

May 2016

Health, Ageing and Support: survey of views of people aged 50 and over

A study for the Department of Health

Since this research was carried out the Department of Health has been renamed the Department of Health and Social Care.

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Executive summary

1 Executive summary

1.1 Background to this research

The Government's vision is that everyone can access the health and care they need, supporting people to stay in good health and live as independently as they can. In 2015, DH commissioned a new survey to explore, and potentially track, the perceptions and attitudes of people aged 50 and over towards health, ageing and care and support services.

This survey complements the Public Perceptions of the NHS and Social Care Tracker Survey which has been used to track the perceptions and attitudes of the general public towards the NHS and care and support services since 2000. The age group covered by the new survey is likely to have a more informed view on care and support issues, as they are more likely to have used these services themselves, or cared for someone who has, and begun to think about their own ageing.

1.2 Methodology

All interviews were carried out by Ipsos MORI interviewers in participants' homes, using Computer Assisted Personal Interviewing (CAPI). A total of 759 interviews were conducted with adults aged 50 and over in England between 4 January and 21 February 2016.

In order to achieve a sample representative of the national and regional population of people aged 50 and over, quotas were set for the number of interviews carried out with different types of participants. Quotas were set for age, gender and working status. Data have been weighted to the known profile of the population.

Further details about the methodology are provided in the appendices.

1.3 Key findings of the research

- **People aged 50 and over take their physical and mental health seriously; they name numerous actions they take to maintain their health. Eating healthily is seen as important for both physical and mental health.**
- **However, nearly half do not think a healthy lifestyle can prevent dementia.**
- **Loneliness is seen as a big problem for older people and people aged 50 and over think society is not doing enough to prevent it.**
- **Attitudes to care and support services are mixed but generally less positive than we see for the NHS. There are still large numbers unable to give an opinion either way (as seen in the 2015 Public Perceptions of the NHS and Social Care Tracker Survey).**
- **There are doubts over whether hospitals provide the same standard of emergency care seven days a week.**
- **There is a long way to go in terms of uptake of new digital channels, but this age group (who are higher service users) are more likely than the general public to have used them.**
- **There is a lot more to do to ensure people prepare for future care costs and have the support they need to care for those close to them.**

Older people

Many of the questions in the survey ask participants to think about 'older people', but this term is not defined for them. Instead they are asked to define the age at which they think this would start to apply. Four in ten (41%) think that it starts between the ages of 70 and 79 years old, while three in ten (29%) suggest an age between 60 and 69 years old. The age mentioned most frequently is 70.¹

Health and wellbeing

People aged 50 and over are relatively positive about their own health, with two thirds (64%) describing it as good. They take their physical and mental health seriously, naming a large number of actions they take to maintain their health. They are more likely to mention lifestyle factors such as eating healthily (80%) and not smoking (68%) than medical ones such as taking medication (57%) or visiting their GP regularly (32%) when talking about how they maintain their physical health.

Reading is named most frequently in relation to keeping their mind healthy (68%), but eating healthily still features (62%). Over half mention socialising (52%), possibly reflecting widespread concern about loneliness. While other issues such as general health (28%) and money (19%) are mentioned as problems facing older people, loneliness is mentioned more frequently (32%). Almost all (93%) people aged 50 and over think that loneliness is a big problem, with almost half (47%) describing it as a *very* big problem. Only 14% think that society does a good job at preventing loneliness among older people living in England.

¹ This question was unprompted, meaning participants were not presented with a list of potential answer codes.

When thinking specifically about health problems facing older people, almost half (48%) spontaneously mention dementia/Alzheimer's disease. Most say they would talk to their GP (70%) or a family member (64%) if they were worried about losing their memory. However, there is a lack of understanding about dementia, as almost half (48%) think that living a healthy lifestyle makes no difference to the likelihood of developing dementia.

Perceptions of care and support services for older people

Only around a quarter (26%) of people aged 50 and over agree that local councils are providing good care and support services, and fewer (19%) agree that the government has the right policies for them.

Opinion is divided about whether NHS and care and support services work well together (34% agree, while 36% disagree). Half (49%) agree that older people are treated with dignity and respect by staff when they use care and support services.

Only around a third agree that it is easy to feed back on care and support services (32%) or that organisations act on that feedback (30%). However, most would feel comfortable making a complaint about poor care in a nursing or residential home (84%) or about care and support delivered in the person's home (85%).

While the majority (57%) are confident about the safety of older people receiving care in a nursing or residential home, over a third (35%) are not. This is lower than seen in relation to care provided in hospital, where around seven in ten (69%) say they are confident.

Good quality care is seen as the most important aspect when thinking about people in the final few months of their lives, spontaneously mentioned by around a half (48%). This is followed by being close to family and friends (44%) and being treated with dignity and respect (36%).

Perceptions of NHS services

Opinion is divided about whether the NHS provides a seven day service. Four in ten (41%) agree that people are able to get a GP appointment at a convenient time. There are also doubts over whether hospitals provide the same standard of care in an emergency at the weekend as they do during the week. Just three in ten (31%) agree that they do.

There are mixed views over whether young and old patients are treated the same in the NHS. A third (33%) agree with the statement that 'older people receive worse treatment and care from the NHS than younger people'.

Use of new NHS communication channels

A range of communication methods have been used in the last year to contact the NHS, with over a third (36%) having received text message appointment reminders, and a quarter (24%) ordering repeat prescriptions online. However four in ten (41%) say they have not used any of the methods asked about, and large numbers of these people say they are unlikely to do so.

Preparing for the future

Many people aged 50 and over are not preparing substantially for getting older. Two thirds (66%) have paid or are paying in to a pension, but only a minority have taken any of the other actions asked about, such as setting aside money (37%) and assigning a power of attorney for their finances (27%). This is despite the fact that awareness of the powers of

attorney for financial matters is high (86% say they have heard of it). Half (53%) say they are preparing financially for care and support services they need, while just over four in ten (44%) say they are concerned about meeting the cost.

Caring for others

Half (52%) of people aged 50 and over are current or recent carers, and a further third (32%) think they will have to care for someone in the future. Most (86%) of these people feel confident that they would know enough to be able to do so, but only a minority (27%) of current and recent carers think there is enough support for carers.

Demographic differences

Some clear patterns emerge when looking at differences between different demographic sub-groups. While results vary by age, it is clear that those in the **youngest age group** (aged 50 to 64 years old) are more likely to express negative opinions across a range of areas. For example, they are:

- less likely to think that society is doing a good job at preventing loneliness;
- more likely to disagree that local councils are providing good care and support services and that the Government has the right care and support policies;
- more likely to disagree that older people are treated with dignity and respect when they use care and support services; and
- more likely to disagree that people are able to get convenient GP appointments and that hospitals provide the same standard of emergency care at the weekends.

Results from the Winter 2015 Public Perceptions of the NHS and Social Care Tracker Survey also show that this age group often expresses more negative opinions than other age groups (both younger and older).

Perceptions also differ markedly by **social grade**, suggesting that there is a need for targeted awareness raising or specific support for those in social grades DE. For example, this group are:

- more likely to think that living a healthy lifestyle makes no difference to developing dementia;
- less likely to have used new digital channels of communication and less likely to use them in the future;
- less likely to have prepared financially for future care and support needs;
- more likely to say they are not confident that they would know where to find information about care and support services; and
- more likely to agree that NHS and care and support services work well together to give older people co-ordinated care.

Views also differ between those who **live alone** and those who live with others. Those who live alone are more likely than those who live with others to:

- cite loneliness (when unprompted) as one of the biggest problems facing older people today;

- agree loneliness is a big problem among older people living in England;
- mention dementia/Alzheimer's disease as one of the biggest health problems facing older people today (again when unprompted);
- say they would speak to a friend if they were worried about their memory; and
- have not contacted NHS services through any new communication channels in the last year.

Introduction

2 Introduction

2.1 Background and objectives

An existing long-running survey, the Public Perceptions of the NHS and Social Care Tracker Survey, has been used to track the perceptions and attitudes of the general public towards the NHS and care and support services since 2000. In recent years the survey has expanded to incorporate more questions on care and support. However, there are limitations to the information gathered on these issues. For example, knowledge and experience of these issues is limited (reflected in the high number of 'don't know' responses to these questions). While public support for the general notion of services for older people is high², relatively few people use care and support services³ and people know very little about how services are provided, paid for or accessed.

Therefore, the Department of Health (DH) commissioned Ipsos MORI to conduct a new survey of people aged 50 and over, as this age group is likely to contain a higher proportion of people who have direct or indirect experience of care and support services and the integration of health and care⁴. This group is likely to have a more informed view on these issues, as they are more likely to have used these services themselves, or cared for someone who has, and begun to think about their own ageing.

This new survey provides an opportunity to gather information from this demographic about a wider set of issues relating to health and ageing. The Government's vision is that everyone can access the health and care they need, supporting people to stay in good health and live as independently as they can. Information on public perceptions will help measure the extent to which people feel positive and confident about ageing in this country and pinpoint areas of concern they may have over services and policies.

The aim of the survey is to explore the perceptions and attitudes of people aged 50 and over towards health, ageing and care and support services. One wave of this survey has been completed to date, though it is likely to be repeated in the future and therefore provide a means of tracking any changes in these perceptions and attitudes over time.

2.2 The structure of the report

The first chapter of this report is the executive summary, which provides an overview of the key findings from the survey. This is followed by the introduction in chapter 2, which sets out the background and the objectives of the survey. Chapters 3 –7 describe the findings in detail. Details of the methodology, notes about how to interpret the data, the statistical reliability of the data, a guide to the social classifications referred to in this report, and the questionnaire are included in the appendices.

² Care for the elderly was the third most frequently mentioned service that people thought should be protected from cuts in a survey conducted by Ipsos MORI for the Nuffield Trust. Public attitudes to NHS spending, Ipsos MORI poll for The Nuffield Trust, published online on 3 December 2012, <https://www.ipsos-mori.com/researchpublications/researcharchive/3082/NHS-is-number-one-area-of-public-spending-to-protect-from-cuts-says-new-Ipsos-MORINuffield-Trust-poll.aspx>

³ Health Survey for England estimates that slightly more than 1 million people receive publicly funded social care, and around 5 million people provide informal care to family and friends. Health Survey for England, <http://www.hscic.gov.uk/healthsurveyengland>

⁴ We know from the Census 2011 that the provision of unpaid care is highest for both men and women in the 50 to 64 age range and that becoming an unpaid carer in your 50s increases your chances of leaving the labour market for good, is associated with health problems and restricts your social and leisure activities. The Office of National Statistics, 2011 Census, <https://www.ons.gov.uk/census/2011census>

2.3 Note about presentation and interpretation of the data

This report presents the data from the first wave of this survey, conducted in early 2016.

The participants of the survey are people aged 50 and over in England. This is not referenced in full throughout this report, but when the report refers to 'people' or 'the public' this should be understood as 'people aged 50 and over in England'.

This report comments on differences in the data between different sub-groups within the total sample, for example differences in views between men and women. A difference has to be of a certain size in order to be statistically significant and only differences which are statistically significant at the 95% confidence interval are commented on in this report.

Only sub-groups comprising 100 or more participants are commented on in this report. It should be noted, however, that the smaller the size of the sub-group, the less we can rely on the survey estimates to be true representatives of the population as a whole. Findings for groups with as few as 100 participants can be subject to confidence intervals of +/- 10% (please see appendix 8.3 for more details).

In addition to being statistically significant, only sub-group differences which are interesting and relevant to the question being analysed are commented on in the report.

A number of different sub-groups have been reviewed during the data analysis stage and the ones referenced in the report are listed in appendix 8.3.

Survey participants are permitted to give a 'don't know' answer to each of the questions and these responses are not excluded from the analysis. These responses are referred to in the report where they form a substantial proportion.

Where percentages do not sum to 100, this may be due to computer rounding, the exclusion of 'don't know' categories, or participants being able to give multiple answers to the same question. Throughout the report an asterisk (*) denotes any value of less than half of 1% but greater than 0%.

Where this report refers to figures for those who 'agree', this is an aggregate sum of those who say they 'strongly agree' and those who say they 'tend to agree'. In turn, 'disagreement' figures refer to an aggregate sum of those who say they 'strongly disagree' and those who say they 'tend to disagree'.

Some events that occurred during or just before the fieldwork period of the survey may have had an impact on some of the results. For example, there was a dispute between the government and junior doctors during the fieldwork and this may have had an impact on responses to some questions, such as those about seven day services.

It is worth bearing in mind that this survey deals with public perceptions at the time of the survey rather than facts; in particular, these perceptions may or may not accurately reflect levels and quality of service actually being delivered by organisations providing care and support services or the NHS.

Full data tables for the early 2016 wave of the survey are available on the Ipsos MORI website.

Where relevant, the data from this survey is compared with data from the Public Perceptions of the NHS and Social Care Tracker Survey. This provides a useful comparison between the general public's perceptions of care and support services and the perceptions of those aged 50 and over, who are more likely to have direct or indirect experience of care and

support services. However comparisons between the two surveys should be treated as indicative for the following reasons:

- Survey populations: the Public Perceptions of the NHS and Social Care Tracker Survey is conducted with people aged 16 and over, this survey is conducted with those aged 50 and over.
- Fieldwork periods: interviews for the Public Perceptions of the NHS and Social Care Tracker Survey were conducted at the end of 2015 (2 November – 13 December) and interviews for this survey were conducted from 4 January – 21 February 2016. Events that occurred during or just before the fieldwork period may have had an impact on the results of the surveys.
- Question wording: 'care and support' is the term that should now be used to describe the help some adults need to live as well as possible with any illness or disability they may have.⁵ Questions in this survey ask participants about their perceptions of care and support services and a definition of care and support services is provided. The Public Perceptions of the NHS and Social Care Tracker Survey uses the term 'social care' to allow for the continued tracking of long term trends.

Throughout this report the Public Perceptions of the NHS and Social Care Tracker Survey is referred to as the General Public Tracker Survey.

2.4 Older people in this report

Many of the questions in this survey ask people to think about their perceptions of health, ageing and a range of related issues concerning 'older people'. The term 'older people' was not defined in the survey for a variety of reasons. For example, different people may have different definitions of the term, individuals may have different definitions of the term at different questions, and (particularly as this is intended to be a tracker survey) society's accepted view of what the term means could change over time. It would therefore be very difficult to provide a standardised definition of 'older people' which encompasses all of these variations. Imposing a definition which did not fit with participants' conceptions of 'older people' could be problematic as people would have to think outside of their standard frame of reference.

Instead, participants were asked to define the age range that they think 'older people' refers to by answering the question 'This survey includes some questions about older people. Thinking about the phrase 'older people', at what age would this start to apply?' near the start of the survey.⁶

Four in ten (41%) people aged 50 and over think that the phrase 'older people' starts to apply between the ages of 70 and 79 years old. Three in ten (29%) think it starts between 60 and 69 years old and one in seven (15%) think it starts between 80 and 89 years old. The age mentioned most often is 70 and the mean average age mentioned is 69⁷. These findings reflect other research conducted by Ipsos MORI for the Centre for Ageing Better and the Big Lottery Fund, which

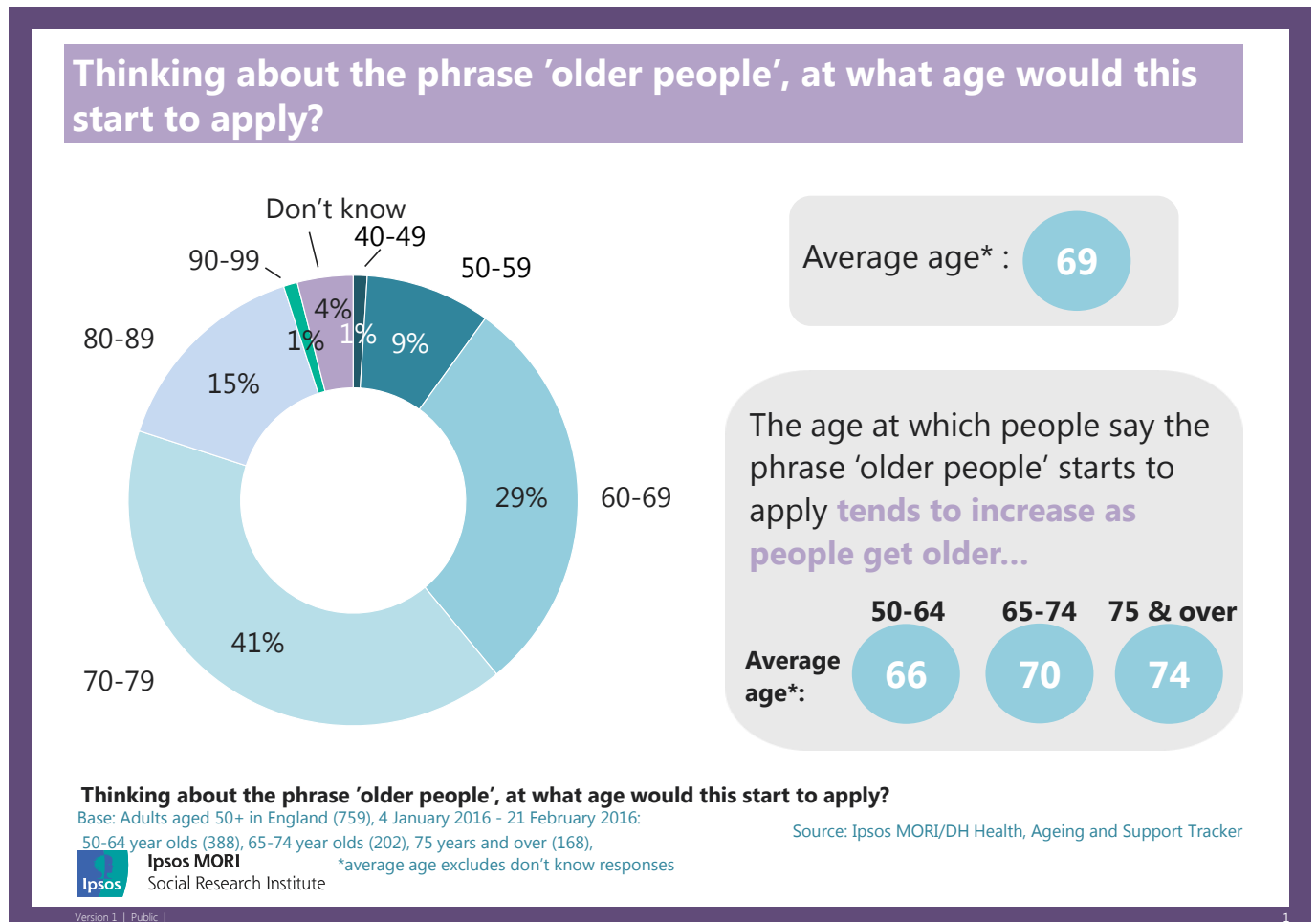
⁵ Care and support: what's changing, the Department of Health, <https://www.gov.uk/government/publications/care-and-support-whats-changing/care-and-support-whats-changing>

⁶ This question was unprompted, meaning participants were not presented with a list of potential answer codes.

⁷ Average age excludes don't know responses.

found that 27% thought that it started between the ages of 66 and 70 years old and 16% thought it started between 61 and 65 years old.⁸

Figure 2.1: Response to the question: 'Thinking about the phrase 'older people', at what age would this start to apply?'



The age at which people say the phrase 'older people' starts to apply tends to increase as people get older:

- 15% of those aged 50 to 64 think the phrase 'older people' starts to apply between the ages of 50 and 59 compared with just 2% of those aged 65 to 74 and less than half a percent of those aged 75 and over.
- 30% of those aged 75 and over think the phrase 'older people' starts to apply between 80 and 89 years old compared with 10% of those aged 50 to 64 and 13% of those aged 65 to 74.

Women are more likely than men to say the phrase 'older people' starts to apply at an older age.

⁸ Later Life in 2015, Ipsos MORI research for the Centre for Ageing Better and the Big Lottery Fund, published online on 2nd December 2015, <https://www.ipsos-mori.com/researchpublications/researcharchive/3666/Money-alone-does-not-lead-to-a-better-later-life.aspx>

- 18% of women say the phrase 'older people' starts to apply between the ages of 80 and 89 compared with 12% of men.
- 36% of men say the phrase 'older people' starts to apply between the ages of 60 and 69 compared with 24% of women.

Health and wellbeing

3 Health and wellbeing

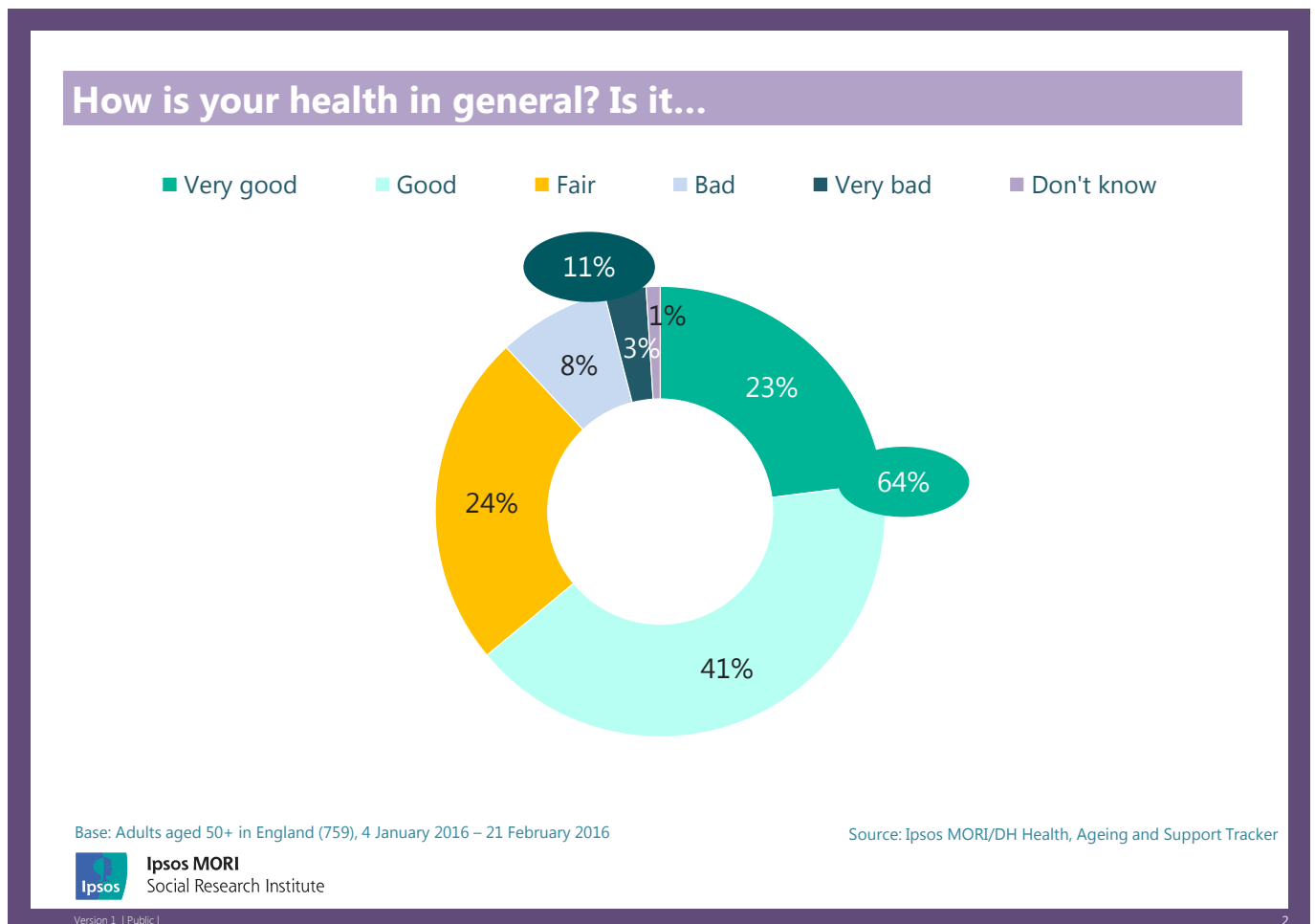
This chapter discusses the health and wellbeing of people aged 50 and over. It examines how they view and maintain their health and wellbeing, both physically and mentally. It then explores two issues in more detail: loneliness and dementia.

3.1 How people aged 50 and over view and maintain their health and wellbeing

Perceptions of health

People aged 50 and over are relatively positive about their own health. Two thirds (64%) of this group rate their health as good or very good. A further quarter (24%) rate their health as fair, and only around one in ten (11%) rate it as bad or very bad.

Figure 3.1: Perceptions of general health

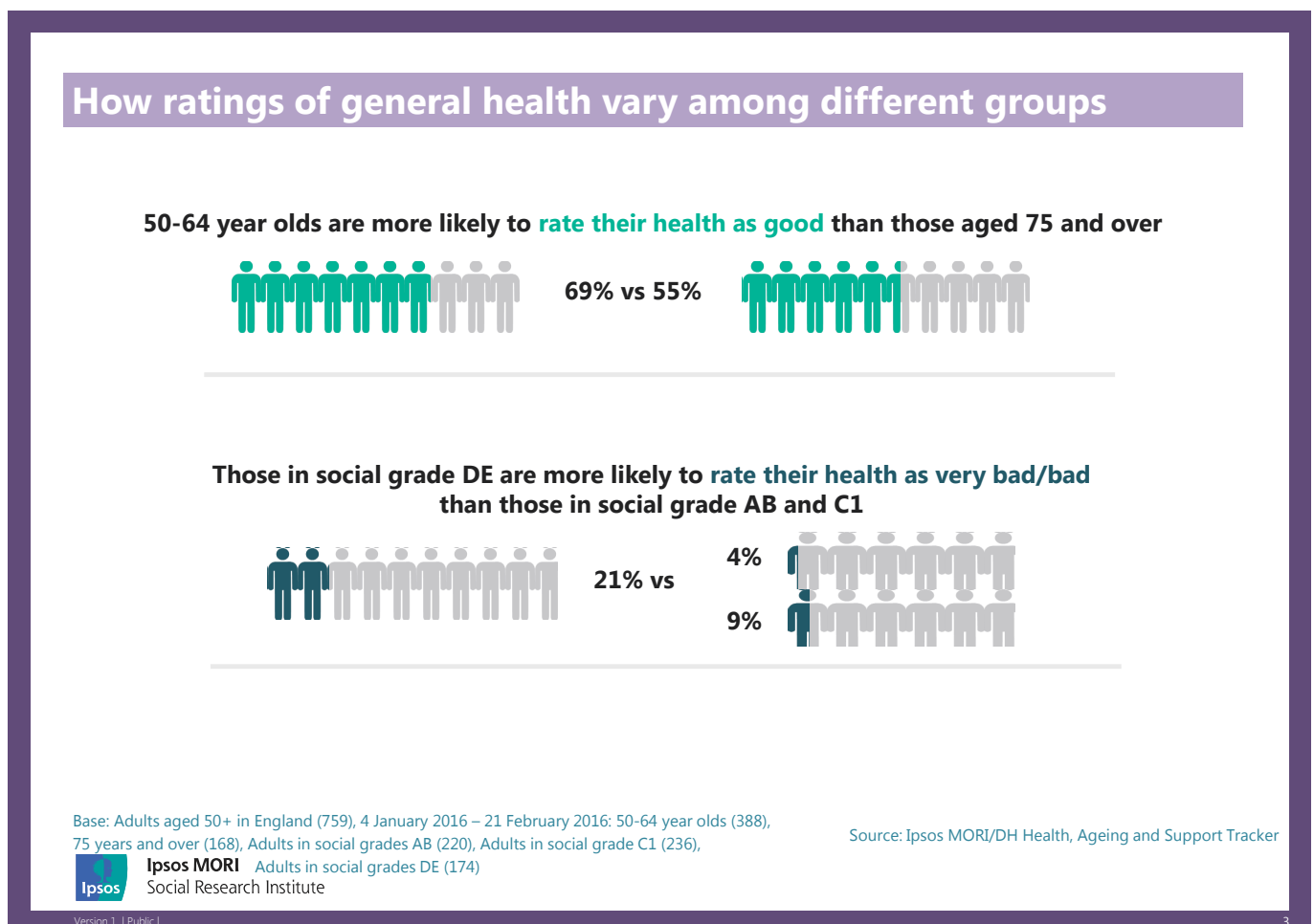


Perhaps unsurprisingly, the oldest age group are more likely to be negative about their health than the youngest age group, being both more likely to rate it as fair and less likely to rate it as good or very good:

- 30% of those aged 75 and over say their health is fair, compared with 21% of those aged 50 to 64.
- In contrast, 69% of 50 to 64 year olds rate their health as very good or good, compared with 55% of those aged 75 and over.

There are also differences by social grade, with those in social grades DE more negative about their health than those in grades AB and C1. Two in ten (21%) people in social grades DE rate their health as bad or very bad, compared with one in ten (9%) of those in grade C1 and one in twenty (4%) of those in grades AB.

Figure 3.2: Sub-group analysis of perceptions of general health

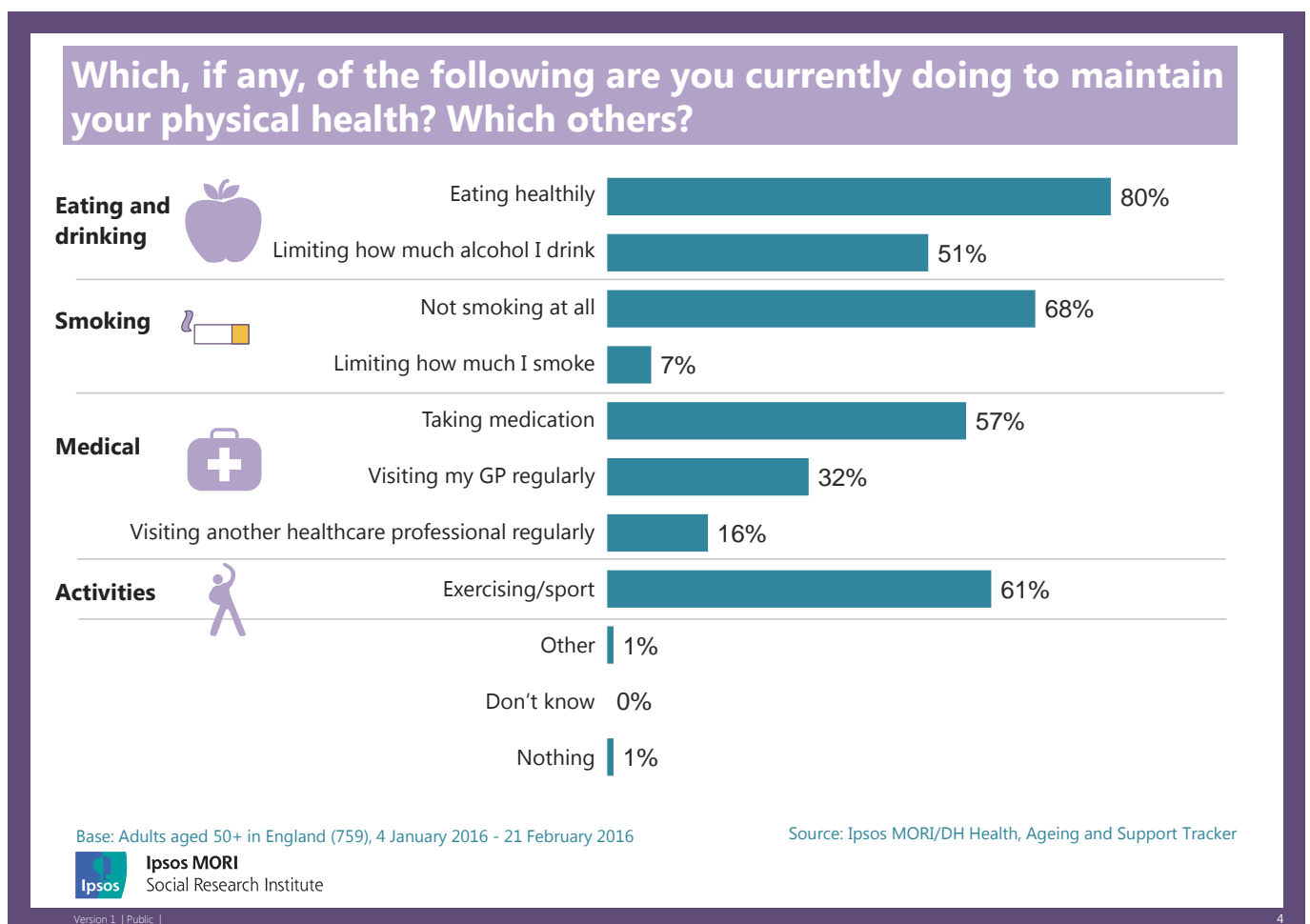


Unsurprisingly, people with a long-standing illness, disability or infirmity are more likely than people overall to rate their general health as bad or very bad (28% compared with 11%). People who have used hospital services in the last year are also more likely to be negative (16% rate their health as bad or very bad compared with 4% of those who have not used hospital services recently).

Physical health

When thinking about how they maintain their physical health (and asked to choose from a list of possible answer options), people are more likely to mention lifestyle factors (such as eating and drinking healthily) than medical ones (like taking medication or visiting their GP). Over eight in ten (86%) say they eat and drink healthily to maintain their physical health and seven in ten (68%) say they do not smoke. Around six in ten (61%) say they exercise or take part in sport, while almost the same proportion (57%) say they take medication. Just one in a hundred (1%) say they are not doing anything to maintain their physical health. On average people mention four things that they are doing to maintain their physical health.

Figure 3.3: Response to the question: 'Which, if any, of the following are you currently doing to maintain your physical health?'



There are differences by age in terms of the sorts of things people report they are doing to maintain their physical health, with the youngest age group being more likely to mention lifestyle factors and the older age groups being more likely to mention medical factors:

- People aged 50 to 64 are more likely to say they limit how much alcohol they drink than people overall (54% compared with 51%).
- Those aged 65 and over are more likely to say they take medication to maintain their physical health (67% of those aged 65 to 74 and 74% of those aged 75 and over say this, compared with 45% of those aged 50 to 64), and to

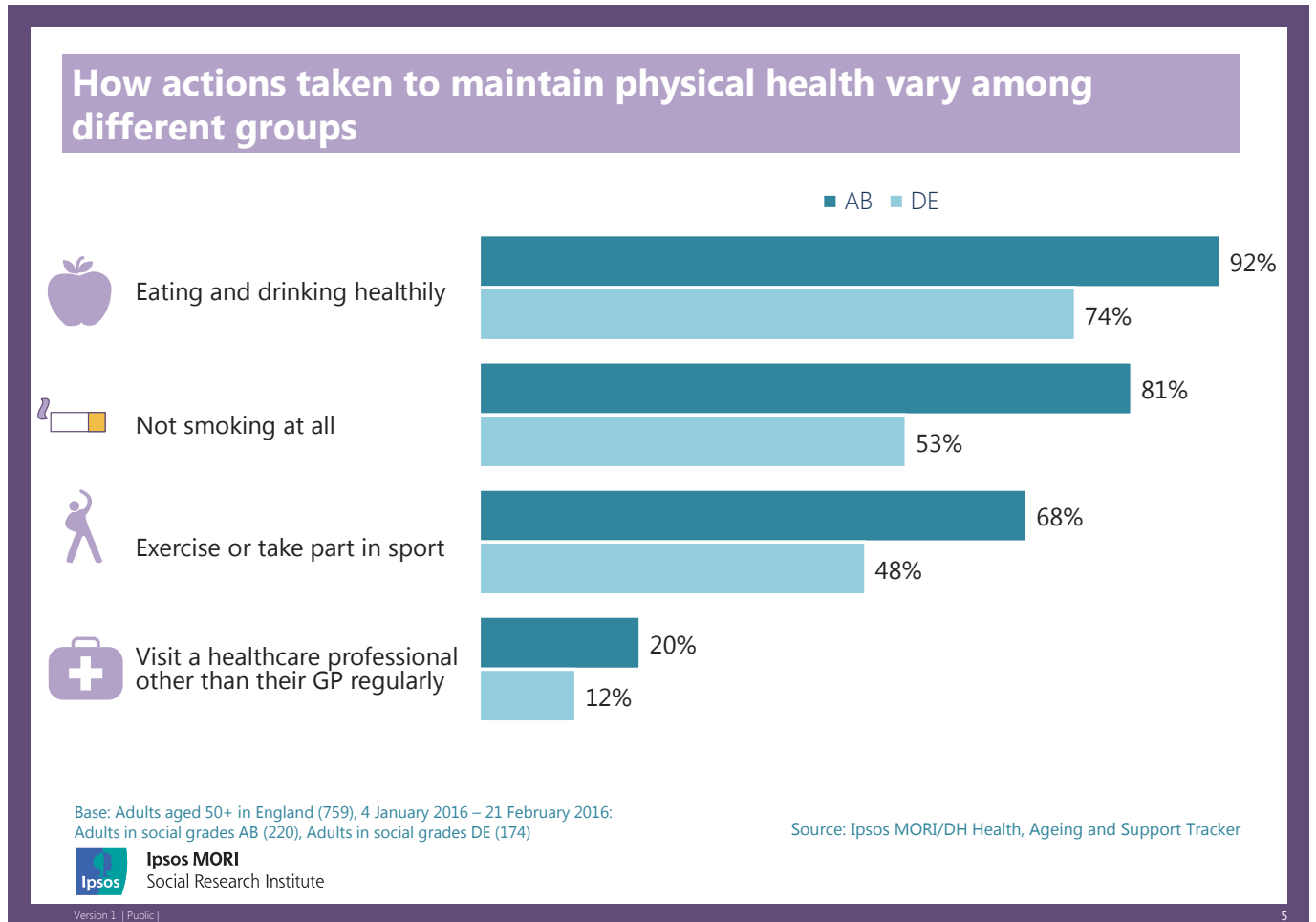
visit their GP regularly (36% of those aged 65 to 74 and 41% of those aged 75 and over say this, compared with 26% of those aged 50 to 64).

Those in social grades AB, C1 and C2 are more likely to cite lifestyle factors as things they are doing to maintain their physical health and those in social grades DE are more likely to mention medical factors:

- 92% of those in social grades AB and 90% of those in C1 say they eat and drink healthily compared with 81% of those in C2 and 74% of those in DE.
- 81% of those in social grades AB, 65% of those in C1 and 69% of those in C2 say they do not smoke at all compared with 53% of those in DE.
- 68% of those in social grades AB, 63% of those in C1 and 61% of those in C2 say they exercise or take part in sport compared with 48% of those in DE.
- 73% of those in social grade DE mention medical factors (including taking medication or visiting their GP regularly) compared with 65% overall.

However, those in social grades AB are more likely than those in grades DE to say they visit a healthcare professional other than their GP regularly (20% compared with 12%).

Figure 3.4: Analysis of responses to the question: 'Which, if any, of the following are you currently doing to maintain your physical health?' by social grade



Mental health

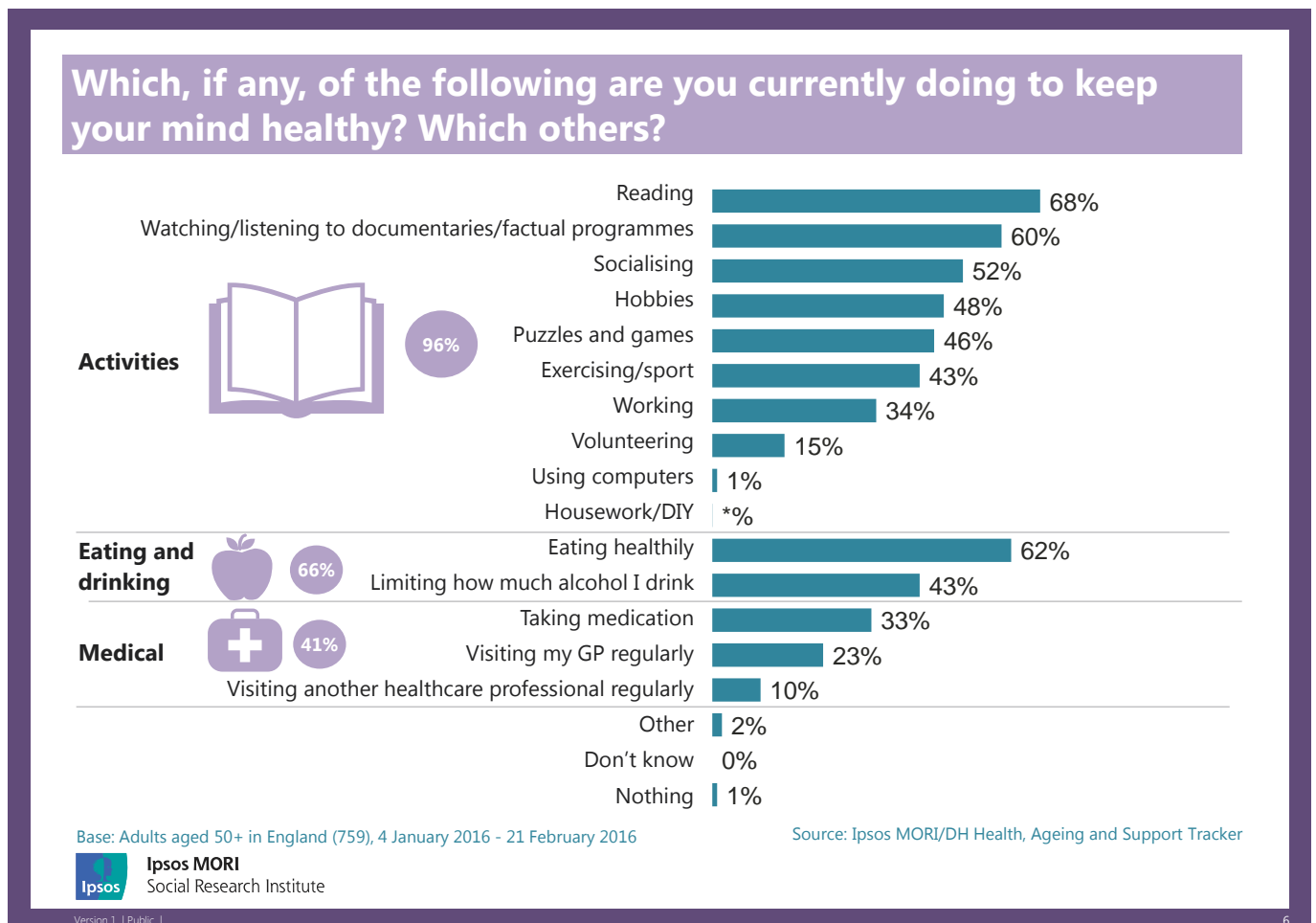
The vast majority (96%) of people aged 50 and over say they engage in some kind of activity to keep their mind healthy. For example, around two thirds (68%) say they read and six in ten (60%) say they watch or listen to documentaries or factual programmes (when presented with a list of possible answer options). Half (52%) say they socialise.

Two thirds (66%) say they eat and drink healthily to keep their mind healthy and four in ten (41%) mention medical factors, such as taking medication or visiting their GP or another healthcare professional regularly.

Echoing a similar pattern to what people say about maintaining their physical health, only one in a hundred (1%) say they are not doing anything to keep their mind healthy.

On average people mention five things that they are doing to maintain their mental health.

Figure 3.5: Response to the question: 'Which, if any, of the following are you currently doing to keep your mind healthy?'



Half (52%) of people aged 50 and over say they socialise to keep their mind healthy. This connection between socialising and mental wellbeing may be linked to the fact that loneliness is considered among the biggest problems facing older people today (as is discussed in more detail later in this chapter).

Those who think that loneliness is the biggest problem facing older people today are more likely to say they socialise as a way to keep their mind healthy than people overall (55% compared with 52%). Similarly, those who live alone are more likely to say they volunteer to keep their mind healthy than those who live with others (19% compared with 13%).

There are some differences between women and men, with women more likely than men to say they read (74% compared with 62%), socialise (56% compared with 48%) and do puzzles and games (52% compared with 39%).

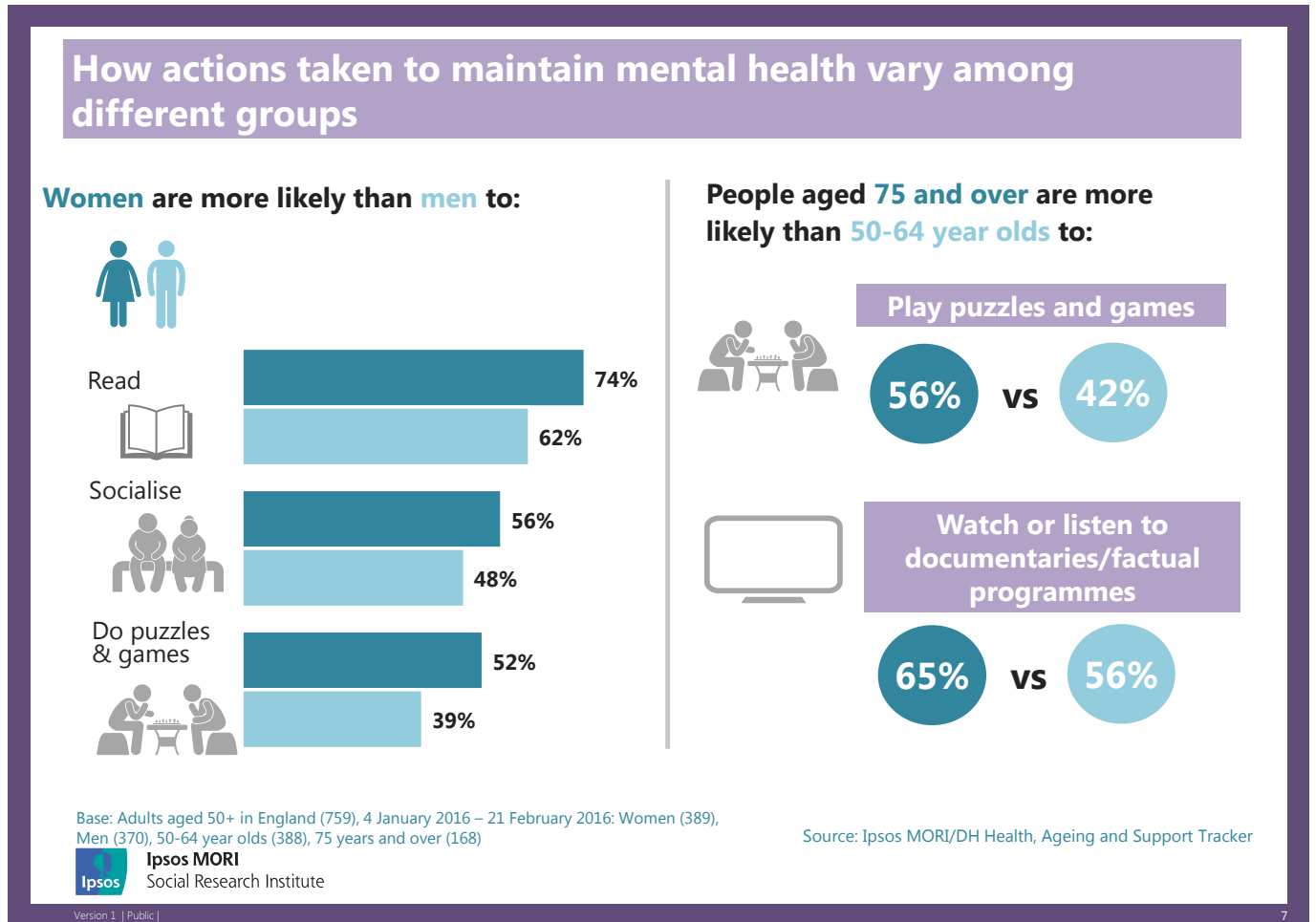
People aged 75 and over are more likely than those in younger age groups to say they do certain activities, such as puzzles and games:

- 56% of people aged 75 and over say they play puzzles and games to keep their mind healthy compared with 42% of people aged 50 to 64 and 45% of those aged 65 to 74.
- 65% of people aged 75 and over state they watch or listen to documentaries or factual programmes to keep their mind healthy compared with 56% of people aged 50 to 64.

Mirroring the pattern reported for maintaining physical health, people in social grades AB and C1 are more likely to cite lifestyle factors as ways in which they maintain their mental health than those in social grades DE (who are more likely to mention medical factors):

- 98% of those in grades AB and the same proportion (98%) of those in C1 say they engage in at least one of a list of activities to keep their mind healthy compared with 92% of those in grades DE.
- 69% of those in grades AB and 71% of those in grade C1 say they eat or drink healthily to keep their mind healthy compared with 56% of those in grades DE.
- 48% of those in social grades DE mention medical factors, such as taking medication or visiting their GP regularly, compared with 34% of those in AB.

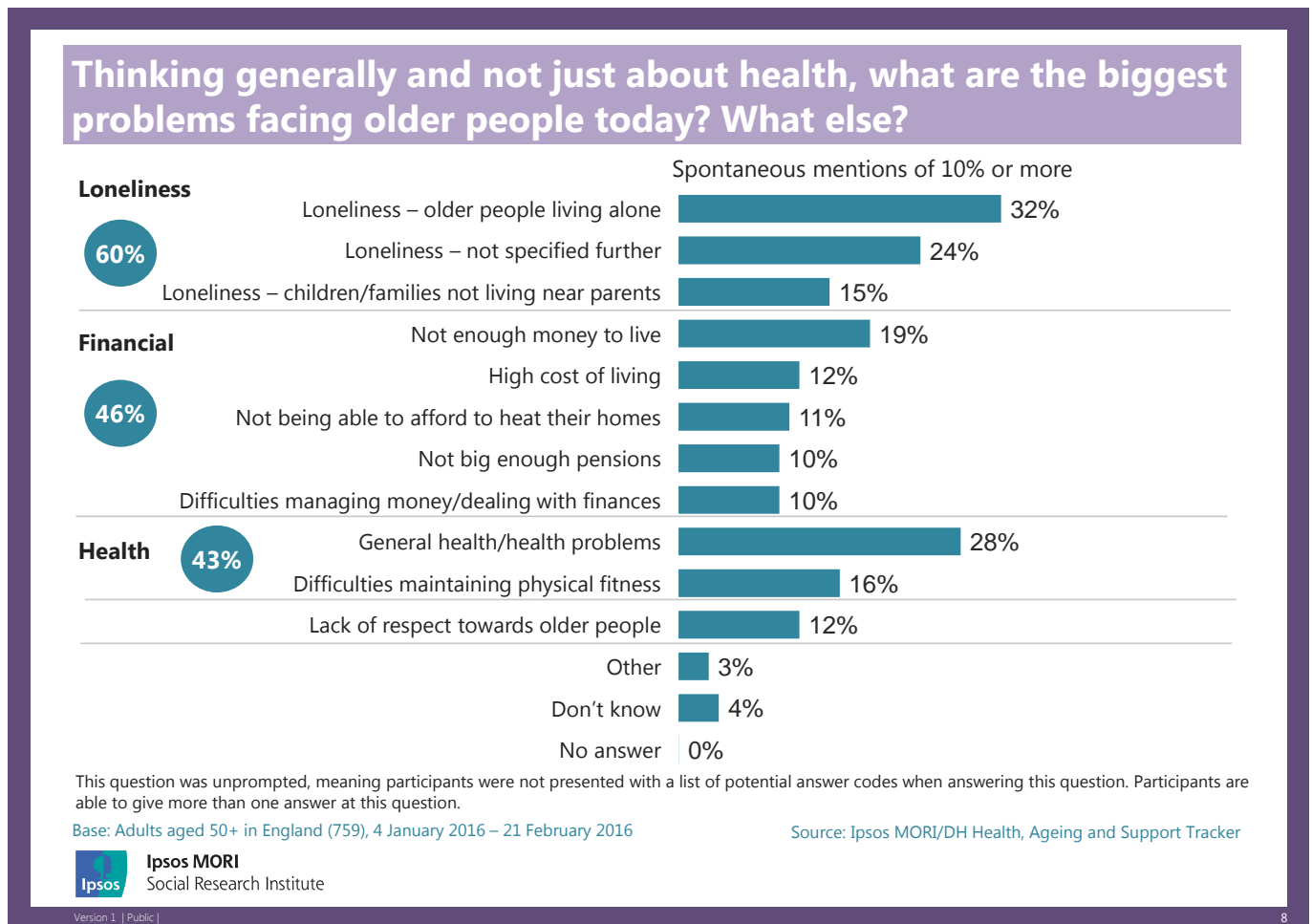
Figure 3.6: Sub-group analysis of responses to the question: 'Which, if any, of the following are you currently doing to keep your mind healthy?'



3.2 Problems facing older people

Loneliness is most commonly spontaneously cited as among the biggest problems facing older people today (60% mention it). Just under half (46%) mention financial issues, such as not having enough money to live (19%), the high cost of living (12%) or older people not being able to afford to heat their homes (11%). Just over four in ten (43%) mention health related issues.⁹

Figure 3.7: Perceptions of the biggest problems facing older people today



The youngest age group are more likely to cite financial issues as among the biggest problems facing older people. Half (51%) of 50 to 64 year olds cite this compared with a third (36%) of those aged 75 and over. More specifically, 50 to 64 year olds are more concerned about 'not having enough money to live' than those aged 75 and over (23% cite this compared with 11% respectively) and 'inadequate state funded care and support' (12% compared with 5%).

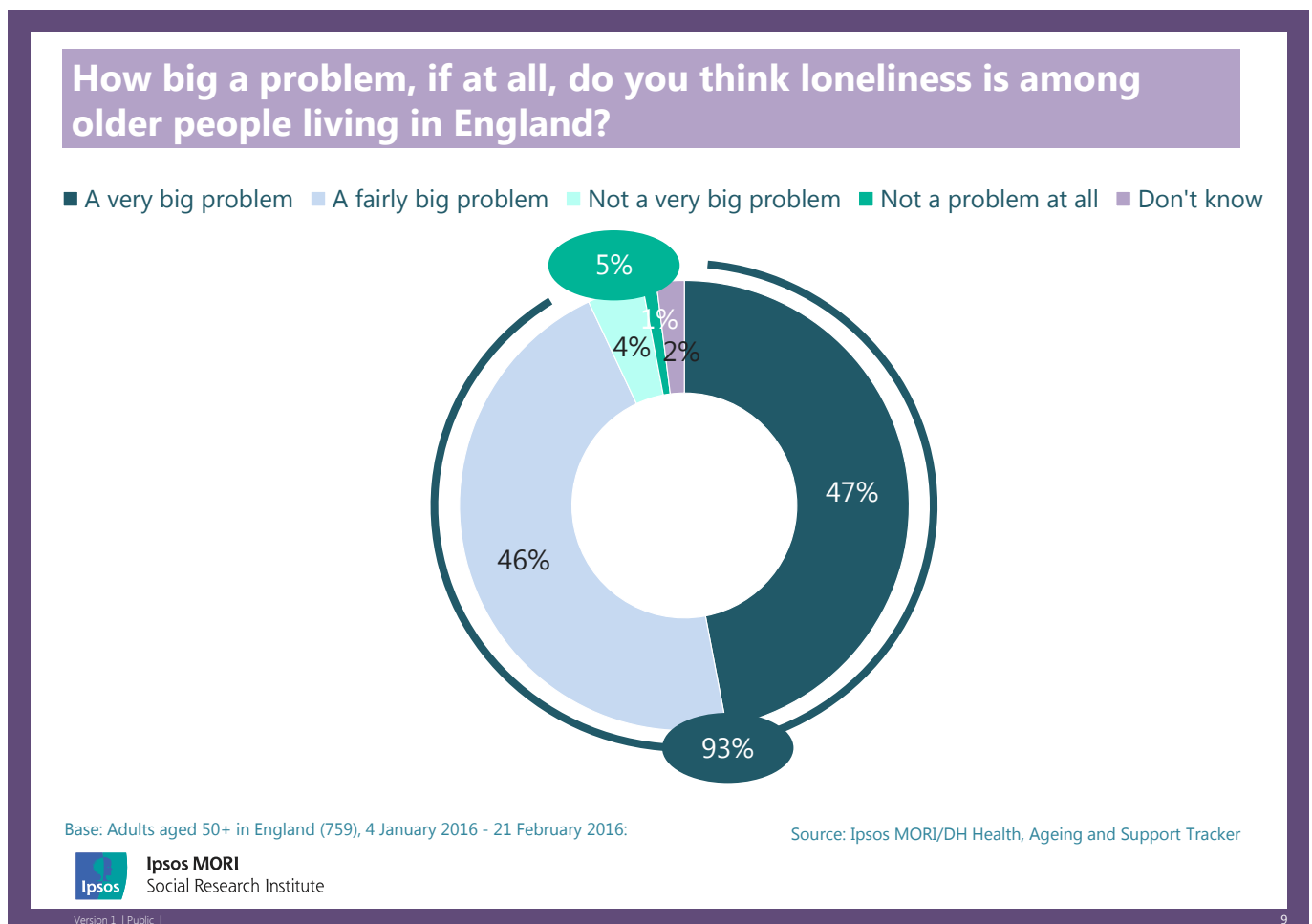
⁹ This question was unprompted, meaning participants were not presented with a list of potential answer codes. Figure 3.7 only includes responses that were mentioned by 10% or more of participants.

3.3 Loneliness

There are high levels of concern about loneliness among older people in England. Almost all (93%) people aged 50 and over think loneliness is a big problem, with half (47%) thinking it is a *very* big problem. Only one in twenty (5%) say it is not a big problem.

High levels of concern about loneliness reflect the reported prevalence of loneliness amongst older people recorded in other surveys. Nearly a quarter (24%) of those aged 50 and over in a survey in 2015 said they felt a lack of companionship some of the time and 5% said they felt this often.¹⁰ Around half (49%) of those aged 65 and over in a survey in 2014 said that television or pets were their main form of company.¹¹

Figure 3.8: Response to the question: 'How big a problem, if at all, do you think loneliness is among older people living in England?'



¹⁰ Later life in 2015: An analysis of the views and experiences of people aged 50 and over: Survey Topline Results, Ipsos MORI research for the Centre for Ageing Better, December 2015, <https://www.ipsos-mori.com/Assets/Docs/Polls/sri-centre-for-ageing-better-topline-2015.pdf>

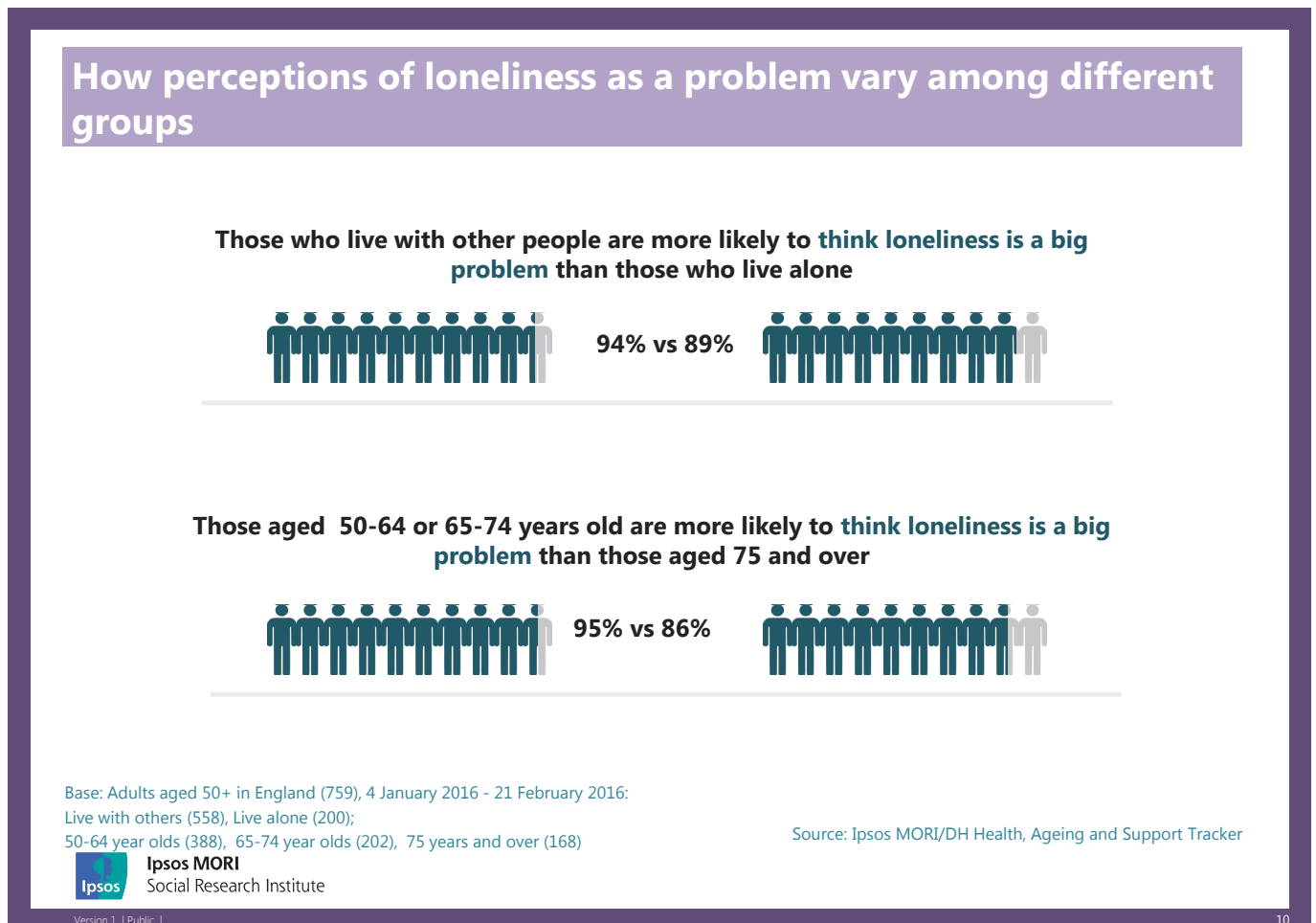
¹¹ Age UK Loneliness Evidence Review, July 2014, <http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Age%20UK%20Evidence%20Review%20on%20Loneliness%20July%202014.pdf?dtrk=true>

Those who are more likely to think loneliness is a big problem include:

- people who live with other people (94% of those who live with other people say this compared with 89% of those who live alone); and
- people in younger age groups (95% of those aged 50 to 64 and 95% of those aged 65 to 74 say it is a big problem compared with 86% of those aged 75 and over);

This seems to suggest that people who are less likely to be affected by loneliness are more worried about it than those who are more likely to be affected. It is important to note, however, that this pattern is not replicated with responses to all questions about loneliness, as described below.

Figure 3.9: Sub-group analysis of responses to the question: 'How big a problem, if at all, do you think loneliness is among older people living in England?'

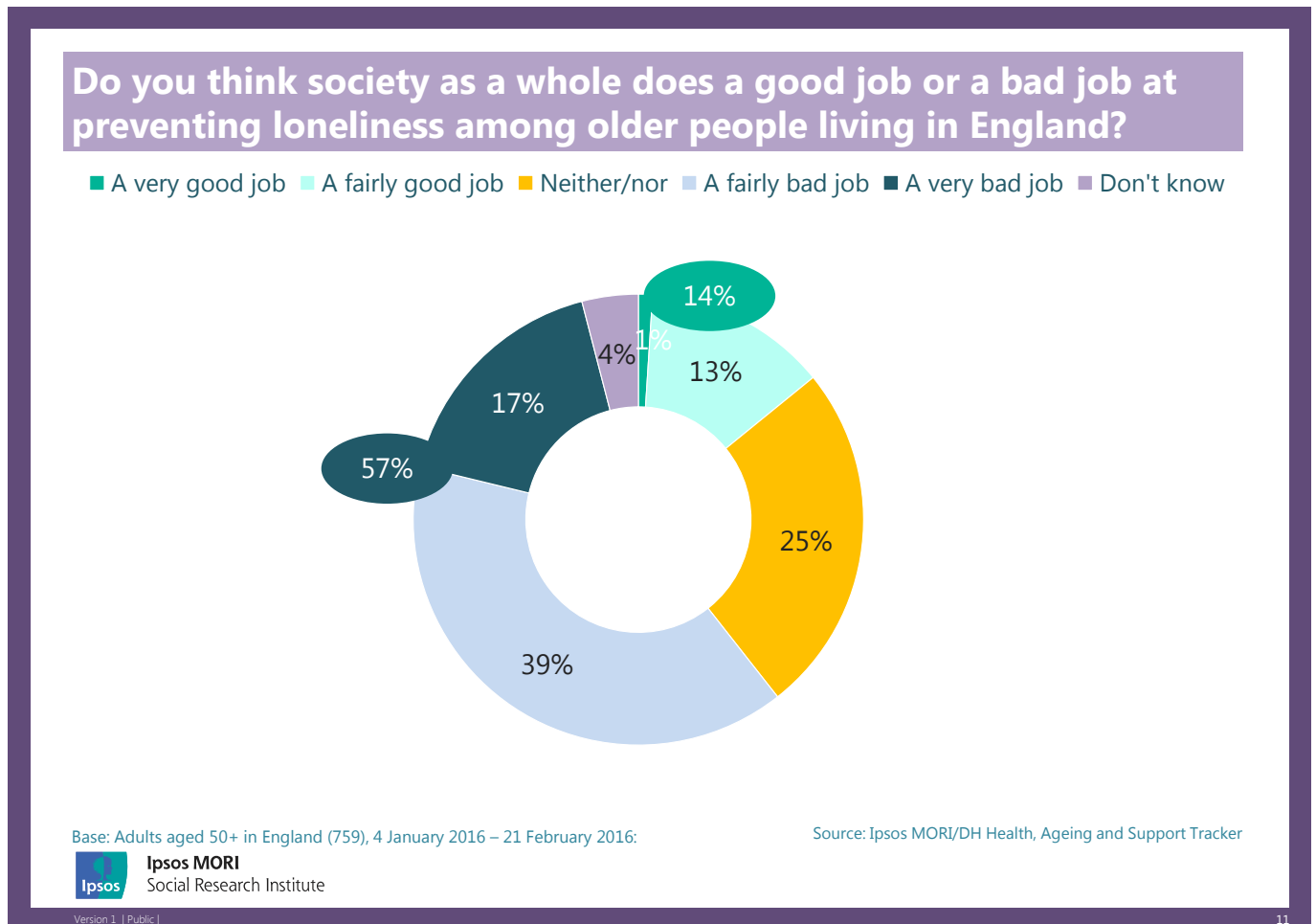


When unprompted, people who live alone are more likely than those who live with others to cite loneliness as one of the biggest problems facing older people today (70% compared with 56%). They are also more likely to specifically cite 'older people living alone' (38% compared with 30%). This is the opposite pattern to that seen when people are asked how big a problem loneliness is among older people in England (as described above), perhaps reflecting different frames of reference for each question. Further research would be needed to explore this difference in more detail.

Women are also more likely to consider loneliness to be among the biggest problems facing older people. Two thirds (64%) of them mention it compared with just over half (54%) of men.

Despite the high level of concern about loneliness among older people, only 14% of people think society does a good job at preventing it. Close to six in ten (57%) think that society does a bad job at preventing it, while a quarter (25%) say they think society does neither a good job nor a bad job.

Figure 3.10: Response to the question: 'Do you think society as a whole does a good job or a bad job at preventing loneliness among older people living in England?'

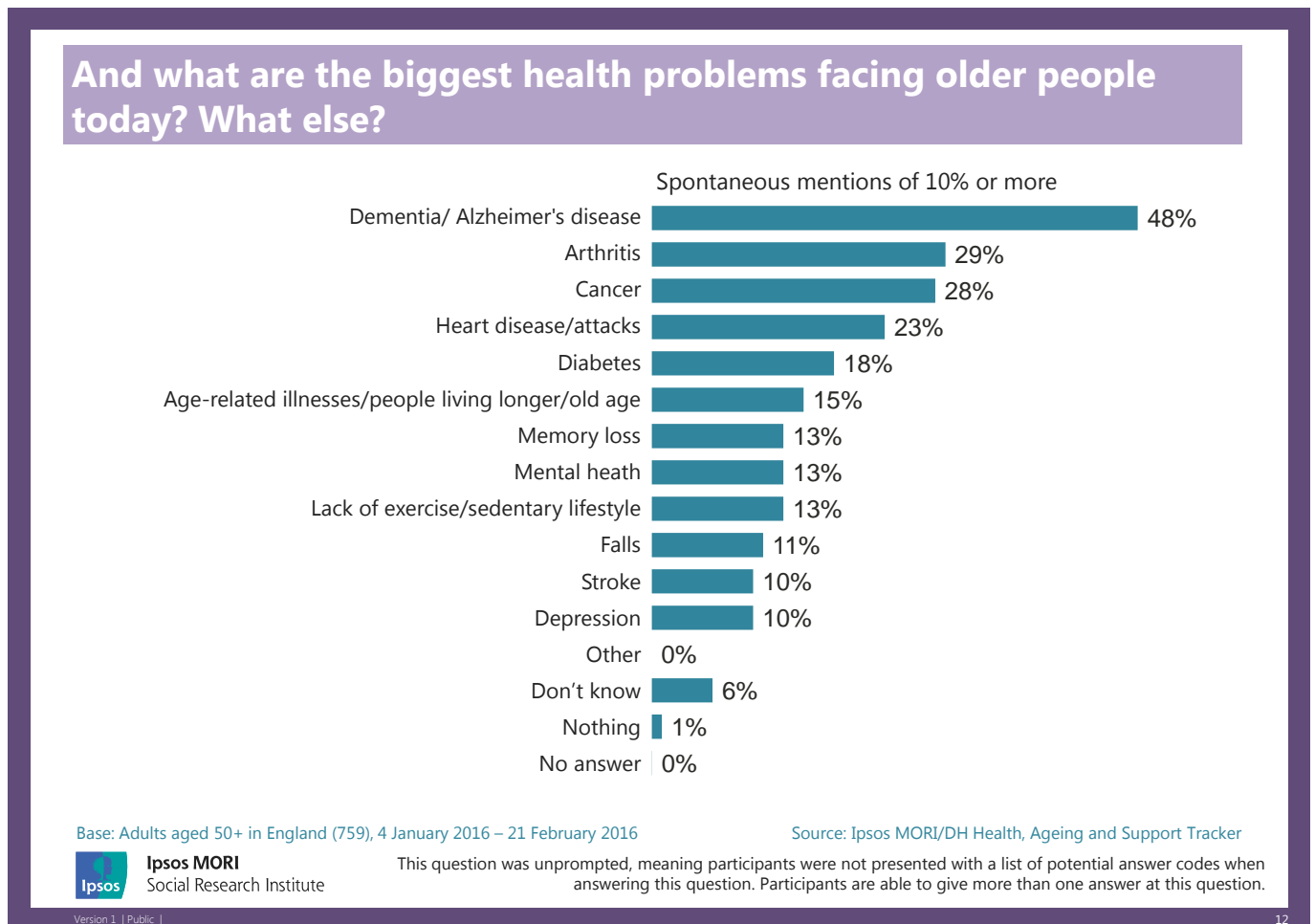


The oldest age group are more likely to be positive about society's attempts to prevent loneliness among older people. A quarter (25%) of people aged 75 and over think that society does a good job at preventing loneliness compared with only one in ten (10%) of people aged 50 to 64 and around the same proportion of those aged 65 to 74 (13%). As discussed earlier in this chapter the oldest age group are also less likely to think loneliness is a big problem.

3.4 Health problems facing older people

Thinking more specifically about the biggest *health* problems facing older people today, dementia/Alzheimer's disease is most frequently spontaneously cited (48% of people aged 50 and over spontaneously mention this). Three in ten (31%) mention aspects of cardiovascular disease and the same proportion mention arthritis (29%) or cancer (28%).¹²

Figure 3.11: Perceptions of the biggest health problems facing older people today



The same question was asked in the 2014 General Public Tracker Survey, although of people aged 16 and over.¹³ Dementia/Alzheimer's disease was also seen as the biggest health problem facing older people, mentioned by 44% of people. The results from the two surveys then diverge slightly, potentially due to the different composition of participants. Three in ten (31%) mentioned age-related illnesses, two in ten (18%) mentioned cancer, and just over one in ten (13%) mentioned arthritis.

¹² This question was unprompted, meaning participants were not presented with a list of potential answer codes.

¹³ The question wording was 'And what are the biggest health problems facing older people today? What else?'

3.5 Dementia

Looking specifically at dementia/Alzheimer's disease, those most likely to mention it as one of the biggest health problems facing older people today include:

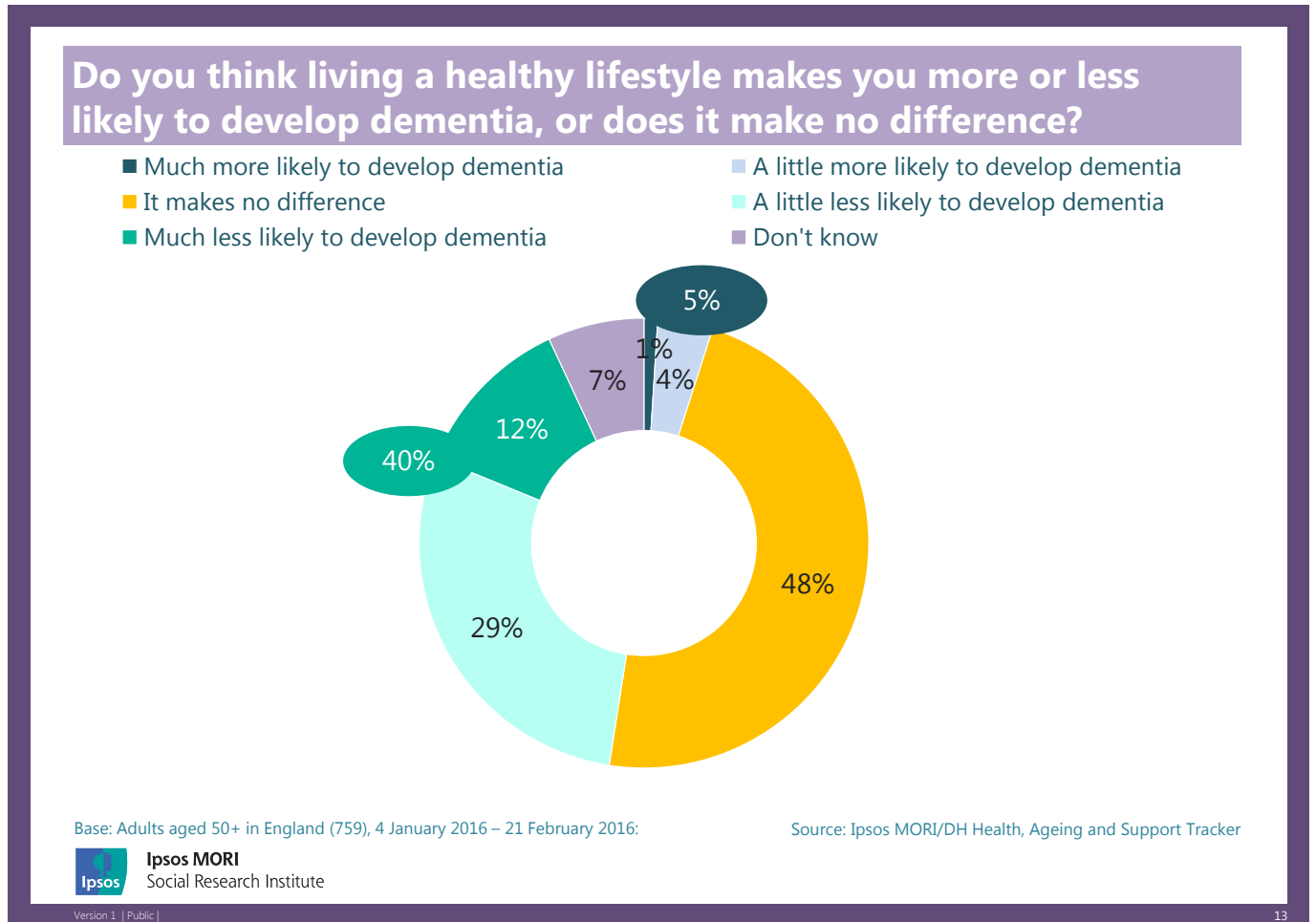
- people who live alone (53% mention it compared with 36% of those who live with others); and
- people in younger age groups (59% of those aged 50 to 64 cite it compared with 36% of those aged 65 to 74 and 37% of those aged 75 and over).

Four in ten (40%) people aged 50 and over think living a healthy lifestyle makes people less likely to develop dementia. While only one in twenty (5%) think it makes people *more* likely to develop dementia, a relatively high proportion (48%) think it makes no difference.

A recent poll commissioned by Alzheimer's Research UK also reveals a relative lack of knowledge among the general public that the risk of developing dementia can be reduced. Only a quarter (25%) of adults said it was possible for people to reduce their risk of developing dementia, compared with 82% for heart disease and 83% for diabetes.¹⁴

¹⁴ YouGov research for Alzheimer's Research UK, published online on 8th March 2016, <http://www.alzheimersresearchuk.org/new-figures-show-only-25-of-british-adults-think-dementia-risk-can-be-reduced%EF%BB%BF%EF%BB%BF/>

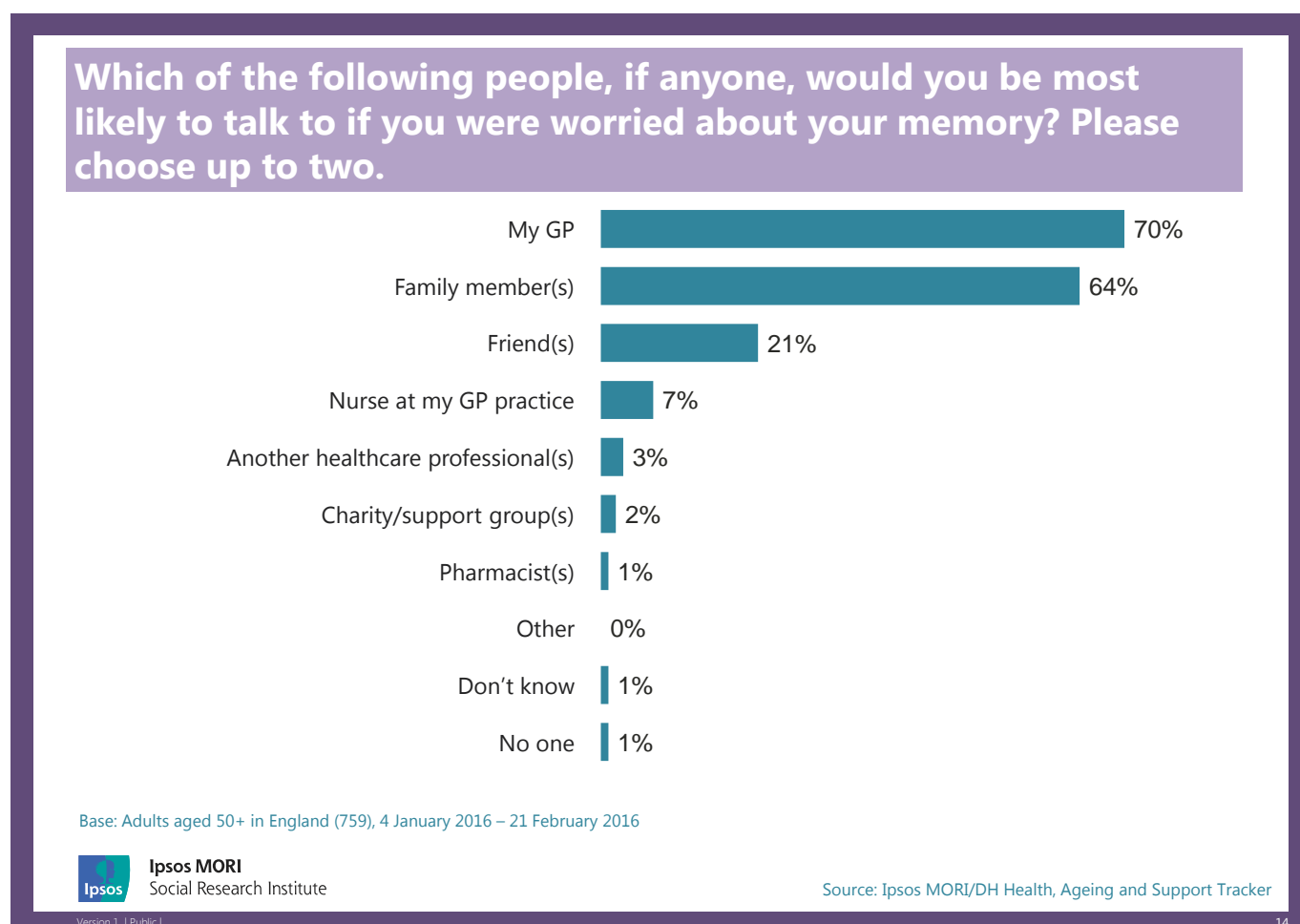
Figure 3.12: Response to the question: 'Do you think living a healthy lifestyle makes you more or less likely to develop dementia, or does it make no difference?'



People in social grades DE are more likely than those in social grades AB and C1 to think that living a healthy lifestyle makes no difference to developing dementia (58% compared with 45% and 42% respectively).

When asked who they would speak to if they were worried about their memory loss, seven in ten (70%) people say they would speak to their GP, and around a third (64%) say they would speak to a family member (from a list of answer options presented to them). A much smaller proportion mention a friend or a nurse at their GP practice (21% and 7% respectively), and this may be because participants were asked to select a maximum of two responses.

Figure 3.13: Response to the question: 'Which of the following people, if anyone, would you be most likely to talk to if you were worried about your memory?'



Looking at which groups are more likely to say they would talk to particular types of people than others:

- those who live with others are more likely than those who live alone to say that they would speak to a GP (73% compared with 63%), and family members (67% compared with 55%), while those who live alone are more likely than those who live with others to say they would speak to a friend (30% compared with 18%); and
- people without caring responsibilities are more likely than informal carers to say they would speak to a family member (67% compared with 58%).

Perceptions of care and support services for older people

4 Perceptions of care and support services for older people

This chapter examines perceptions of a range of key aspects of care and support services and policies amongst people aged 50 and over. This includes views on the care provided by care and support services, the way in which they work with NHS services, perceptions of feedback and complaints and end of life care.

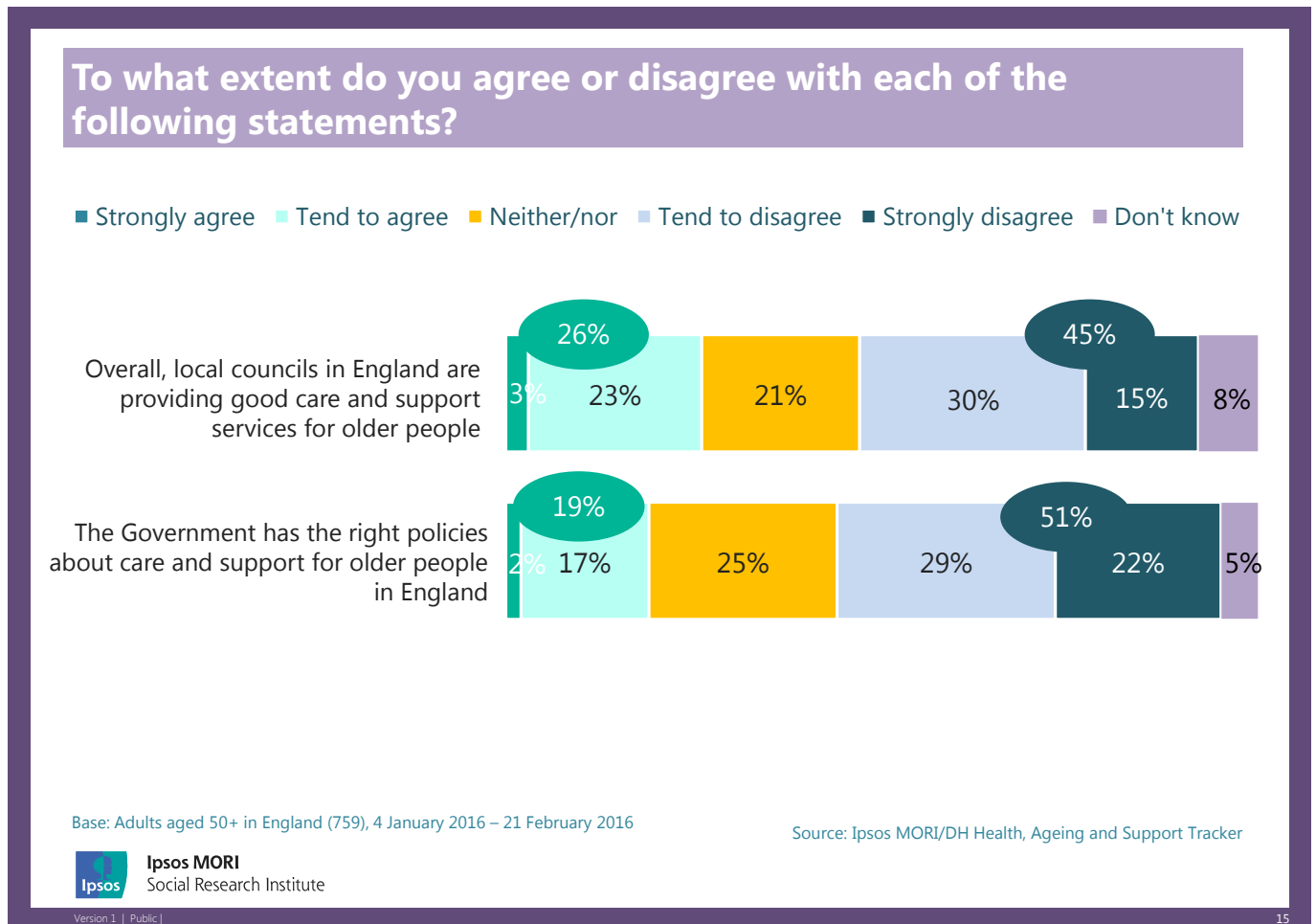
4.1 Care and support services and policies

Only around a quarter (26%) of those aged 50 and over agree that local councils in England are providing good care and support services for older people. More people (45%) disagree with the statement. However, perceptions of care and support services for older people are more positive than perceptions of the government's policies for them. Just two in ten (19%) agree that the government has the right care and support policies for older people in England.

A similar question asked in the 2015 General Public Tracker Survey produces a comparable pattern, though with higher levels of agreement in both cases (possibly reflecting different question wording, context and different samples).¹⁵ In that survey, four in ten (37%) of the public agree that overall local authorities in England are providing good social care services, compared with a quarter (25%) who agree that the government has the right policies for social care in England.

¹⁵ The wording of the statements in the 2015 General Public Tracker Survey are 'Overall, local authorities in England are providing good social care services' and 'The government has the right policies for social care in England' and do not refer to older people.

Figure 4.1: Agreement with the statements: 'Overall, local councils in England are providing good care and support services for older people' and 'The Government has the right policies about care and support for older people in England'



The youngest age group is more likely than the oldest age group to disagree with these points:

- 54% of those aged 50 to 64 disagree that the government has the right policies (compared with 42% of those aged 75 and over)
- 49% of those aged 50 to 64 disagree that local councils are providing good services (compared with 32% of those aged 75 and over).

Attitudes towards care and support services are linked. People who hold negative perceptions about one aspect of these services also feel negatively about others. For example:

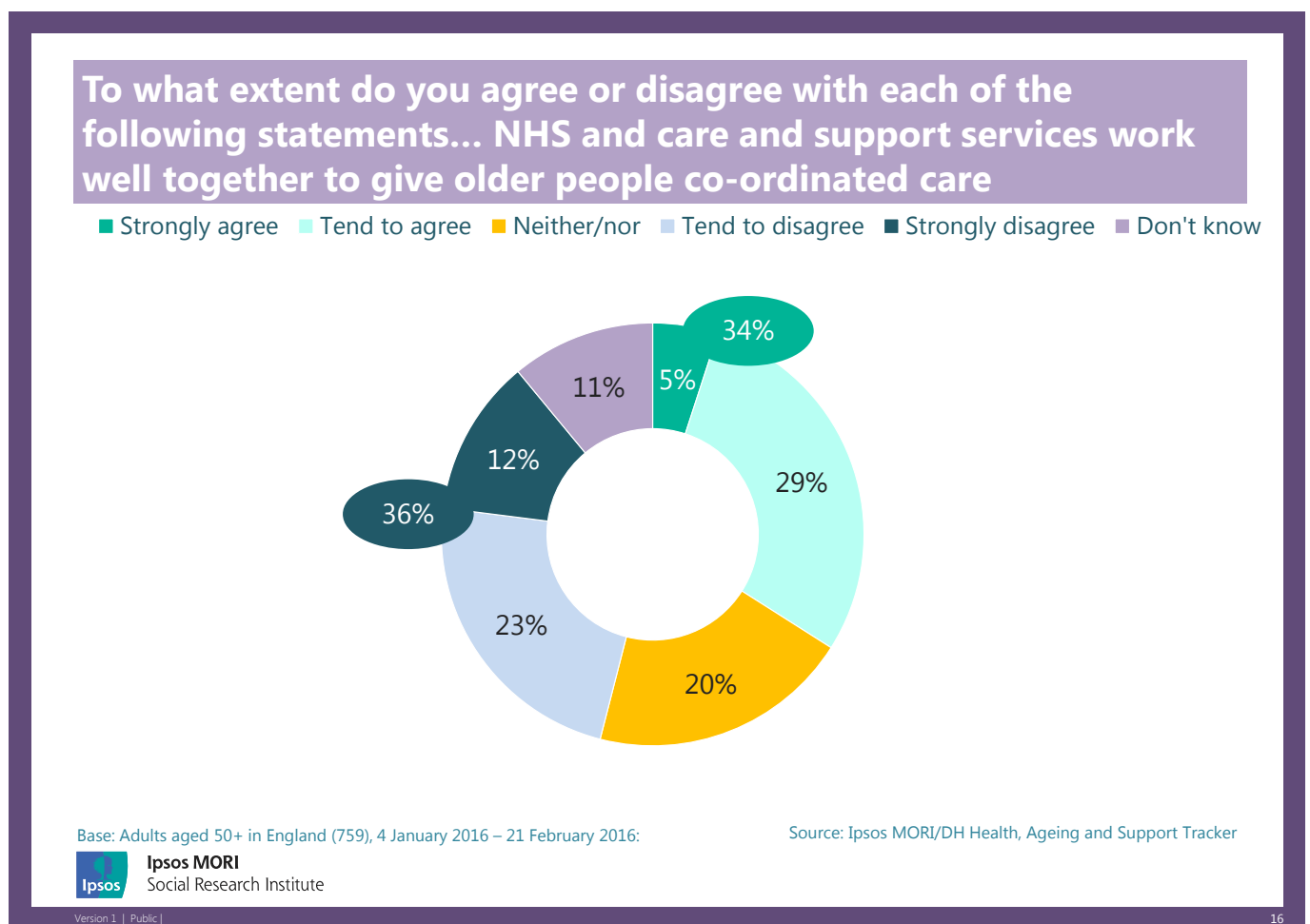
- 75% of those who disagree that people are treated with dignity and respect by staff disagree that local councils in England are providing good care and support services for older people (compared with 29% who agree)
- 74% of those who disagree that services work well together disagree that the government has the right policies (compared with 33% of those who agree).

4.2 Integrated care

Opinion is divided about whether NHS and care and support services work well together to give older people co-ordinated care. Around a third (34%) agree that services do, while slightly over a third (36%) disagree and two in ten (20%) say they neither agree nor disagree that this is the case. Just over one in ten (11%) say that they don't know.

A similar question is asked in the 2015 General Public Tracker Survey and produces slightly more positive results (though the question wording differs).¹⁶ In that survey almost half of the public (49%) agree that NHS and social care services work well together, while three in ten (31%) disagree.

Figure 4.2: Agreement with the statement: 'NHS and care and support services work well together to give older people co-ordinated care'



Perceptions of integrated care differ by social grade. Those in social grades AB are less likely than those in social grades DE to say that they agree that NHS and care and support services work well together (26% agree compared with 42% in grades DE).

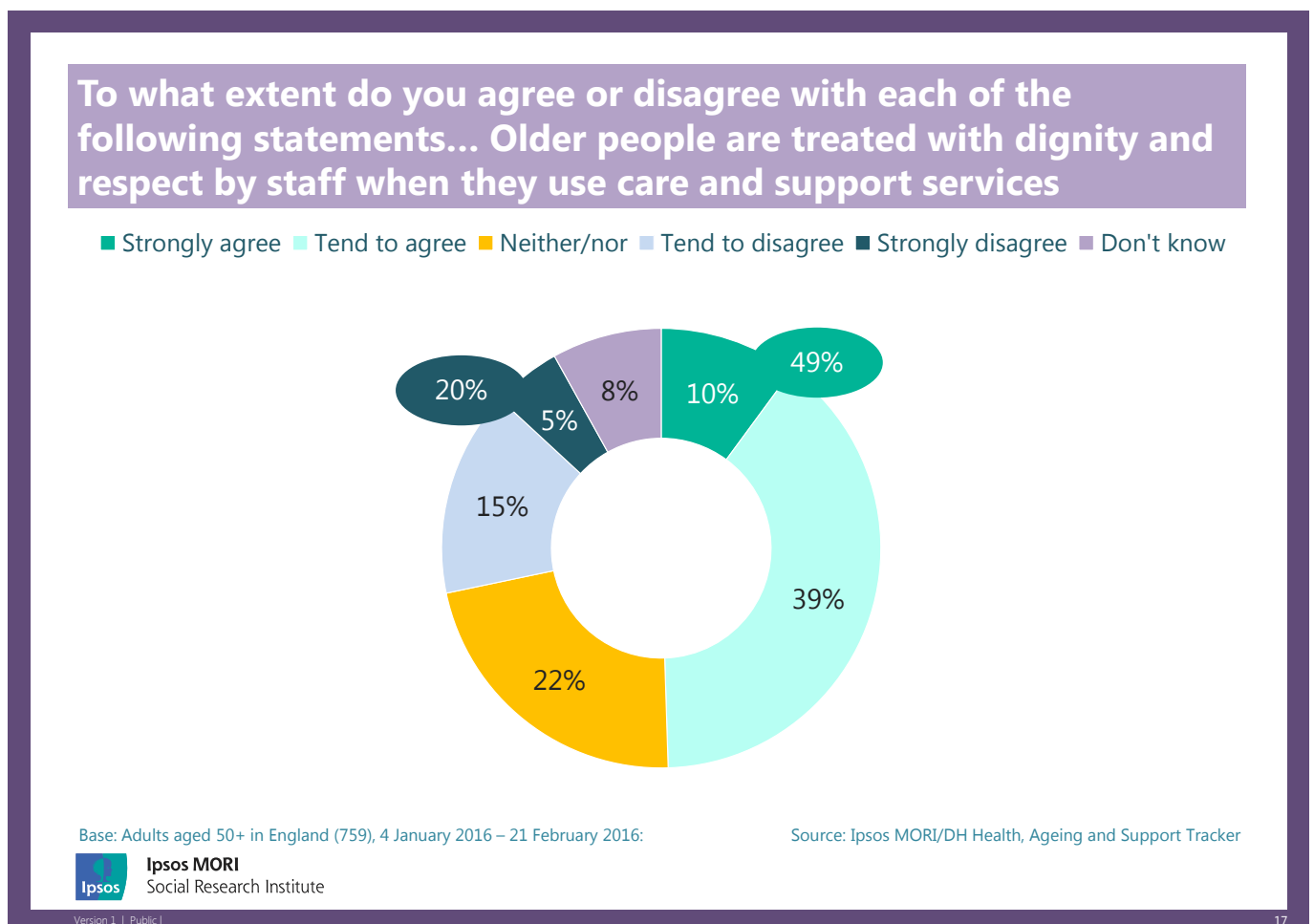
¹⁶ The question wording in the 2015 General Public Tracker Survey was 'NHS and social care services work well together to give people co-ordinated care'.

4.3 Dignity and respect

Around half (49%) of those aged 50 and over agree that older people are treated with dignity and respect by staff when they use care and support services. Two in ten (20%) disagree that this is the case, and a similar proportion (22%) say they neither agree nor disagree.

These results are very similar to those seen in the 2014 General Public Tracker Survey where 53% agreed that people are treated with dignity and respect when they use social care services.¹⁷

Figure 4.3: Agreement with the statement: 'Older people are treated with dignity and respect by staff when they use care and support services'



Again, those in the youngest age group are more likely than those in the oldest age group to disagree with these statements; 24% of those aged 50 to 64 disagree that older people are treated with dignity and respect, compared with 13% of those aged 75 and over.

Those who have experienced care and support services in the last year, either personally or through someone else are more likely to agree that people are treated with dignity and respect than those who have not (55% compared with 46%).

¹⁷ The question wording in the 2014 General Public Tracker Survey was 'People are treated with dignity and respect when they use social care services'.

4.4 Feedback and complaints

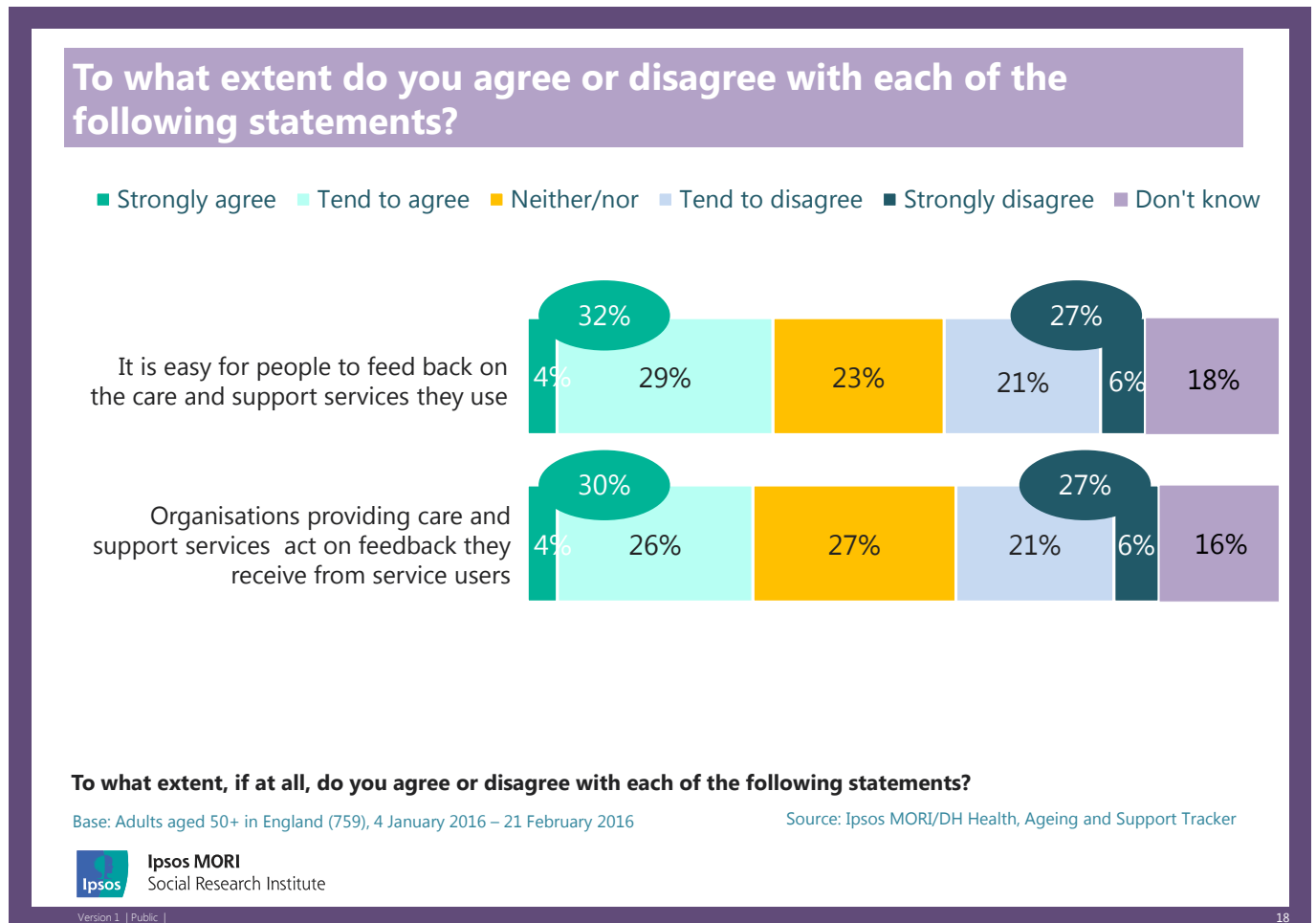
Feedback

Opinion is divided on whether it is easy for people to feed back on the care and support services they use. Around a third (32%) agree, while just over a quarter (27%) disagree and almost a quarter (23%) neither agree nor disagree. Around two in ten (18%) don't know whether it is easy for people to feed back on the care and support services they use.

Views are similarly divided about whether organisations providing care and support services act on the feedback they receive from service users. Three in ten (30%) agree, while a similar proportion (27%) disagree and the same proportion (27%) neither agree nor disagree that this is the case. Around one in six (16%) don't know whether organisations providing care and support act on the feedback they receive from service users.

Similar questions about feedback are asked in relation to NHS services in the 2015 General Public Tracker Survey. The public is more likely to agree that it is easy to feed back on NHS services (48%) and that NHS services act on the feedback they receive from service users (44%). However levels of disagreement are similar to that seen in this survey (29% and 26% respectively).

Figure 4.4: Agreement with the statements: 'It is easy for people to feed back on the care and support services they use' and 'Organisations providing care and support services act on feedback they receive from service users'



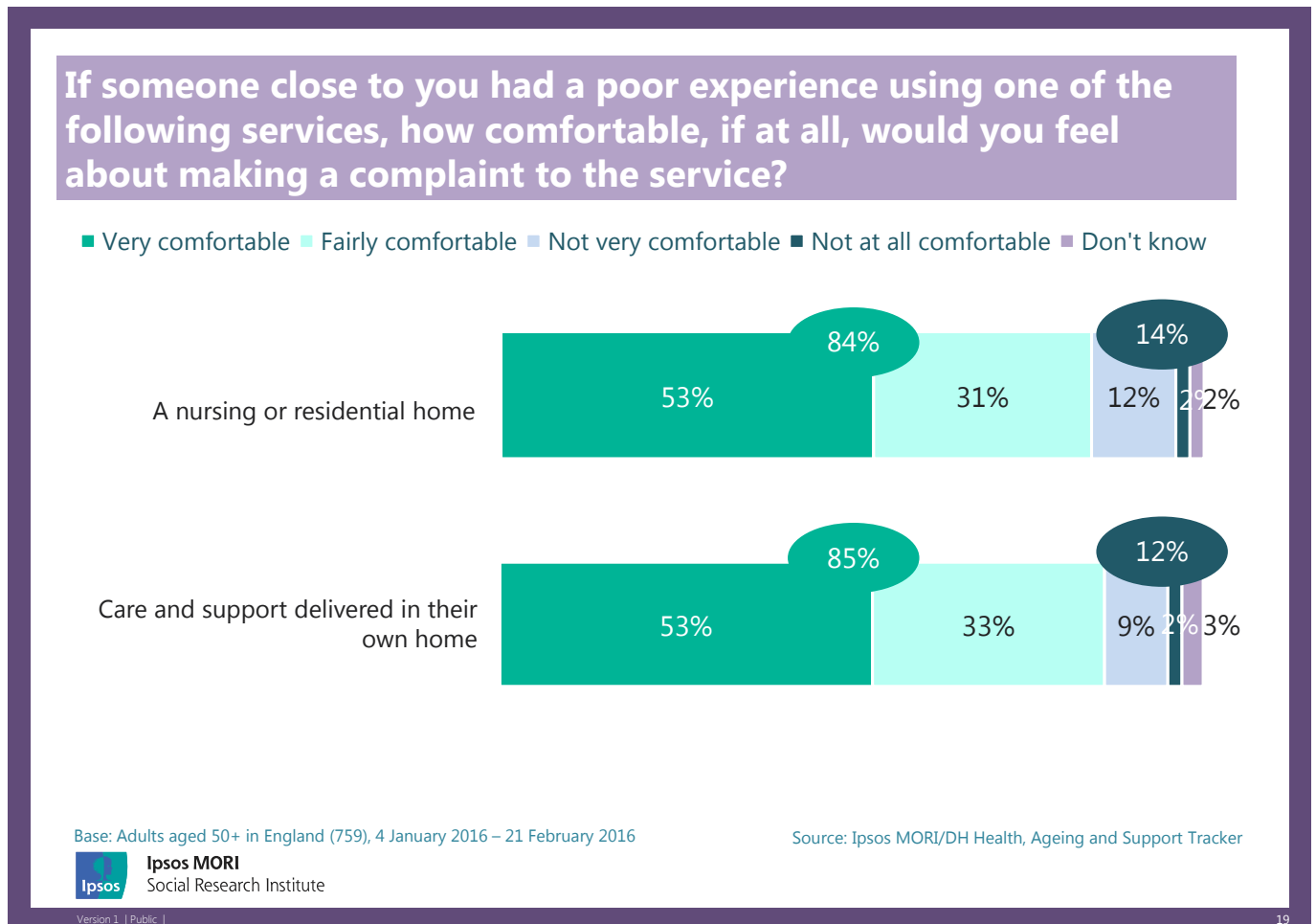
Complaints

The majority of people aged 50 and over would feel comfortable about making a complaint if someone close to them had a poor experience using care and support services delivered in their own home (85%) or in a nursing or residential home (84%). Over half (53%) of people would feel *very* comfortable in both cases.

Similar questions about complaints are asked in relation to *NHS services* in the 2015 General Public Tracker Survey, but asking about the participant's own experience.¹⁸ Similar proportions of the public feel comfortable making a complaint if they had a poor experience at a hospital (72%) or a GP practice (71%). However a lower proportion of the public than in this survey would feel *very* comfortable in both cases (35%).

¹⁸ In the General Public Tracker Survey participants are asked how comfortable they would feel making complaints for themselves, whereas this survey asks about making complaints on behalf of someone else.

Figure 4.5: Proportion of people who would feel comfortable making a complaint to a nursing or residential home or about care and support received in their own home



People aged 50 to 64 are more likely to feel comfortable than those aged 75 and over making a complaint if someone close to them had a poor experience using care and support services delivered in their own home (88% compared with 80%) or in a nursing or residential home (86% compared with 79%).

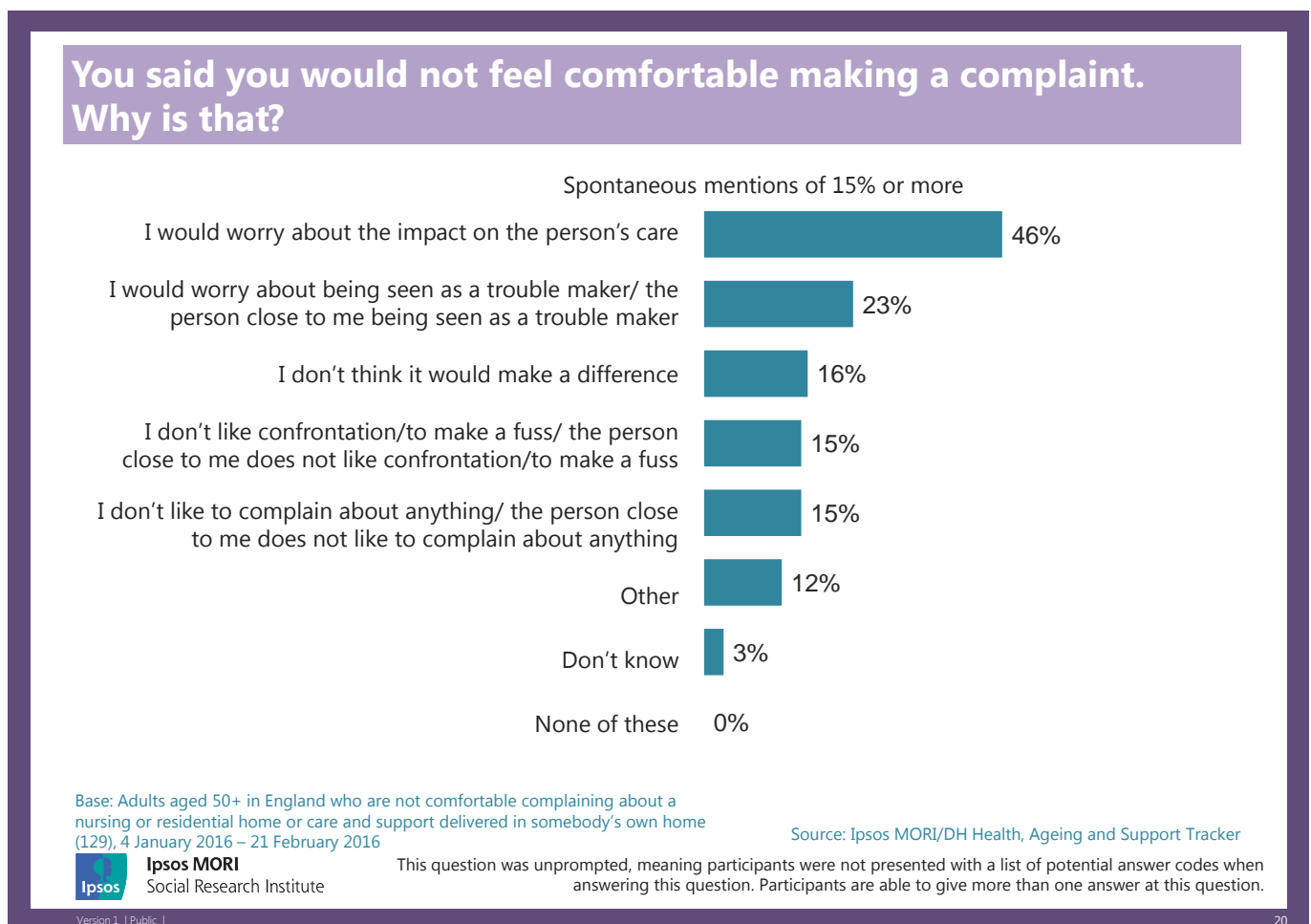
Those who agree that it is easy to feed back on services and that services act on this feedback are more likely to feel comfortable making a complaint. For example, 90% who agree it is easy, and 89% who agree that services act on feedback, feel comfortable making a complaint to a nursing or residential home (compared with 80% and 82% who disagree that it is easy and that services do not act on feedback respectively).

Those who were not comfortable complaining about a nursing or residential home or care and support delivered in somebody's own home were asked to provide reasons for why that was the case. They were not prompted with a list of answer codes and could provide as many reasons as they wanted to. Almost half (46%) state that this is because they would worry about the impact on the person's care. The second most popular reason is that they would worry about being seen as a trouble maker or the person receiving care being seen as a trouble maker (23%). Other reasons include

thinking it wouldn't make a difference (16%), not liking confrontation or to make a fuss (15%) and not liking to complain (either themselves or the person receiving care, 15%).¹⁹

A similar question was asked in relation to NHS services in the 2014 General Public Tracker Survey. As in this survey, the most frequently mentioned reason that someone would feel uncomfortable complaining about an NHS GP practice or NHS hospital was because they would worry about the impact on their care. However fewer people mentioned that reason (28%) than in this survey (46%). This may be due to the slightly different question wording, as the General Public Tracker Survey asked people about making a complaint for themselves whereas this survey asks about making a complaint on behalf of others.

Figure 4.6: Reasons why people would not feel comfortable making a complaint



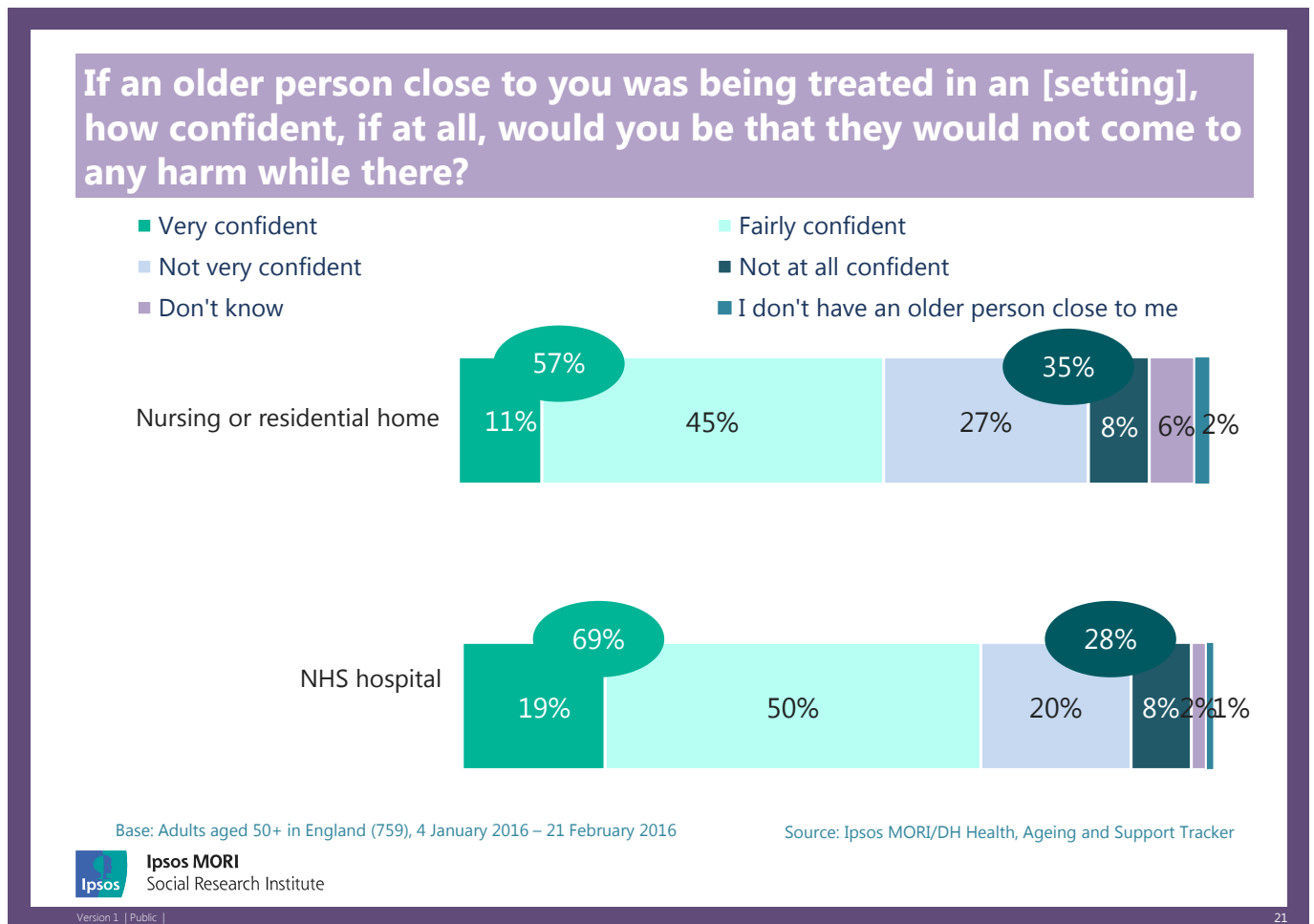
¹⁹ This question was unprompted, meaning participants were not presented with a list of potential answer codes.

4.5 Safety

Perceptions of safety in a nursing or residential home

The majority of people are confident about the safety of the care and support provided in a nursing or residential home. Around six in ten (57%) are confident that an older person would not come to any harm while there, and just over a third (35%) are not confident. However, people are more confident about the safety of older people when in an NHS hospital. Around seven in ten (69%) are confident that an older person close to them would not come to any harm if they were receiving treatment in hospital. Just under three in ten (28%) are not confident.

Figure 4.7: Perceptions of safety in a nursing or residential home and NHS hospital

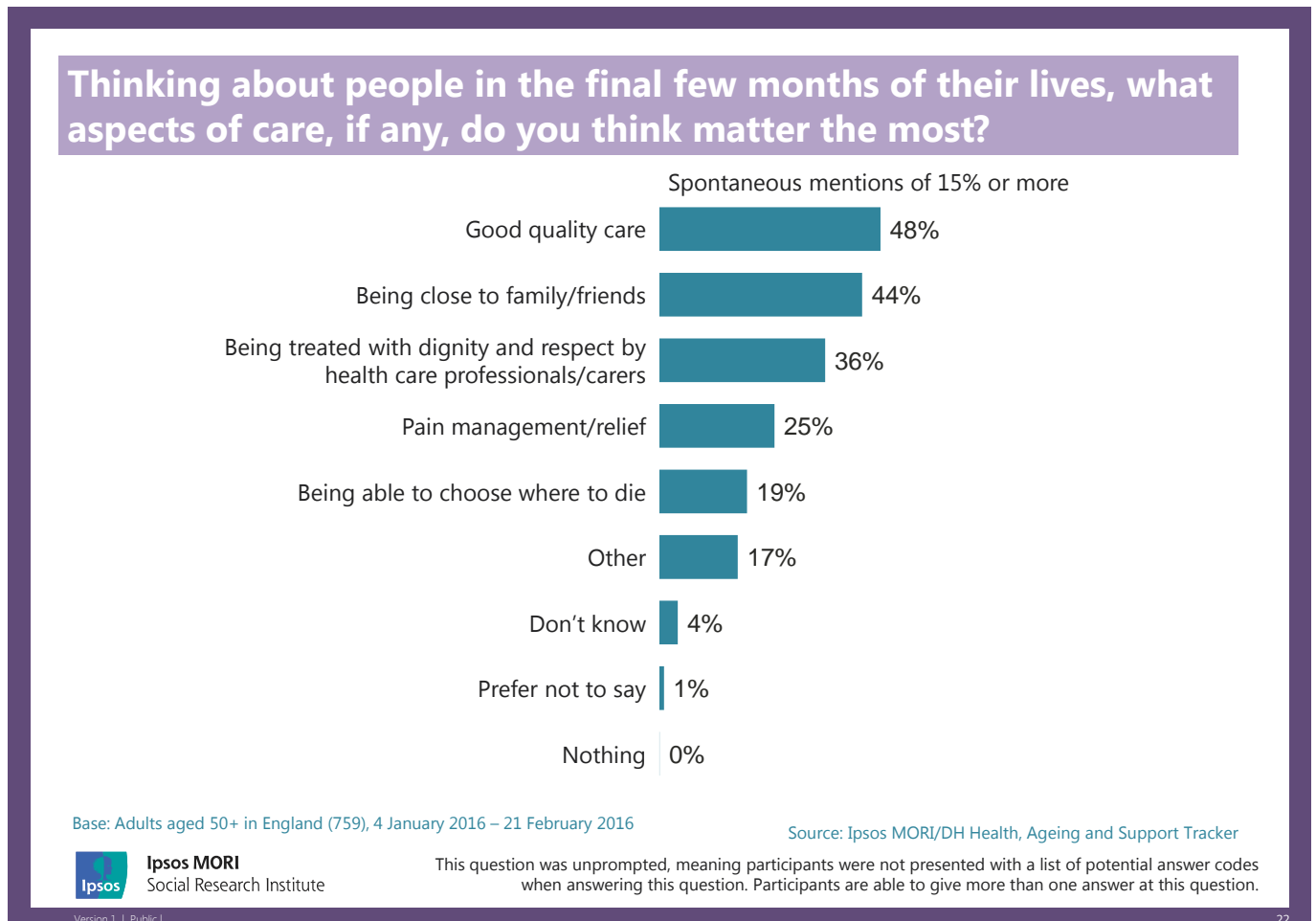


Men tend to be more confident than women: 61% are confident that an older person would not come to any harm while receiving care and support in a nursing or residential home, compared with 53% of women.

4.6 End of life care

Good quality care is the aspect people think matters the most to people in the final few months of their lives, spontaneously mentioned by almost half (48%) of those aged 50 and over. Being close to family/friends receives the second highest number of mentions (44%), while 36% mention being treated with dignity and respect by health care professionals/carers and 25% mention pain management/relief.²⁰

Figure 4.8: Response to the question 'Thinking about people in the final few months of their lives, what aspects of care, if any, do you think matter the most?'



There are some differences among sub groups in the aspects people think matter most to others in the final few months of their lives:

- Those aged 50 to 64 are more likely to give several answers at this question than those aged over 75, particularly good quality care (51% compared with 41%), being treated with dignity and respect by health care professionals/carers (41% compared with 29%), and pain management/relief (30% compared with 18%).

²⁰ This question was unprompted, meaning participants were not presented with a list of potential answer codes.

- Those in social grades AB are more likely than those in grades DE to mention being able to choose where they die (23% compared with 14%).
- Those who do not have a long standing illness, disability or infirmity or who do not live with someone who does are more likely than those that do to mention pain management/relief (29% compared with 21%) and being able to choose where to die (22% compared with 15%). Those that do have a long standing illness, disability or infirmity or who live with someone who does are no more likely to mention any particular aspect.

Perceptions of NHS services

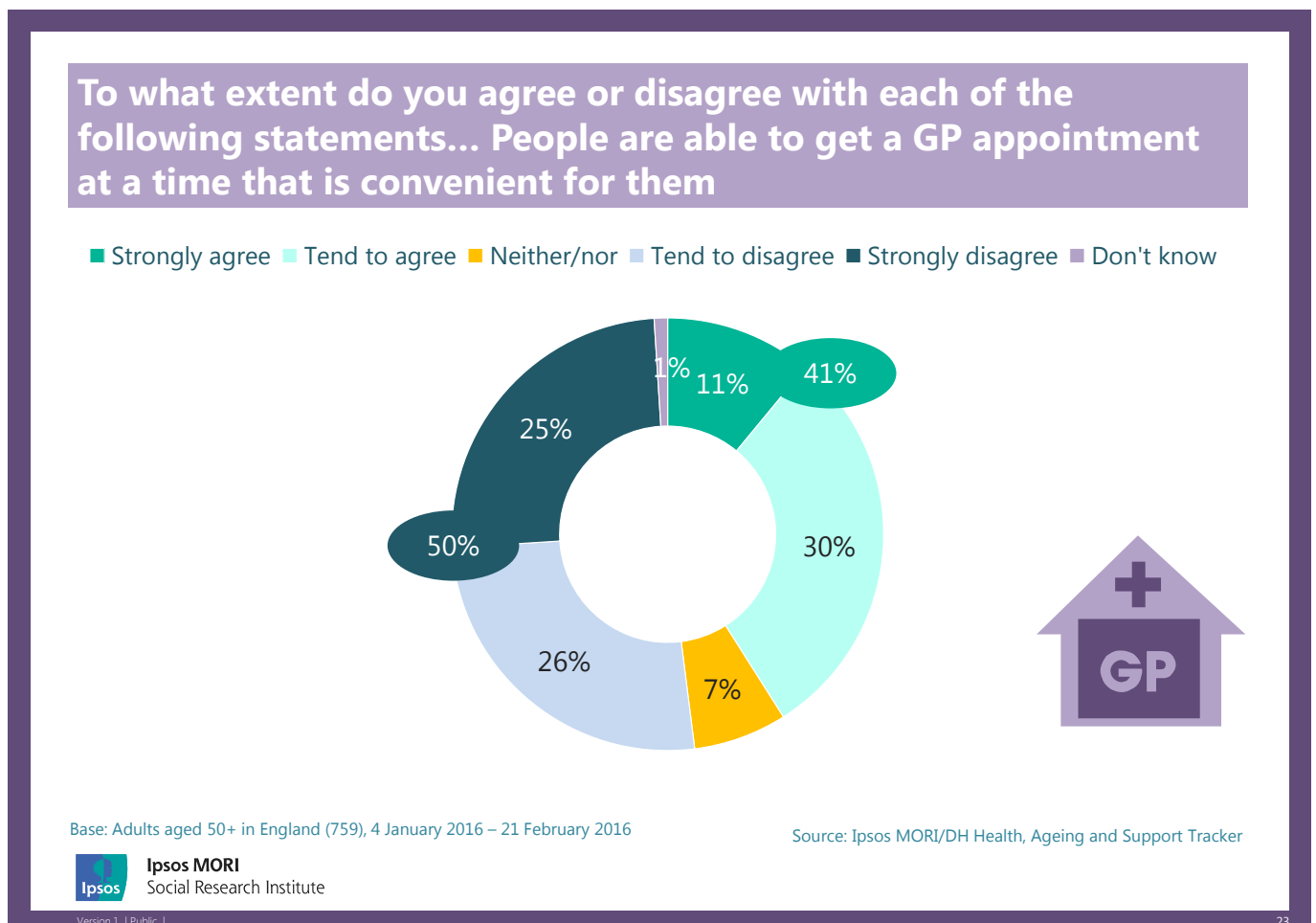
5 Perceptions of NHS services

This chapter explores some aspects of what have become known as 'seven day services', including availability of GP appointments and whether or not hospitals provide the same standard of service to patients at the weekend as they do during the week. It also examines perceptions of whether older people receive worse treatment and care from the NHS than younger people. It then discusses how people currently tend to contact the NHS, as well as how they might in the future.

5.1 Seven day services

Opinion is somewhat divided around the availability of GP appointments. Just four in ten (41%) agree that people are able to get a GP appointment at a time that is convenient for them, while half (50%) disagree. Significantly, a quarter (25%) *strongly* disagree.

Figure 5.1: Agreement with the statement: 'People are able to get a GP appointment at a time that is convenient for them'



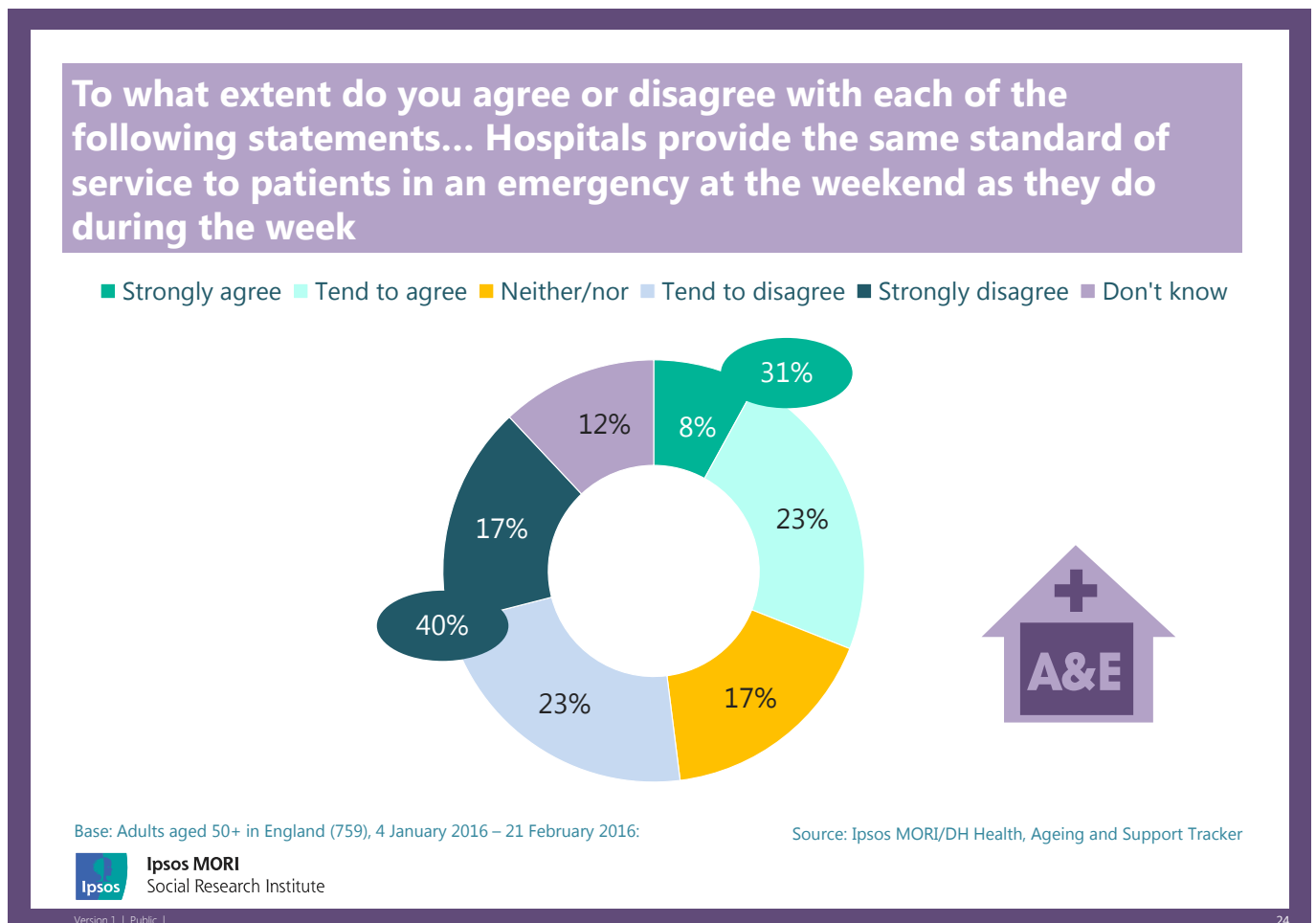
Those who are working are more likely than those who are retired to disagree that people are able to get a GP appointment at a convenient time (58% compared with 42%). Likely to be linked to this, those in the youngest age group are more likely to disagree with the statement than those aged 65 and over (58% of those aged 50 to 64 disagree compared with 46% of those aged 60 to 74 and 38% of those aged 75 and over).

Those in poorer health are also more likely to disagree with this statement:

- People who have a long-standing illness, disability or infirmity or those who live with someone who does are more likely than those who do not to disagree (55% compared with 46%).
- Those who report their health is bad or very bad are more likely than those who say it is good or very good to disagree (63% compared with 47%).

Opinion is similarly divided around whether or not hospitals provide the same standard of service to patients in an emergency at the weekend as they do during the week. Three in ten (31%) agree they do, while four in ten (40%) disagree. A relatively high proportion do not give a definitive opinion however, with close to two in ten (17%) saying they neither agree nor disagree and around one in ten (12%) saying they don't know.

Figure 5.2: Agreement with the statement: 'Hospitals provide the same standard of service to patients in an emergency at the weekend as they do during the week'



Views around different aspects of 'seven day services' seem to be linked. Those who disagree that GP appointments are available at convenient times are more likely to disagree that hospitals provide the same standard of service to patients in an emergency at the weekend as during the week (46% compared with 34% of those who agree that people are able to get a GP appointment at a convenient times).

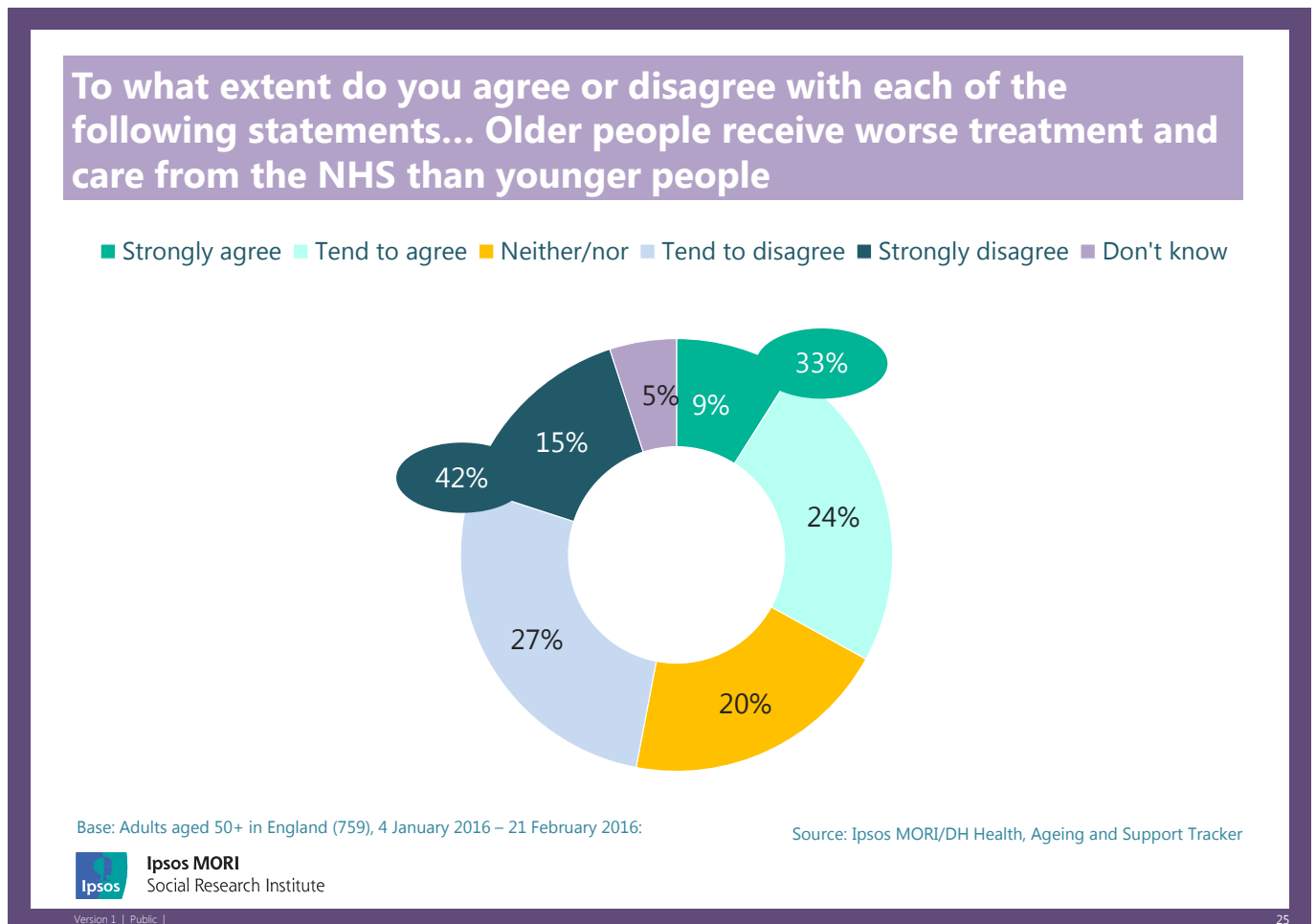
Again, there are differences by age with the youngest age group being more likely to disagree with these statements than the oldest age group. Four in ten (43%) of those aged 50 to 64 disagree hospitals provide the same standard of service to patients in an emergency at the weekend as they do during the week compared with three in ten (32%) of those aged 75 and over.

It is worth noting that during the fieldwork period there was dispute between the government and junior doctors. This consequently may have affected results for the questions about the provision of 'seven day services'.

5.2 Consistency of NHS treatment and care

Public opinion is divided around whether or not older people receive worse treatment and care from the NHS than younger people. A third (33%) agree they do, while four in ten (42%) disagree. Two in ten (20%) say they neither agree nor disagree.

Figure 5.3: Agreement with the statement: 'Older people receive worse treatment and care from the NHS than younger people'



Interestingly, older people and recent users of NHS services, who might be more likely to have experience of the NHS, are more likely to disagree that older people receive worse treatment and care than others:

- 52% of those aged 75 and over and 46% of those aged 65 to 74 disagree that older people receive worse treatment and care from the NHS than younger people compared with 37% of those aged 50 to 64; and
- 46% of recent hospital users disagree that older people receive worse treatment compared with 37% of those who have not used hospital services recently.

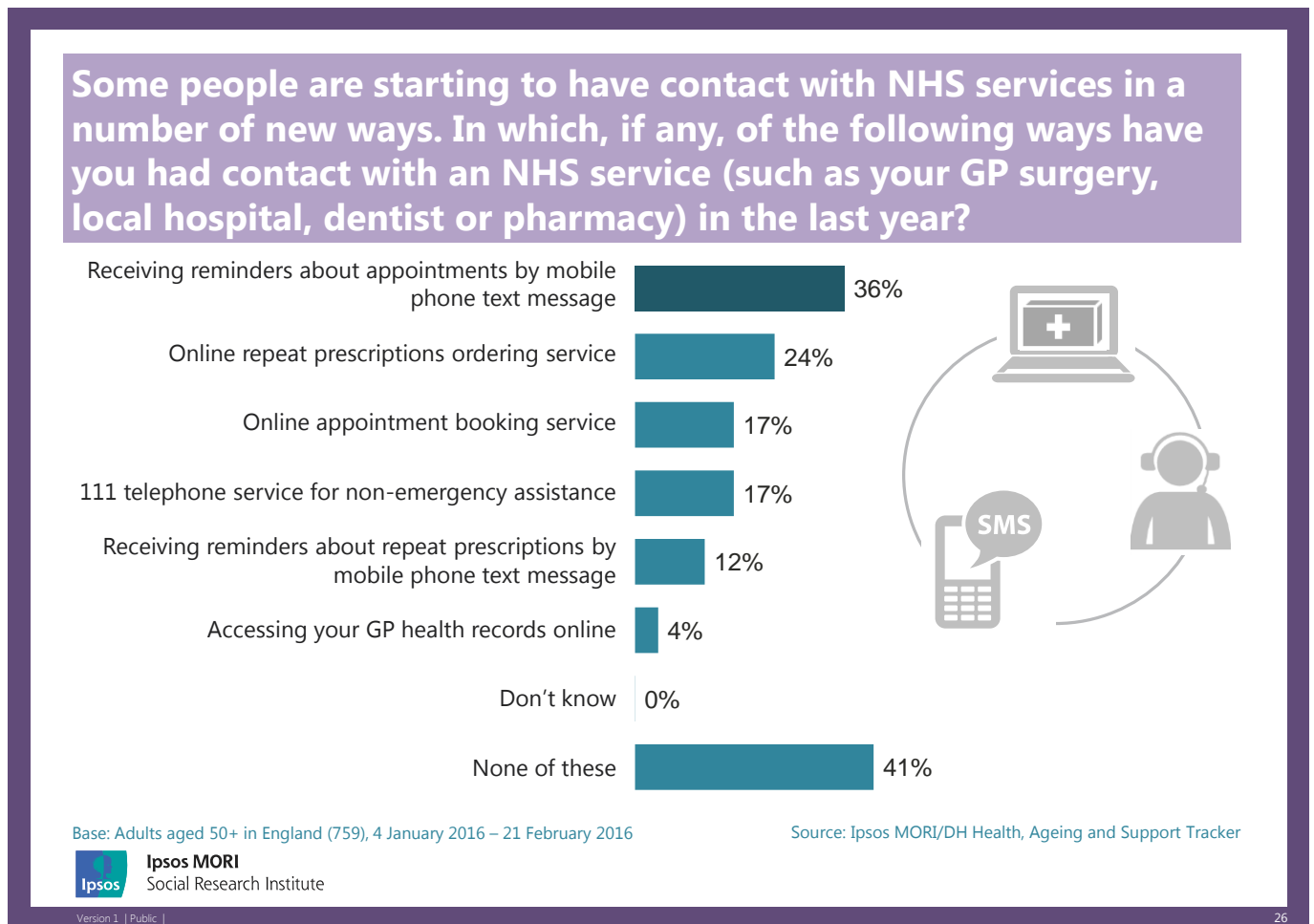
5.3 Use of new NHS communication channels

Current use of new NHS communication channels

This survey also asked whether people aged 50 and over are contacting NHS services in new ways. More than a third (36%) say that they have received text message reminders about appointments in the last year. A quarter (24%) say that they have ordered repeat prescriptions online, while close to two in ten (17%) say that they have booked an appointment online. The same proportion (17%) have used NHS 111. Fewer (12%) have received text message reminders about repeat prescriptions, while only one in twenty (4%) have accessed their GP health records online. Four in ten (41%) say they have not used any of these channels to contact NHS services in the last year.

This question was also asked in the 2015 General Public Tracker Survey, although of people aged 16 and over.²¹ The proportions of the public aged 16 and over saying they have used new communication channels are lower in that survey than those recorded in this survey. For example, just three in ten (31%) of the public aged 16 and over have received text message reminders about appointments compared with a third (36%) of those aged 50 and over. Similarly, just one in ten (10%) of the public aged 16 and over have used NHS 111, a channel that almost two in ten (17%) of those aged 50 and over have used. Fewer still (8%) have received text message reminders about prescriptions by mobile phone, compared with 12% of those aged 50 and over. There are some differences in levels of use among those aged 50 and over as explained after the following chart.

²¹ The question wording was 'Some people are starting to have contact with NHS services in a number of new ways. In which, if any, of the following ways have you had contact with an NHS service (such as your GP surgery, local hospital, dentist or pharmacy) in the last year?'

Figure 5.4: New ways in which people have had contact with NHS services in the last year

Just looking at the Health, Ageing and Support Survey, however, those in the youngest age group are more likely to have used nearly all of these new communication channels than those in the older age groups. This could be because of a number of reasons. Those in the youngest age group might be more comfortable using the technology involved with these communication channels and face-to-face contact may be less of a priority for this group than for people aged 75 and over.

- Almost half (46%) of those aged 50 to 64 have received text message reminders about appointments, compared with around a third (31%) of those aged 65 to 74 and a fifth (19%) of those aged 75 and over.
- Similarly, 26% of those aged 50 to 64 have ordered repeat prescriptions online, compared with 18% of those aged 75 and over.
- Those aged 75 and over are more likely to say they have not used any of these methods (59% compared with 32% of those aged 50 to 64 and 44% of those aged 65 to 74).

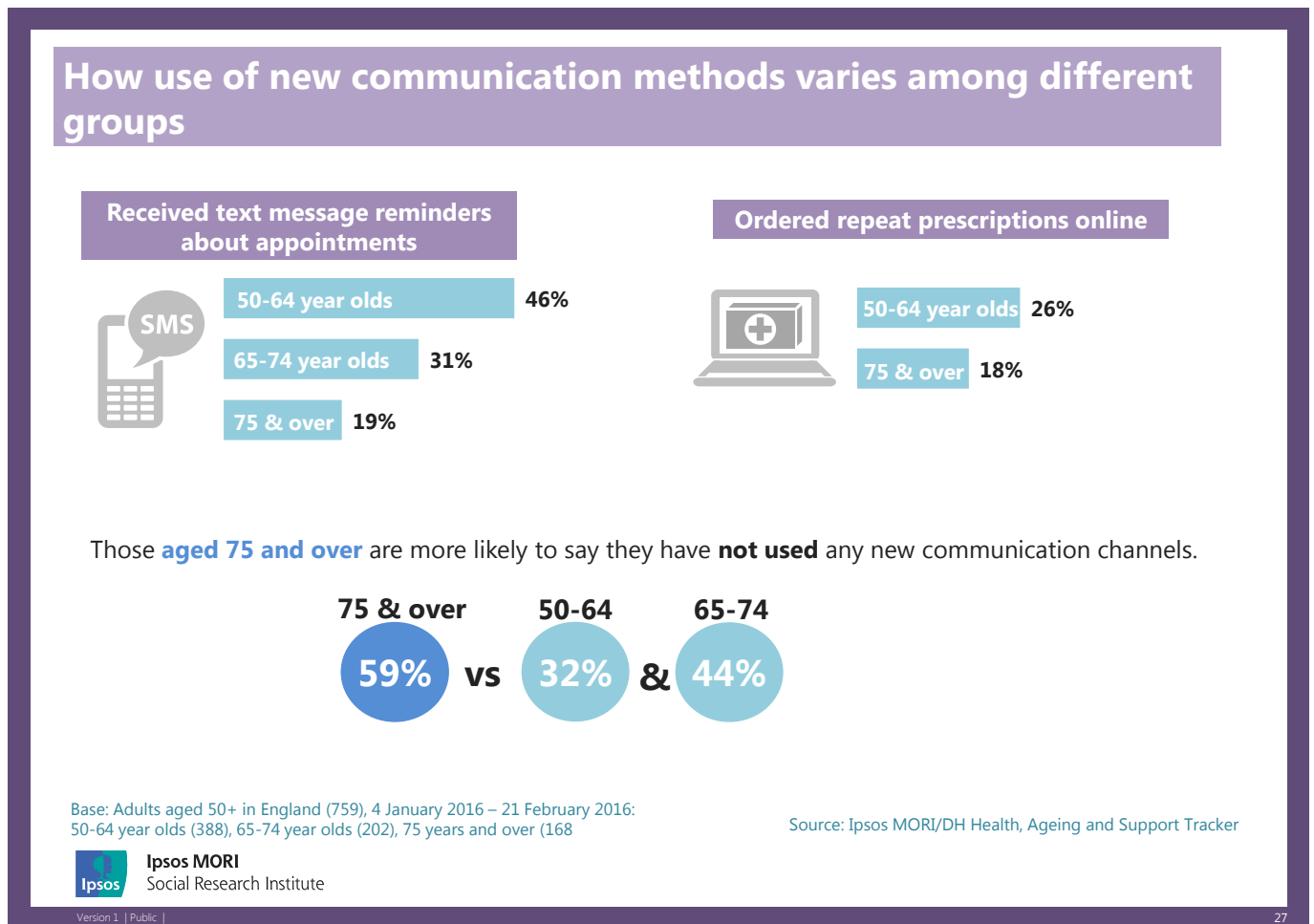
There are also differences by social grade, with those in social grades AB and C1 more likely to have used one or more of the new methods, and those in social grades DE more likely to not to have used any:

- 42% of those in social grades AB and 40% of those in social grade C1 have received text message reminders about appointments compared with 27% of those in social grades DE.

- In contrast, 57% of those in social grades DE and 47% of those in grade C2 are more likely to say they have not used any of these methods compared with 31% of those in grades AB.

Those who live alone are also more likely than those who live with others to not to have used any of these services (55% compared with 36%).

Figure 5.5: Sub-group analysis of the new ways in which people have had contact with the NHS in the last year

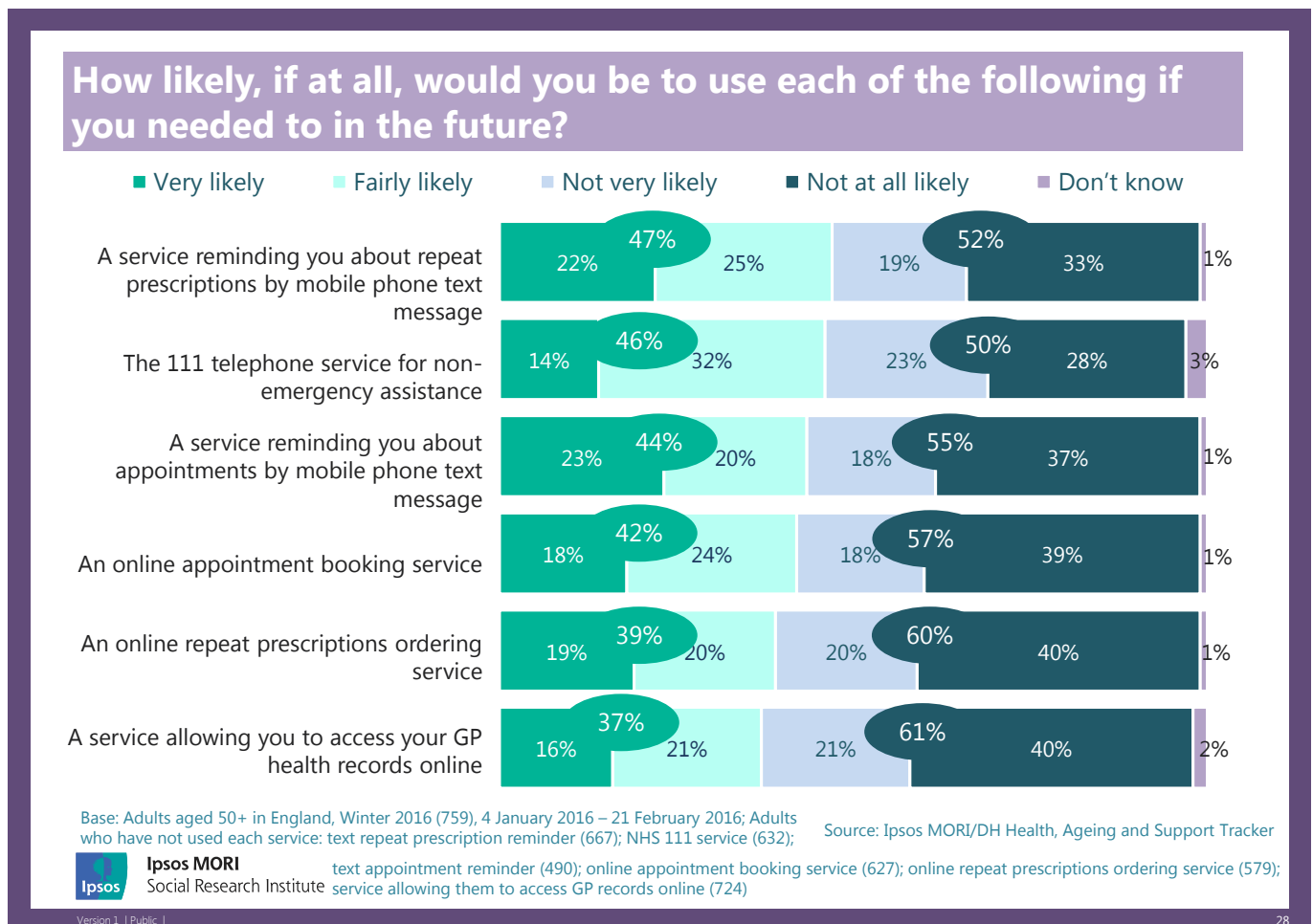


Future use of new NHS communication channels

A follow up question was asked of those who said they had not used the new communication channels to find out if they might be likely to use them in future. The likelihood of people using them in future is mixed, with more saying they would be unlikely than likely to use each of them.

Around half (47%) of those who have not received text message reminders about repeat prescriptions in the last year say they would be likely to do so in future, with a similar proportion (52%) saying they would be unlikely. Similar proportions say that they would be likely to use NHS 111 (46% compared with 50% who say they are unlikely to do so), a text message appointment reminder service (44% compared with 55% who are unlikely to do so) and an online appointment booking service (42% compared with 57% who would be unlikely to do so). Fewer are likely in future to use an online repeat prescription ordering service (39% compared with 60% who are unlikely) or a service allowing people to access their GP health records online (37% compared with 61% who are unlikely).²²

Figure 5.6: Likelihood of using new ways of contacting NHS services in the future

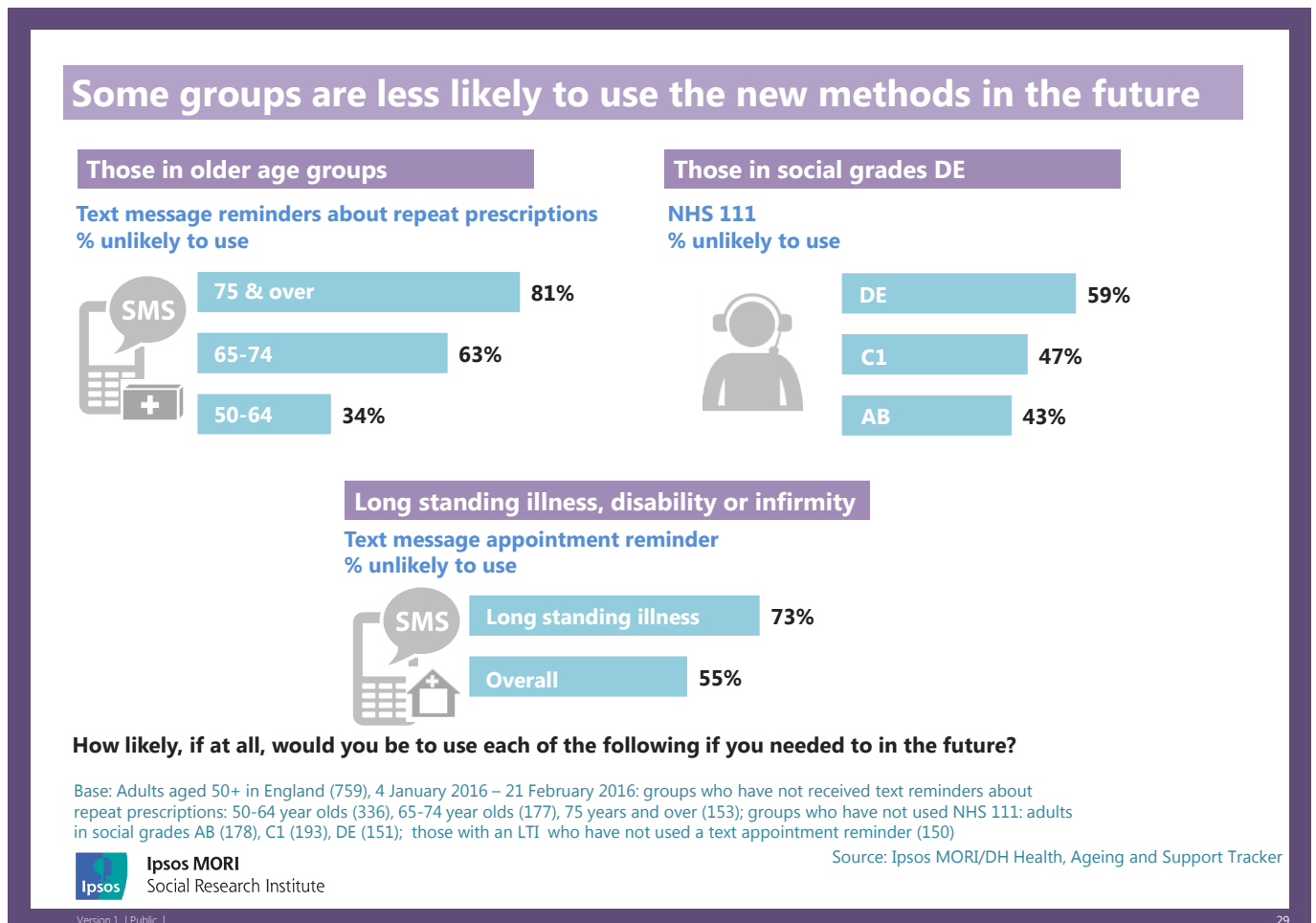


Looking at which groups are less likely to use the new communication channels in the future, some clear patterns emerge. The following groups say they are unlikely to do so:

²² This question was unprompted, meaning participants were not presented with a list of potential answer codes.

- those in the older age groups (for example, 81% of those aged 75 and over who have not received text message reminders about repeat prescriptions in the last year say they would be unlikely to do so in future compared with 63% of 65 to 74 year olds and 34% of 50 to 64 year olds who have not);
- those in social grades DE (for example, 59% of those in social grades DE who have not used NHS 111 in the last year say they would be unlikely to do so in the future compared with 43% of those in social grades AB and 47% of those in grade C1 who have not);
- those with a long-standing illness, disability or infirmity (for example, 73% of this group who have not used a text message appointment reminder service in the last year would be unlikely to do so compared with 55% overall); and
- those who say their general health is bad or very bad²³(for example, 80% of this group who have not booked an appointment online in the last year say they would be unlikely to do so compared with 50% of those who say their health is good or very good and have not).

Figure 5.7: Sub-group analysis of the likelihood of using new ways of contacting NHS services in the future

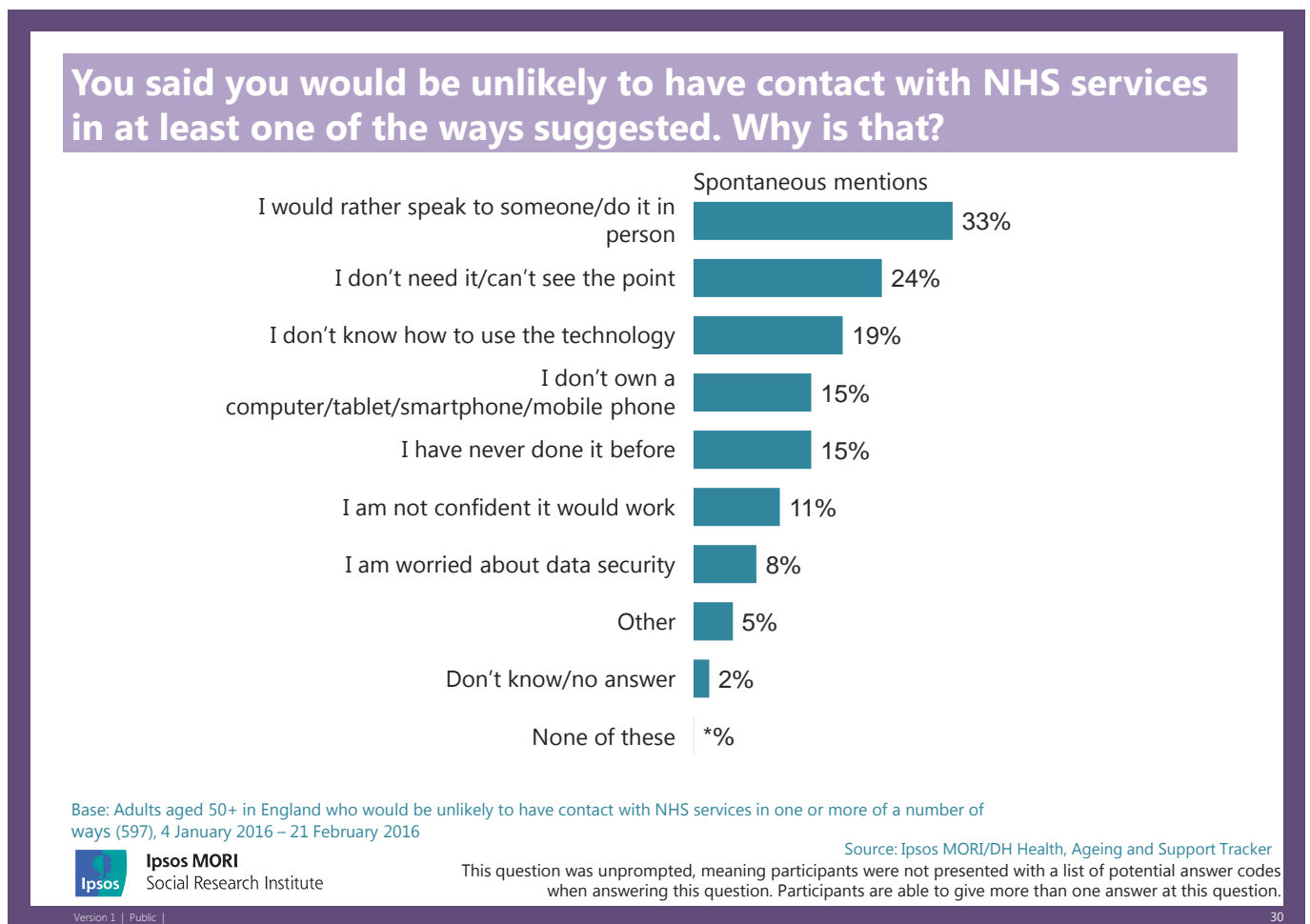


²³ The small base size means comparisons of figures and trends are indicative only.

Reasons for not using these communication channels

Those who say they would be unlikely to use at least one of the new communications channels were also asked why they said this. The most common reason spontaneously given is that they would rather speak to someone or do it in person: a third (33%) gave this response. A quarter (24%) say that they don't need to or can't see the point, while two in ten (19%) say that they don't know how to use the technology. Around one in seven (15%) say that they don't own a computer, tablet, smartphone or mobile phone, and the same proportion (15%) say that they have never done it before. One in ten (11%) say that they are not confident the service/technology would work, while slightly fewer (8%) say that they are worried about data security.²⁴

Figure 5.8: Reasons people would be unlikely to have contact with NHS services in at least one of the new ways suggested



Perhaps unsurprisingly, those aged 75 and over are more likely than those in younger age groups to say that they don't know how to use the technology (35% compared with 24% of those aged 65 to 74 and 7% of those aged 50 to 64). Similarly, those aged 75 and over are more likely to say that they don't own a computer, tablet, smartphone or mobile phone (28% compared with 12% of those aged 65 to 74 and 9% of those aged 50 to 64).

²⁴ This question was unprompted, meaning participants were not presented with a list of potential answer codes.

Those aged 50 to 64 are more likely to say that they are worried about data security (11% say this compared with 5% of those aged 75 and over).

Those in social grades AB are more likely than those in any other social grade to say that they don't need the services or can't see the point in them (37% of those in social grade AB give this as a reason for why they would be unlikely to use these services in the future, compared with 22% of those in grade C1, 16% of those in C2, and 17% of those in grades DE). Interestingly, those who are working are also more likely to say that they don't need the services or can't see the point (30% compared with 24% overall).

Preparing for the future

6 Preparing for the future

This chapter explores the extent to which people aged 50 and over have started preparing for getting older, focusing on concerns they may have about meeting the cost of care and support services and their confidence in finding the information they may require. It also looks at awareness of powers of attorney in regards to financial decisions and health and care.

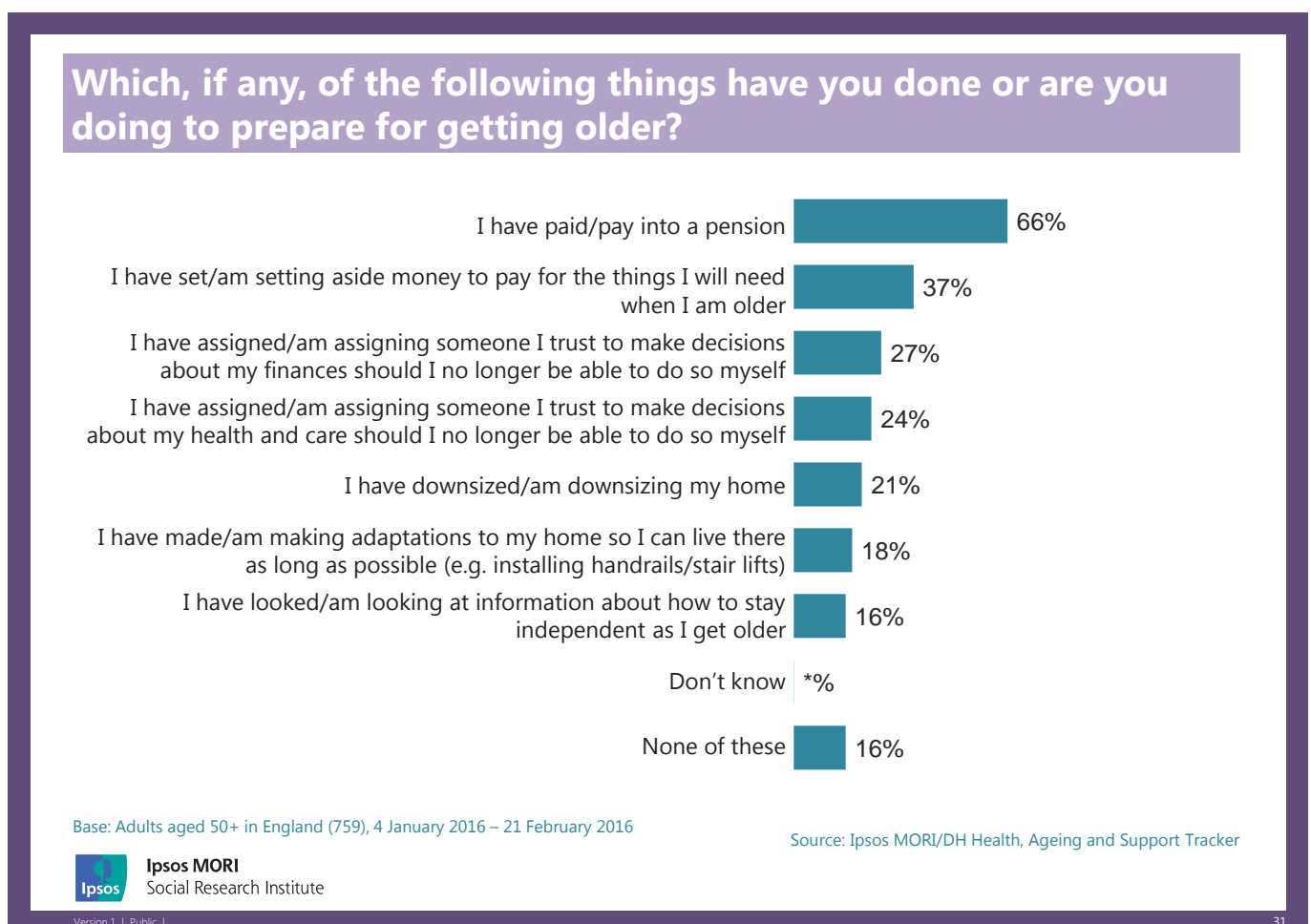
6.1 Level of preparedness

Actions taken to prepare for getting older

Looking at the preparations that people aged 50 and over have made for getting older, the most common response (from a list of possible answer options) is paying into a pension (66%). Aside from taking out a pension, the most common action taken is to set money aside specifically to pay for things when they are older (mentioned by 37%).

Around a quarter (27%) of people are in the process of assigning, or have already assigned, someone to make decisions about their finances should they no longer be able to do so themselves. A similar proportion (24%) say they are in the process of assigning, or have already assigned, someone to make decisions about their health and care.

Figure 6.1: Actions people have taken or are planning to take to prepare for getting older



While the overall proportion having assigned someone powers of attorney is relatively low, the likelihood of having taken this action increases among the older age groups. Over four in ten (43%) people aged 75 or over and around a third (35%) of those aged 65 to 74 have assigned, or are in the process of assigning, someone to make decisions about their finances should they no longer be able to do so, compared with around two in ten (17%) of people aged 50 to 64 years. Similarly these age groups are more likely to have assigned someone to make decisions about their health and care (38% of people aged 75 or over, and 29% of those aged 65 to 74 compared with 15% of people aged 50 to 64 years).

In contrast, the oldest age group is less likely to say they have paid into a pension (58% of those aged 75 and over compared with 65% of those aged 65 to 74 and 70% of those aged 50 to 64).

Overall, 16% of individuals say they have not done any of the things listed in preparation for getting older. This is more likely to be those in the younger age groups (19% of those aged 50 to 64, and 16% of those aged 65 to 74, compared with 9% of people aged 75 and over). There are also differences by social grade, with 36% of people in social grades DE saying that they have not taken any of the actions listed, compared with 16% overall.

Preparing financially for future care and support needs

Over half (53%) of people aged 50 and over say they are preparing financially to pay for the care and support services they might need when they are older. However, almost two in ten (17%) say they have made hardly any preparations and three in ten (29%) have made none at all.

These results differ to those seen amongst the general public more widely, as recorded in the 2015 General Public Tracker Survey, where just over a quarter (27%) say that they are preparing financially for future care and support needs. While it might be expected that those aged 50 and over are more likely to be preparing in this way, it should also be noted that the two surveys ask different questions before this one which may affect how people answer it.²⁵

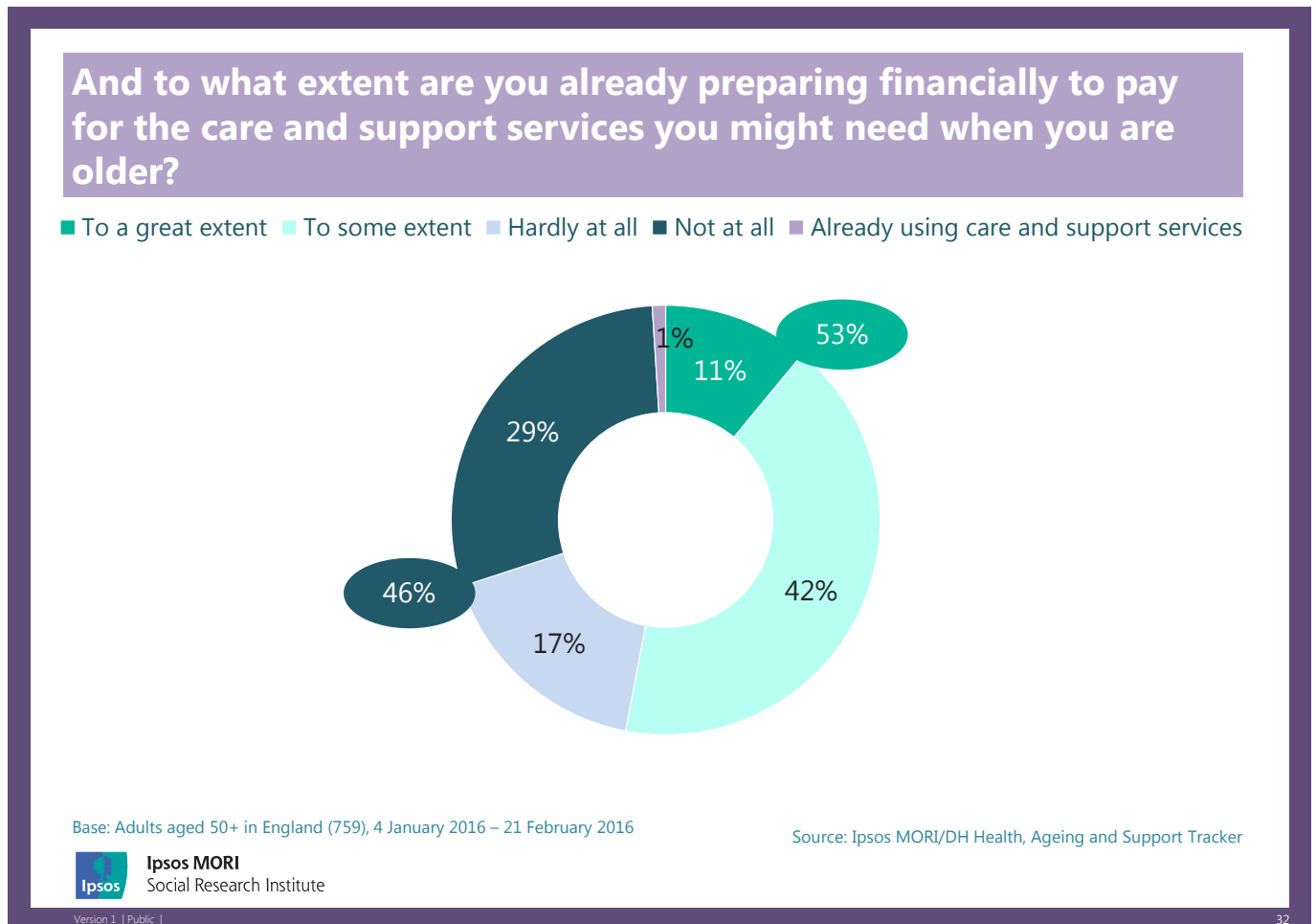
The relative lack of financial preparation reflected in the results for both surveys is replicated in the Health Survey for England (2014) in which 36% of adults aged 30 and over had not taken any actions towards funding their future care needs.²⁶ A lack of financial preparation may be linked to a perception that the state will provide residential care or family members will cover the cost. In a survey for the annual Astellas Innovation Debate, around two thirds (68%) of people said they expected the Government to fund high quality care and 12% expected their children to cover the costs of residential care.²⁷

²⁵ For example, in the Health, Ageing and Support Tracker Survey, the question immediately prior to this one refers to pensions, which may prime people to think about pensions when answering this question.

²⁶ Health Survey for England 2014: Health, social care and lifestyles, Summary of key findings, <http://www.hscic.gov.uk/catalogue/PUB19295/HSE2014-Sum-bklet.pdf>

²⁷ Poll for Astellas Innovation Debate, published online on 20th February 2016, <http://www.multivu.com/players/uk/7758851-astellas-survey-results-britain-social-care/>

Figure 6.2: The extent to which people are already preparing financially to pay for care and support services they might need when they are older



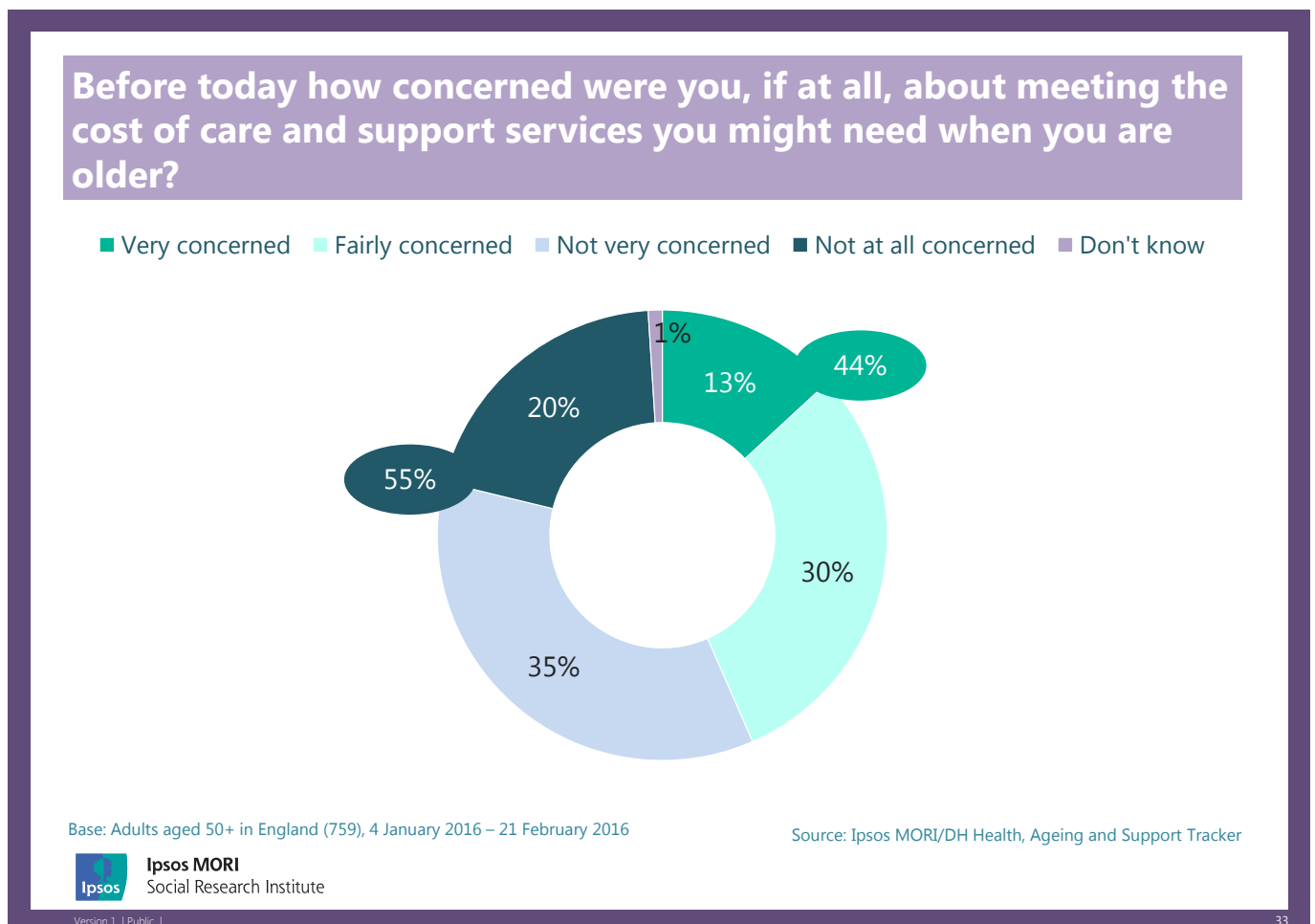
Again, there are differences by age and social grade, with those in the youngest age group and social grades DE more likely than others not to have made little or no preparation:

- Over half (53%) of people aged 50 to 64 years say they have made little or no preparation, compared with just under four in ten (38%) of those aged 65 to 74 and a similar proportion (37%) of those who are 75 or older.
- Over seven in ten people (71%) in social grades DE have made little or no financial preparation for their old age, compared with three in ten (29%) of people in grades AB.

6.2 Levels of concern

A significant minority (44%) express concern about meeting the cost of care and support services, while just over half (55%) say they are either not very or not at all concerned.

Figure 6.3: Level of concern people have about meeting the cost of care and support services they might need when they are older



This is in line with the views of the wider population; 46% of adults aged 16 or over say they are concerned about meeting the cost of social care in 2016 (General Public Tracker Survey).

The following groups of people are more likely to express concern about the potential cost of care and support services:

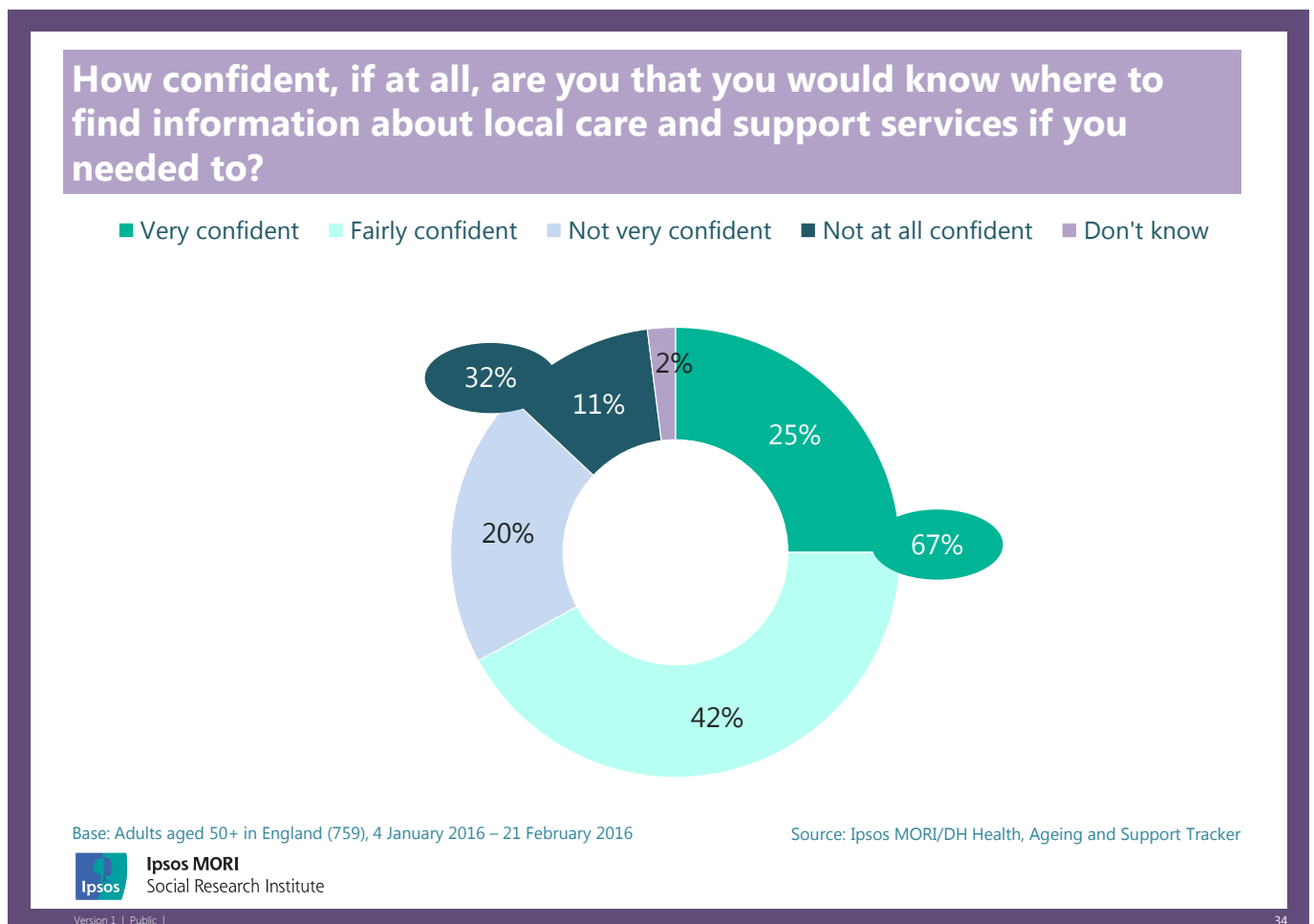
- those aged 65 to 74 years (52% say they are very or fairly concerned compared with 44% overall); and
- informal carers (53% are concerned about the cost compared with 38% of those without caring responsibilities). This reflects findings seen in the wider survey of the general public (2015 General Public Tracker Survey); informal carers are more concerned about meeting the cost of social care (55% are concerned compared with 40% of those without caring responsibilities).

6.3 Information about care and support

The majority (67%) of people are confident that they would know where to find information about local care and support services, if required, with a quarter (25%) saying they are very confident of being able to do so.

However, a third (32%) indicates that they are *not* confident that they could find information about care and support services if they needed it.

Figure 6.4: Proportion of people that are confident they would know where to find information about local care and support services if they needed to



Certain groups appear to need greater support and or signposting, as they are more likely to say they are not confident about where to find relevant information.

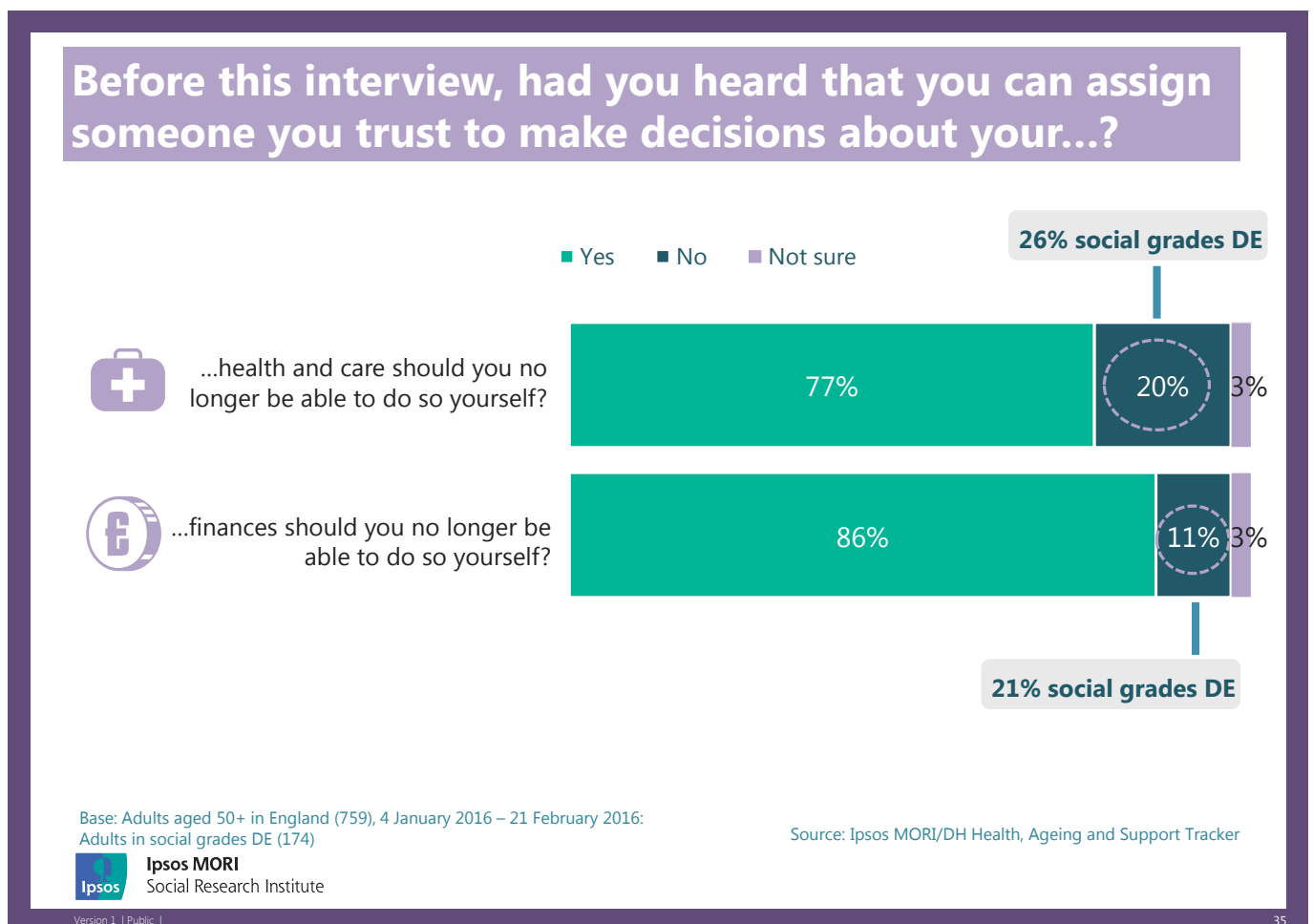
- People in social grades DE are more likely than people in social grades AB to say they are not confident (40% compared with 24%).
- Individuals who feel that local councils do not provide good care and support also appear to be less sure about finding information related to these service (40% compared with 32% overall).

6.4 Awareness of lasting powers of attorney

Despite the fact that only a minority of people have assigned someone to make decisions about their health and care, awareness of lasting powers of attorney in regards to health is high. Over three quarters (77%) of people say they know that you can assign someone to make decisions about your health and care should you no longer be able to do so.

Awareness of lasting powers of attorney in relation to financial matters is higher though, with 86% of people aged 50 and over saying that they had heard of it.

Figure 6.5: Awareness of lasting powers of attorney



Awareness in relation to health matters is lower among the following groups:

- younger age groups (74% of 64 to 75 year olds and 76% of 50 to 64 year olds are aware that someone else can be assigned to make decisions about and care matters, compared with 83% of those aged over 75); and
- those in social grades DE (66% compared with 77% overall).

Similarly, awareness in relation to financial matters is lower among those in social grades DE (73% compared with 86% overall).

Caring for others

7 Caring for others

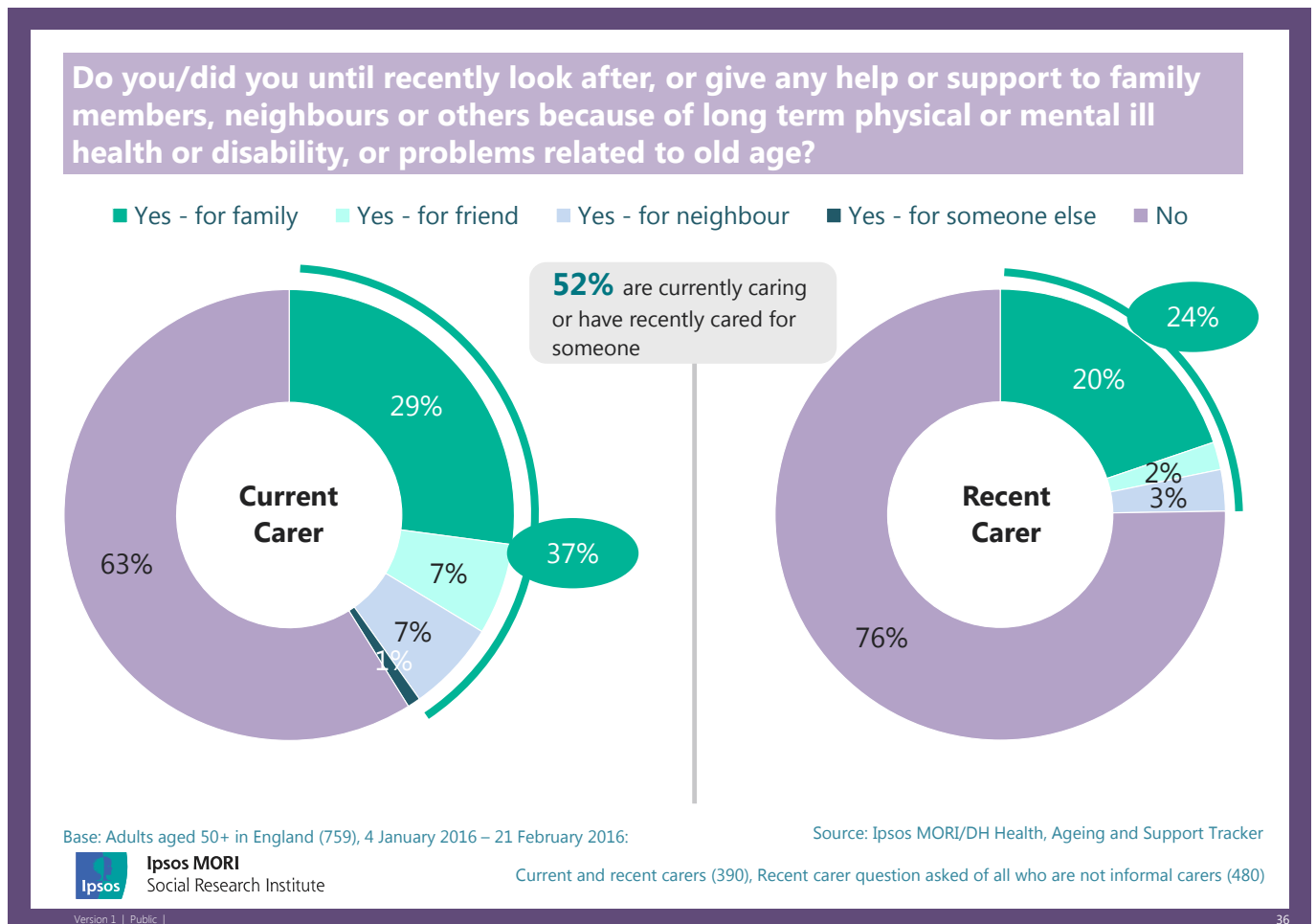
This chapter examines the extent to which people aged 50 and over have caring responsibilities for others or think they are likely to care for someone close to them in the future. It also looks at people’s confidence in relation to being able to care for someone as they get older and the level of support available to them in that role.

7.1 Prevalence and likelihood of caring

Just over half (52%) of those aged 50 and over are currently caring for or have recently cared for someone. Almost four in ten (37%) people currently look after, or give help or support to a family member, neighbour or other person because of long-term physical or mental ill-health, disability or problems related to old age. In most cases (29%) the person they are caring for is a member of their own family. Very few people say they act as an informal carer for a friend (7%), for a neighbour (7%) or someone else (1%).

A quarter (24%) of people aged 50 and over, while currently not caring for others, have had experience of doing so in the recent past. This was again typically for a member of their family (20%), rather than a neighbour (3%) or friend (2%).

Figure 7.1: Proportion of people who are current or recent informal carers



Informal carers are most likely to be in the age group 50 to 64 years old (42% compared with 31% of 65 to 74 year olds and 32% of people aged 75 or over).

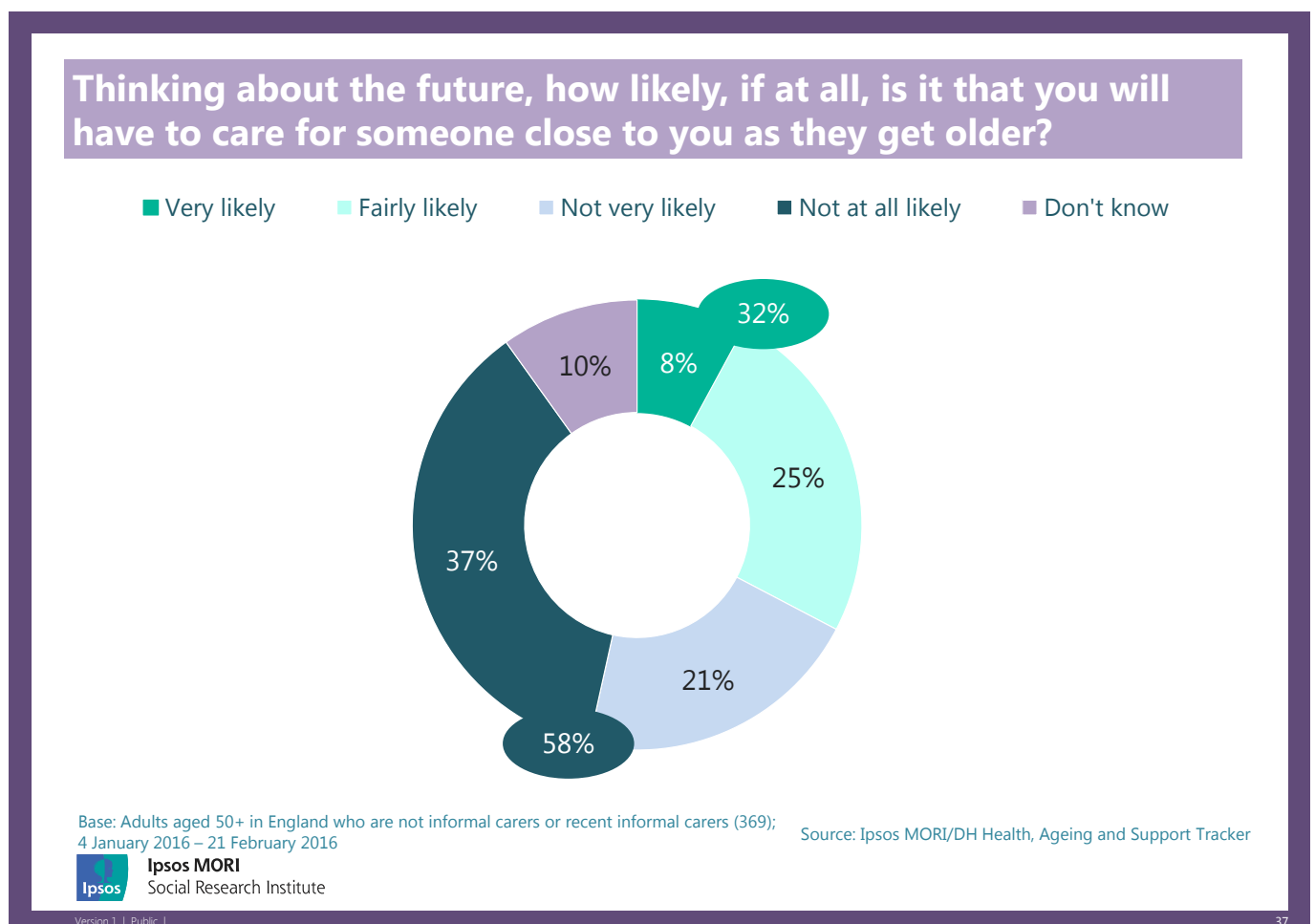
Women are more likely to say they recently had caring responsibilities than men (28% compared with 19%).

There are also differences by social grade.

- Those in social grades AB, C1 and C2 are more likely than those in grades DE to be informal carers (39%, 42% and 39% compared with 27%).
- Those in social grades AB are more likely than those in grades DE to have recently been informal carers (33% compared with 15%).

People without any current or recent experience of caring for others were asked to think ahead to the future and consider the likelihood of having to care for someone close to them as they get older. A third (32%) say that it is likely that they will have to do so, while six in ten (58%) consider it unlikely. One in ten (10%) say they don't know.

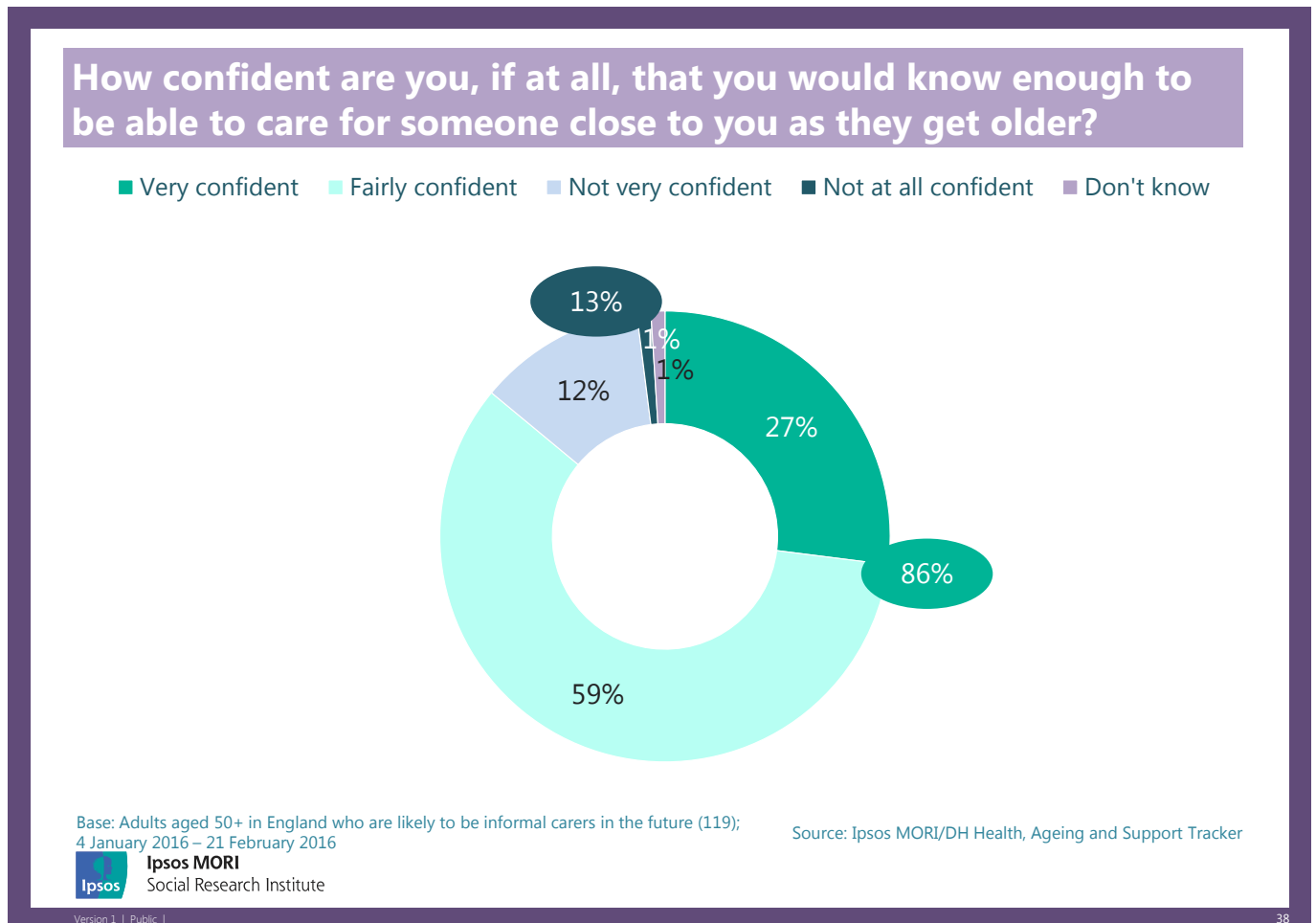
Figure 7.2: Response to the question: 'Thinking about the future, how likely, if at all, is it that you will have to care for someone close to you as they get older?'



Those aged 50 to 64 are more likely than others to think they are likely to have to care for someone in the future (45% compared with 31% of 65 and 74 year olds and 13% of those aged 75 and over).

The majority (86%) of people who think they are likely to be carers in the future are confident that they would know enough to be able to care for someone close to them as they get older, and over a quarter (27%) are *very* confident. Only around one in ten (13%) say they are not confident.

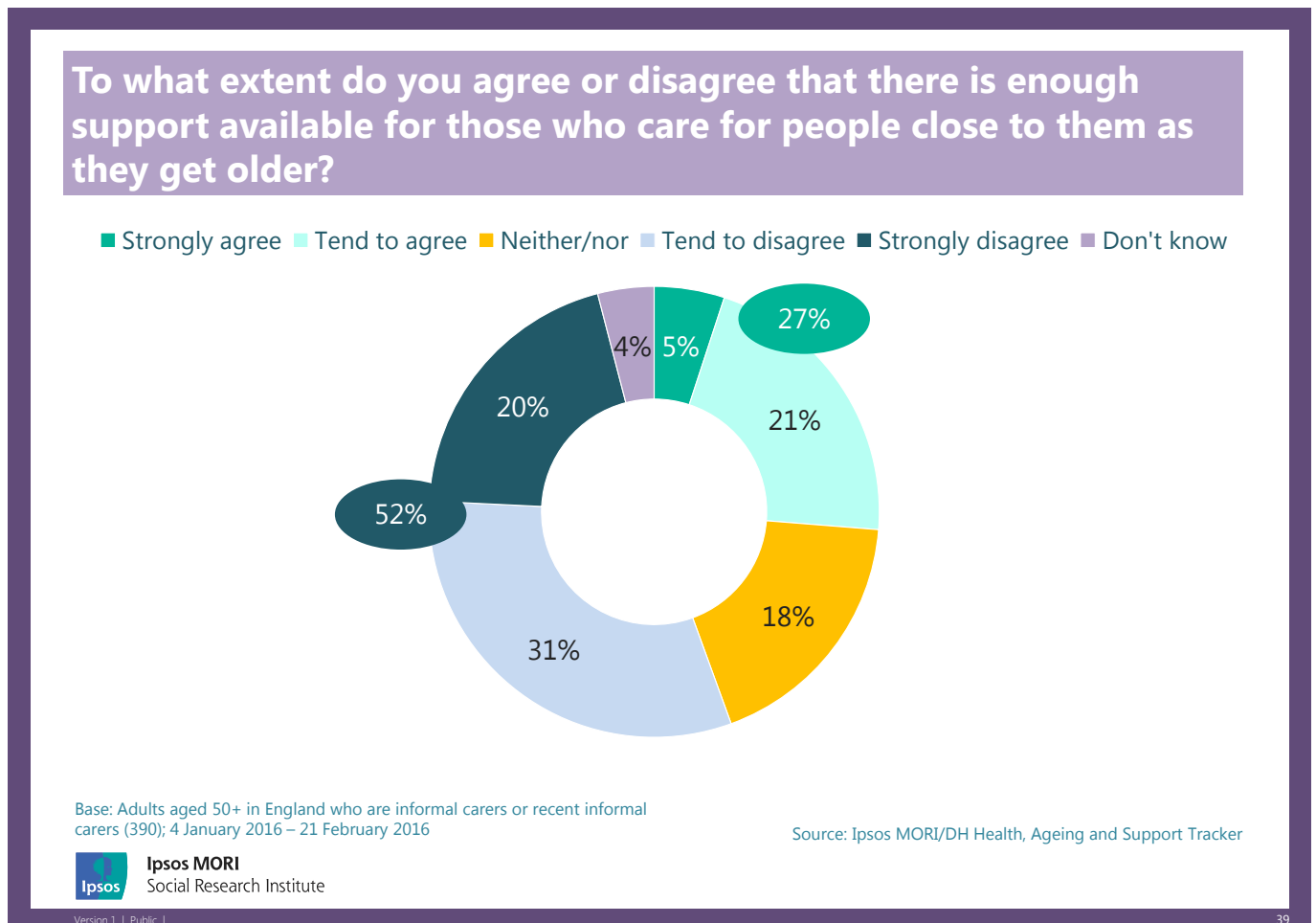
Figure 7.3: Proportion of people that are confident that they would know enough to be able to care for someone close to them as they get older?



7.2 How well supported carers feel they are

Informal carers and those who were until recently are not particularly positive about whether there is enough support available for carers. While a quarter (27%) agree there is, half (52%) disagree and two in ten (18%) are unsure either way.

Figure 7.4: Agreement with the question: 'There is enough support available for those who care for people close to them as they get older'



Still looking at current and recent informal carers certain groups are more likely to suggest there is not enough support available;

- Those who are not confident they know where to find information about local care and support services are more likely to express concern about the amount of support available (62% compared with 47% of those who are confident that they know where to find information).
- In line with this, those who do not feel that local councils in England are providing good care and support services for older people are more likely to feel that there is not enough support available for carers (71% compared with 30% of those who think local councils do provide good care and support services).

Appendices

8 Appendices: Technical details

8.1 Methodology

Sampling and fieldwork

Ipsos MORI carried out 759 interviews among a representative sample of adults aged 50 and over living in 108 output areas (OAs) across the 9 Government Office Regions (GORs) of England. The average interview length was 25 minutes.

The survey was conducted using a quota sampling approach. The primary sampling unit (PSU) for this survey is a pair of census output areas (OA), consisting of around 250 addresses. The full list of OAs in England was stratified by region, local authority within region, and demographic profile (the percentage of the population who are of social grade A/B). A number of double OAs across England in which to carry out interviews were then selected. In order to ensure each household had an equal chance of being selected regardless of the geographical size of the OA in which it is located, a 'probability proportional to size' sample design was employed, meaning that each OA's chance of appearing in the sample was proportional to the number of households it contains.

Interviewers were then assigned sampling points from the list of selected double OAs in which to achieve a particular number of interviews. Within each sampling point, interviewers were instructed to leave at least 1 residence between a successful interview and the next residence they approach for an interview. They were also asked to try and spread out the interviews they achieved over different roads (and different blocks of flats if applicable) within the list of addresses they have been given.

In order to ensure the sample of those interviewed was representative of the population, quotas were set on key demographics within each point, based on data from the 2011 Census regarding age, sex, and work status.

At the analysis stage, data were weighted to the population profile in terms of age, sex, working status and GOR based on the 2011 Census profile.

All interviews were conducted face-to face and in-home, between 4 January and 21 February 2016. Interviews were conducted using CAPI (computer-assisted personal interviewing).

Questionnaire design

The questionnaire was cognitively tested prior to the pilot survey and the main stage survey.

Cognitive testing is a qualitative technique that explores how participants understand survey questions, recall information, make judgements about how to respond and then how they respond using the available answer options. By asking participants to answer the proposed survey questions, followed up with probing by the interviewer, problems with the questions which might otherwise be hidden can be uncovered. By understanding the causes of any problems, recommendations can be made to overcome them by rewording the question or answer categories.

A total of 12 cognitive interviews were carried out.

Cognitive testing samples are qualitative and designed to reflect the range and diversity of the population in terms of how they would respond to the survey questions being tested. Minimum quotas were set on key sub-groups, such as gender, age, ethnicity and social grade. Participants were recruited by Ipsos MORI's specialist qualitative recruitment team.

Each interview lasted around one hour and was conducted by members of the Ipsos MORI core research team. Participants were offered £30 to thank them for taking part.

Following the interviews, the research team analysed the findings for each question tested and produced a report presenting these findings, along with recommendations for changes to the questionnaire. The questionnaire was then reviewed again and changes were made before it was finalised.

Pilot survey

A pilot survey was also conducted to test the questionnaire length; how the questionnaire performed in a survey context; and the fieldwork and recruitment processes, including the quotas which were set.

A total of 53 interviews were conducted with adults aged 50 and over in England between 16 and 29 November 2015. All interviews were carried out by Ipsos MORI interviewers in participants' homes, using Computer Assisted Personal Interviewing (CAPI).

In order to achieve a sample representative of the national and regional population of people aged 50 and over, quotas were set for the number of interviews carried out with different types of participants. Quotas were set for age, sex and working status.

The survey data was not weighted, as the number of completed interviews was too small for any statistical analysis to be meaningful.

Following the pilot survey, a debrief was conducted with the interviewers involved to find out what aspects of the survey worked well during the pilot and what could be improved before the main stage. The survey data was also reviewed and the teams at the Department of Health and Ipsos MORI discussed all of this information and made changes to the survey as a result.

8.2 Referenced reports

Where relevant, this report draws on research and data from other publications, produced both by Ipsos MORI and other organisations. Where other data is used this is clearly referenced in a footnote. Below is a summary of these publications:

- 2015 Public Perceptions of the NHS Tracker Survey, Ipsos MORI research for the Department of Health, published in 2016, available on the Gov.uk website
- 2014 Public Perceptions of the NHS Tracker Survey, Ipsos MORI research for the Department of Health, published online on 1 December 2015, <https://www.gov.uk/government/publications/public-perceptions-of-the-nhs-and-social-care-winter-2014>
- Later Life in 2015, Ipsos MORI research for the Centre for Ageing Better and the Big Lottery Fund, published online on 2nd December 2015, <https://www.ipsos-mori.com/researchpublications/researcharchive/3666/Money-alone-does-not-lead-to-a-better-later-life.aspx>
- Public attitudes to NHS spending, Ipsos MORI poll for The Nuffield Trust, published online on 3 December 2012, <https://www.ipsos-mori.com/researchpublications/researcharchive/3082/NHS-is-number-one-area-of-public-spending-to-protect-from-cuts-says-new-Ipsos-MORINuffield-Trust-poll.aspx>
- Health Survey for England, <http://www.hscic.gov.uk/healthsurveyengland>
- The Office of National Statistics, 2011 Census, <https://www.ons.gov.uk/census/2011census>
- Care and support: what's changing, the Department of Health, <https://www.gov.uk/government/publications/care-and-support-whats-changing/care-and-support-whats-changing>
- Later life in 2015: An analysis of the views and experiences of people aged 50 and over: Survey Topline Results, Ipsos MORI research for the Centre for Ageing Better, December 2015, <https://www.ipsos-mori.com/Assets/Docs/Polls/sri-centre-for-ageing-better-topline-2015.pdf>
- Age UK Loneliness Evidence Review, July 2014, <http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Age%20UK%20Evidence%20Review%20on%20Loneliness%20July%202014.pdf?dtrk=true>
- YouGov research for Alzheimer's Research UK, published online on 8th March 2016, <http://www.alzheimersresearchuk.org/new-figures-show-only-25-of-british-adults-think-dementia-risk-can-be-reduced%EF%BB%BF%EF%BB%BF/>
- Health Survey for England 2014: Health, social care and lifestyles, Summary of key findings, <http://www.hscic.gov.uk/catalogue/PUB19295/HSE2014-Sum-bklet.pdf>
- Poll for Astellas Innovation Debate, published online on 20th February 2016, <http://www.multivu.com/players/uk/7758851-astellas-survey-results-britain-social-care/>
- Orton, S. (1994), Evidence of the Efficiency of Quota Samples. Survey Methods Newsletter, vol. 15, no. 1; Stephenson, C. B. (1979), Probability Sampling with Quotas: Wan Experiment. POQ, vol. 43, no. 4.

8.3 Guide to statistical reliability

How accurately does the survey reflect the views of the English population of people aged 50 and over?

It should be remembered that a sample and not the entire population of adults aged 50 and over living in the 9 GORs of England has been interviewed. In consequence, all results are subject to sampling tolerances, which means that not all differences between results are statistically significant, at the 95% confidence interval. For example, for a question where 50% of the people in a weighted sample of 750 respond with a particular answer, the chances are 95 in 100 that this result would not vary more than plus or minus four percentage points from the result that would have been obtained from a census of the entire population (using the same procedures).

Indications of approximate sampling tolerances for this survey, and for surveys of smaller groups of participants, are provided in the table below. As shown, sampling tolerances vary with the size of the sample and the size of the percentage results. This survey used a quota sampling approach. Strictly speaking the tolerances applied here apply only to random samples with an equivalent design effect. In practice, good quality quota sampling has been found to be almost as accurate.²⁸

Approximate sampling tolerances applicable to percentages at or near these levels at the 95% confidence interval			
	10% or 90%	30% or 70%	50%
Size of sample on which survey result is based	±	±	±
100 interviews	6	9	10
200 interviews	4	6	7
300 interviews	3	5	6
400 interviews	3	5	5
500 interviews	3	4	4
600 interviews	2	4	4
750 interviews	2	3	4
1000 interviews	2	3	3

²⁸ Orton, S. (1994), Evidence of the Efficiency of Quota Samples. Survey Methods Newsletter, vol. 15, no. 1; Stephenson, C. B. (1979), Probability Sampling with Quotas: Wan Experiment. POQ, vol. 43, no. 4.

Comparing the views of different groups within the sample surveyed

Different groups within a sample (e.g. men and women) may have different results for the same question. A difference has to be of a certain size in order to be statistically significant. To test if a difference in results between two sub-groups within a sample is statistically significant, at the 95% confidence interval, the differences between the two results must be greater than the values provided in the table below. Again, strictly speaking the sampling tolerances shown here apply only to random samples with an equivalent design effect. In practice, good quality quota sampling has been found to be almost as accurate.²⁹

Differences required for significance at or near these percentages at the 95% confidence interval			
	10% or 90%	30% or 70%	50%
Size of sample on which survey result is based	±	±	±
100 and 100	8	13	14
100 and 200	7	11	12
100 and 300	7	10	11
100 and 400	7	10	11
100 and 500	7	10	11
200 and 200	7	10	11
200 and 300	5	8	9
200 and 400	5	8	9
200 and 500	5	8	8
300 and 300	5	7	8

²⁹ Ibid.

Only sub-groups comprising 100 or more participants are commented on in this report. It should be noted, however, that the smaller the size of the sub-group, the less we can rely on the survey estimates to be true representatives of the population as a whole. Findings for groups with as few as 100 participants can be subject to confidence intervals of +/- 10%.

In addition to being statistically significant, only sub-group differences which are interesting and relevant to the question being analysed are commented on in the report.

A number of different sub-groups have been reviewed during the data analysis stage and the ones referenced in the report are as follows (listed in alphabetical order):

Umbrella sub-group	Sub-group	Unweighted base size
Age	50 to 64 year olds	388
	65 to 74 year olds	202
	People aged 75 years old and over	168
Experience of care and support services	People who have used care and support services themselves or members of their household, close family or friends who have used care and support services in the past year.	267
	People who have not used care and support services and members of their household, close family or friends who have not used care and support services in the past year.	492
Gender	Men	370
	Women	389
Informal carer status	Informal carers, defined as people who look after, or give any help or support to family members, neighbours or others because of long term physical or mental ill health or disability, or problems related to old age	279
	People without caring responsibilities, defined as defined as people who do not look after, or give any help or support to family members, neighbours or others because of long term physical or mental ill health or disability, or problems related to old age	480
Live alone or with others	Those who live alone	200
	Those who live with other people	558
Loneliness biggest problem facing older people	Those who mention loneliness as one of the biggest health problems facing older people today	455

Long-standing illness, disability or infirmity status	People with a long-standing illness, disability or infirmity	237
	People with a long-standing illness, disability or infirmity or who live with someone with one	341
	People without a long-standing illness, disability or infirmity and who do not live with someone with one	418
Recent use of hospital services	People who have been NHS inpatients, NHS outpatients, users of accident and emergency departments or minor injuries units in the last year	440
	People who have not been NHS inpatients, NHS outpatients, users of accident and emergency departments or minor injuries units in the last year	319
Reported health status	People who report that their health in general is good or very good	480
	People who report that their health in general is bad or very bad	88
Social grade	AB	220
	C1	236
	C2	129
	DE	174
Views about care and support services provided by local councils for older people	Those who agree that local councils provide good care and support services for older people	203
	Those who disagree that local councils provide good care and support services for older people	339
Views about whether it is easy to feed back on care and support services	Those who agree that it is easy for people to feed back on the care and support services they use	244
	Those who disagree that it is easy for people to feed back on the care and support services they use	200
Views about whether care and support services act on the feedback they receive	Those who agree that organisations providing care and support services act on the feedback they receive from service users	288
	Those who agree that organisations providing care and support services act on the feedback they receive from service users	198
Views about whether NHS and care and support services work well together to give older people co-ordinated care	Those who agree that NHS and care and support services work well together to give older people co-ordinated care	268

	Those who disagree that NHS and care and support services work well together to give older people co-ordinated care	263
Views about whether older people are treated with dignity and respect by staff when they use care and support services	Those who agree that older people are treated with dignity and respect when they use care and support services	376
	Those who disagree that older people are treated with dignity and respect when they use care and support services	152

Current/recent carers	People who are currently or were until recently, providing any help or support to family members, neighbours or others because of long term physical or mental ill health or disability, or problems related to old age	390
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Sub-groups for current/recent carers:

Views about whether it is easy to find information about care and support services	Those who confident that they would know where to find information about local care and support services	276
	Those who are not confident that they would know where to find information about local care and support services	112
Views about care and support services provided by local councils for older people	Those who agree that local councils provide good care and support services for older people	100
	Those who disagree that local councils provide good care and support services for older people	186

8.4 Guide to social classification

In this report, references are made to social grade. The following table contains a brief list of social grade definitions as used by the Institute of Practitioners in Advertising. These groups are standard on all surveys carried out by Ipsos MORI.

Social Grade	Social Class	Occupation of Chief Income Earner
A	Upper Middle Class	Higher managerial, administrative or professional
B	Middle Class	Intermediate managerial, administrative or professional
C1	Lower Middle Class	Supervisor or clerical and junior managerial, administrative or professional
C2	Skilled Working Class	Skilled manual workers
D	Working Class	Semi and unskilled manual workers
E	Those at the lowest levels of subsistence	State pensioners, etc, with no other earnings

Source: Ipsos MORI

Interviewers use the following questions to help assign a participant a social grade classification:

Who is the chief income earner in the household? (This is the person in the household with the largest income, whether from employment, pensions, state benefits, investments or any other source.)

What is the occupation of the chief income earner?

What is chief income earner's job title is and what do they actually do?

What type of company does the chief income earner work for?

How many people work for the company?

How many people is the chief income earner responsible for?

Does the chief income earner have any job related qualifications?

In some cases, interviewers also ask these additional questions:

Is the chief income earner self-employed?

How many hours a week does the chief income earner work?

Is the chief income earner's job is manual or non-manual?

8.5 Questionnaire

Health, Ageing and Support Survey Questionnaire, Winter 2016 Wave

Good morning, afternoon, evening. My name is from Ipsos MORI, the market and opinion research organisation, and we are carrying out a survey about health, ageing and a range of related issues. The interview will take about 20 minutes.

I would like to assure you that all the information we collect will be kept in the strictest confidence, and used for research purposes only. All individual responses will remain anonymous. All interviews will be carried out in accordance with the Market Research Society Code of Conduct.

Section 1: Own health

I am going to start by asking you a few questions about health.

NEW SCREEN

GenHlth

SHOW CARD A (R)

How is your health in general? Is it...

READ OUT EXCEPT FOR DON'T KNOW. SINGLE CODE ONLY

- A. **Very good**
 - B. **Good**
 - C. **Fair**
 - D. **Bad**
 - E. **Very bad**
- Don't know

KeepPhysHlth

SHOW CARD B (R)

Which, if any, of the following are you currently doing to maintain your physical health? PROBE FULLY USING: Which others?

MULTICODE OK EXCEPT FOR DON'T KNOW OR NOTHING.

ACTIVITIES

- A. Exercising/sport

EATING AND DRINKING

- B. Eating healthily
- C. Limiting how much alcohol I drink

MEDICAL

- D. Taking medication
- E. Visiting my GP regularly
- F. Visiting another healthcare professional regularly

SMOKING

- G. Limiting how much I smoke
- H. Not smoking at all

Other (please specify)

Don't know

Nothing

KeepMindHealth

SHOW CARD C (R)

Which, if any, of the following are you currently doing to keep your mind healthy? PROBE FULLY USING: Which others?

MULTICODE OK EXCEPT FOR DON'T KNOW OR NOTHING.

ACTIVITIES

- A. Hobbies
- B. Exercising/sport
- C. Puzzles and games
- D. Reading
- E. Socialising
- F. Volunteering
- G. Watching/listening to documentaries/factual programmes
- H. Working

EATING AND DRINKING

- I. Eating healthily
- J. Limiting how much alcohol I drink

MEDICAL

- K. Taking medication
- L. Visiting my GP regularly
- M. Visiting another healthcare professional regularly

Other (please specify)

Don't know

Nothing

Section 2: Health and social issues facing older people

OldStarts

This survey includes some questions about older people. Thinking about the phrase 'older people', at what age would this start to apply?

ENTER ANY EXACT AGE. INCLUDE SOFT CHECK IF INTERVIEWER ENTERS AN AGE BELOW 40 OR ABOVE 100. SINGLE CODE ONLY. ALLOW DON'T KNOW.

BigProbsOldPpl

Thinking generally and not just about health, what are the biggest problems facing older people today? PROBE FULLY USING: What else?

DO NOT PROMPT. CODE FROM LIST BELOW OR WRITE IN. PLEASE SCROLL DOWN FOR FULL LIST. MULTICODE OK EXCEPT FOR DON'T KNOW OR NOTHING.

DISCRIMINATION/LACK OF RESPECT

- Age discrimination
- Lack of respect towards older people

HEALTH

- Difficulties eating well
- Difficulties keeping mentally active
- Difficulties maintaining physical fitness
- Drinking too much alcohol/alcoholism
- General health/health problems

FINANCIAL

- Cuts to state benefits
- Difficulties managing money/dealing with finances
- High cost of living
- Inadequate state funded care and support
- Not being able to afford to heat their homes
- Not big enough pensions
- Not enough money to live
- Not enough savings

LONELINESS

- Loneliness – children/families not living near parents
- Loneliness – older people living alone
- Loneliness – communities/society not taking care of older people
- Loneliness – not specified further

OTHER

- Having to provide care for someone else
- Lack of access to support with everyday tasks at home

- Other (please specify)
- Don't know

BigHlthProbsOldPpl

And what are the biggest health problems facing older people today? PROBE FULLY USING: What else?

DO NOT PROMPT. CODE FROM LIST BELOW OR WRITE IN. PLEASE SCROLL DOWN FOR FULL LIST. MULTICODE OK EXCEPT FOR DON'T KNOW OR NOTHING.

Age-related illnesses/people living longer/old age (if not specified further)

Alcohol abuse/drink-related illnesses/alcoholism/binge drinking

Alzheimer's disease

Arthritis

Cancer

Dementia

Diabetes

Depression

Falls

Flu

Heart disease/attacks

High blood pressure levels

High cholesterol levels

Lack of exercise/sedentary lifestyle

Liver disease

Lung disease/respiratory disease

Memory loss

Smoking/smoking related illnesses

Stress/pressure

Stroke

Unhealthy lifestyle

Other (please specify)

Don't know

Nothing

LonelinessProb

SHOW CARD D (R)

How big a problem, if at all, do you think loneliness is among older people living in England?

SINGLE CODE ONLY

- A. A very big problem
 - B. A fairly big problem
 - C. Not a very big problem
 - D. Not a problem at all
- Don't know

LonlinessTackle

SHOW CARD E (R)

Do you think society as a whole does a good job or a bad job at preventing loneliness among older people living in England?

SINGLE CODE ONLY

- A. A very good job
 - B. A fairly good job
 - C. Neither a good job nor a bad job
 - D. A fairly bad job
 - E. A very bad job
- Don't know

The next two questions are about dementia. The word dementia describes a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language. Dementia is caused when the brain is damaged by diseases, such as Alzheimer's disease or a series of strokes.

NEW SCREEN

HlthDemen

SHOW CARD F (R)

Do you think living a healthy lifestyle makes you more or less likely to develop dementia, or does it make no difference?

SINGLE CODE ONLY

- A. Much more likely to develop dementia
 - B. A little more likely to develop dementia
 - C. It makes no difference
 - D. A little less likely to develop dementia
 - E. Much less likely to develop dementia
- Don't know

MemLoss

SHOW CARD G (R)

Which of the following people, if anyone, would you be most likely to talk to if you were worried about your memory?

Please choose up to two.

MULTICODE UP TO TWO CHOICES OK EXCEPT FOR DON'T KNOW OR NO ONE.

- A. Family member(s)
- B. Friend(s)
- C. Charity/support group(s)

- D. My GP
- E. Nurse at my GP practice
- F. Pharmacist(s)
- G. Another healthcare professional(s) (please specify)

Other (please specify)

Don't know

No one

EndLifeMtttersMst

Thinking about people in the final few months of their lives, what aspects of care, if any, do you think matter the most?

PROBE FULLY USING: **What else?**

DO NOT PROMPT. CODE FROM LIST BELOW OR WRITE IN. PLEASE SCROLL DOWN FOR FULL LIST. MULTICODE OK EXCEPT FOR DON'T KNOW OR NOTHING.

CHOICE/INVOLVEMENT

- Being able to choose health/care and support services
- Being able to choose where to die
- Being able to choose where to live
- Being involved in decisions affecting care
- Maintaining independence
- Not being kept alive inappropriately/respect for do not resuscitate

FINANCIAL/LEGAL CONCERNS

- Drafting/updating a will
- Getting paperwork/admin in order
- Getting finances in order

QUALITY OF CARE

- Being treated with dignity and respect by health care professionals/carers
- Good quality care
- Pain management/relief

OTHER

- Being close to family/friends

- Other (please specify)
- Don't know
- Nothing
- Prefer not to say

Section 3: NHS services

I am now going to ask you some questions about the NHS.

NEW SCREEN

7DayServ

SHOW CARD H (R)

To what extent do you agree or disagree with each of the following statements?

ROTATE STATEMENTS. SINGLE CODE ONLY

- a. People are able to get a GP appointment at a time that is convenient for them
- b. Hospitals provide the same standard of service to patients in an emergency at the weekend as they do during the week
- c. Older people receive worse treatment and care from the NHS than younger people

- A. Strongly agree
- B. Tend to agree
- C. Neither agree nor disagree
- D. Tend to disagree
- E. Strongly disagree

Don't know

NoHarmHosp

SHOW CARD I (R)

If an older person close to you was being treated in an NHS hospital, how confident, if at all, would you be that they would not come to any harm while there?

SINGLE CODE ONLY

- A. Very confident
- B. Fairly confident
- C. Not very confident
- D. Not at all confident

Don't know

I don't have an older person close to me

NewWaysUsed

SHOW CARD J (R)

Some people are starting to have contact with NHS services in a number of new ways. In which, if any, of the following ways have you had contact with an NHS service (such as your GP surgery, local hospital, dentist or pharmacy) in the last year?

MULTICODE OK EXCEPT FOR NONE OF THEM OR DON'T KNOW

- A. Online appointment booking service
- B. Receiving reminders about appointments by mobile phone text message
- C. Online repeat prescriptions ordering service
- D. Receiving reminders about repeat prescriptions by mobile phone text message
- E. 111 telephone service for non-emergency assistance
- F. Accessing your GP health records online

None of these

Don't know

ASK PEOPLE WHO DID NOT SELECT CODES A OR B OR C OR D OR E OR F AT NewWaysUsed AND ONLY ASK THEM ABOUT THE CODES THEY DID NOT SELECT.

NewWaysFut

SHOW CARD K (R)

How likely, if at all, would you be to use each of the following if you needed to in the future?

SINGLE CODE ONLY

- a. An online appointment booking service
- b. A service reminding you about appointments by mobile phone text message
- c. An online repeat prescriptions ordering service
- d. A service reminding you about repeat prescriptions by mobile phone text message
- e. The 111 telephone service for non-emergency assistance
- f. A service allowing you to access your GP health records online

- A. Very likely
- B. Fairly likely
- C. Not very likely
- D. Not at all likely

Don't know

ASK ALL WHO SAY CODES 3-4 AT NewWaysFut FOR ANY OF THE STATEMENTS.

WhyUnlikely

You said you would be unlikely to have contact with NHS services in at least one of the ways suggested. Why is that?

DO NOT PROMPT. CODE FROM LIST BELOW OR WRITE IN. MULTICODE OK EXCEPT DON'T KNOW.

- I am not confident it would work
- I am worried about data security
- I don't know how to use the technology
- I don't need it/can't see the point
- I don't own a computer/tablet/smartphone/mobile phone
- I have never done it before
- I would rather speak to someone/do it in person

Other (please specify)

Don't know

Section 4: Care and support services

SHOW CARD L

The Government uses the term 'care and support' to describe the help some adults need to live as well as possible, for example support with any illness or disability they may have. It can include help with things like washing, dressing, eating, getting out and about and keeping in touch with friends or family. Care and support includes the help given by family and friends, as well as any provided by local councils or other organisations. The rest of this questionnaire focuses on care and support services.

NEW SCREEN

FndInfoCareSup

SHOW CARD M (R)

How confident, if at all, are you that you would know where to find information about local care and support services if you needed to?

SINGLE CODE ONLY

- A. Very confident
- B. Fairly confident
- C. Not very confident
- D. Not at all confident

Don't know

KeyStateCareSupp

SHOW CARD N (R)

To what extent do you agree or disagree with each of the following statements?

SINGLE CODE ONLY

- a. The Government has the right policies about care and support for older people in England
- b. Overall, local councils in England are providing good care and support services for older people
- c. Older people are treated with dignity and respect by staff when they use care and support services
- d. NHS and care and support services work well together to give older people co-ordinated care

- A. Strongly agree
- B. Tend to agree
- C. Neither agree nor disagree
- D. Tend to disagree
- E. Strongly disagree

Don't know

NoHarmResHome

SHOW CARD O (R)

If an older person close to you was receiving care and support in a nursing or residential home, how confident, if at all, would you be that they would not come to any harm while there?

SINGLE CODE ONLY

- A. Very confident
- B. Fairly confident
- C. Not very confident
- D. Not at all confident

Don't know

I don't have an older person close to me

Section 5: Feedback and complaints about care and support services

Feedback

SHOW CARD P (R)

To what extent do you agree or disagree with each of the following statements?

SINGLE CODE ONLY

- a. **Organisations providing care and support services act on feedback they receive from service users**
- b. **It is easy for people to feed back on the care and support services they use**

- A. **Strongly agree**
- B. **Tend to agree**
- C. **Neither agree nor disagree**
- D. **Tend to disagree**
- E. **Strongly disagree**

Don't know

ComfComplain

SHOW CARD Q (R)

If someone close to you had a poor experience using one of the following services, how comfortable, if at all, would you feel about making a complaint to the service?

SINGLE CODE ONLY

- a. **A nursing or residential home**
- b. **Care and support delivered in their own home**

- A. **Very comfortable**
- B. **Fairly comfortable**
- C. **Not very comfortable**
- D. **Not at all comfortable**

Don't know

ASK ALL WHO SAY NOT VERY COMFORTABLE OR NOT AT ALL COMFORTABLE COMPLAINING ABOUT A NURSING OR RESIDENTIAL HOME OR CARE AND SUPPORT DELIVERED IN SOMEBODY'S OWN HOME AT ComfComplain

UncomfComplain

You said you would not feel comfortable making a complaint. Why is that?

DO NOT PROMPT. CODE FROM LIST BELOW OR WRITE IN. PLEASE SCROLL DOWN FOR FULL LIST. MULTICODE OK EXCEPT FOR DON'T KNOW OR NONE OF THESE.

- I would worry about the impact on the person's care
- I would worry about being seen as a trouble maker
- I would worry about the person close to me being seen as a trouble maker
- It would cause me stress/upset
- It would cause the person close to me stress/upset
- I would be too embarrassed
- The person close to me would be too embarrassed
- I don't like confrontation/to make a fuss
- The person close to me does not like confrontation/to make a fuss
- I don't like to complain about anything
- The person close to me does not like to complain about anything
- I would worry about the impact on the career of the staff member
- The staff member was probably doing the best they can
- I don't think it would make a difference
- Other (please specify)
- Don't know
- None of these

Section 6: Planning for the future

I am now going to ask you a few questions about planning for the future.

NEW SCREEN

PowAttHlth

Before this interview, had you heard that you can assign someone you trust to make decisions about your health and care should you no longer be able to do so yourself? If you are not sure, then please say you are not.

SINGLE CODE ONLY

- Yes
- No
- I'm not sure

PowAttFin

Before this interview, had you heard that you can assign someone you trust to make decisions about your finances should you no longer be able to do so yourself? If you are not sure, then please say you are not.

SINGLE CODE ONLY

- Yes
- No
- I'm not sure

PrepOld

SHOW CARD R (R)

Which, if any, of the following things have you done or are you doing to prepare for getting older?

MULTICODE OK EXCEPT FOR DON'T KNOW OR NONE OF THESE.

- A. I have downsized/am downsizing my home
 - B. I have made/am making adaptations to my home so I can live there as long as possible (e.g. installing handrails/stair lifts)
 - C. I have paid/pay into a pension
 - D. I have set/am setting aside money to pay for the things I will need when I am older
 - E. I have looked/am looking at information about how to stay independent as I get older
 - F. I have assigned/am assigning someone I trust to make decisions about my health and care should I no longer be able to do so myself
 - G. I have assigned/am assigning someone I trust to make decisions about my finances should I no longer be able to do so myself
- Don't know
None of these

PrepFin

SHOW CARD S (R)

And to what extent are you already preparing financially to pay for the care and support services you might need when you are older?

SINGLE CODE ONLY

- A. To a great extent**
- B. To some extent**
- C. Hardly at all**
- D. Not at all**

Already using care and support services

ConcernCost

SHOW CARD T (R)

Before today how concerned were you, if at all, about meeting the cost of care and support services you might need when you are older?

SINGLE CODE ONLY

- A. Very concerned**
- B. Fairly concerned**
- C. Not very concerned**
- D. Not at all concerned**

Don't know

Section 7: Caring responsibilities

I am now going to ask you a few questions about looking after or caring for others.

NEW SCREEN

Carer

Do you look after, or give any help or support to family members, neighbours or others because of long term physical or mental ill health or disability, or problems related to old age? Do not count anything you do as part of your paid employment. IF YES: Is that for a member of your family, a friend, a neighbour or for someone else?

MULTICODE OK EXCEPT FOR NO AND DON'T KNOW/NOT SURE.

- Yes – for family
- Yes – for friend
- Yes – for neighbour
- Yes –for someone else
- No
- Don't know/Not sure

ASK IF CARER = NO OR DON'T KNOW

RecentCarer

Did you until recently look after, or give any help or support to family members, neighbours or others because of long term physical or mental ill health or disability, or problems related to old age? Do not count anything you did as part of your paid employment. IF YES: Was that for a member of your family, a friend, a neighbour or for someone else?

MULTICODE OK EXCEPT FOR NO AND DON'T KNOW/NOT SURE.

- Yes – for family
- Yes – for friend
- Yes – for neighbour
- Yes –for someone else
- No
- Don't know/Not sure

ASK IF PARTICIPANT IS NOT CURRENTLY CARING FOR ANYONE OR DID NOT RECENTLY CARE FOR ANYONE (CODES 5 AND 6 AT Carer OR CODES 6 AND 5 AT RecentCarer)

LikelyCarer

SHOW CARD U (R)

Thinking about the future, how likely, if at all, is it that you will have to care for someone close to you as they get older?

SINGLE CODE ONLY

- A. Very likely**
- B. Fairly likely**
- C. Not very likely**
- D. Not at all likely**
- Don't know

ASK ALL WHO SAY CODES 1 AND 2 AT LikelyCarer

CarerKnowEnough

SHOW CARD V (R)

How confident are you, if at all, that you would know enough to be able to care for someone close to you as they get older?

SINGLE CODE ONLY

- A. **Very confident**
- B. **Fairly confident**
- C. **Not very confident**
- D. **Not at all confident**

Don't know

ASK IF PARTICIPANT IS CURRENTLY CARING FOR SOMEONE OR HAS RECENTLY CARED FOR SOMEONE (CODES 1-4 AT Carer OR CODES 1-4 AT RecentCarer)

CarerEnoughSupp

SHOW CARD W (R)

To what extent do you agree or disagree that there is enough support available for those who care for people close to them as they get older?

SINGLE CODE ONLY

- A. **Strongly agree**
- B. **Tend to agree**
- C. **Neither agree nor disagree**
- D. **Tend to disagree**
- E. **Strongly disagree**

Don't know

Section 8: Demographics

And finally a few questions about you.

NEW SCREEN

Gender

CODE SEX OF RESPONDENT

SINGLE CODE ONLY

Male

Female

Age

Age of respondent: ENTER EXACT AGE

ALLOW REFUSAL

NEW SCREEN

ASK IF AGE = REFUSAL

Which age group applies to you?

ALLOW REFUSAL

50-54

55-59

60-64

65-69

70-74

75-79

80-84

85-89

90-94

95-99

100+

ASK ALL

DETAILS OF THE CHIEF INCOME EARNER IN HOUSEHOLD

SINGLE CODE ONLY. ALLOW DON'T KNOW AND REFUSAL

OCCUPATION (PRESENT OR LAST) (ENTER VERBATIM)

JOB TITLE (PRESENT OR LAST) (ENTER VERBATIM)

QUALIFICATIONS/APPRENTICESHIPS (ENTER VERBATIM)

NUMBER OF PEOPLE RESPONSIBLE FOR (ENTER NUMBER)

DETAILS OF THE CHIEF INCOME EARNER IN HOUSEHOLD

SINGLE CODE ONLY

A

B

C1

C2

D

E

CIE

Respondent is:

SINGLE CODE ONLY

Chief Income Earner

Not Chief Income Earner

Hhld

Household is:

SINGLE CODE ONLY

Pensioner only (i.e. no children or other adults)

Non-pensioners (i.e. adults/no dependent children under 16)

Adults with dependent child/ren under 16

WorkStat

Working status of respondent:

SINGLE CODE ONLY

Working

Full time (30+ hrs)

Part-time (9-29 hrs)

Unemployed

Seeking work

Not seeking work

Not working

Retired

Looking after house/children

Invalid/disabled

Student

Other (PLEASE WRITE IN)

Don't know

LivAlone**Do you live alone or with other people?**

SINGLE CODE ONLY

Other people

Alone

Refused/Not stated

Dis**Do you, or anyone else in your household have any long-standing illness, disability or infirmity? IF YES: Is that you or someone in your household?**

MULTICODE OK EXCEPT FOR NO.

Yes, respondent

Yes, other household member

No

Ethnic

SHOW CARD X (R)

Which group on this card do you consider you belong to? Please just read out the letter.

SINGLE CODE ONLY. PLEASE SCROLL DOWN FOR FULL LIST.

White

- A. English/Welsh/Scottish/Northern Irish/British
- B. Irish
- C. Gypsy or Irish Traveller
- D. Any other White background

Mixed/multiple ethnic groups

- E. White and Black Caribbean
- F. White and Black African
- G. White and Asian
- H. Any other Mixed/multiple ethnic background

Asian/Asian British

- I. Indian
- J. Pakistani
- K. Bangladeshi
- L. Chinese
- M. Any other Asian background

Black/African/Caribbean/Black British

- N. African
- O. Caribbean
- P. Any other Black/African/Caribbean background

Other ethnic group

- Q. Arab
 - R. Any other ethnic group
- Refused/Not stated

NHSUse

SHOW CARD Y (R)

Which of the following health services, if any, have you personally used in the last year or so? Just read out the letter or letters that apply.

MULTICODE OK EXCEPT FOR NONE OF THESE OR DON'T KNOW/REFUSED.

- A. Been an inpatient at an NHS hospital
 - B. Attended an NHS hospital as an outpatient
 - C. Visited an accident and emergency (A&E) department
 - D. Visited a minor injuries unit or an urgent care centre
 - E. Used NHS 111 (the NHS telephone line)
 - F. Visited a Pharmacist/Chemist for medical advice
 - G. Used the NHS Choices website
 - H. Used a walk-in clinic
 - I. Visited an NHS GP
 - J. Used care and support services
- Other (please specify)
None of these
Don't know/Refused

CarSupUse

SHOW CARD Z (R)

Which of the following care and support services, if any, have you, members of your household, close family or friends used in the last year or so? Just read out the letter or letters that apply.

FOR EACH SERVICE MENTIONED: And did you use that service personally or was it someone else?

PLEASE CODE EACH SERVICE MENTIONED APPROPRIATELY INTO THE 'ME PERSONALLY' AND/OR 'SOMEONE ELSE' COLUMN.

PLEASE SCROLL DOWN FOR FULL LIST. MULTICODE OK EXCEPT FOR DON'T KNOW OR NONE OF THESE FOR EACH COLUMN.

SUPPORT PROVIDED IN A RESIDENTIAL/NURSING HOME

- A. Residential/nursing care for older people
- B. Residential/nursing care for people with disabilities

DAY-TO-DAY SUPPORT

- C. Adaptations to homes (e.g. widening doorways for wheelchair access)
- D. Care provided in older people's own homes
- E. Care provided in the homes of people with disabilities
- F. Day/community/luncheon centres for older people
- G. Day/community/luncheon centres for people with disabilities
- H. Equipment (e.g. bath seats or raised toilet seats)
- I. Meals on wheels
- J. Short term intensive support to help people live independently at home when leaving hospital or after a long illness (reablement)
- K. Transport services for older people
- L. Transport services for people with disabilities

FINANCIAL SUPPORT

- M. Direct payment/Individual budgets/Personal health budgets (payment of allowances/funds into personal accounts/personal budgets/allowances to spend on services)

EMPLOYMENT

- N. Support to stay in work for those with a disability/long-term health condition

Other (please specify)

None of these

Don't know

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The Social Research Institute works closely with national governments, local public services and the not-for-profit sector. Its c.200 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. This, combined with our methodological and communications expertise, helps ensure that our research makes a difference for decision makers and communities.