a cash crisis

Many local authorities are facing a cash crisis with one in ten councils in England in a position of effective bankruptcy. Coupled with estimates of a £4 billion funding gap over the next two years. Commissioners, particularly in adult and child social services, are challenged with making hard choices and putting vital services at risk. The social care funding gap is ever widening and putting more strain on individuals providing unpaid care for their vulnerable family members.

## Caring for the elderly in Britain – unpaid and under pressure

The Carers UK 'State of Caring 2023' report highlights the millions of people across the UK that provide unpaid care for an ill, older, or disabled family member or friend. 60% of carers agreed they were worried about the impact of caring responsibilities on their finances. Carers UK's 2023 figures suggest there could be up to 10.6 million people across the UK currently providing unpaid care, with a significant proportion of carers struggling to afford the cost of food or bills. They also suggest that carers are having to compromise on activities which improve their wellbeing, such as hobbies and leisure time with family and friends. 34% said they were cutting back, compared to 13% in 2021<sup>2</sup>.

"I am at breaking point due to the abject poverty I am forced to live in whilst caring for my parent that has dementia. My debts are increasing at an alarming rate as my quality of life continues to decrease."

## Against this backdrop, the benefits of prevention are very clear

The benefits of prevention include empowering individuals to become more proactive in their own wellbeing thereby increasing their independence, reducing the risk of falls, and helping them live longer, healthier lives.

The Care Act 2014 defined the important role for Local Authorities to ensure the provision of services, facilities, and resources to help prevent, delay, or reduce the development of care needs, with an inseparable link to the fundamental principle of promoting individual wellbeing. Ten years on prevention is still key, however, the challenge is how to achieve practical outcomes whilst working under the constraints outlined above.

"Prevention is about helping people stay healthy, happy, and independent for as long as possible. This means reducing the chances of problems arising in the first place and, when they do, supporting people to manage them as effectively as possible. Prevention is as important at seventy years old as it is at age seven."

**Prevention is better than cure. Department of Health and Social Care, November 2018.**

(1) <https://www.local.gov.uk/parliament/briefings-and-responses/lga-response-call-views-new-local-authority-capital>

(2) <https://www.carersuk.org/media/ktmpiuwl/cuk-soc-finance-report-2023.pdf>

# A recap of last year - Delivering Prevention Today. Saving lives. One analogue alarm at a time.

Launched at ITEC 2023 our Insight report '**Delivering Prevention Today. Saving lives. One analogue alarm at a time.**' explained how we worked with a team of data scientists to explore how our anonymised personal alarm call data could help us:

- build a prevent model to identify those at risk,
- establish potential points of intervention, and
- take proactive action for our customers right now.

We looked at patterns in personal alarm pendant presses to identify service users at the highest risk of death and going into residential care, with some enlightening findings. We were able to identify significant differences in outcomes based on alarm-press frequencies. In some cases, we saw a risk of death increase by almost 400%.

Our analysis challenged some of our assumptions too. We expected that the frequency of 999 calls would indicate the highest risk area but it was actually 'Assistance Required' calls that in significant volumes seemed to suggest the highest increased risk.

## Key findings included:

- **Assistance Required calls** – Individuals who make three or more 'Assistance Required' calls in a month are nearly five times more likely to die each month over the following three months than those who make two or fewer such calls (4.8% per month vs 0.64%)
- **No Response calls** – Individuals who make five or more 'No Response' calls in a month are nearly five times more likely to die in the following month than those who make one call or no such calls (4.4% vs 0.95%)
- **One or more 999 calls** – Individuals who trigger one 999 call, or more, are more than three times more likely to die in the following month than those who do not make any (3.1% vs 0.95%)
- **5 or more calls of any type** – Individuals who make five or more calls of any type in any given month are three times more likely to die each month in the following three months than those who make one – two calls (1.5% vs 0.49%)
- **10 or more Accidental calls in any month** – Individuals who make 10 or more Accidental calls in any given month are twice as likely to die each month over the following 12 months than those who make one or zero such calls (1.0% vs 0.52%)

Table 2 Key Call-Frequency Risk Factors. The call reasons are ranked according to 'risk ratio'. The 'frequency trigger' indicates the number of calls in a given month corresponding to the highest risk; the 'monthly risk' indicates the monthly risk of death over the following period shown in the 'prediction period' for those whose call patterns trigger the 'frequency trigger' in any given month. The 'risk ratio' indicates how much greater the risk is for someone who triggers the frequency trigger than for someone with the lowest risk.

| Call reasons as correlated to subsequent death | Frequency trigger (how many is too many)               | Monthly risk | Prediction period | Risk ratio |
|--|--|--------------|-------------------|------------|
| 1. Assistance Required                         | 3 calls or more in a month                             | 3.1%         | 3 months          | 4.8        |
| 2. No Response                                 | 5 calls or more in a month                             | 4.4%         | 1 month           | 4.7        |
| 3. 999 Called                                  | 1 call or more in a month                              | 1.5%         | 3 months          | 3.0        |
| 4. Total Calls                                 | 5 calls or more in a month                             | 1.2%         | 1 month           | 3.0        |
| 5. Test  | 0 calls in a month<br>(1 or more indicates lower risk) | 1.0%         | 12 months         | 2.0        |
| 6. Accidental                                  | 10 calls or more in a month                            | 3.1%         | 3 months          | 2.0        |

Table 3 De-registration risk factors. The call reasons are ranked according to 'risk ratio' as applied to the risk of de-registration for reasons other than death. The most common reason other than death is a move to a care home.

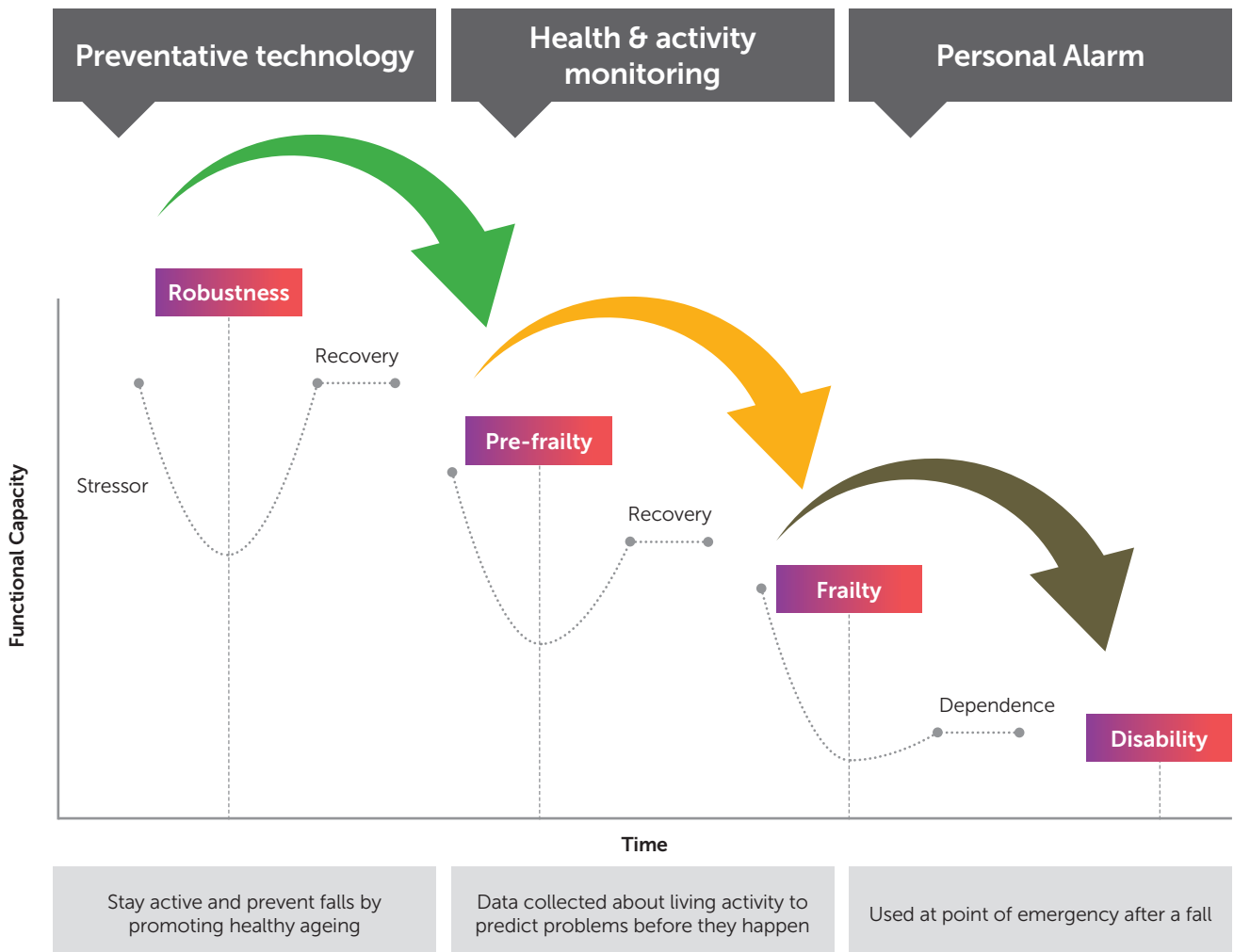
| Call reasons as correlated to de-registration for reasons other than death | Frequency trigger (how many is too many)               | Monthly risk | Prediction period | Risk ratio |
|--|--|--------------|-------------------|------------|
| 1. No Response   | 10 calls or more in a month                            | 2.7%         | 3 months          | 5.7        |
| 2. Assistance Required   | 3 calls or more in a month                             | 2.5%         | 3 months          | 5.3        |
| 3. Total   | 10 calls or more in a month                            | 1.5%         | 1 month           | 4.8        |
| 4. 999 Called  | 2 calls or more in a month                             | 1.4%         | 6 months          | 3.1        |
| 5. Test  | 0 calls in a month<br>(1 or more indicates lower risk) | 0.6%         | 1 month           | 2.4        |
| 6. Accidental  | 5 calls or more in a month                             | 0.9%         | 6 months          | 1.9        |

Having created a robust model of risk as identified in the tables above, over the next 12 months we put our scientific thinking into a proactive, preventative service for our private pay customers and worked on pilot programmes to move our preventative strategy forward.

# Our journey to prevention

For years, personal alarm services have been reactive, responding to and resolving emergencies at the point of crisis. Technology Enabled Care (TEC) devices have evolved so they can do more than ever before to influence the different stages in the cycle of frailty. By introducing TEC earlier we can support individuals to predict, delay or reduce their frailty before the point of crisis.

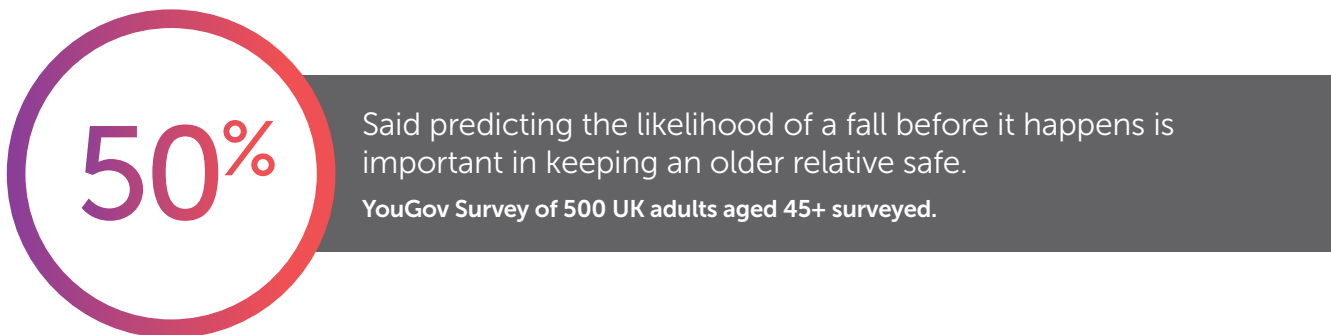
**The Cycle of Frailty – how Technology Enabled Care can help predict, delay, or reduce frailty.**



Based on 'The cascade of functional decline in older adults from independence, through to frailty and disability' Dapp et al. (34) Hoogendijk et al. (35), Clegg et al. (36) and Fried et al. (37) Physical Frailty: ICFSR International Clinical Practice Guidelines for Identification and Management.

The benefit of prevention activities is clear. Preventing a fall from taking place is the most effective way to delay or slow the progression through the Cycle of Frailty. At Taking Care we understand the value prevention can bring to our service users and their families. It is a key strategic direction in our industry and we have made it one of our priorities. We have spent time developing our understanding about how and when prevention interventions are at their most valuable.

Our service users see the value of fall prevention:



However, our experience is that people are hesitant to pay for prevention technology, despite acknowledging the benefits. We understand the same is true across health and social care markets, despite the system-wide impacts in costs associated with falls in older people.

### What did we do?

Last year we used AI and Big Data to help us develop an algorithm that can pinpoint people most at-risk from falls using patterns in their alarm call data. We took the algorithm and applied it to the profiles of those at-risk patterns together with potential future needs that may occur and developed a new proactive product for our most vulnerable service users. We set ourselves a challenge to take this from concept to launch into our private pay market in just 12 months. The service would be a world-first addition to our digital alarm offering, adding an extra layer of protection for our service users.

### First steps

We wanted to encourage our service users to engage with preventative technology - our research suggests there can be reluctance towards this if individuals believe it requires a change in their behaviour.

Our new service needed to be as accessible and easy for our service users to adopt as possible. Therefore, we decided to offer the most vulnerable personal alarm customers a service that includes reactive and proactive wellbeing calls, based on the at-risk patterns we identified in their call data.

### Customer insight pilot calls – testing our theories

Prior to launching the service we ran some small pilot studies to test that our algorithm was correctly selecting the most appropriate individuals and that both our service users and their next of kin were happy to receive the new service.

We used the findings of the 2023 report to identify those at highest risk;

| Call reasons as correlated to subsequent death | Frequency trigger (how many is too many)            | Monthly risk | Prediction period | Risk ratio |
|--|---|--------------|-------------------|------------|
| 1. Assistance Required                         | 3 calls or more in a month                          | 3.1%         | 3 months          | 4.8        |
| 2. No Response                                 | 5 calls or more in a month                          | 4.4%         | 1 month           | 4.7        |
| 3. 999 Called                                  | 1 call or more in a month                           | 1.5%         | 3 months          | 3.0        |
| 4. Total Calls                                 | 5 calls or more in a month                          | 1.2%         | 1 month           | 3.0        |
| 5. Test  | 0 calls in a month (1 or more indicates lower risk) | 1.0%         | 12 months         | 2.0        |
| 6. Accidental                                  | 10 calls or more in a month                         | 3.1%         | 3 months          | 2.0        |

Our selection criteria required 3 + alarm calls in the following reason codes:

- Fallen and Non-Emergency Assistance Required
- Fallen
- 999 called
- 5 + calls with a No Response reason code.

### Pilot 1 – vulnerable service users

The aim of Pilot 1 was to test the proof of service concept on a selection of our most vulnerable service users (a sample of individuals were identified with a high number of alarm button presses). We wanted to collect qualitative data around the type and format of the wellbeing call scripts, and confirm the individuals selected would benefit most from the service.

### The results

Our call questions were well received, particularly by the service users' next of kin who were happy to share information about their relative. As Taking Care didn't know the underlying change data that was driving the identification of the service users as 'High Risk', there was some gentle probing that needed to be done to see if the service user could identify changes to their own underlying health.

Our next pilot focused on service users' next of kin who we thought would also see increased value in the service.

### Pilot 2 – Welfare and next of kin

The aim of Pilot 2 was to focus on the welfare of the service user, identify any increased number of alarm activations, and check if they had experienced any changes in their health or circumstances. We also used this as an opportunity to update the service user's record with any important changes to their details.

We used a dedicated Taking Care Prevention Team to conduct the call research. They were able to collect feedback and complete a survey-style form whilst speaking to the service user.



## The results

The results of both these pilots were striking, with both service users and family members indicating their appreciation for a proactive service that reached out to them at a time of potential need, and the ability to provide relevant and targeted support depending on their circumstances.

72%

of next of kin said there had been a change in the service user's health or wellbeing

77%

of service users had recently seen a GP

71%

of service users needed their medical details updating, as they had started new medication but had not yet informed Taking Care

98%

of next of kin said a call to them would be most effective to bring about a positive change. Family members believed that, through potential changes in the health circumstances of their mum/dad, it would allow them to have a proactive conversation with their Loved One to ensure that the appropriate family support was in place.

100%

of next of kin who responded said a call was a valuable addition to the service and increased reassurance that the health of their Loved One was being proactively monitored

## Prevention Team Feedback

In addition, feedback was sought from the Prevention Team members who were making an outbound call, and they recorded equally positive comments around the outbound call:

"Felt that the phone call was reassuring."

"Was happy that I'd called and would like a follow-up call in a month or so. Also, to check in if button presses become more frequent."

"Grateful for the call."

# Taking Care personal alarms with ActiveAlert technology

From April 2024 all new private pay Taking Care customers will benefit from their alarms coming free with ActiveAlert technology. Our alarms are the only personal alarms in the market that include this revolutionary new service and it is part of our proactive prevention offering.

ActiveAlert technology helps us identify potential concerns around our customers' alarm call behaviour. We automatically monitor alarm call patterns and if we notice significant changes in frequency of button presses, we will make a proactive wellbeing call.

Service user benefits include:

- Early warning alert system to potential problems or concerns
- A more valuable alarm service – with intervention available earlier than at the point of emergency
- Added reassurance and peace of mind for next of kin

**ActiveAlert is a free early warning system for enhanced peace of mind. We automatically monitor alarm call patterns coming from the alarm and if we identify potential concerns, our Taking Care Prevention Team will make a proactive wellbeing call.**

The service focuses on monitoring and finding patterns in alarm calls. By analysing these patterns, we can identify potential signs of concern that might indicate changes in the service user's wellbeing.



# Move More Live More (MMLM) - update



## Move More Live More

Move More Live More (MMLM) Northern Ireland is a Falls Prevention and Wellbeing Support Programme pilot, which aims to reduce the risk of falls and improve wellbeing for over 65s, funded by Innovate UK. Using health education, smart digital technology, and intelligent data analysis to revolutionise wearables for older people, the MMLM Consortium aimed to detect signs of a fall up to 32 days before it occurred.. This programme involved a range of partners, to ensure an integrated service was provided – including Age NI, HSC Public Health Agency, Southern Health & Social Care Trust, Big Motive and Ulster University, with funding provided by Innovate UK.

**The Chief Medical Officer's 2023 Annual Report – Health in an Ageing Society – described MMLM as:**

*“an inclusive exercise programme working with older and less mobile adults. Specifically tailored to increase users’ strength and flexibility, it aims to reduce risks of falls at home or whilst out and about.”*

Alongside this, the goal of the pilot was to provide an accessible service model of falls prevention for commissioners and health professionals to adopt, which culminated in a conference for health and public health commissioners in Northern Ireland in January 2024.

## Objectives of MMLM

1. Develop, demonstrate, and evaluate the impact of a short-term, fixed length, high technology intervention to reduce the risk of falls and improve wellbeing for over 65s.
2. Test additional interventions designed to delay the onset of falls in people that have never fallen and those that have only fallen once.
3. Encourage / support behaviour change to create new habits of regular activity in participants.
4. Establish the commercial business case for service roll out, and the economic and qualitative value to public health providers and users.

## The pilot

MMLM has three tiers of intervention involving online group and individual exercises together with the use of innovative AI and wearables:

1. Information
2. Information and awareness (1-2-1 and group support)
3. Wearable technology (1-2-1 and group support)

The Tier 3 intervention used the Technicare preventative platform (ARMED) for compiling and analysing data from participants, paired with wearables. Taking Care is responsible for providing prevention support and information to those service users designated at “high risk” of a potential fall, based on the output of the ARMED platform.



### **Tier 1 (Information)**

WHO: PRE-FRAIL

Were provided with a MMLM information booklet about healthy ageing.



### **Tier 2 (Information & awareness)**

WHO: LOW – MEDIUM RISK OF FALLING

A 6 week wellbeing programme (strength and balance exercises), including face-to-face support in a group as well as online with expert-led online activity and information via Zoom.



### **Tier 3 (1-2-1 group support and wearable technology)**

WHO: MEDIUM – HIGH RISK OF FALLING

Given smart wearable device which monitored activity, heart rate and sleep; healthy ageing guided conversation from Taking Care's Prevention Team, a 12 week wellbeing programme (strength and balance exercises) and social prescribing referrals.

## **The benefits to MMLM participants are:**

- Learning how falls can be prevented.
- Improving balance, feeling stronger
- Moving more and reducing the risk of falls
- Building confidence to enjoy later life

**Age NI Chief Executive, Linda Robinson said ...**

"all our work involves supporting older people to live well for longer. We know just what a significant impact falls can have on older people and those around them. This programme is based on the fact that falls are not an inevitable part of growing older and that it is possible, through some changes, to stay stronger for longer. It is brilliant to see an application of digital technology which is aimed specifically at supporting the older generation in such an impactful way. Move More Live More has the potential to alter the shape of later life for so many people, so it's really interesting and exciting."

## Outcome

The research pilot ended in March 2024, and initial results have been incredibly encouraging.

“The educational aspect of MMLM reinforces the whole importance of exercise and healthy lifestyle. Both parts go hand in hand and shows the participants the things they can do no matter how small, rather than focus on what you are not able to do due to age, disability, and other factors. All the participants have really enjoyed the experience and would highly recommend it.”

**Fiona Crook, NHSCT Day Centre**

Participants in the programme at Tier 2 and Tier 3 levels were asked to complete both the **Quality of Life Scale WHOQOL - BREF** and the **Falls Efficacy Scale International** to measure how they felt the MMLM programme had impacted their mental health, and how concerned they were about the possibility of falling after completing the programme.

## Quality of Life

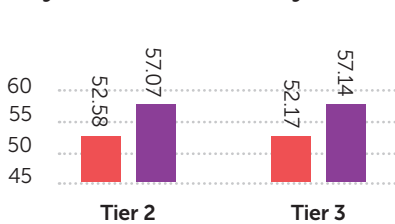
The “Department of Mental Health, World Health Organisation Quality of Life – Brief UK Version” asks 26 questions below, and measures how much a service user has experienced certain things in the last two weeks, for example, positive feelings such as happiness or contentment, on a scale from 1) “not at all” to 5) “an extreme amount”, with the scores totalled to indicate an overall level of quality of life felt by the person.

The initial results of the data analysis were presented at the MMLM Conference in January 2024.

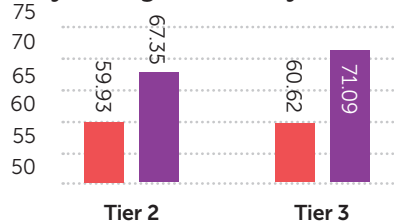
There was a consistent improvement in Physical Health and Social Quality of Life rating for Tier 2 participants across the areas asked about and improvements in the Psychological Health ratings for both Tier 2 and Tier 3. There were discrepancies from the Tier 3 participant measurements in some areas which was attributed to a smaller size group and a larger range of variations in scoring.

## Quality of Life Domains (/100) ● Before ● After

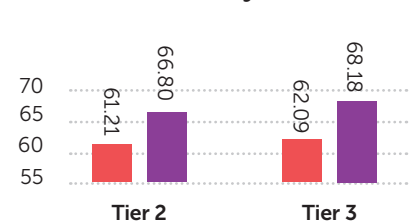
### Physical Health Quality of Life



### Psychological Quality of Life



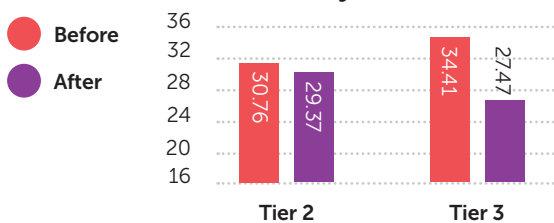
### Social Quality of Life



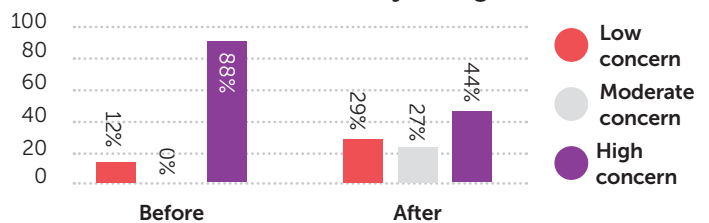
## The Falls Efficacy Scale – International (FES-I)

The Falls Efficacy Scale – International (FES-I) measures an individual's concerns or fears about falling and has been demonstrated to have good reliability and validity and is used for both research and clinical practice. The individual is asked to rank how concerned they are about the possibility of falling when undertaking typical activities (for example cleaning the house, getting dressed, bathing, going up and down stairs or walking around) on a scale from 1) not at all concerned to 4) very concerned. The cumulative numbers are grouped into the following categories – Low Concern (Scores 16-19), Moderate Concern (20-27) and High Concern (28-64).

### Falls Efficacy (score 16-64)



### Tier 3 Falls Efficacy Categories



Falls efficacy measured the fear of falling for the study participants. The results indicated there was a lower fear of falling as result of Tier 2 and 3 intervention.

The overall reduction in fear levels in Tier 3 participants was significant from 88% with high concern of falling reduced to 44% and there were clear reductions in levels of concern about future falls across the tiers.

Reducing instances of falling and providing better patient-focused outcomes earlier in the healthcare process can slow down the speed of an individual's degeneration significantly. The MMLM pilot has demonstrated that meaningful clinical difference can be produced following proactive prevention activities. The pilot has reinforced the importance of exercise and healthy lifestyle and the difference that can be made to an individual's welfare – both physically and psychologically - when they are supported earlier in the ageing process.

Service users within the study recorded a range of non-scored benefits, including;

- "There was a focus on what you can do, not what you can't do..."
- "It gave me the confidence to try things"
- "There was a feeling that there was 'somebody looking after us'..."

# Barriers to adopting preventative technology – YouGov survey

If you are delivering prevention, there are some barriers you may need overcome.

We appreciate it can be hard to engage people when it comes to preventative technology. We understand from our research this is down to a reticence from individuals to change their behaviours or to invest.

We wanted to get a clearer picture on the barriers to adoption to help us understand how we can address them, and offer practical preventative solutions that would be more appealing to our service users.

Our research aimed to answer, **“What is the easiest route to prevention for you that requires the smallest amount of behaviour change?”** which would help us shape our service propositions going forward.

**We undertook a YouGov survey to ask 500 people from England in our target demographic (age 55+) to discover their thoughts.**

Our findings demonstrate that there is a clear interest, and willingness, to engage in preventive activities amongst the older population and a clear recognition of the benefits for them in terms of fall-reduction (a major impact on long term health outcomes):

## 88%

aware that the risk of falling increases with age even in people in good health

## 92%

aware that falls or the risk of falls leads to changes in lifestyle, confidence and loss of independence in older people

## 57%

agree falls aren't an inevitable part of ageing and things can be done to address this

## 95%

aware that inactivity in older people can lead to deconditioning and is difficult to reverse

## 50%

not aware/less aware that taking certain medications can **increase** the risk of falls in over 70s

## 87.5%

say it would be more beneficial to be able to prevent a fall before it happens

## 58%

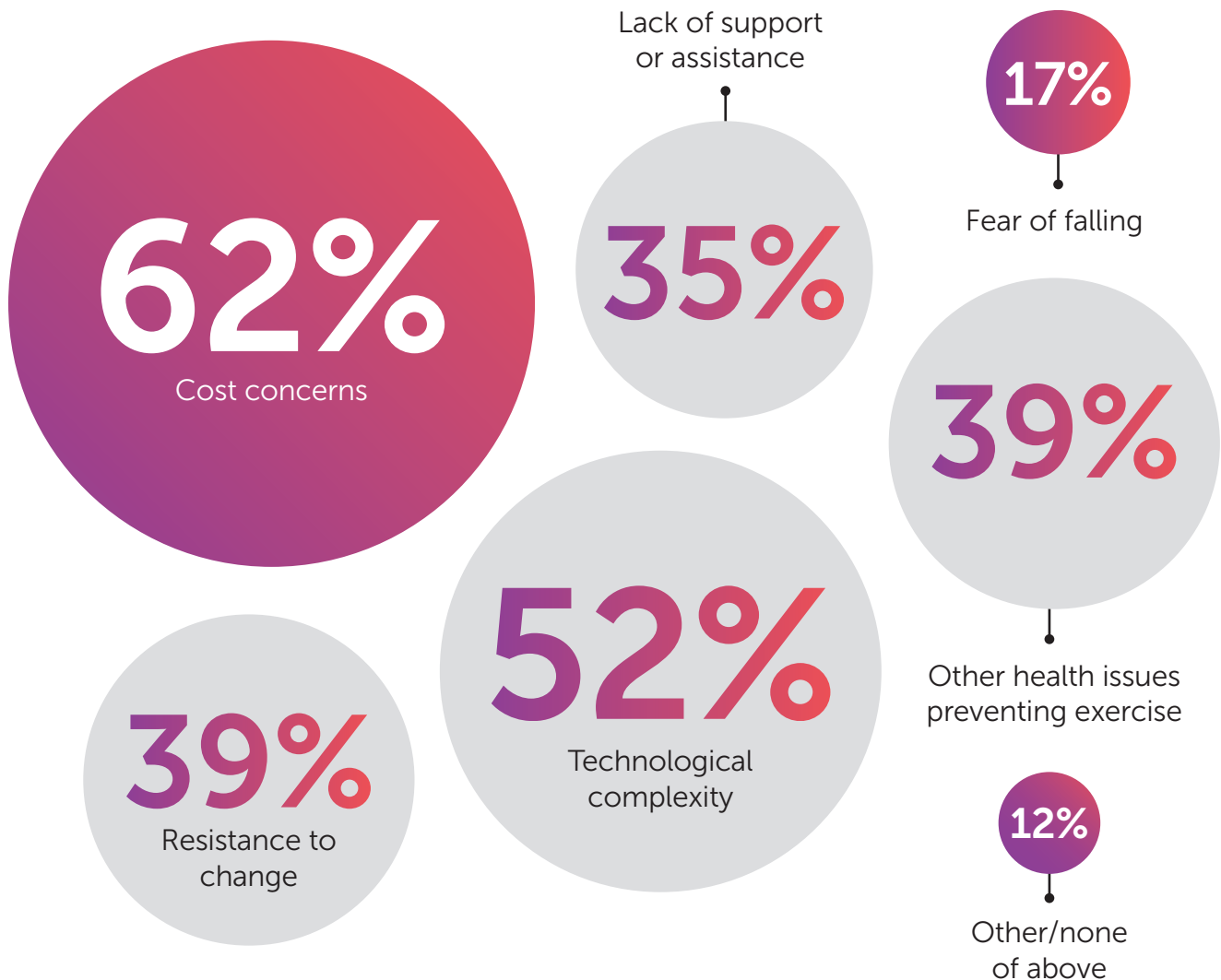
say preventative fall technology would make them feel more independent

## 80%

said they would consider investing in technology and programmes to reduce falls

*YouGov Survey of 500 UK adults aged 55+ surveyed.*

The main challenges around adopting a preventative fall technology programme are:



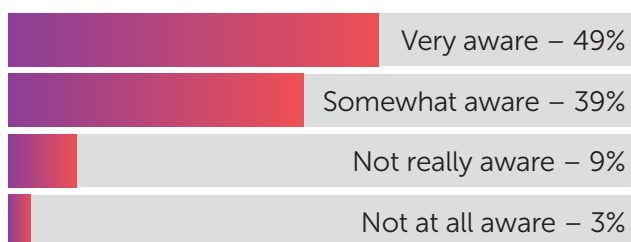
YouGov Survey of 500 UK adults aged 55+ surveyed.

### Barriers don't appear to be around lack of understanding around falls in the elderly

People do appear to understand that the risks of falling ramp up with age and can affect older adults, even those in good health, with 62% of respondents saying they were aware / very aware of this. There was also good awareness around the impact that falls, or the fear of falling, have on loss of confidence, independence and change of lifestyle in older people, with 74% saying that they were very / somewhat aware of the impact. Inactivity in older adults leading to 'hard to reverse' deconditioning is also recognised as a significant risk factor, with 79% of respondents being somewhat / very aware. An overwhelming number of people (87%) agreed that preventing a fall before it happens is most beneficial.

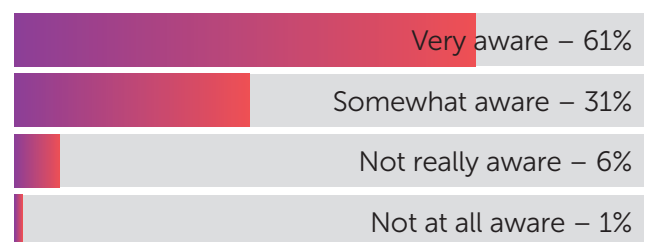


**Q) Are you aware that the risk of falling increases with age, and that 1 in 3 people aged over 65 fall each year, including those in good health?**



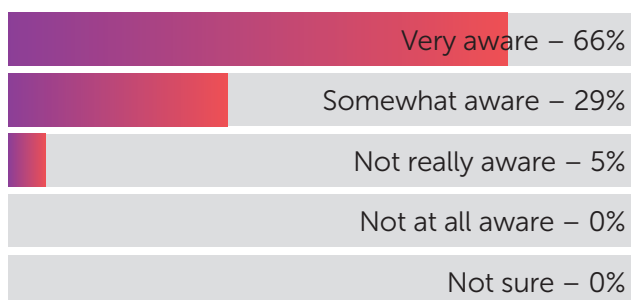
*YouGov Survey of 500 UK adults aged 55+ surveyed.*

**Q) Are you aware that falls or the fear of falls can lead to changes in lifestyle, confidence and even loss of independence in older people?**



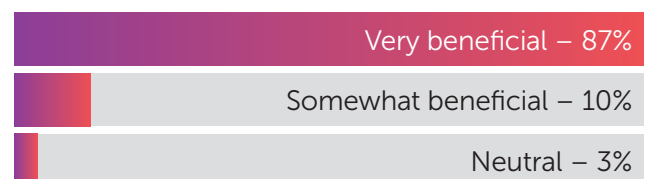
These figures indicate that almost 12 million over 55s are aware that the risk of falling increases with age and over 14 million older adults<sup>1</sup> are aware of the significant health impacts that a fall can have amongst the older population. This shows a clear awareness of the size and scale of the issue, and hence the benefit-accrual that can be delivered via effective prevention.

**Q) Are you aware that inactivity in an older person can quickly lead to deconditioning (decrease in muscle strength and mass) and is difficult to reverse?**



*YouGov Survey of 500 UK adults aged 55+ surveyed.*

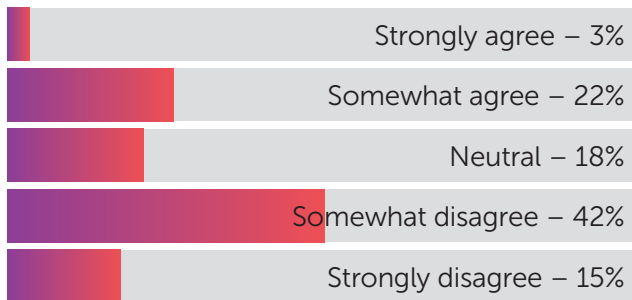
**Q) Thinking of an older adult do you think it is more beneficial to be able to prevent a fall before it happens than dealing with a fall once it has occurred?**



With over 16.5 million<sup>1</sup> over 55s believing that it is very beneficial to prevent a fall before it occurs there is clearly a deep pool of opportunity to engage with older adults on the benefits of falls-prevention, and this provides Local Authorities with a clear path to delivering improved health outcomes as a result of fall-reduction programmes.

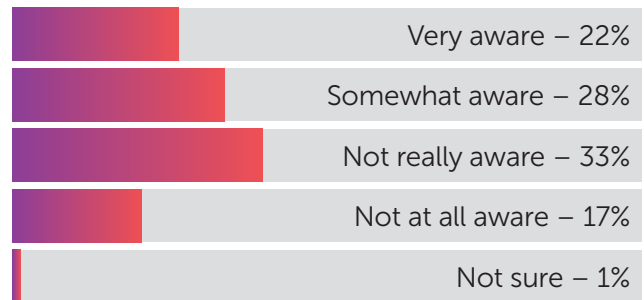
(1) ONS data

**Q) What do you think of the following statement. "Falls are an inevitable part of ageing and there's nothing we can do about this."**



YouGov Survey of 500 UK adults aged 55+ surveyed.

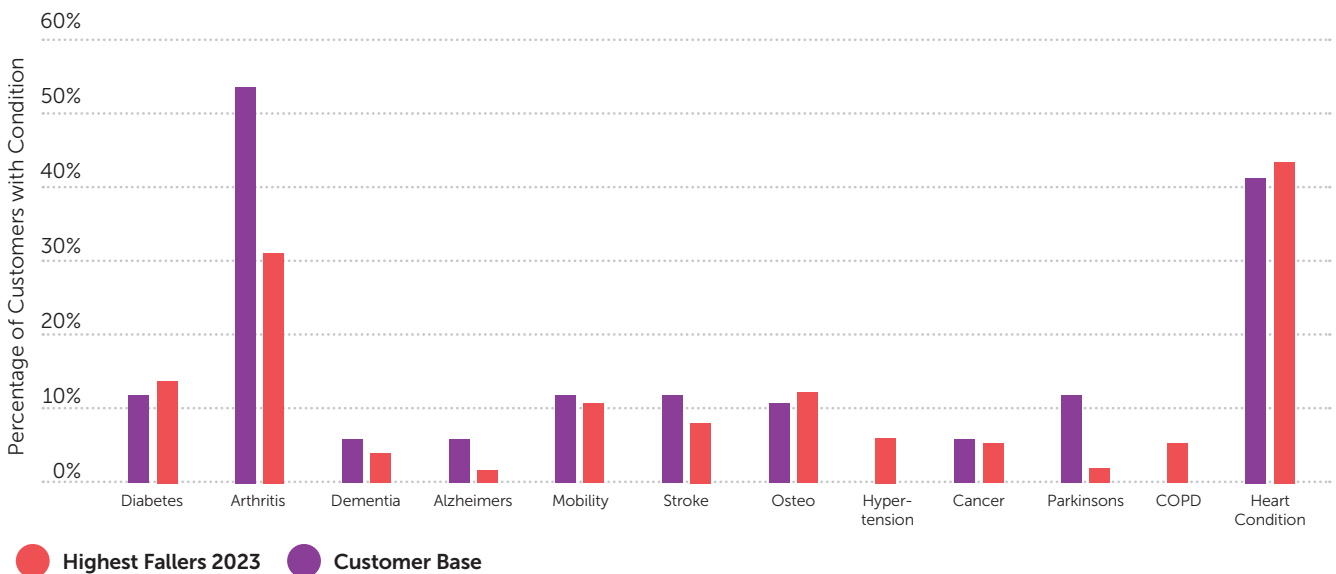
**Q) Are you aware that taking certain combinations of medications can increase the risk of falls in the over 70's?**



Based on available data, Age UK estimates that almost 2 million people over 65 are likely to be taking at least seven prescribed medications (*"Age UK calls for a more considered approach to prescribing medicines for older people", August 2019*).

These findings are replicated in Taking Care's own analysis of the health conditions recorded for those private pay customers who were identified as having a higher than average rate of falls when compared to their medical condition:

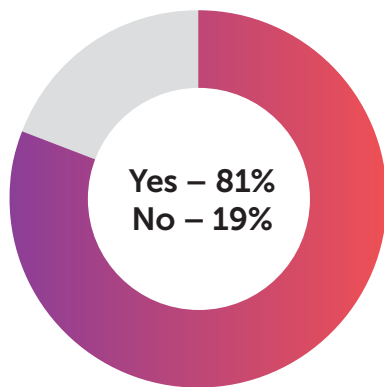
### Highest Fallers vs Customer Base



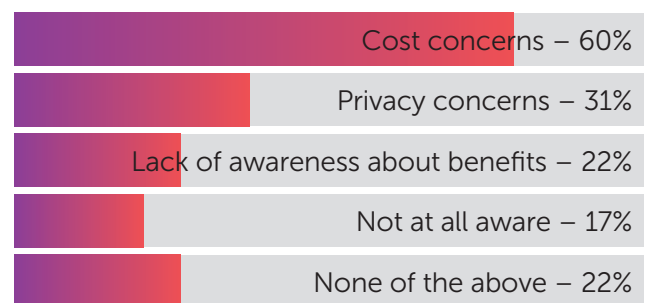
Taking Care customer analysis 2024

**Willing to invest but concerns around cost.** An overwhelming 81% of people say they would invest in technology that prevents falls and improves mobility in older adults. With 60% saying that one of their biggest concerns about adopting that technology for themselves or an older adult is around cost.

**Q) Would you consider investing in technology that could prevent falls and improve mobility for an older adult or yourself?**



**Q) Do you have any specific concerns or reservations about adopting technology for yourself or your older loved ones that could prevent falls? (Check all that apply)**



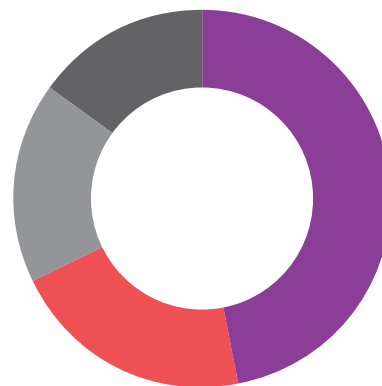
*YouGov Survey of 500 UK adults aged 55+ surveyed.*

This indicates that while over 15.5 million<sup>1</sup> older adults would consider investing in preventive technology to reduce falls, over 11.5 million<sup>1</sup> have a concern about the costs. This provides a clear opportunity for Local Authority-delivered programmes to be delivered on a “needs basis” whereby some of the investment in the technology can be provided via funding from the Integrated Care Boards, thereby reducing the barrier of cost to the potential service user.

**Perception difference on what suits who best.** Interestingly there appears to be a split in perception when people thought about what preventative technology falls prevention solution they would prefer for themselves, as opposed to what they thought an older person would prefer. With 47% preferring an activity tracker smart watch (health/fitness monitoring) plus falls prevention. compared to 43% suggesting that an older adult would prefer a traditional, wearable falls detector (watch or pendant) to get help quickly.

**Q) Ageing is a part of life. Thinking about falls in the elderly, what solution would you prefer to help reduce the negative impacts of a fall?**

- Activity tracking smart watch (health/ fitness monitoring) plus falls prevention that could reduce the risk of falling – 47%
- A worn device to detect a fall – 21%
- A button to press to get help quicker in the event of a fall – 17%
- Not sure – 15%



*YouGov Survey of 500 UK adults aged 55+ surveyed.*

This appears to indicate that the general population understand the need for both a preventive and reactive model and indicates that preventive wearables of the future may also need to accommodate some of the current alerting technology of a personal alarm/fall detector.

(1) ONS data

## Main takeaways

- ✓ Falls prevention programmes could give older adults across the UK millions of combined years of independence.
- ✓ Respondents overwhelmingly prefer fall prevention technologies over solutions that only help after a fall occurs.
- ✓ But there is a disconnect. Many do value independence but are unsure about the benefits and usability of fall prevention technologies. Our findings highlight this if 80% prefer prevention, but less than 50% are aware of the technologies, there is a clear gap in understanding.
- ✓ Falls are a major concern, but there is hope. Falls are seen as a threat to independence, yet most agree they are not inevitable. This is a clear signal that there is a desire for proactive solutions.
- ✓ Prevention is valued, but awareness is needed. People see the value of fall prevention but need education on how it works – especially the role of technology.
- ✓ Falls don't have to be inevitable: tech solutions offer hope. The majority disagree with the fatalistic view of falls, which highlights that technology can play a key role in both prevention and minimising the impact of falls.
- ✓ Loved ones want prevention. Most respondents prefer preventative tech for themselves or for their loved ones. This emphasises the demand for proactive solutions and a lack of awareness about them.

This consumer research appears to indicate a major opportunity to engage with older adults on a preventive basis. While it is often a challenge to deliver effective prevention, and a bigger challenge to identify the down-stream benefits of prevention to elements of the health service/primary care, this research indicates a clear willingness amongst older adults to engage in preventive programmes, particularly if any cost concerns can be minimised or overcome.

# Taking Care Prevent

Taking Care is leading the market with new solutions in Technology Enabled Care. Through our prevention strategy, we are addressing the impact of frailty with a view to improving outcomes and avoiding unnecessary harm. We believe it is important that people living with frailty have access to joined-up care to prevent problems arising in the first place, with a rapid, specialist response on hand should anything go wrong.






## Prevention

Falls are one of the main reasons older adults lose their independence. By taking action to improve strength and balance we can reduce the risk of falling before an accident occurs, helping service users remain safe and independent for longer, and preventing admissions into residential care or hospital.

## Taking Care Prevent

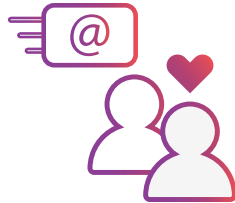
Taking Care Prevent includes a fitness watch combined with activity tracking, the preventive platform (LOAF – Letting Older Adults Avoid Falls) and one-to-one guidance and advice (to reduce frailty and the risk of falls) supported by Taking Care's highly trained Prevention Team.

## Key benefits of Taking Care Prevent

- 
**Health and activity insights** – A secure website shows a dashboard view of health and activity insights for both the wearer and their family. Regular emails are sent to the wearer summarising their specific insights.
- 
**High-risk alerts to Taking Care Prevention Team** – Taking Care will automatically receive alerts of factors that indicate a high risk of a fall. Artificial Intelligence technology can predict a fall approximately 10 days in advance.
- 
**Personalised action plan** – Our Prevention Team will draw up an action plan to reduce the risk of a fall after reviewing the health data following a high-risk alert.
- 
**Fitness watch features** – Tracks heart rate, sleep quality and daily activity. The watch displays the time and date and has an alarm and stopwatch.
- 
**Health and wellbeing notifications** – Notifications of factors that may contribute to an increased risk of a fall are emailed so wearers can take proactive action to manage health and independence.



View your health and activity data online portal. Notifications will make you aware of lifestyle changes you can make to reduce the risk of a fall.



Family members can be alerted of more serious risks associated with falls, so proactive support can be provided.



Taking Care's Emergency Resolution Team will be alerted of high risk factors that may predict a fall approximately 10 days in advance.



Taking Care will identify actions you can take to reduce the likelihood of a future fall. We'll monitor your progress and check with you to ensure your Action Plan is reducing the risk of a fall.

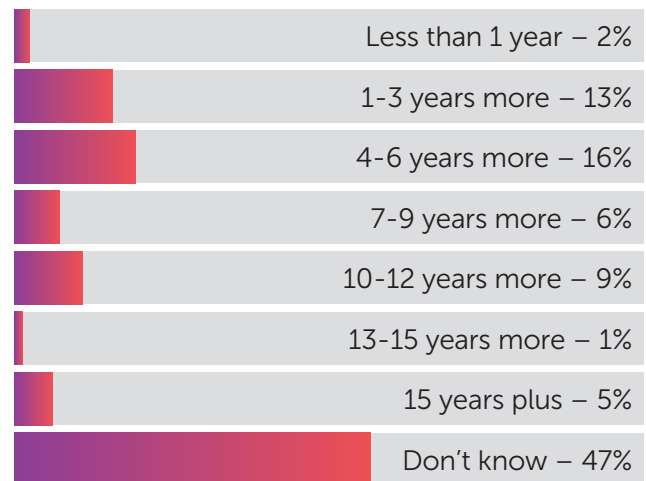
# Conclusion

Through our work in 2023, focussing on dark data and the wealth of information in our service user call patterns, we have prioritised the analysis of our facts and figures to help us make the most of the TEC services we provide. Further 'deep dives' like adding additional layers of data around medical conditions supports us to provide preventive measures to generate tangible benefits in reducing falls-related injuries and associated healthcare costs, as well as improving overall wellbeing.

## What are the practical implications of prevention?

As part of the YouGov research programme consumers, aged 55+, were asked to identify the extent to which a preventive programme would ensure an older adult could remain safely in their own home – thereby preventing them from entering (often Local Authority-funded) residential care outside their own home:

**Q) Thinking about an older adult, how much longer do you think a falls prevention programme could help them stay in their own homes by helping them get around their property safely?**

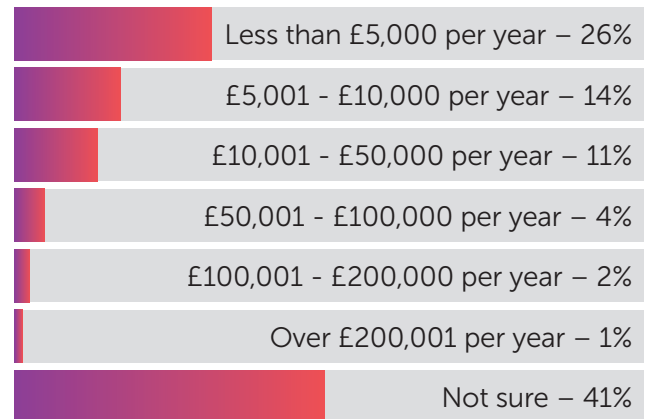


*YouGov Survey of 500 UK adults aged 55+ surveyed.*

This research indicated older adults believe a preventive programme could help them stay in their own home for longer. Based on those expressing an opinion, the AVERAGE number of years they believed a preventive programme could extend their home life was 6.83 additional years.

With estimated average residential home fees of £51,000 per year and nursing care home fees of £62,000 in the UK this suggests a potential saving to the public of between £350,000-£425,000 could be retained by older adults as a result of engaging with a preventive programme in care fees alone.

**Q) If a falls prevention programme could help you live in your own home for longer, what value would you put on being able to stay in your own home for 3 years longer?**



*YouGov Survey of 500 UK adults aged 55+ surveyed.*

Research undertaken by Taking Care indicates consumers place a different value on their opportunity to stay in their own home, not purely related to the avoidance of care / residential home fees.

Our YouGov research therefore asked the value the older adult would place on each year they were able to stay at home as a result of a falls prevention programme. This research gave an average value per "extended year at home" of almost £25,000 amongst those older adults who expressed a view. Therefore further indicates that older adults could receive a life-financial value of over £170,000 by engaging in a preventive programme that extended their time at home.

### **What are the practical implications of this report for commissioners?**

As a recap of our research among service users demonstrates:

- Those at risk are willing to engage in preventive activities to maintain fitness and health, including investing in technology, especially wearables with a practical support programme.
- There is a clear belief that prevention helps people to remain in their own homes, delaying entry into other forms of (often local authority-funded) residential care.
- The MMLM research demonstrates clinically significant improvements in the fear of falling.
- The examples in this report, where either data collected for other purposes (i.e. alarm usage from an ARC) or data specifically collected for preventive purposes (i.e. a FitBit) can be applied in innovative and proactive means to safeguard declining health.
- The application of AI and Big Data approaches is now in a significantly advanced state it can be applied to provide personalised analysis of an individual, allowing an oversight of any emerging health issues across a highly scalable population.

Prevention allows us to deliver proactive measures to alleviate risks and improve the overall wellbeing in the customers we serve. Data-driven approaches demonstrate actionable opportunities to anticipate and address future health demands proactively. Adopting multi-disciplinary collaboration in providing preventative solutions can:

- Reduce the requirement for care hours
- Support people to remain independently in their own homes
- Prevent admission to residential care or hospital

At Taking Care we strongly advocate thinking differently about delivering proactive, preventative solutions for the benefit of our service users and their families, commissioners, and practitioners.

# About Taking Care

**Taking Care is one of the UK's largest providers of personal alarms and monitoring services. We provide around-the-clock Technology Enabled Care services to over 100,000 people throughout the UK.**

We are the only Which? Trusted Trader approved personal alarm service and are the exclusive alarm provider of Age Co Personal Alarms.

Taking Care is committed to innovation and finding new ways to use Technology Enabled Care to support our customers.

We are proud to hold the ISO 9001:2015 Quality Management Accreditation, demonstrating the robust nature of our processes and underpinning our high-quality, TSA Quality Standards Framework accredited service.

Our organisation is built on strong foundations with over 35 years' experience of providing personal alarms and 24/7 monitoring services, and we are a subsidiary of AXA Health.

AXA Health has been helping people to access healthcare services, including wellbeing, counselling, occupational health, and rehabilitation, for 75 years.

Through our combined in-house healthcare expertise, we ensure our services are always evolving – providing personalised solutions for our customers.



Rated 'Excellent'  
★ Trustpilot



If you would like to know more about the services and products we offer, please call or email and a member of our Corporate Team will be delighted to get in touch.

## 0800 085 8037

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