

March 2017

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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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, the Department of Health commissioned a new survey to explore, and potentially track, the perceptions and attitudes of people aged 50 and over in England towards health, ageing and care and support services. Two waves of this survey have been completed to date and this report presents the findings from the latest wave which took place between 3 January and 19 February 2017.

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 755 interviews were conducted with adults aged 50 and over in England between 3 January and 19 February 2017.

In order to achieve a sample broadly 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 are slightly less positive about their health than a year ago, but still take their physical and mental health seriously. Eating healthily is seen as important for both physical and mental health, though nearly half do not think a healthy lifestyle can prevent dementia.**
- **Fewer people than last year say they would take to their GP if they were worried about their memory.**
- **Loneliness continues to be seen as a big problem for older people and most think society is not doing enough to prevent it.**
- **Views are less positive than a year ago about whether the government has the right policies about care and support services, and about whether care and support services work well with the NHS to provide co-ordinated care.**
- **People continue to be more confident about the safety of older people in hospitals than in nursing or residential homes.**
- **Concern about meeting the cost of care and support services has increased since last year. However, this has not translated into greater action and people are still not preparing substantially for the financial cost of care and support they might need.**

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 (37%) think that it starts between the ages of 70 and 79 years old, while three in ten (32%) suggest an age between 60 and 69 years old. These findings are in line with last year and 70 is again the age most frequently mentioned.¹

Health and wellbeing

People aged 50 and over are relatively positive about their own health, though slightly less than a year ago. Fewer now describe their health as good or *very* good (59%, compared with 64% in 2016), and more rate it as bad (11%, compared with 8%).

People continue to take their physical and mental health seriously though, naming a large number of actions they take to maintain their health. Like last year, they are more likely to mention lifestyle factors such as eating healthily (77%) and not smoking (69%) than medical ones such as taking medication (57%) or visiting their GP regularly (35%) when talking about how they maintain their physical health.

Reading is still the action (from a list of possible actions) people mention most frequently when asked how they keep their mind healthy (67% mention it this year and 68% did last year²), followed by eating healthily (mentioned by 63% this year and 62% last year). Over half say they socialise (51%, and 52% last year), possibly reflecting widespread concern about

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

² When looking at results to the same question from different waves of the survey, a difference has to be of a certain size in order to be statistically significant. In this case, the difference was not large enough to be statistically significant. For more detail, please see appendix 8.3.

loneliness. Loneliness is still most commonly cited when thinking about the biggest problems facing older people today (56%). Almost all (91%) people aged 50 and over think that loneliness is a big problem, with half (50%) describing it as a *very* big problem. Only 15% think that society does a good job at preventing loneliness among older people living in England.

Just under half (46%) mention financial issues as one of the biggest problems facing older people today, the same proportion as in 2016 (46%). One financial issue cited a lot more this year than last year though is 'inadequate state funded care and support' (19% mention it this year compared with 9% last year). This may be linked to media coverage about pressures facing the care and support system during the fieldwork period for this year's survey. For example, Age UK published a report³ in February 2017 which discussed pressures facing the system and this received media coverage⁴.

Dementia/Alzheimer's disease is still most commonly mentioned as among the biggest health problems facing older people (52% mention it now, and 48% did last year). Two thirds (66%) say they would talk to a family member if they were worried about losing their memory. Although this has not changed since last year, the proportion who say they would talk to their GP has fallen (from 70% to 60%). A lack of understanding of dementia persists, as around half (45%) think that living a healthy lifestyle makes no difference to the likelihood of developing dementia (48% did last year).

Perceptions of care and support services for older people

Only around two in ten (22%) people aged 50 and over agree that local councils are providing good care and support services, and a similar proportion (19%) agree that the government has the right policies for them. The proportion who disagree that the government has the right policies about care and support for older people has increased since last year (from 51% to 59%).

The proportion disagreeing that NHS and care and support services work well together to give older people co-ordinated care has also risen. Around four in ten (42%) now disagree, compared with a third (36%) last year. The proportion agreeing has remained stable however (30% this year and 34% last year). Just under half (47%) 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, the same proportion as in 2016 (49%).

Opinion remains divided on whether it is easy for people to feed back on care and support services (36% agree, 31% disagree, while 20% neither agree nor disagree), as well as whether or not organisations act on the feedback (31%, disagree and 26% neither agree nor disagree). Most would still feel comfortable making a complaint about poor care in a nursing or residential home (82%) or about care and support delivered in someone's own home (83%).

People continue to be more confident about the safety of older people in hospitals than in nursing or residential homes. Around seven in ten (69%) are confident that an older person would not come to any harm when being treated in an NHS hospital, compared with just over half (55%) who say the same about a nursing or residential home.

³ The Health and Care of Older People in England 2017, Age UK, 16 February 2017, <http://www.ageuk.org.uk/latest-news/borrowed-time-for-care/>

⁴ English social care system for elderly facing 'complete collapse', Haroon Siddique, The Guardian, 16 February 2017, <https://www.theguardian.com/society/2017/feb/16/english-social-care-system-for-elderly-facing-complete-collapse>

Perceptions of NHS services

Views remain mixed over whether young and old patients are treated in the same way by the NHS. Around a third (36%) agree with the statement that 'older people receive worse treatment and care from the NHS than younger people', while the same proportion (36%) disagree.

Preparing for the future

Concern about meeting the cost of care and support services has increased since last year (51% express concern, compared with 44% last year). However, only half (53%) of people aged 50 and over say they are preparing financially for care and support services they might need when they are older. While around two thirds (63%) have paid or are paying in to a pension, 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 (24%). This is despite the fact that awareness of powers of attorney for financial matters continues to be high (86% have heard of it, the same proportion as last year).

Caring for others

In line with last year, just over half (54%) of people aged 50 and over are current or recent carers, and a further four in ten (38%) think they will have to care for someone in the future. The vast majority (82%) 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 patterns emerge when looking at differences between different demographic sub-groups. While results vary by age, it is clear that, like last year, 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:

- more likely to think loneliness is a big problem;
- more likely to disagree that government has the right policies about care and support for older people; and
- more likely to disagree that care and support organisations act on the feedback they receive from users.

Perceptions also still 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 rate their health as bad or very bad;
- more likely to say they do nothing to maintain their physical health;
- more likely to think that living a healthy lifestyle makes no difference to developing dementia;
- less likely to have prepared financially for future care and support needs; and
- more likely to say they are not confident that they would know where to find information about care and support services.

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 high⁵, relatively few people use care and support services⁶ 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 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 care⁷. 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. Two waves of this survey have been completed to date (one in January – February 2016 and one in January – February 2017), though it is likely to be repeated again 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.

⁵ 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>

⁶ 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>

⁷ 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 second wave of this survey, conducted in early 2017. This data is compared with data from the 2016 survey to give an indication of any changes that have occurred since then. A list of the questions where there have been statistically significant changes is presented below. Statistically significant changes are also highlighted on the charts in this report with black arrows. As the methodology for the survey has not changed between the two waves, it is unlikely that these changes are due to the way the survey has been administered and it is more likely that these changes represent in changes in public perceptions.

Linked to this, 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 media coverage about pressures facing the care and support system during the fieldwork period for this year's survey. Age UK published a report⁸ in February 2017 which discussed pressures facing the system and this received media coverage⁹. This may have had an impact on some questions, for example one about the biggest problems facing older people today.

- How is your health in general?
- Which, if any, of the following are you currently doing to keep your mind healthy?
- Thinking generally and not just about health, what are the biggest problems facing older people today?
- And what are the biggest health problems facing older people today?
- 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.
- To what extent do you agree or disagree with each of the following statements? The Government has the right policies about care and support for older people in England
- To what extent do you agree or disagree with each of the following statements? NHS and care and support services work well together to give older people co-ordinated care
- To what extent do you agree or disagree that older people receive worse treatment and care from the NHS than younger people?
- 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?
- 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?

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

⁸ The Health and Care of Older People in England 2017, Age UK, 16 February 2017, <http://www.ageuk.org.uk/latest-news/borrowed-time-for-care/>

⁹ English social care system for elderly facing 'complete collapse', Haroon Siddique, The Guardian, 16 February 2017, <https://www.theguardian.com/society/2017/feb/16/english-social-care-system-for-elderly-facing-complete-collapse>

England who participated in the survey'. The sampling and weighting processes applied mean participants are representative of the population aged 50 and over in England. More detail about this can be found in the appendices.

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 level 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'.

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 both waves 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 latest wave of the Public Perceptions of the NHS and Social Care Tracker Survey were conducted at the end of 2016 (31 October and 18 December) and interviews for this survey were

conducted from 3 January – 19 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.¹⁰ 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.¹¹

Four in ten (37%) people aged 50 and over think that the phrase 'older people' starts to apply between the ages of 70 and 79 years old. A third (32%) think it starts between 60 and 69 years old and 13% think it starts between 80 and 89 years old. As with last year, the age mentioned most often is 70 and the mean average age mentioned is 68 (last year it was 69)¹². These findings reflect other research conducted by Ipsos MORI for the Centre for Ageing Better and the Big Lottery Fund, which 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.¹³

¹⁰ 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>

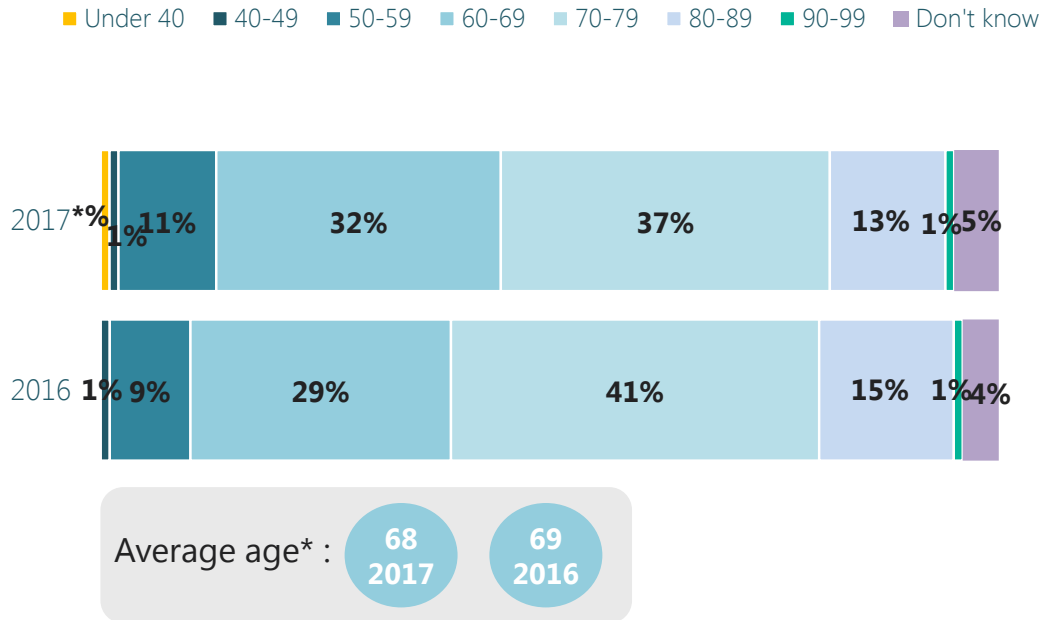
¹¹ This question was unprompted, meaning participants were not presented with a list of potential answer codes.

¹² Average age excludes don't know responses.

¹³ 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>

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

Thinking about the phrase 'older people', at what age would this start to apply?



Base: Adults aged 50+ in England 2017, 3 January 2017 – 19 February 2017 (755), 4 January 2016 - 21 February 2016 (759)

Source: Ipsos MORI/DH Health, Ageing and Support Tracker

Ipsos MORI Social Research Institute *average age excludes don't know responses

Repeating a pattern recorded last year, the age at which people say the phrase 'older people' starts to apply tends to increase as people get older:

- 20% of those aged 50 to 64 think the phrase 'older people' starts to apply between the ages of 50 and 59 compared with 3% of those aged 65 to 74 and just 1% of those aged 75 and over; and
- 23% of those aged 75 and over think the phrase 'older people' starts to apply between 80 and 89 years old compared with 13% of people overall.

- 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.

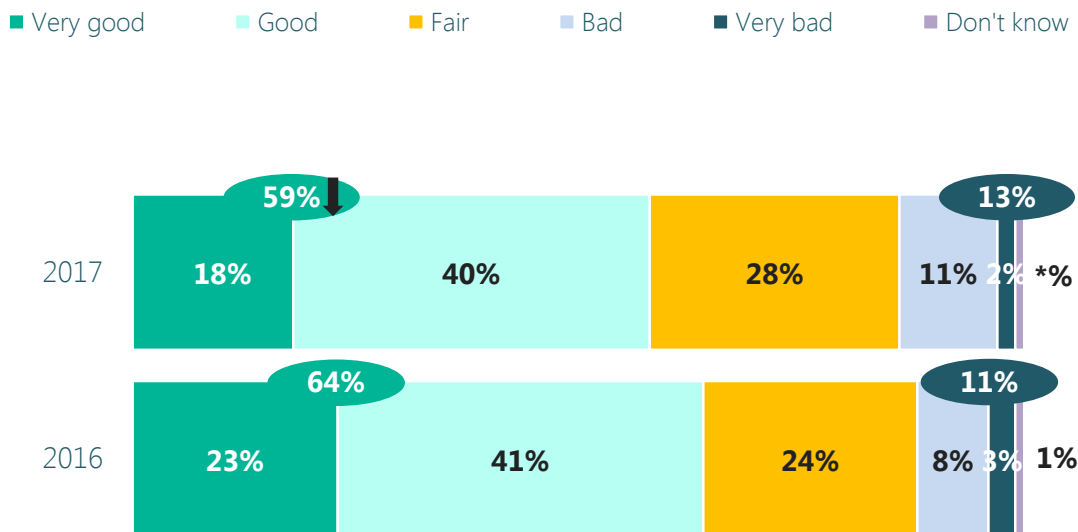
3.1 How people aged 50 and over view and maintain their health and wellbeing

Perceptions of health

People aged 50 and over are relatively positive about their health, although slightly less so than last year. Close to six in ten (59%) rate their health as *very good* or *good* compared with two thirds (64%) in 2016. Just over a quarter (28%) say their health is fair, the same proportion as last year (24%)¹⁴. Around one in ten (13%) rate their health as bad or *very bad*, and the proportion rating their health as bad has increased since last year (from 8% to 11%).

Figure 3.1: Perceptions of general health

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



Base: Adults aged 50+ in England 2017, 3 January 2017 – 19 February 2017 (755), 4 January 2016 - 21 February 2016 (759)

Source: Ipsos MORI/DH Health, Ageing and Support Tracker



¹⁴ When looking at results to the same question from different waves of the survey, a difference has to be of a certain size in order to be statistically significant. In this case, the difference was not large enough to be statistically significant. For more detail, please see appendix 8.3.

Unsurprisingly, the youngest age group is more likely to be positive about their health than the oldest age group, being both more likely to rate it as *very good* or *good* and less likely to rate it as *fair*.

- Nearly two thirds (62%) of those aged 50 to 64 rate their health as *very good* or *good*, compared with half (50%) of those aged 75 and over.
- In parallel, a quarter (26%) of those aged 50 to 64 say their health is *fair*, compared with a third (35%) of those aged 75 and over.

There are also differences by social grade, with those in social grades AB more positive about their health than those in other social grades. Around three quarters (73%) of those in social grades AB rate their health as *very good* or *good*, compared with fewer than six in ten of those in social grade C1 (57%) and C2 (55%) and around half in grades DE (49%).

A quarter (23%) of 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 6% of those in grades AB.

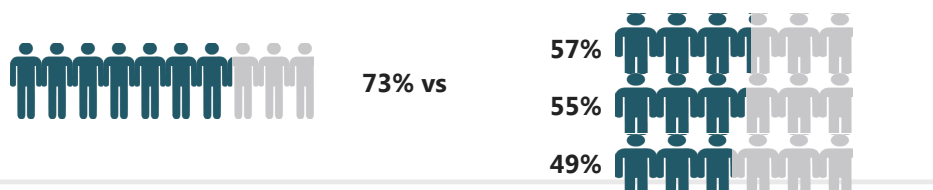
Figure 3.2: How ratings of general health vary among different groups

How ratings of general health vary among different groups

50-64 year olds are more likely to rate their health as good than those aged 75 and over



Those in social grade AB are more likely to rate their health as very good/good than those in social grade C1, C2 and DE



Base: Adults aged 50+ in England 2017, 3 January 2017 – 19 February 2017 (755); 50-64 year olds (372), 75 years and over (173), Adults in social grades DE (174)

Source: Ipsos MORI/DH Health, Ageing and Support Tracker

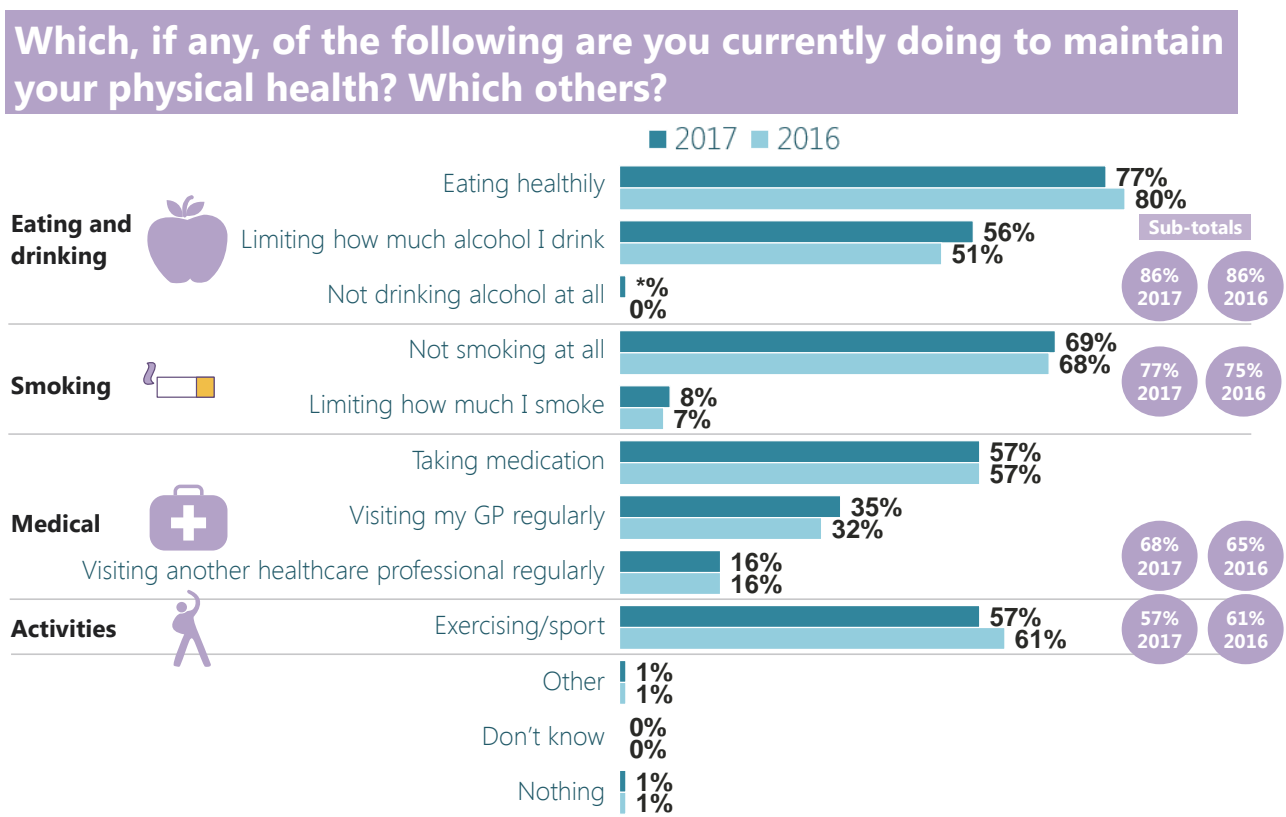
Ipsos MORI
Social Research Institute

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* (33% compared with 13%). People who have used hospital services in the last year are also more likely to be negative (19% rate their health as *bad* or *very bad* compared with 9% 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 (69%) say they do not smoke. Around six in ten (57%) say they exercise or take part in sport, while the same proportion (57%) say they take medication. On average people mention four things that they are doing to maintain their physical health. Just one in a hundred (1%) say they are not doing anything to maintain their physical health. Responses to this question have not changed since last year.

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



Base: Adults aged 50+ in England 2017, 3 January 2017 – 19 February 2017 (755), 4 January 2016 - 21 February 2016 (759)

Source: Ipsos MORI/DH Health, Ageing and Support Tracker



There are differences by age in terms of the sorts of things people report they are doing to maintain their physical health, with the younger age groups 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 they smoke than those aged 75 and over (11% compared with 3%). They are also more likely to say they exercise or play sport (60% of 50 to 64 year olds say this compared with 50% of those aged 75 and over).

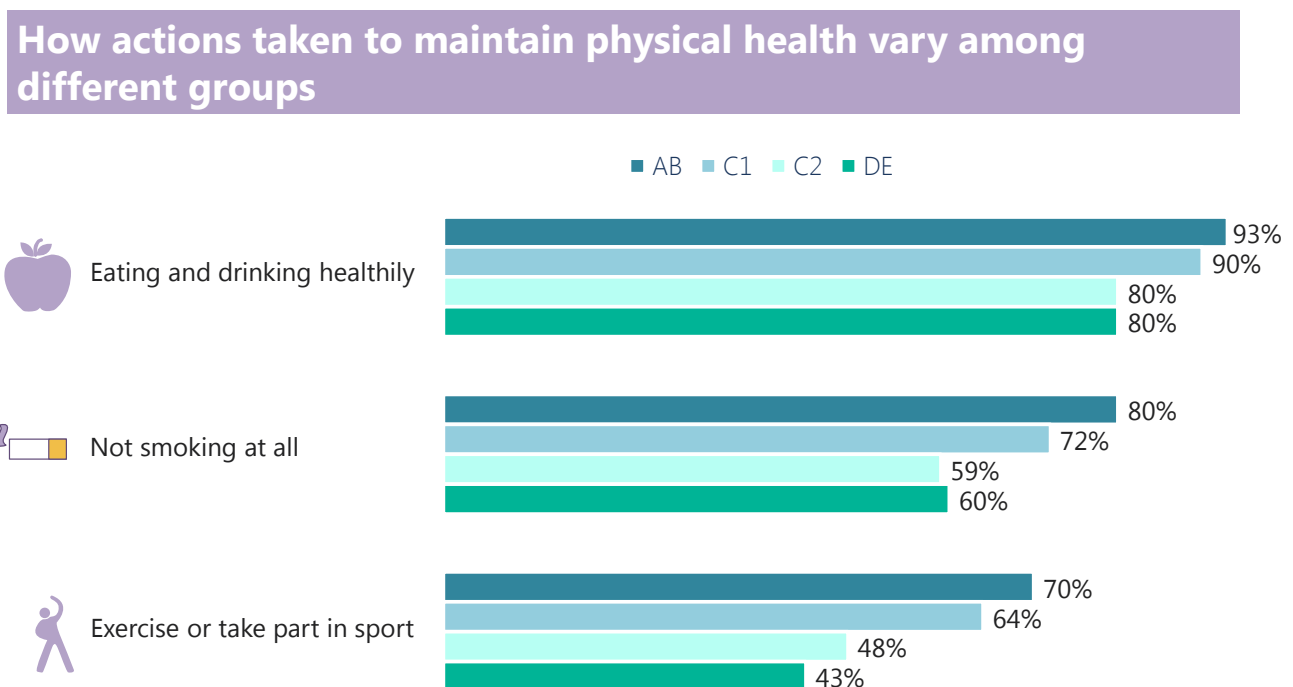
- Those aged 75 and over are more likely to say they take medication to maintain their physical health than those aged 50 to 64 or those aged 65 to 74 (75% compared with 47% and 64% respectively). Additionally, nearly half (47%) of this older age group say they visit their GP regularly, compared with a third (32%) of those aged 50 to 64 and the same proportion (31%) of those aged 65 to 74.

Those in social grades DE are more likely to say that they do nothing to maintain their physical health, compared with people overall (3% compared with 1%).

Linked to this, people in social grades AB and C1 are more likely to cite lifestyle factors as things they are doing to maintain their physical health than those in social grades C2 and DE:

- 93% of those in social grades AB and 90% of those in C1 say they eat and drink healthily compared with 80% of those in C2 and the same proportion of those in DE.
- 80% of those in social grades AB and 72% of those in C1 say they do not smoke at all compared with 59% of those in C2 and 60% of those in DE.
- 70% of those in social grades AB and 64% of those in C1 say they exercise or take part in sport compared with 48% of those in C2 and 43% in DE.

Figure 3.4: How actions taken to maintain physical health vary among different groups



Base: Adults aged 50+ in England 2017, 3 January 2017 – 19 February 2017 (755): Adults in social grades AB (192), Adults in social grade C1 (224); Adults in social grade C2 (155); Adults in social grades DE (184)

Source: Ipsos MORI/DH Health, Ageing and Support Tracker



Mental health

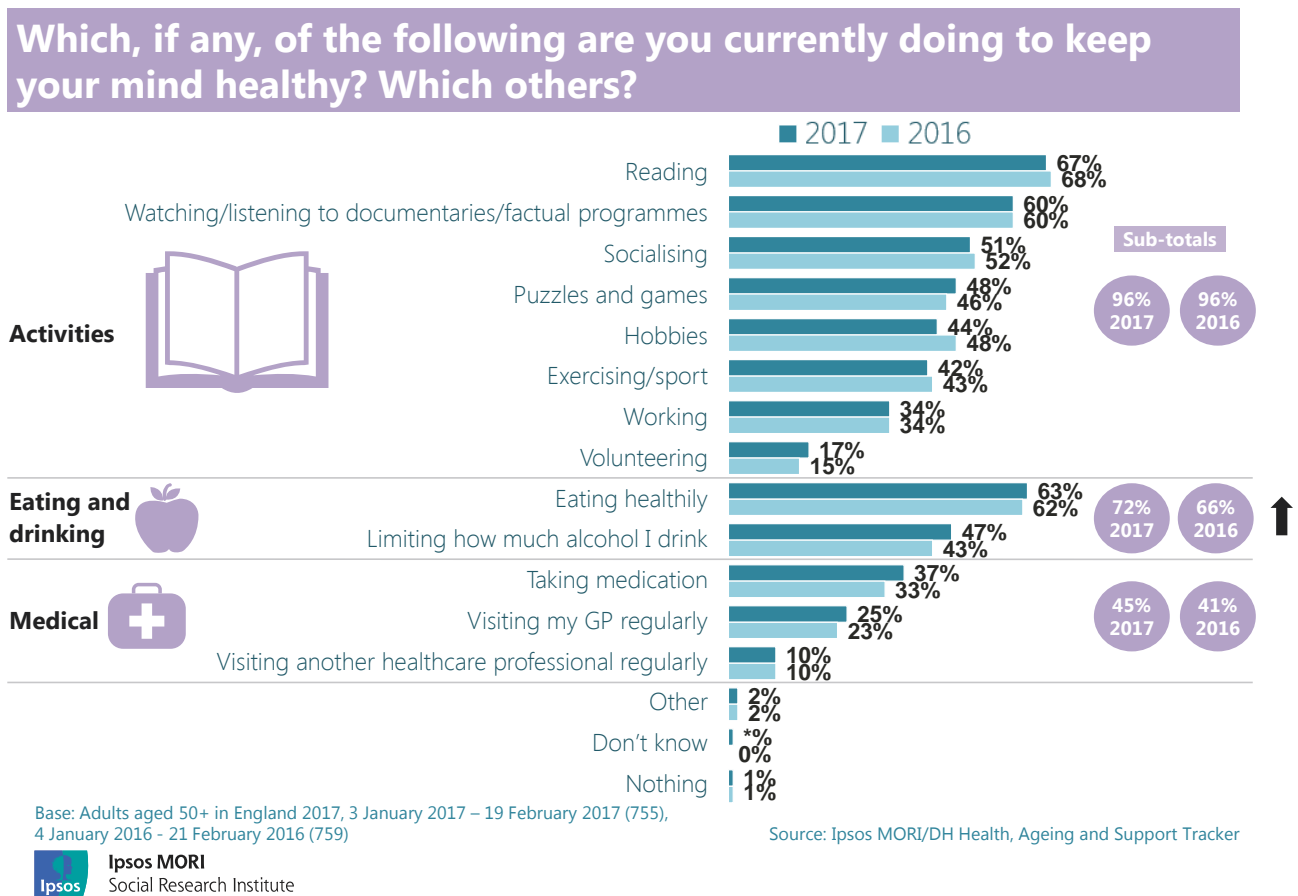
In line with the results from last year, the vast majority (96%) of people aged 50 and over say they engage in some kind of activity to keep their mind healthy. Around two thirds (67%) say they read and six in ten (60%) say they watch or listen to documentaries or factual programmes (when presented with a list of possible answer options). Half (51%) say they socialise.

More people than last year now say they eat and drink healthily to keep their mind healthy (72% say this now compared with 66% last year). Over four in ten (45%) mention medical factors, such as taking medication or visiting their GP regularly, and this has not changed since last year (when 41% mentioned this).

On average people mention five things that they are doing to maintain their mental health, and this has not changed over the last year.

Only one in a hundred (1%) say they are not doing anything to keep their mind healthy, the same proportion who say they are not doing anything to maintain their physical health.

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



As mentioned above, half (51%) 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 still considered among the biggest

problems facing older people today (as is discussed in more detail later in this chapter). Indeed, those who think that loneliness is the biggest problem facing older people today are still more likely to say they socialise to keep their mind healthy than people overall (56% compared with 51%).

Women are also more likely than men to say they socialise (58% compared with 43%), as well as read (74% compared with 59%), and do puzzles and games (54% compared with 41%). These gender differences were apparent last year too.

People aged 75 and over are more likely than those in younger age groups to cite medical factors, such as visiting their GP regularly, as a way to maintain their mind health. For example:

- 49% of people aged 75 and over take medication compared with 28% of those aged 50 to 64; and
- 35% of people aged 75 and over say they visit their GP regularly, compared with 20% of those aged 50 to 64 and 25% of 65 to 74 year olds.

Older age groups are also more likely to say they read to keep their mind healthy. Three quarters (74%) of people aged 75 and over say this compared with two thirds (64%) of people aged 50 to 64.

Perhaps expectedly, those in the youngest age group are more likely to say they exercise or take part in sport to keep their mind healthy than those in the oldest age group. Nearly a half (47%) of people aged 50 to 64 say they do this, compared with three in ten (30%) of those aged 75 and over.

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:

- 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 90% of those in grades DE.
- 78% of those in grades AB and 77% of those in grade C1 say they eat or drink healthily to keep their mind healthy compared with 63% of those in grades DE.

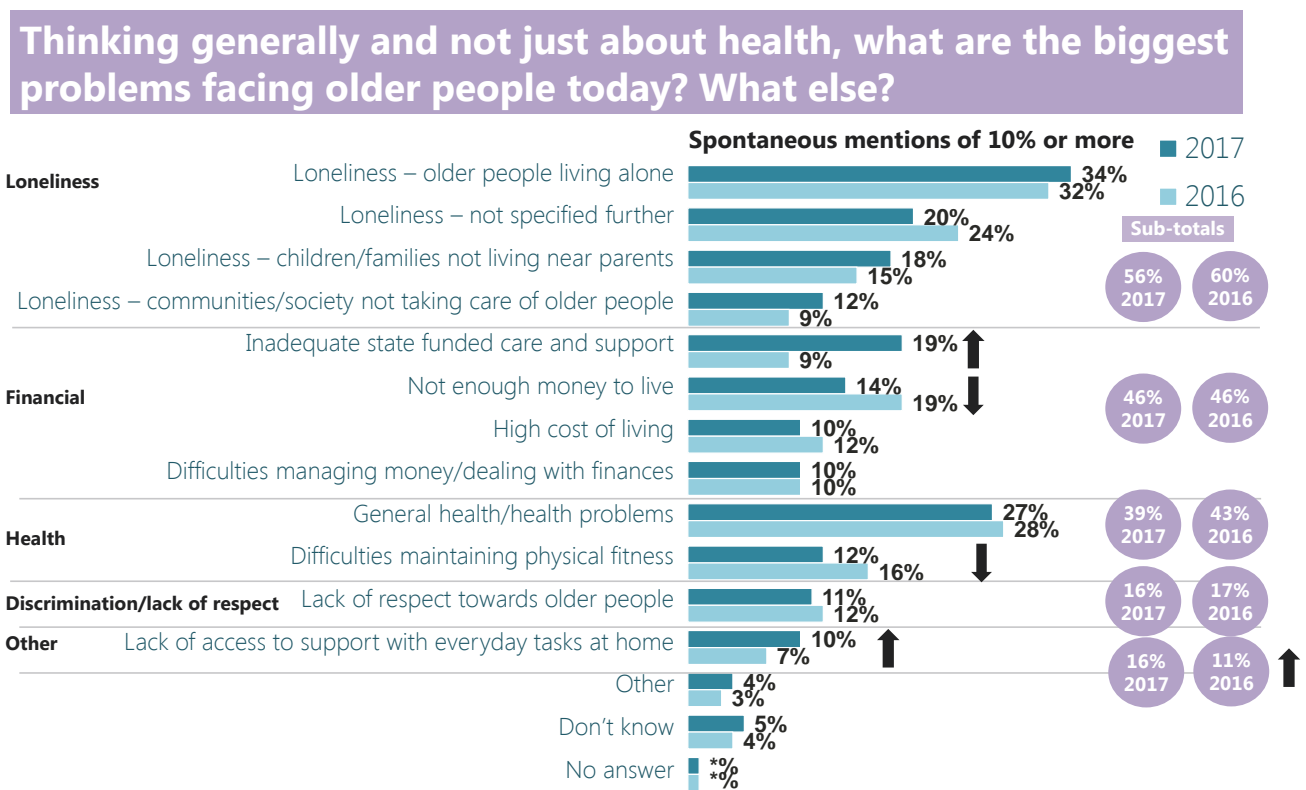
3.2 Problems facing older people

When thinking about the biggest problems facing older people today, and not just about health, loneliness is still most commonly spontaneously cited (56% mention it now and 60% did last year).¹⁵

Just under half (46%) mention financial issues, the same proportion as in 2016 (46%). One financial issue is cited a lot more this year than last year though, ‘inadequate state funded care and support’. Around two in ten (19%) mention it, compared with around one in ten (9%) in 2016. This rise in mentions may be linked to media coverage about pressures facing the care and support system during the fieldwork period for this year’s survey. For example, Age UK published a report¹⁶ in February 2017 which discussed pressures facing the system and this received media coverage¹⁷. The proportion mentioning ‘not having enough money to live’ has fallen (from 19% last year to 14% now).

Around four in ten (39%) mention health related issues, and this has not changed since last year (when 43% did). Fewer now mention ‘difficulties maintaining physical fitness’ compared with last year though (12% do now, compared with 16% in 2016).

Figure 3.6: Perceptions of the biggest problems facing older people today



Base: Adults aged 50+ in England 2017, 3 January 2017 – 19 February 2017 (755), 4 January 2016 - 21 February 2016 (759)

Source: Ipsos MORI/DH Health, Ageing and Support Tracker

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This question was unprompted, meaning participants were not presented with a list of potential answer codes when answering this question. Participants are able to give more than one answer at this question.

¹⁵ This question was unprompted, meaning participants were not presented with a list of potential answer codes.

¹⁶ The Health and Care of Older People in England 2017, Age UK, 16 February 2017, <http://www.ageuk.org.uk/latest-news/borrowed-time-for-care/>

¹⁷ English social care system for elderly facing ‘complete collapse’, Haroon Siddique, The Guardian, 16 February 2017, <https://www.theguardian.com/society/2017/feb/16/english-social-care-system-for-elderly-facing-complete-collapse>

People aged 65 to 74 are the most concerned about 'not having enough money to live'. Nearly two in ten (19%) of this group are concerned about this, compared with one in ten (10%) of those aged 75 and over.

3.3 Loneliness

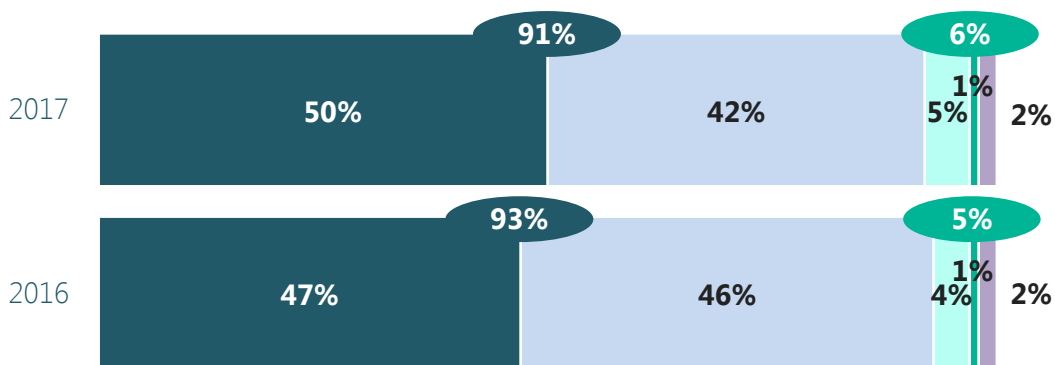
There are still high levels of concern about loneliness among older people in England. The majority (91%) of people aged 50 and over think loneliness is a big problem, with half (50%) thinking it is a *very* big problem. Only one in twenty (6%) say it is not a big problem and one in a hundred do not think it is a problem at all (1%). Results remain unchanged since last year.

As discussed in the 2016 report, high levels of concern about loneliness reflect the reported prevalence of loneliness amongst older people recorded in other surveys. In a 2015 survey for the Centre for Ageing Better, nearly a quarter (24%) of those aged 50 and over said they felt a lack of companionship some of the time and 5% said they felt this often.¹⁸ Around half (49%) of those aged 65 and over in a 2014 survey said that television or pets were their main form of company.¹⁹

Figure 3.7: Response to the question: 'How big a problem, if at all, do you think loneliness is among older people living in England?'

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

■ A very big problem ■ A fairly big problem ■ Not a very big problem ■ Not a problem at all ■ Don't know



Base: Adults aged 50+ in England 2017, 3 January 2017 – 19 February 2017 (755), 4 January 2016 - 21 February 2016 (759)

Source: Ipsos MORI/DH Health, Ageing and Support Tracker



¹⁸ 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>

¹⁹ 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>

While high rates of concern about loneliness are seen across many different groups, there are some groups who are more worried than others. These include:

- the youngest age group (95% of those aged 50 to 64 say loneliness is a big problem, compared with 86% of those aged 75 and over);
- those in social grades AB (65% think loneliness is a big problem, compared with 53% of people in grade C1, and 48% in grades DE); and
- women, who are more likely to consider loneliness to be among the biggest problems facing older people today than men (64% compared with 47%).

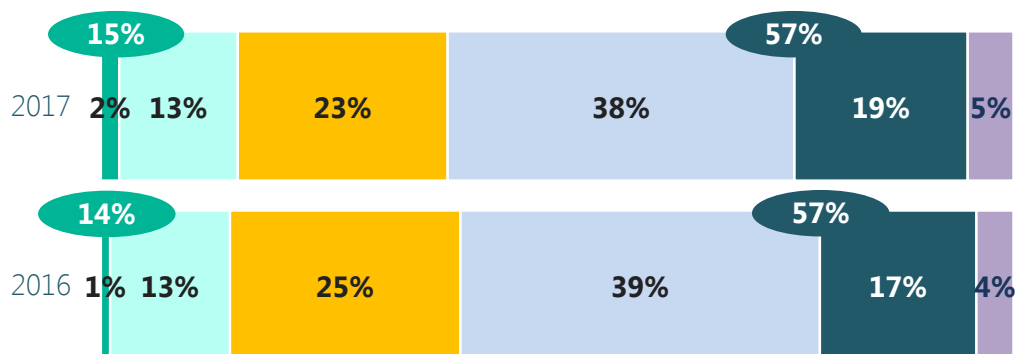
More specifically, 40% of women are concerned about 'older people living alone', compared with 28% of men. In addition, replicating the pattern recorded last year, those who live alone are more likely to say they are concerned about 'older people living alone' than those who live with others (41% compared with 31%). In contrast, those who *do* live with others are more concerned about 'communities/society not taking care of older people' than those who live alone (13% compared with 8%).

Although the majority of people are concerned about loneliness among older people living in England, only 15% think society as a whole does a good job at preventing it. Nearly six in ten (57%) think that society does a bad job at preventing it, while around a quarter (23%) think society does neither a good nor a bad job. These figures have not changed in the last year, despite the Jo Cox Commission on Loneliness²⁰ being launched during the fieldwork for this wave (on 31st January 2017), which aims to start a national conversation about the scale and impact of loneliness in the UK.

Figure 3.8: 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?'

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

■ A very good job ■ A fairly good job ■ Neither/nor ■ A fairly bad job ■ A very bad job ■ Don't know



Base: Adults aged 50+ in England 2017, 3 January 2017 – 19 February 2017 (755),
4 January 2016 - 21 February 2016 (759)

Source: Ipsos MORI/DH Health, Ageing and Support Tracker

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Again, reflecting last year's results, the oldest age group are more likely to be positive about society's attempts to prevent loneliness among older people. Over a fifth (22%) of people aged 75 and over think that society does a good job at preventing loneliness compared with around one in ten (13%) of people aged 50 to 64 and a similar proportion (12%) of those aged 65 to 74.

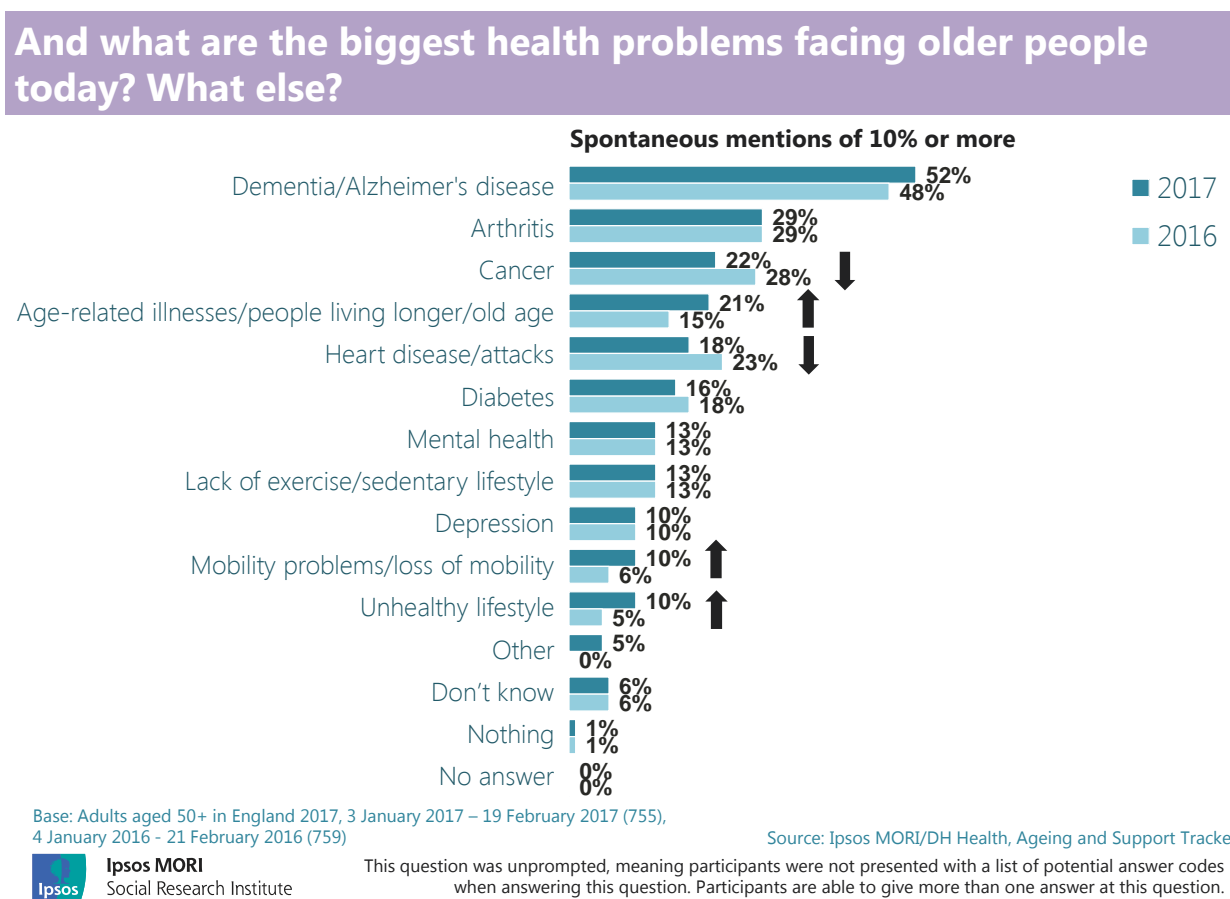
²⁰ <https://www.jocoxloneliness.org/>

3.4 Health problems facing older people

Thinking more specifically about the biggest perceived *health* problems facing older people today, dementia/Alzheimer's disease (52%) and arthritis (29%) remain the most frequently spontaneously mentioned²¹. These are followed by cancer, though the proportion of people citing this has decreased (from 28% last year to 22% now).

The proportion of people citing 'age-related illnesses/people living longer/old age' as among the biggest health problems facing older people today has also increased in the past year (from 15% to 21%), as has the proportion mentioning 'mobility problems/loss of mobility' (from 6% to 10%) and 'unhealthy lifestyle' (from 5% to 10%). Meanwhile, the proportion mentioning 'heart disease/attacks' has fallen (from 23% to 18%).

Figure 3.9: Perceptions of the biggest health problems facing older people today



Looking specifically at dementia/Alzheimer's disease, people in the youngest age group are most likely to mention it as one of the biggest health problems facing older people today. Six in ten (60%) of those aged 50 to 64 cite it compared with around half (48%) of those aged 65 to 74 and around four in ten (38%) of those aged 75 and over.

²¹ This question was unprompted, meaning participants were not presented with a list of potential answer codes.

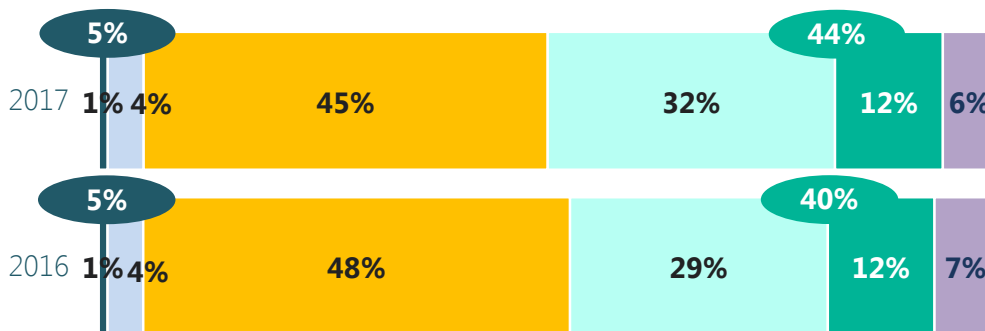
3.5 Dementia

In line with findings from last year, just over four in ten (44%) people aged 50 and over think living a healthy lifestyle makes people less likely to develop dementia, while a similar proportion (45%) think it makes no difference. Only one in twenty (5%) think it makes people more likely to develop dementia.

Figure 3.10: Response to question: ‘Do you think a healthy lifestyle make you more or less likely to develop dementia, or does it make no difference?’

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

- Much more likely to develop dementia
- A little more likely to develop dementia
- It makes no difference
- A little less likely to develop dementia
- Much less likely to develop dementia
- Don't know



Base: Adults aged 50+ in England 2017, 3 January 2017 – 19 February 2017 (755), 4 January 2016 - 21 February 2016 (759)

Source: Ipsos MORI/DH Health, Ageing and Support Tracker



People in social grades AB are more likely than those in social grades C1, C2 and DE to think that the risk of developing dementia can be reduced by a healthy lifestyle. Over half (56%) of people in this group think this compared with 46% in social grades C1, 39% in C2 and 33% in DE.

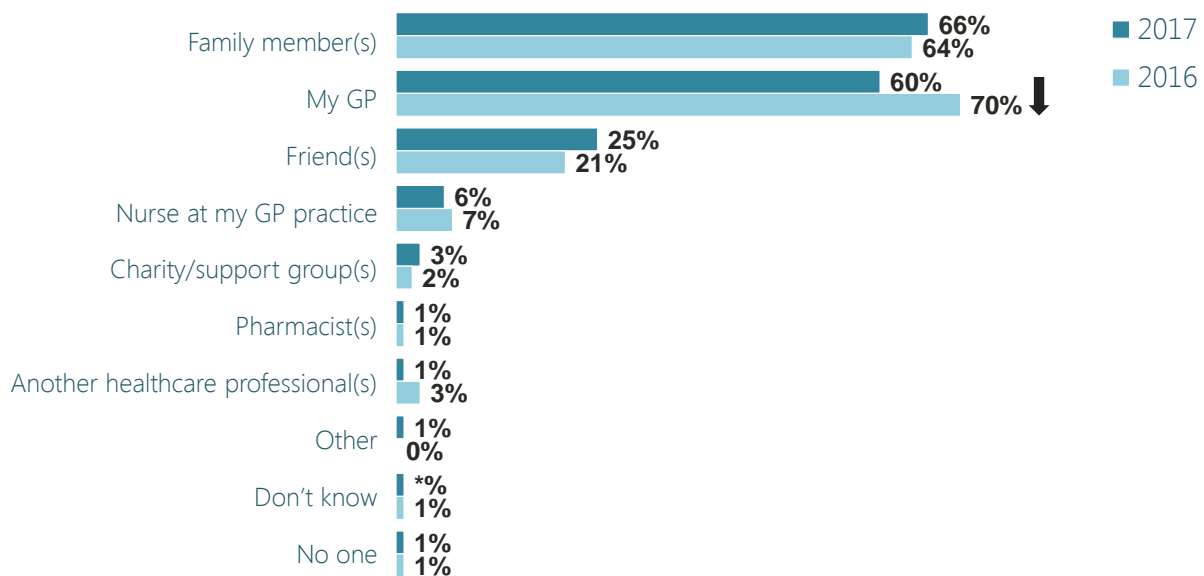
When asked who they would speak to if they were worried about their memory loss, two thirds (66%) say they would speak to a family member (from a list of answer options presented to them). Although this has not changed since last year, the proportion saying they would speak to their GP has fallen (from 70% to 60%).

A recent poll commissioned by Alzheimer's Society also found that there is a reluctance for people to approach their GP for a definitive diagnosis of dementia. Subsequently some people ignore their symptoms for prolonged periods, and delay seeking help and advice for fear that diagnosis would mean a change in their everyday routine and life.²²

A quarter (25%) say they would speak to a friend if they were worried about their memory. Fewer than one in ten would speak to a nurse at their GP practice or a charity/support group (6% and 3% respectively), but this may be because participants were asked to select a maximum of two responses.

Figure 3.11: 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?'

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.



Base: Adults aged 50+ in England 2017, 3 January 2017 – 19 February 2017 (755),
4 January 2016 - 21 February 2016 (759)

Source: Ipsos MORI/DH Health, Ageing and Support Tracker

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

²² YouGov research for Alzheimer's Research UK, published online on 13 May 2016, https://www.alzheimers.org.uk/news/article/64/over_half_of_people_fear_dementia_diagnosis_62_per_cent_think_it_means_life_is_over

- those who live with others are more likely than those who live alone to say that they would speak to family members (71% 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 (29% compared with 23%);
- those aged 65 to 74 are more likely than those aged 75 and over to say they would speak to their GP (67% compared with 56%); and
- those aged 50 to 64 are more likely than those aged 65 to 74 to say they would speak to a friend (29% compared with 18%).

Perceptions of care and support services for older people

4 Perceptions of care and support services for older people

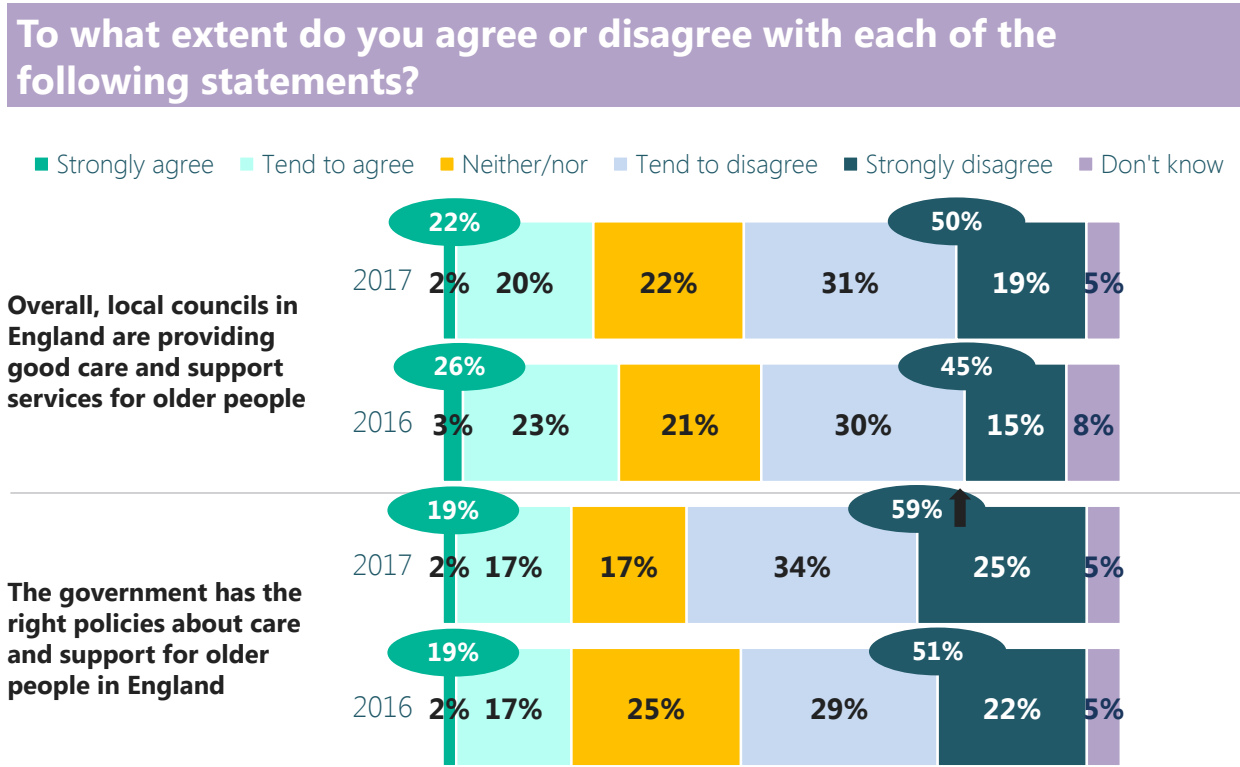
This chapter examines perceptions of a range of key aspects of care and support services and policies. This includes views on the care provided by care and support services, the way in which they work with NHS services, and perceptions of feedback and complaints.

4.1 Care and support services and policies

More people disagree (50%) than agree (22%) that local councils in England are providing good care and support services for older people. These findings are in line with those from last year.

Perceptions of government policies for care and support services are also negative. Around six in ten disagree (59%) that the government has the right policies about care and support for older people in England, and this has increased since last year (when 51% disagreed). In parallel, the proportion saying 'neither agree nor disagree' has decreased (from 25% to 17%). Two in ten (19%) agree that the government has the right policies about care and support.

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'



Base: Adults aged 50+ in England 2017, 3 January 2017 – 19 February 2017 (755), 4 January 2016 - 21 February 2016 (759)

Source: Ipsos MORI/DH Health, Ageing and Support Tracker



Those aged 50 to 64 are more likely to disagree that the government has the right policies about care and support for older people in England than those aged 75 and over (63% compared with 50%).

Findings from this year's survey once again highlight that 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:

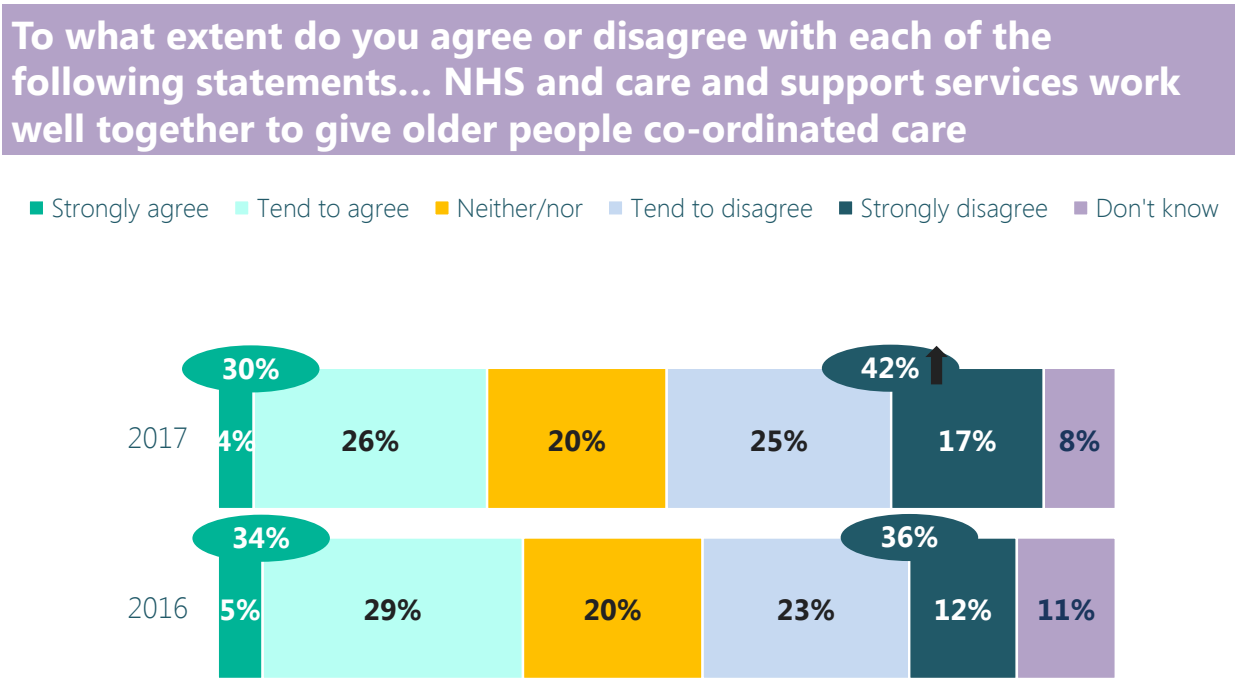
- 80% of those who disagree that people are treated with dignity and respect by staff disagree that local councils in England are providing good care and support services for older people (compared with 36% who agree); and
- 82% of those who disagree that NHS and care and support services work well together disagree that the government has the right policies for the latter (compared with 36% of those who agree).

4.2 Integrated care

Three in ten (30%) people agree that NHS and care and support services work well together to give older people co-ordinated care, while four in ten (42%) disagree. The proportion disagreeing has risen since last year (from 36%), while the proportion saying don't know has fallen (from 11% to 8%).

A similar question asked in the 2016 General Public Tracker Survey produces slightly more positive results (though the question wording differs)²³. Around four in ten (43%) of the public agree that NHS and social care services work well together, while a similar proportion (40%) think they do not. In that survey the proportion disagreeing has also risen (from 31% in winter 2016 to 40% now), though the proportion agreeing has fallen too (from 47% in winter 2016 to 43% now).

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



Base: Adults aged 50+ in England 2017, 3 January 2017 – 19 February 2017 (755), 4 January 2016 - 21 February 2016 (759)

Source: Ipsos MORI/DH Health, Ageing and Support Tracker



Perceptions of integrated care vary 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 (21% agree compared with 41% in grades DE).

²³ The question wording in the 2016 General Public Tracker Survey was 'NHS and social care services work well together to give people co-ordinated care'.

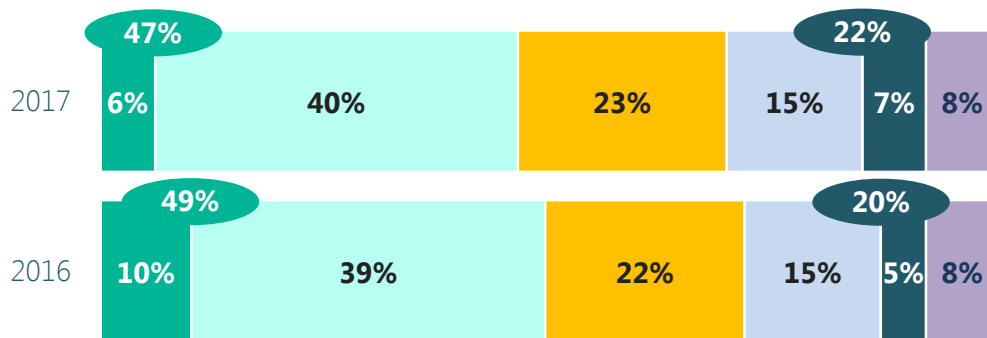
4.3 Dignity and respect

Just under half (47%) 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. Around two in ten (22%) disagree that this is the case, and a similar proportion (23%) say they neither agree nor disagree. These proportions have not changed since last year.

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

To what extent do you agree or disagree with each of the following statements... Older people are treated with dignity and respect by staff when they use care and support services

■ Strongly agree ■ Tend to agree ■ Neither/nor ■ Tend to disagree ■ Strongly disagree ■ Don't know



Base: Adults aged 50+ in England 2017, 3 January 2017 – 19 February 2017 (755), 4 January 2016 - 21 February 2016 (759)

Source: Ipsos MORI/DH Health, Ageing and Support Tracker



People in social grades DE are more likely to disagree that older people are treated with dignity and respect by staff when using care and support services than those in social grades AB (28% disagree compared with 17%).

4.4 Feedback and complaints

Feedback

Opinion remains divided on whether it is easy for people to feed back on the care and support services they use. Just under four in ten (36%) agree, while three in ten (31%) disagree and two in ten (20%) neither agree nor disagree. Around one in ten (13%) don't know whether is it easy for people to feed back on the care and support services they use.

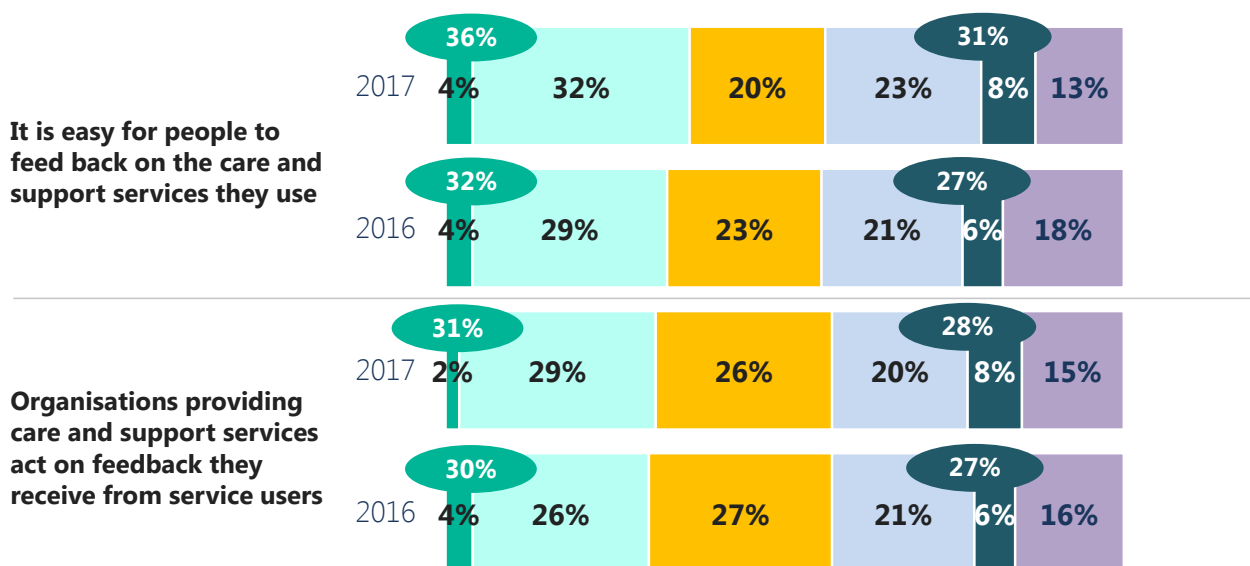
Views are similarly divided about whether organisations providing care and support services act on the feedback they receive from service users. Three in ten (31%) agree that this is the case, while a similar proportion (28%) disagree and a quarter (26%) neither agree nor disagree. Around one in six (15%) don't know. Responses to both of these questions have not changed in the last year.

Similar questions about feedback are asked in relation to NHS services in the 2016 General Public Tracker Survey. The public is more likely to agree that it is easy to feed back on NHS services (51%) and that NHS services act on the feedback they receive from service users (46%). Levels of disagreement remain similar to that seen in this survey (30% 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'

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

■ Strongly agree ■ Tend to agree ■ Neither/nor ■ Tend to disagree ■ Strongly disagree ■ Don't know



Base: Adults aged 50+ in England 2017, 3 January 2017 – 19 February 2017 (755), 4 January 2016 - 21 February 2016 (759)

Source: Ipsos MORI/DH Health, Ageing and Support Tracker



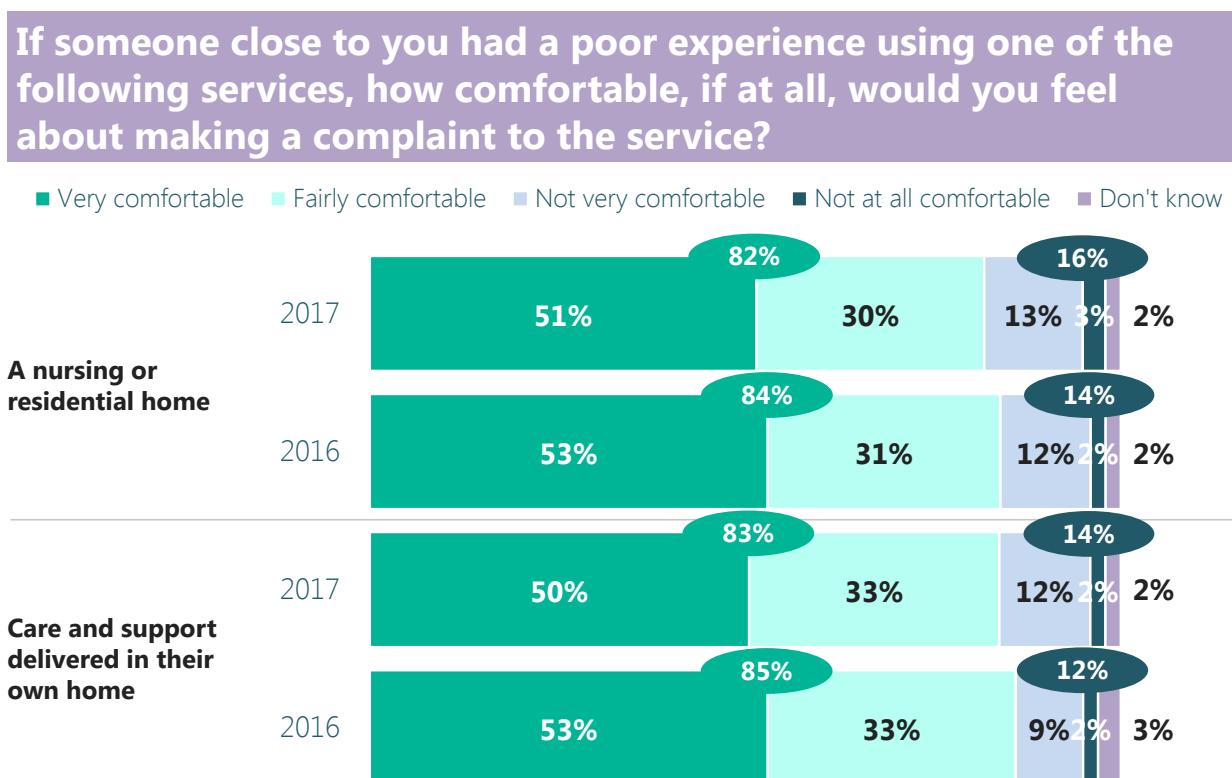
People in the youngest age group are more likely to disagree that organisations providing care and support act on feedback from service users than those in the oldest age group (33% of people aged 50 to 64 disagree compared with 21% of those aged 75 and over).

Complaints

In line with findings from last year, 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 a nursing or residential home (82%) or in their own home (83%). In both cases, around half (51% and 50% respectively) would feel *very* comfortable making a complaint.

Similar questions about complaints are asked in relation to *NHS services* in the 2016 General Public Tracker Survey, but asking about the participant's own experience rather than someone close to them. The majority of the public would feel comfortable making a complaint if they had a poor experience at a hospital (72%) or a GP practice (72%). However, a lower proportion of the public than in this survey would feel *very* comfortable in both cases (37% for hospitals and 35% for GP practices).

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



Base: Adults aged 50+ in England 2017, 3 January 2017 – 19 February 2017 (755), 4 January 2016 - 21 February 2016 (759)

Source: Ipsos MORI/DH Health, Ageing and Support Tracker



Men are more likely than women to say that they would feel comfortable making a complaint to a nursing or residential home if someone close to them had a poor experience (85% would feel comfortable compared with 78%).

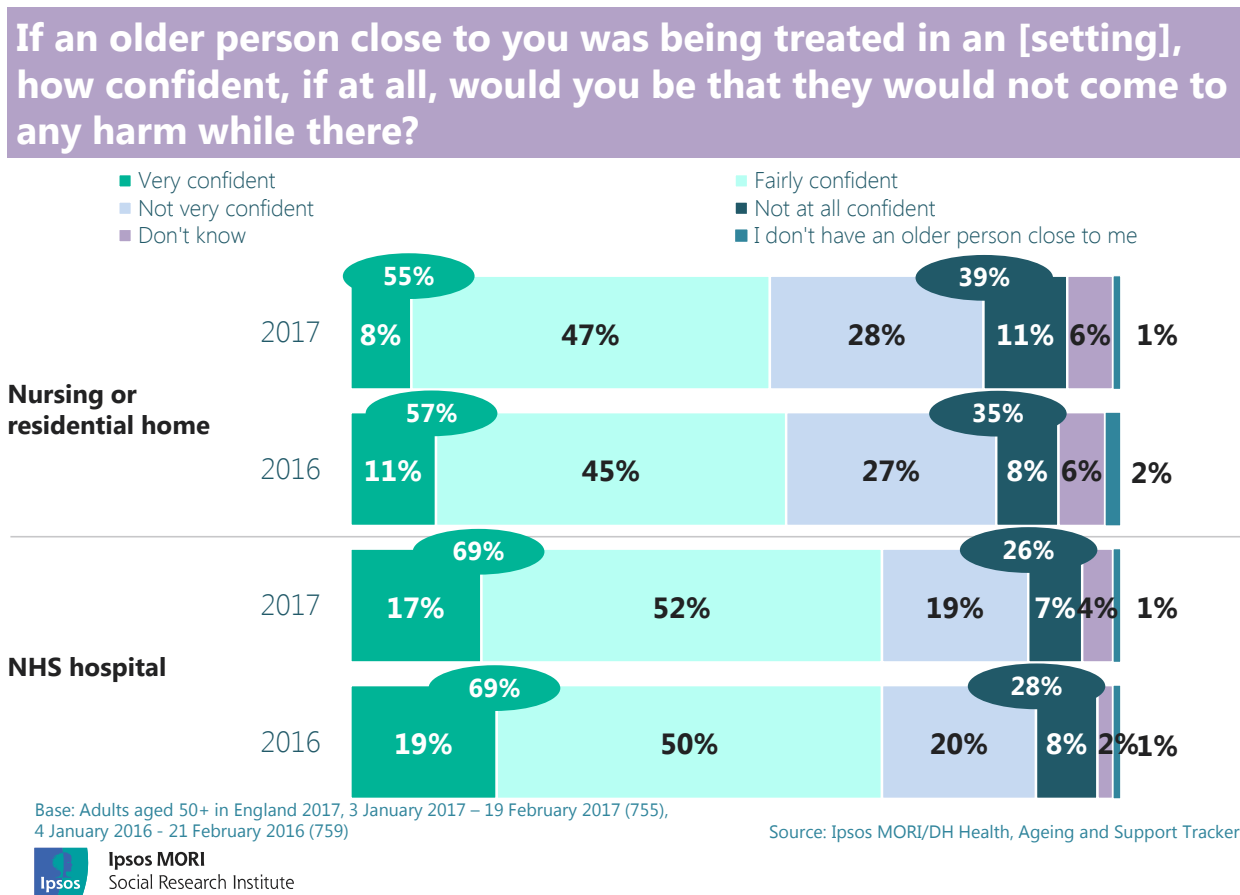
4.5 Safety

Perceptions of safety in a nursing or residential home

The majority of people aged 50 and over remain confident about the safety of the care and support provided in a nursing or residential home. Just over half (55%) are confident that an older person would not come to any harm while there, and around four in ten (39%) are not confident.

People are still more confident about the safety of older people when in an NHS hospital however. 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 and a quarter (26%) are not confident. These proportions have not changed since last year.

Figure 4.6: Perceptions of safety in a nursing or residential home and NHS hospital



There is some variation in perceptions of safety among different groups.

- Men tend to be more confident than women that an older person would not come to harm in both settings. For example, 76% are confident that an older person would not come to any harm while being treated in an NHS hospital, compared with 63% of women.
- Those aged 75 and over are more confident that an older person would not come to any harm while being treated in an NHS hospital than those aged 50 to 64 (76% are confident compared with 66%).

- Those in social grades AB are more confident that an older person would not come to any harm while receiving care and support in a nursing or residential home than those in social grades DE (62% are confident compared with 51%).

Perceptions of NHS services

5 Perceptions of NHS services

This chapter examines perceptions of whether older people receive worse treatment and care from the NHS than younger people.

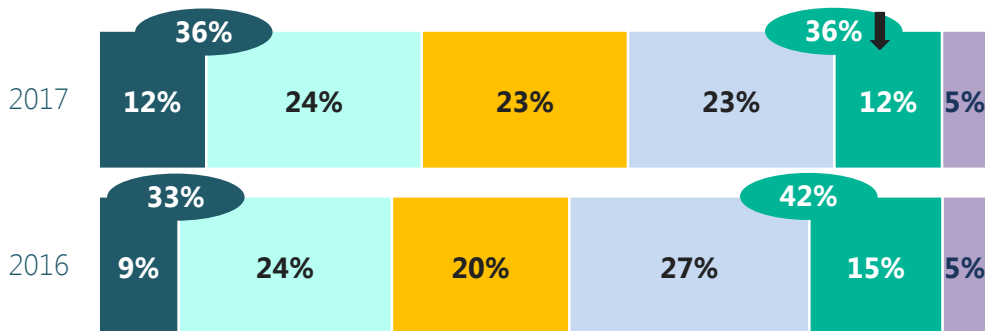
5.1 Consistency of NHS treatment and care

People aged 50 and over are divided about whether older people receive worse treatment and care from the NHS than younger people. Around a third (36%) agree that older people receive worse treatment and care from the NHS than younger people, in line with last year when 33% agreed. However the proportion disagreeing that this is the case has fallen since last year (from 42% to 36%). A quarter (23%) of people neither agree or disagree and one in twenty (5%) don't know.

Figure 5.1: Agreement with the statement: 'Older people receive worse treatment and care from the NHS than younger people'

To what extent do you agree or disagree with each of the following statements... Older people receive worse treatment and care from the NHS than younger people

■ Strongly agree ■ Tend to agree ■ Neither/nor ■ Tend to disagree ■ Strongly disagree ■ Don't know



Base: Adults aged 50+ in England 2017, 3 January 2017 – 19 February 2017 (755), 4 January 2016 - 21 February 2016 (759)

Source: Ipsos MORI/DH Health, Ageing and Support Tracker



Younger age groups are more likely to believe that older people receive worse treatment and care from the NHS than younger people, with 41% of 50 to 64 year olds and 36% of 65 to 74 year olds agreeing compared with 24% of those aged 75 and over.

Additionally, views vary depending on whether or not people have accessed hospital services or NHS services in the last year. Those who have are more likely than those who have not to agree that older people receive worse treatment and

care from the NHS than younger people (e.g. 37% of recent hospital users agree compared with 28% who have not used hospital services recently). This is a reversal of the findings from last year, when recent hospital users were more likely to disagree that older people receive worse treatment than non-users.

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 (63%). The second most common action (from a list of possible answer options) is to set money aside specifically to pay for things when they are older (mentioned by 37%).

Around a quarter (24%) 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 (22%) say they are in the process of assigning, or have already assigned, someone to make decisions about their health and care.

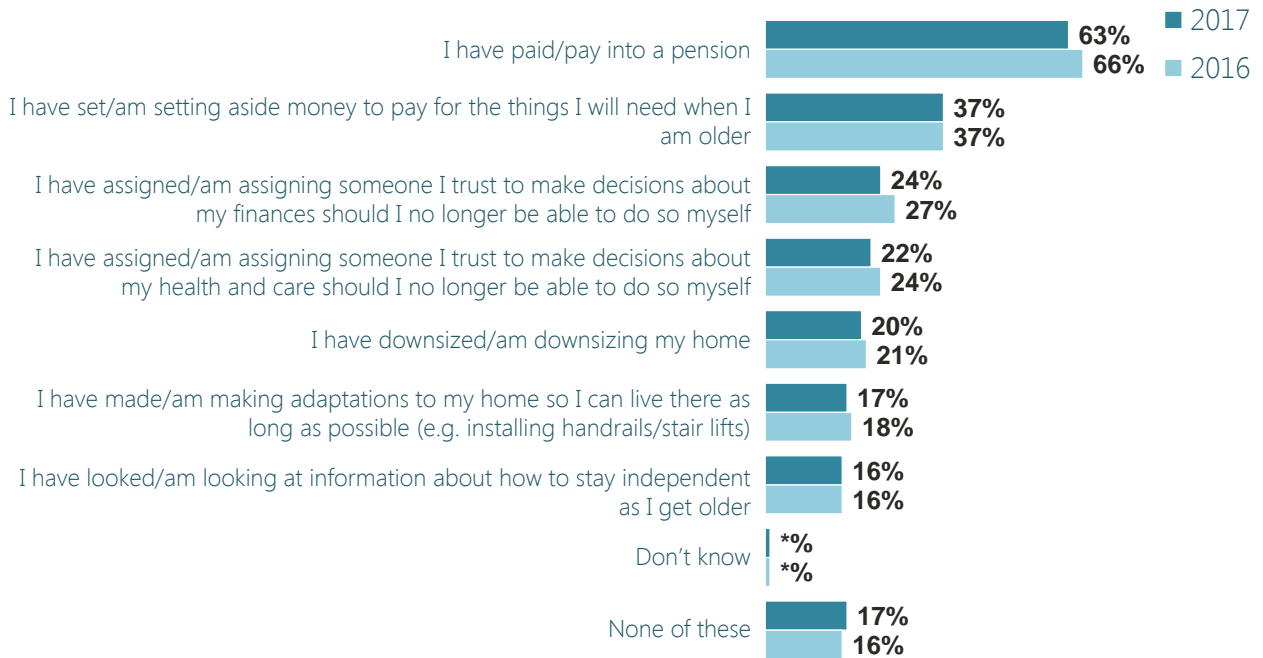
Two in ten (20%) have downsized or are in the process of downsizing their homes and a similar proportion (17%) are making or have made adaptations to their homes.

Overall, 17% of individuals say they have not done any of the things listed in preparation for getting older.

These findings are in line with last year's survey.

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

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



Base: Adults aged 50+ in England 2017, 3 January 2017 – 19 February 2017 (755), 4 January 2016 - 21 February 2016 (759)

Source: Ipsos MORI/DH Health, Ageing and Support Tracker



Echoing findings from last year, the likelihood of having assigned someone powers of attorney (or being in the process of doing so) increases among the older age groups:

- 44% people aged 75 or over and 29% 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, compared with 13% of people aged 50 to 64 years.
- 36% people aged 75 and over and 25% of those aged 65 to 74 have assigned (or are in the process of assigning), someone to make decisions about their health and care, compared with 14% of people aged 50 to 64 years.

In contrast, the oldest age group is less likely to say they have paid into a pension (55% of those aged 75 and over have, compared with 64% of those aged 65 to 74 and 65% of those aged 50 to 64).

People in social grades DE are more likely than others to say they have not done any of the things listed in preparation for getting older (30% say they have not taken any of the actions listed, compared with 17% overall).

Preparing financially for future care and support needs

In line with last year, around 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, a third (31%) say they have not made any preparations at all and 15% have made hardly any preparations.

These results differ to those seen amongst the general public more widely, as recorded in the 2016 General Public Tracker Survey, where just under three in ten (28%) 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.²⁴

As mentioned in last year's report, 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.²⁵ 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.²⁶

²⁴ 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.

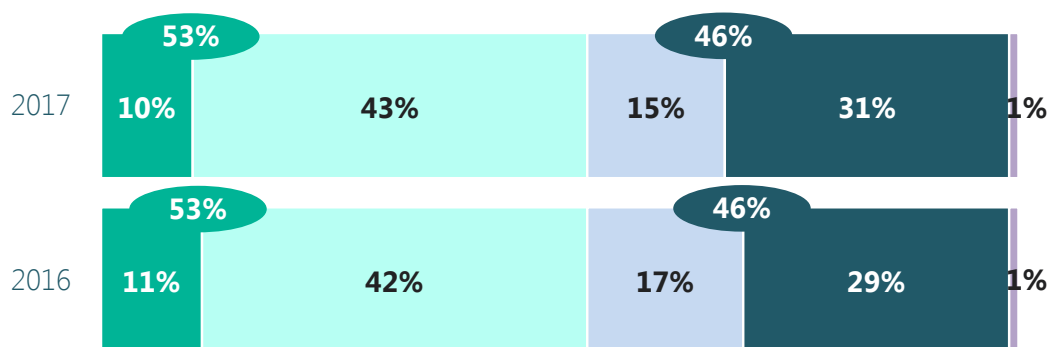
²⁵ Health Survey for England 2014: Health, social care and lifestyles, Summary of key findings, <http://www.hscic.gov.uk/catalogue/PUB19295/HSE2014-Sum-bklet.pdf>

²⁶ 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

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

■ To a great extent ■ To some extent ■ Hardly at all ■ Not at all ■ Already using care and support services



Base: Adults aged 50+ in England 2017, 3 January 2017 – 19 February 2017 (755),
4 January 2016 - 21 February 2016 (759)

Source: Ipsos MORI/DH Health, Ageing and Support Tracker

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The extent to which people are preparing financially varies by age and social grade, with those in the younger age groups and those in social grade DE less likely to have done much.

- 52% of people aged 50 to 64 years and 46% of those aged 65 to 74 say they have made little or no preparation, compared with 35% of those who are 75 or older.
- 55% of people in social grades DE have made little or no financial preparation for care and support they might need, compared with 39% of those in grades AB. However, interestingly the proportion of people in social grades DE saying they have made little or no preparation has decreased from last year (71% compared with 55%).

6.2 Levels of concern

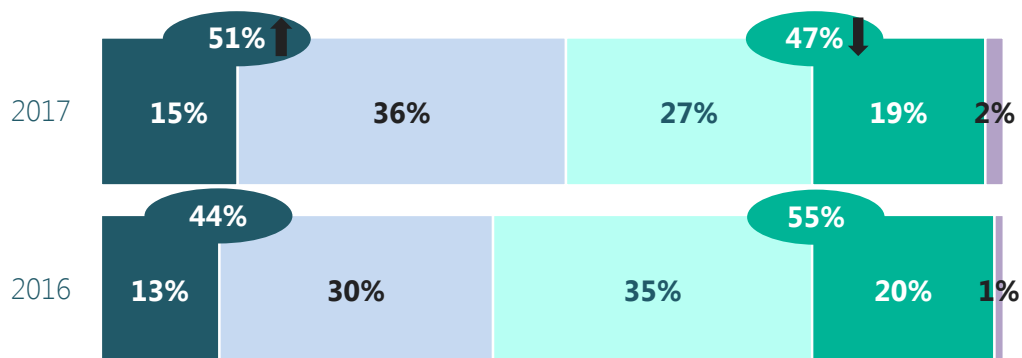
Concern about meeting the cost of care and support services has increased since last year. Half (51%) of people now express concern, compared with just over four in ten (44%) last year. Meanwhile, 47% of people now say they are not concerned, falling from 55% last year. This rise in concern has been driven by an increase in the proportion saying they are fairly concerned (36% compared with 30% last year) and a decrease in the proportion saying they are not very concerned (27% now, compared with 35% last year).

These findings are now 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).

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

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?

■ Very concerned ■ Fairly concerned ■ Not very concerned ■ Not at all concerned ■ Don't know



Base: Adults aged 50+ in England 2017, 3 January 2017 – 19 February 2017 (755), 4 January 2016 - 21 February 2016 (759)

Source: Ipsos MORI/DH Health, Ageing and Support Tracker

Ipsos MORI
Social Research Institute

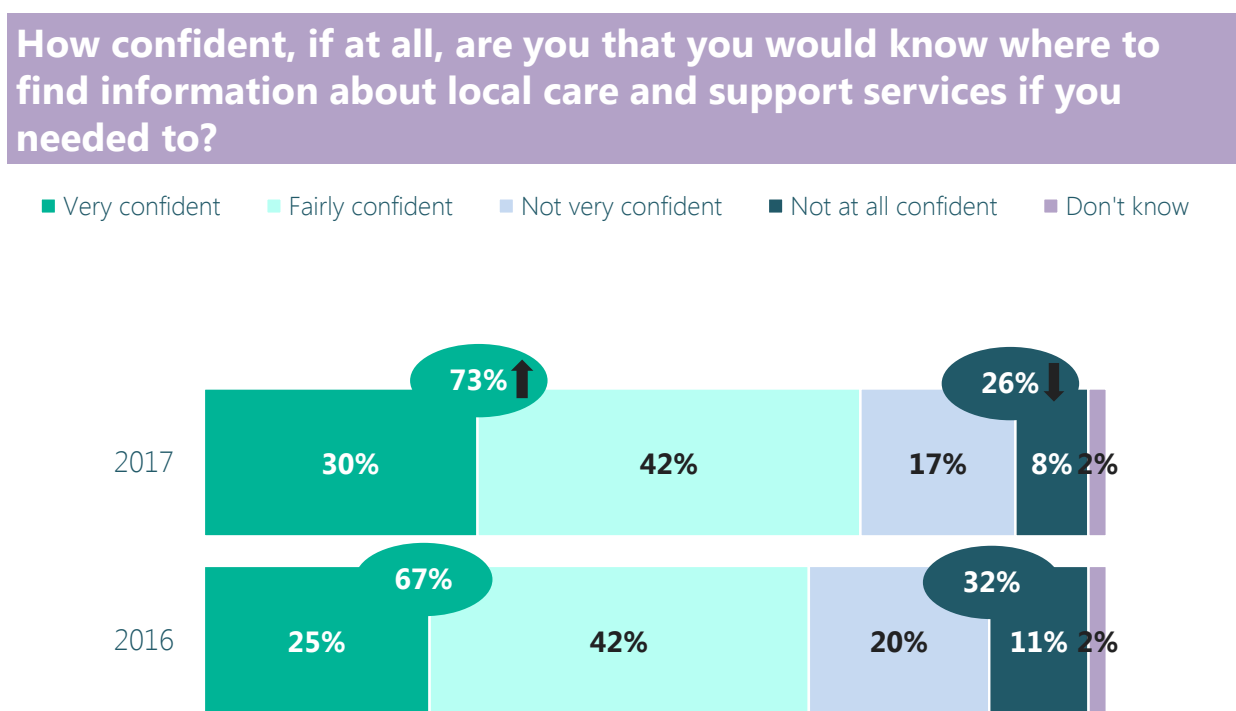
Those who are currently informal carers or have recently been an informal carer are more likely to express concern about the potential cost of care and support services (57%, compared with 46% of those without caring responsibilities).

6.3 Information about care and support

Confidence about knowing where to find information about local care and support services has increased since last year. Three quarters (73%) of people aged 50 and over are confident that they would know where to find information about local care and support services if they needed to, compared with two thirds (67%) last year. This rise in confidence has been driven by an increase in the proportion who say they are *very* confident (30% compared with 25% last year) and a decrease in the proportion saying they are not at all confident (8% compared with 11% last year).

However, a quarter (26%) still say 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



Base: Adults aged 50+ in England 2017, 3 January 2017 – 19 February 2017 (755), 4 January 2016 - 21 February 2016 (759)

Source: Ipsos MORI/DH Health, Ageing and Support Tracker



Echoing findings from last year, certain groups still appear to require greater support and or signposting, as they are more likely to say they are not confident about where to find relevant information.

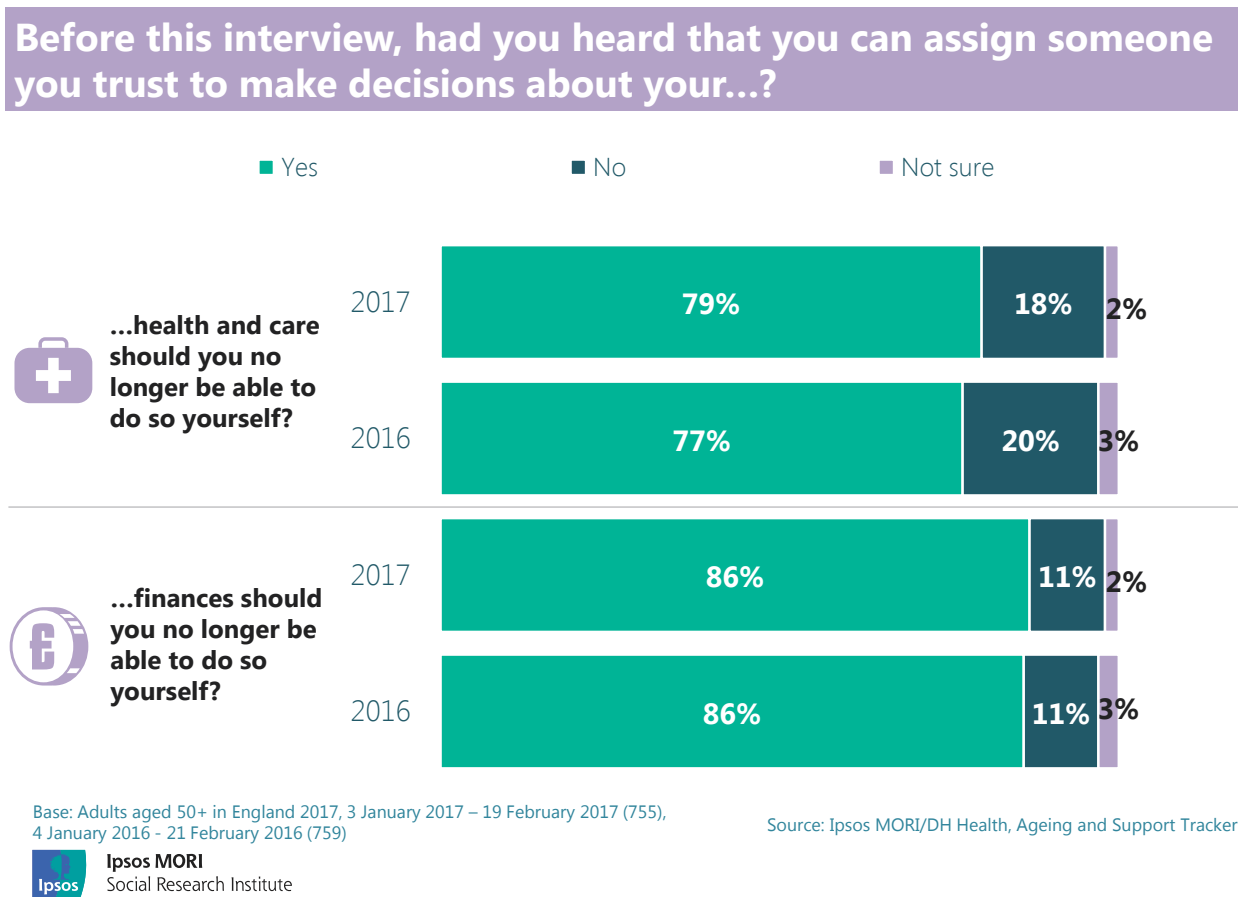
- People in social grades DE are more likely than people in social grades AB or those in social grade C1 to say they are not confident (33%, compared with 22% in both AB and C1).

- Individuals who feel that local councils do not provide good care and support services also appear to be less sure about finding information related to these services (32%, compared with 14% who do not feel local councils provide good care and support services).

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 finances or health and care, awareness of lasting powers of attorney is high. Eight in ten (79%) people say they know that they can assign someone to make decisions about their health and care should they no longer be able to do so and a greater proportion (86%) say they know they can assign someone to make financial decisions.

Figure 6.5: Awareness of lasting powers of attorney



Awareness of lasting powers of attorney continues to be low among those in social grades DE.

- 59% have heard that they can assign someone to make decisions about their health and care (compared with 79% overall); and
- 71% know that they can assign someone to make decisions about their finances (compared with 86% overall).

Caring for others

7 Caring for others

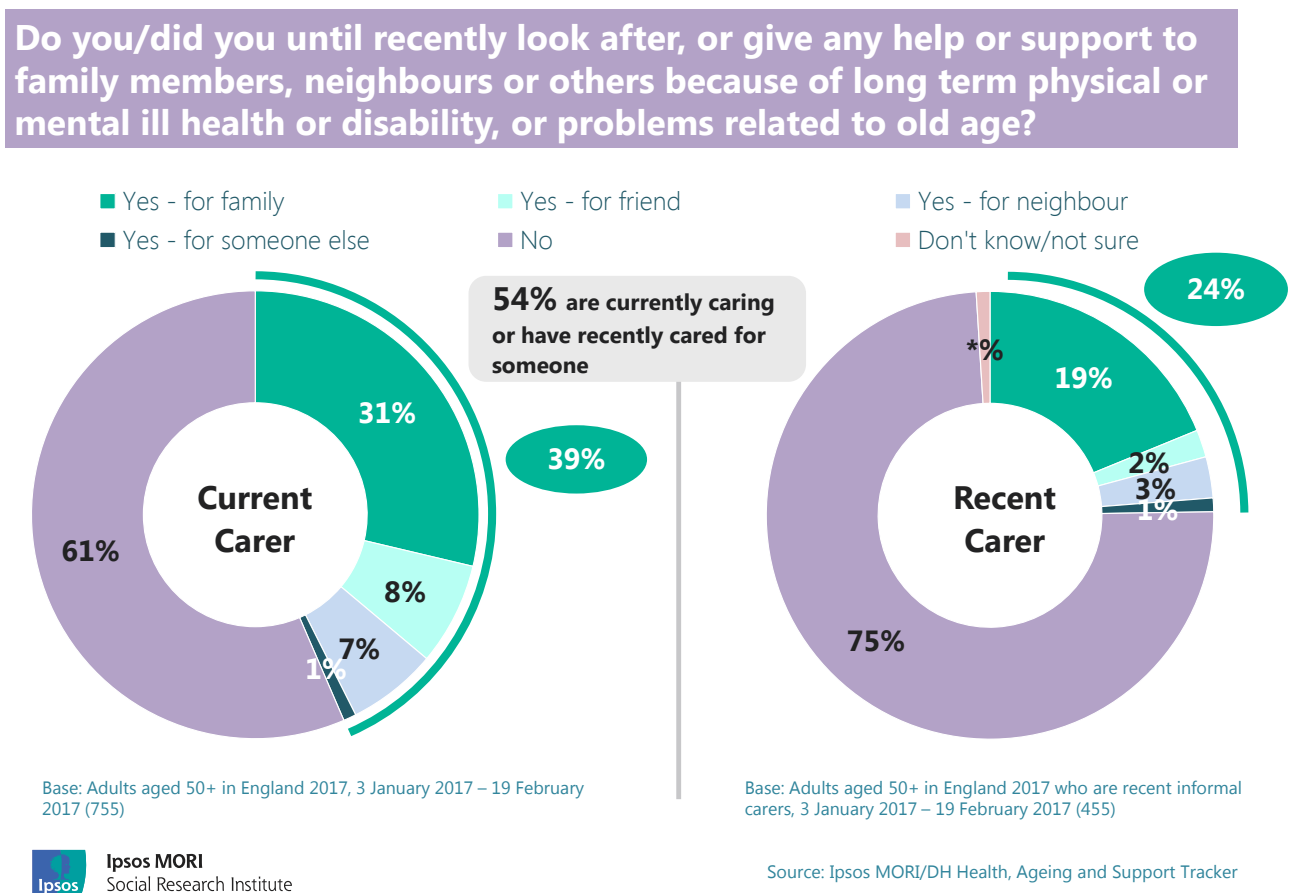
This chapter examines the extent to which people aged 50 and over have caring responsibilities for others or think they are likely to care for someone close to them in the future. It also looks at people’s confidence in relation to being able to care for someone as they get older and the level of support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

7.1 Prevalence and likelihood of caring

There has been no change in the proportion of those aged 50 and over caring for others in the last year. Almost four in ten (39%) look after, or give 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. In the majority of cases (31%) 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 (8%), for a neighbour (7%) or someone else (1%).

A further quarter (24%) recently cared for someone close to them. Again, this was often for a family member (19%), as opposed to a neighbour (3%) or friend (2%).

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



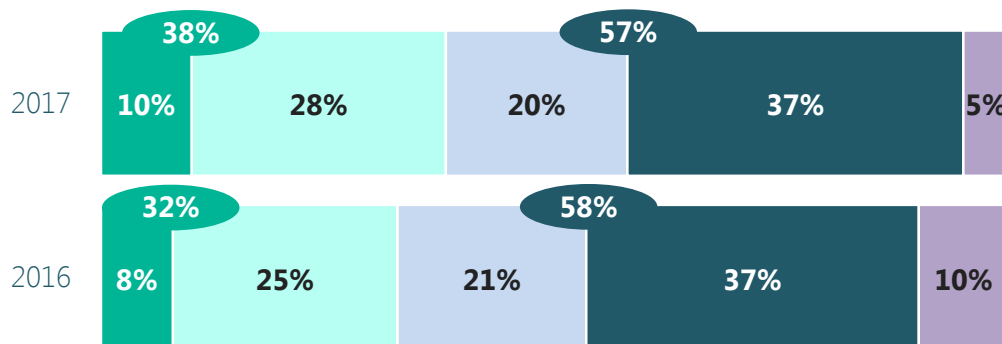
Following the same pattern as last year, informal carers are most likely to be in the younger age group. Nearly half (45%) of 50 to 64 year olds have caring responsibilities, compared with 35% of 65 to 74 year olds and 33% of people aged 75 and over.

Those without any current or recent experience of caring for others were asked to think about future and the likelihood of having to care for someone close to them as they get older. Nearly four in ten (38%) consider it likely that they will have to care for someone close to them as they get older in the future, while over half (57%) think it is unlikely and one in twenty (5%) do not 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?'

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?

■ Very likely ■ Fairly likely ■ Not very likely ■ Not at all likely ■ Don't know



Base: Adults aged 50+ in England who are not informal carers or recent informal carers, 3 January 2017 – 19 February 2017 (345), 4 January 2016 – 21 February 2016 (369)

Source: Ipsos MORI/DH Health, Ageing and Support Tracker



As in 2016, those aged 50 to 64 are more likely than others to think they are likely to have to care for someone in the future (55% compared with 28% of 65 to 74 year olds and 15% of those aged 75 and over). There are also differences by social grade, with those in social grades AB being more likely than those in grades DE to think it is likely they will be caring for someone close to them in the future (46% compared with 30%).

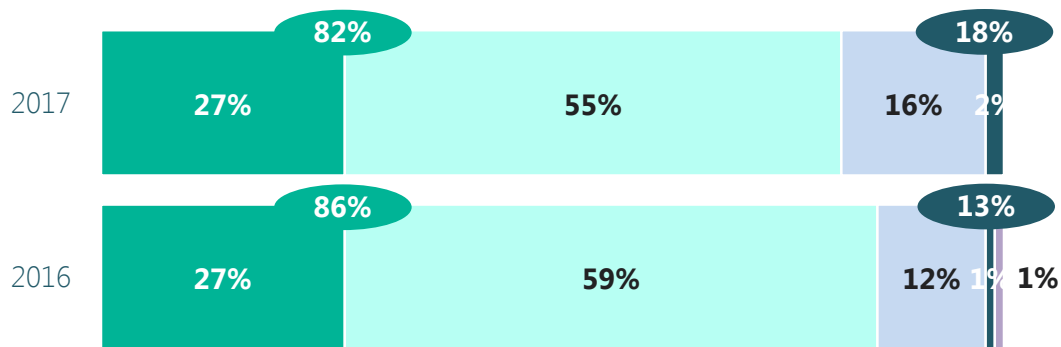
Men are more likely than women to think it is likely they will have to care for someone close to them in the future (45% compared with 31%). This has significantly increased from 31% last year.

Of those who think they are likely to be carers in the future, the majority (82%) are confident that they would know enough to be able to do so, with a quarter stating they are *very* confident (27%) and over a half (55%) stating they are *fairly* confident. These proportions have not changed in the last year.

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?

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?

■ Very confident ■ Fairly confident ■ Not very confident ■ Not at all confident ■ Don't know



Base: Adults aged 50+ in England who are likely to be informal carers in the future, 3 January 2017 – 19 February 2017 (126), 4 January 2016 – 21 February 2016 (119)

Source: Ipsos MORI/DH Health, Ageing and Support Tracker

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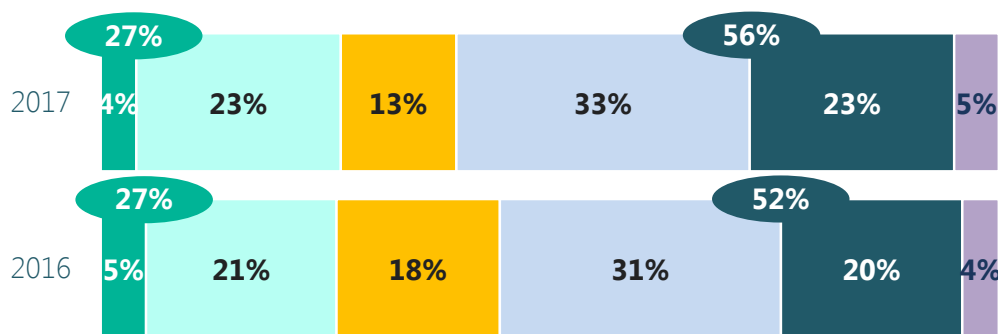
7.2 How well supported carers feel

Few carers and recent carers feel there is enough support available for them. Of those who are currently caring for someone or who have recently cared for someone, around a quarter (27%) agree that there is enough support available for carers. Over a half (56%) disagree and one in ten (13%) neither agree nor disagree. Again these findings are in line with those recorded last year.

Figure 7.4: Response to question: '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?'

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?

■ Strongly agree ■ Tend to agree ■ Neither/nor ■ Tend to disagree ■ Strongly disagree ■ Don't know



Base: Adults aged 50+ in England who are informal carers or recent informal carers, 3 January 2017 – 19 February 2017 (410), 4 January 2016 – 21 February 2016 (390)

Source: Ipsos MORI/DH Health, Ageing and Support Tracker



Views about the level of support for carers differ by social grade. Those in social grades C2 and DE are more likely to agree that there is enough support available for those who care for people close to them as they get older than those in grades AB (32% of those in social grades C2 and DE agree, compared with 20% of those in social grades AB).

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 (70% compared with 51% 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 (72% compared with 28% 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 755 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 19 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 3 January and 19 February 2017. Interviews were conducted using CAPI (computer-assisted personal interviewing).

A pilot survey was not carried out. This is because the survey was piloted before the first wave and the sampling and fieldwork design did not change for this wave.

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:

- 2016 Health, Ageing and Support Survey, Ipsos MORI research for the Department of Health, to be published in 2017, available on the Gov.uk website
- 2016 Public Perceptions of the NHS Tracker Survey, Ipsos MORI research for the Department of Health, to be published in 2017, available on the Gov.uk website
- 2015 Public Perceptions of the NHS Tracker Survey, Ipsos MORI research for the Department of Health, to be published in 2017, 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>
- 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, 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>
- The Health and Care of Older People in England 2017, Age UK, 16 February 2017, <http://www.ageuk.org.uk/latest-news/borrowed-time-for-care/>
- 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 13 May 2016, https://www.alzheimers.org.uk/news/article/64/over_half_of_people_fear_dementia_diagnosis_62_per_cent_think_it_means_life_is_over

- 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.

This report also compares results from this wave of the Health, Ageing and Support Survey with those obtained in the previous wave. Key details of the previous waves of the survey are:

- 2016: results based on 759 interviews in 108 output areas between 4 January and 21 February 2016.

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 level. 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.²⁷

Approximate sampling tolerances applicable to percentages at or near these levels at the 95% confidence level			
	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

²⁷ 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 level, 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.²⁸

Differences required for significance at or near these percentages at the 95% confidence level			
	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

²⁸ 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	396
	65 to 74 year olds	188
	People aged 75 years old and over	173
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.	247
	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.	508
Gender	Men	371
	Women	384
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	300
	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	455
Live alone or with others	Those who live alone	243
	Those who live with other people	509
Loneliness biggest problem facing older people	Those who mention loneliness as one of the biggest health problems facing older people today	416

Long-standing illness, disability or infirmity status	People with a long-standing illness, disability or infirmity	242
	People with a long-standing illness, disability or infirmity or who live with someone with one	323
	People without a long-standing illness, disability or infirmity and who do not live with someone with one	432
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	426
	People who have not been NHS inpatients, NHS outpatients, users of accident and emergency departments or minor injuries units in the last year	412
Reported health status	People who report that their health in general is good or very good	437
	People who report that their health in general is bad or very bad	98
Social grade	AB	192
	C1	224
	C2	155
	DE	184
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	170
	Those who disagree that local councils provide good care and support services for older people	378
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	271
	Those who disagree that it is easy for people to feed back on the care and support services they use	232
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	238
	Those who agree that organisations providing care and support services act on the feedback they receive from service users	208
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	228

	Those who disagree that NHS and care and support services work well together to give older people co-ordinated care	315
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	354
	Those who disagree that older people are treated with dignity and respect when they use care and support services	166

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	410
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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	297
	Those who are not confident that they would know where to find information about local care and support services	108
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	126
	Those who disagree that local councils provide good care and support services for older people	183

Comparing results from different waves of the survey

When looking at results to the same question from different waves of the survey, again, a difference has to be of a certain size in order to be statistically significant. To test if a difference in results between two waves of the survey is statistically significant, at the 95% confidence level, 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 level			
	10% or 90%	30% or 70%	50%
Size of sample on which survey result is based	±	±	±
759 and 755 (2016 and winter 2017 surveys)	3	5	5

²⁹ Ibid.

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, 2017 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

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 that older people receive worse treatment and care from the NHS than younger people?

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

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

Section 4: Care and support services

SHOW CARD J

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 K (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 L (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 M (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 N (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 O (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

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 P (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 Q (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 R (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 S (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 T (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 U (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 V (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 W (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 X (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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About Ipsos MORI's Social Research Institute

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.