

# **Living in Lancashire Wave 26 survey**

## **Health and adult services**

**Prepared by** Nicola Pemberton  
Corporate Research and Intelligence Team  
Policy Unit  
Lancashire County Council  
November 2009

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## 1 Executive Summary

This wave of the Living in Lancashire panel looked at health and adult services in Lancashire. The survey was sent to all 2816 members of the panel on 2 September and the fieldwork ended on 9 October 2009. In total 2331 questionnaires were returned, giving an overall response rate of 83%.

### 1.1 Key findings

- Seven in ten respondents consider their health to be good (71%). Very few people said their health was bad (bad or very bad 6%).
- Lancashire residents are most likely to consider that lack of exercise is one of the most important health problems in their neighbourhood (44%). Alcohol misuse (29%), obesity (27%), cancer (26%) and poor diet (24%) are all considered as important problems by about one person in four or more. By district, drug misuse was about twice as likely to be mentioned in Burnley (37%) and Pendle (34%), while loneliness or isolation is the most mentioned problem in Ribble Valley.
- Respondents' three highest priorities for improving health and wellbeing in their neighbourhood were to provide more activities for young people (38%), providing more support for older people (28%) and more opportunities for physical activity (24%). Burnley and Pendle residents were about twice as likely to mention improvements of hospital services to be a local priority (30% and 28% respectively).
- Only one person in seven felt they knew a great deal or a fair amount about the work of Adult and Community Services in Lancashire (15%), with the same proportion feeling informed about them.
- The services respondents were most aware that ACS provides are support for people with a learning disability, mental health problem or physical disability (56%, 50% and 50% respectively) and supporting older people coming out of hospital to get back on their feet (50%).
- One respondent in ten had heard of Help Direct (10%). One in five respondents had heard of direct payments for care services (22%), and older respondents are significantly less likely to be aware of it (17%).
- One in five respondents care for a family member, friend or neighbour (20%), the majority for up to 19 hours per week (14%).

- A quarter of respondents thought Adult and Community Services in Lancashire do a good job (25%), however most people tended to neither agree nor disagree (69%), perhaps because of their lack of awareness of the service.

## **2 Introduction**

Lancashire County Council has used Living in Lancashire regularly since August 2001 (formerly known as Life in Lancashire). A panel of willing participants is recruited and is approached on a regular basis to seek their views on a range of topics and themes. Panel members are voluntary participants in the research they complete and no incentives are given for completion.

The panel has been designed to be a representative cross-section of the county's population. The results for each survey are weighted in order to reflect the demographic profile of the county's population.

The panel provides access to a sufficiently large sample of the population so that reliable results can be reported at a county wide level. It also provides data at a number of sub-area and sub-group levels.

Each wave of Living in Lancashire is themed. Firstly, it enables sufficient coverage on a particular topic to be able to provide insight into that topic. And secondly, it comes across better to the residents completing the questionnaires if there is a clear theme (or 2-3 clear themes) within each survey.

The panel is refreshed periodically. New members are recruited to the panel and some current members are retired on a random basis. This means that the panel remains fresh and is not subject to conditioning i.e. the views of panel members become too informed with county council services to be unrepresentative of the population as a whole.

## **3 Research Objectives**

The objectives of this survey are to look at health and adult services in Lancashire. The specific areas covered included:

- priorities for health;
- perceptions of the support for older people in Lancashire;
- knowledge of Adult and Community Services (ACS); and
- the knowledge of how to access services.

## 4 Methodology

This wave of Living in Lancashire research was sent to 2816 members of the panel on 2 September. A reminder was sent on the 23 September, and the fieldwork ended on 9 October 2009.

In total 2331 questionnaires were returned, giving an overall response rate of 83%.

All data are weighted by age, ethnicity and district to reflect the Lancashire overall population, and figures are based on all respondents unless otherwise stated. The weighted responses have been scaled to match the effective response of 2000, which is the equivalent size of the data if it had not been weighted and was a perfect random sample.

### 4.1 Limitations

The table below shows the sample tolerances that apply to the results in this survey. Sampling tolerances vary with the size of the sample as well as the percentage results.

| Number of respondents | 50/50<br>+ / - | 30/70<br>+ / - | 10/90<br>+ / - |
|-----------------------|----------------|----------------|----------------|
| 50                    | 14%            | 13%            | 8%             |
| 100                   | 10%            | 9%             | 6%             |
| 200                   | 7%             | 6%             | 4%             |
| 500                   | 4%             | 4%             | 3%             |
| 1000                  | 3%             | 3%             | 2%             |
| 2000                  | 2%             | 2%             | 1%             |

On a question where 50% of the people in a sample of 1000 respond with a particular answer, the chance are 95 out of 100 that the answer would be between 47% and 53% (ie +/- 3%), versus a complete coverage of the entire Lancashire population using the same procedure.

In charts or tables where responses do not add up to 100%, this is due to multiple responses or computer rounding.

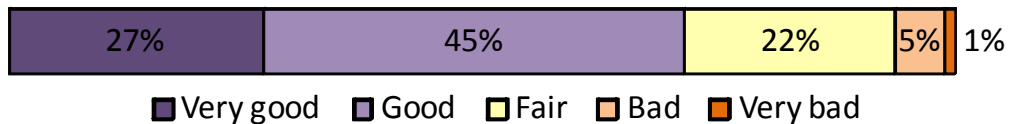
## 5 Main Research Findings

### 5.1 Health and wellbeing

The first questions on the survey looked at respondents overall health, the factors affecting health and wellbeing and their priorities for improving them.

Seven in ten respondents say that their health is good (71%)<sup>1</sup>, most only saying it is good (45%). Very few people said their health was bad (bad or very bad 6%).

**Chart 1 - How is your health in general? Would you say it is...**



Base: All respondents (unweighted 2259, weighted 1950)

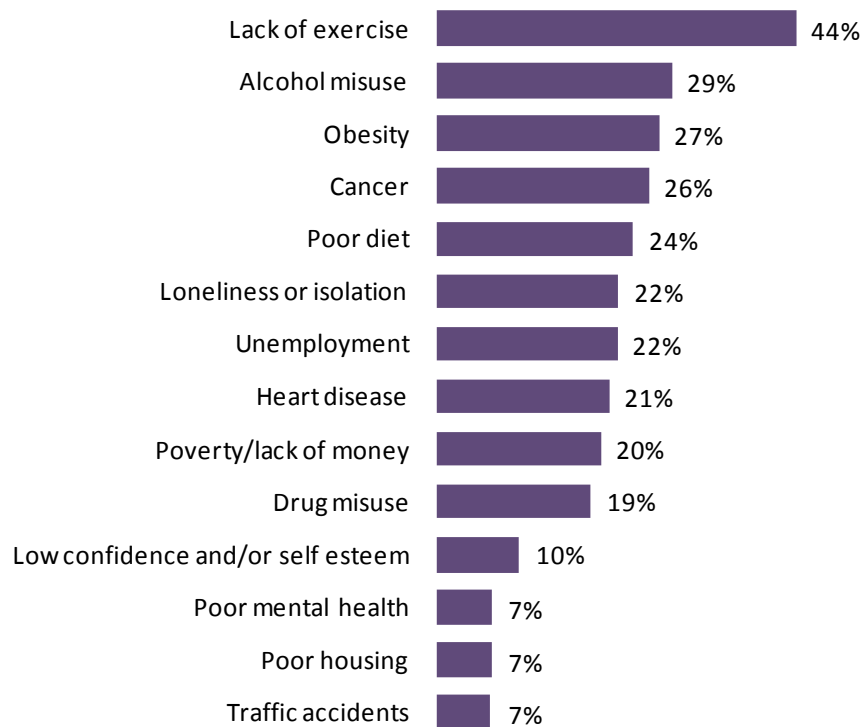
As you would expect, respondents' self-assessment of their health changes in relation to their age with older respondents less likely to rate their health as good (over 60s 58% good, versus under 44 years 82% good and 45 to 59 years 72% good). Those people living in council or housing association property were also more likely to say they are less healthy (19% bad, 38% fair).

A lack of exercise came out as the factor people thought causes the most health problems (44%). Many of the other factors that cause health problems were rated similarly by respondents, though the two highest were alcohol misuse (29%) and obesity (27%).

<sup>1</sup> The Place Survey 2008 found that 73.7% of respondents rated their health as good using the same question. The different survey methodologies however mean that these results are not directly comparable.



**Chart 2 - Below is a list of things that people have said are important health problems in their neighbourhoods. What would you say are the three main health and wellbeing problems in your neighbourhood?**



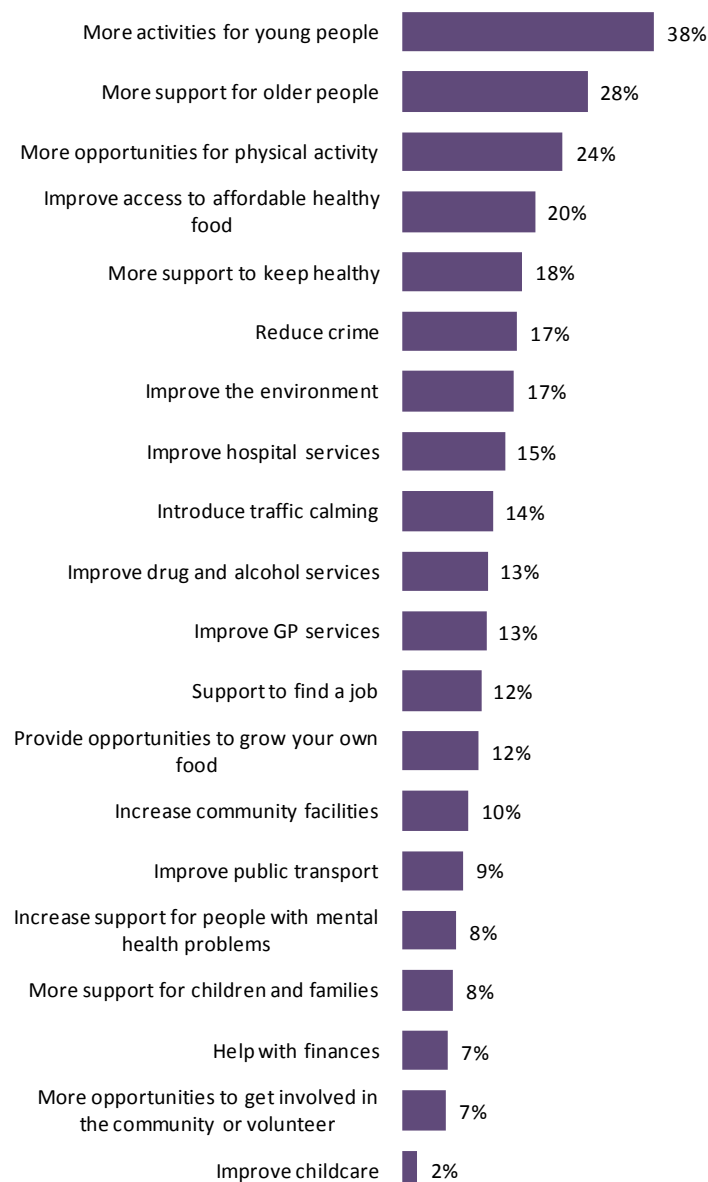
Base: All respondents (unweighted 2260, weighted 1939)

The major health problems seen in a neighbourhood show some variation by district. In Burnley drug misuse (37%), unemployment (34%), poverty (34%) and poor housing are seen by residents as a significantly greater problem than in many other Lancashire districts. Drug misuse is also a significantly greater health problem for residents of Pendle (35%). Whereas in Hyndburn it is poor housing that is a bigger problem than in other districts (15%). In Ribble Valley where deprivation is relatively low, loneliness and isolation is seen as the most important health problem (34%).

There are also differences by demographic group. The over 60s were more likely to name loneliness or isolation (30%) and heart disease (28%) as an important health problem, whereas younger people are more likely to name poor diet (25 to 44 years 29%, 45 to 59 years 23%). Different socio-economic groups also perceive varying health problems, the more prosperous are more likely to say heart disease is an important health problem (AB 27%), and those less financially well off more likely to say unemployment (28% C2 and 31% DE) and poverty (26% C2, 25% DE) are main health problems.

Respondents' highest priority for improving health and wellbeing in their neighbourhood was to provide more activities for young people (38%)<sup>2</sup>. Providing more support for older people (28%) and more opportunities for physical activity (24%) were also high priorities.

**Chart 3 - Below is a list of things that people have identified as priorities for improving health and wellbeing. What are the three most important things that could be done to improve health and wellbeing in your neighbourhood?**



Base: All respondents (unweighted 2221, weighted 1919)

<sup>2</sup> This was also the highest local priority for Lancashire residents to generally improve the area on the Place Survey 2008

There are again differences in respondents' priorities for improving health. Older people prioritise support for older people (over 60s 47%) and to improve GP services (over 45s 15%). Whereas younger respondents are more likely to prioritise activities for young people (25 to 44 years 43%), opportunities for physical activity (25 to 44 years 31%, 45 to 59 years 27%), better access to affordable healthy food (25 to 44 years 26%), and to improve drug and alcohol services (25 to 44 years 16%, 45 to 59 years 14%). Respondents from a BME background were more likely to want support to find a job as a priority (25%).

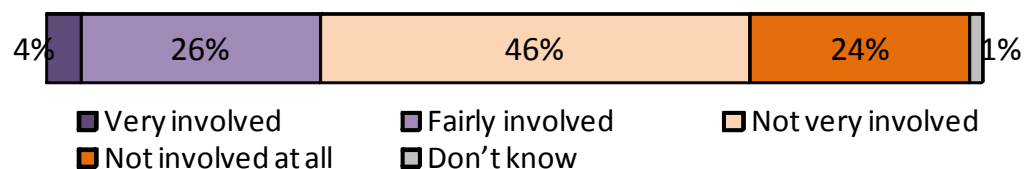
Some differences appeared geographically too. Both Pendle and Burnley residents wanted the improvement of hospital services to be a priority (30% and 28% respectively). Burnley residents were also more likely to prioritise the improvement of drug and alcohol services (27%).

## 5.2 Communities and neighbourhoods

The survey asked respondents to think about their communities and neighbourhoods and looked at their involvement in them, and specifically how older people cope.

The majority of people don't feel involved in their community and in community activities (69% not very involved or not involved at all). Only three in ten people feel involved (29%).

**Chart 4 - To what extent do you feel involved in your community and in community activities?**

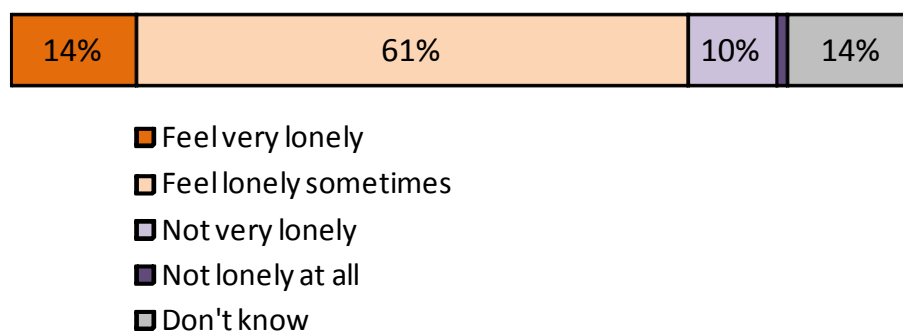


Base: All respondents (unweighted 2241, weighted 1933)

The type of respondent who was less likely to say they feel involved in their community and community activities are in the lower socio-economic groups (C2 23% and DE 26% feel involved). But, those people living in rural communities feel more involved in their community (37%).

When respondents were asked to think about how lonely older people in their local area feel, most said older people feel lonely sometimes (61%). One in seven people thought that older people would feel very lonely (14%).

**Chart 5 - To what extent do you think older people in your local area feel the threat of loneliness in their home, or in the area they live?**

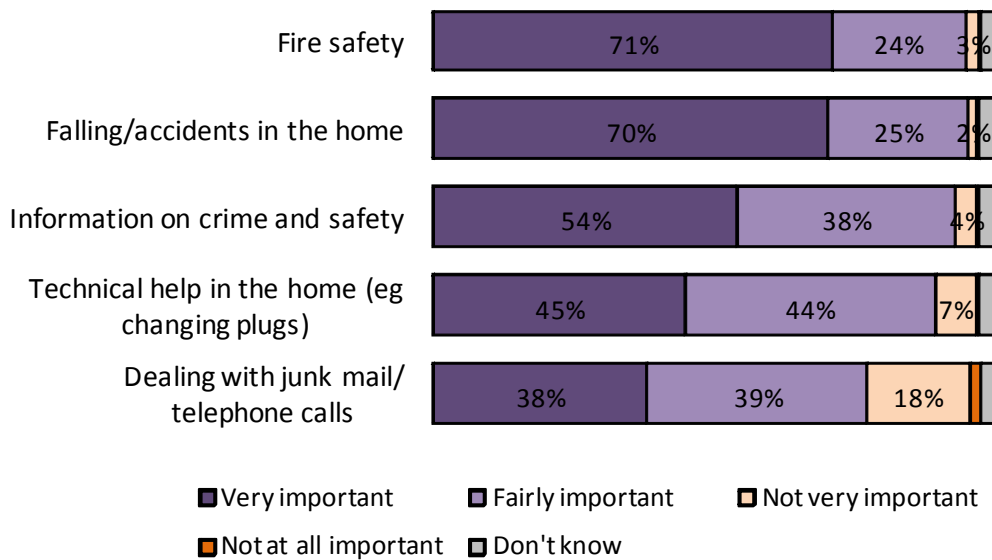


Base: All respondents (unweighted 2261, weighted 1942)

Interestingly it is the over 60s who are less likely to feel that older people feel the threat of loneliness in their home or the area they live in (70% lonely).

Respondents were then asked how important different types of information would be to older people locally. The information that came out as most important was on fire safety (71% very important) and falling or accidents in the home (70% very important). Of least importance was information on how to deal with junk mail or telephone calls (20% not important).

**Chart 6 - Thinking about older people in your local area, how important do you think each of the following types of information are for older people locally?**

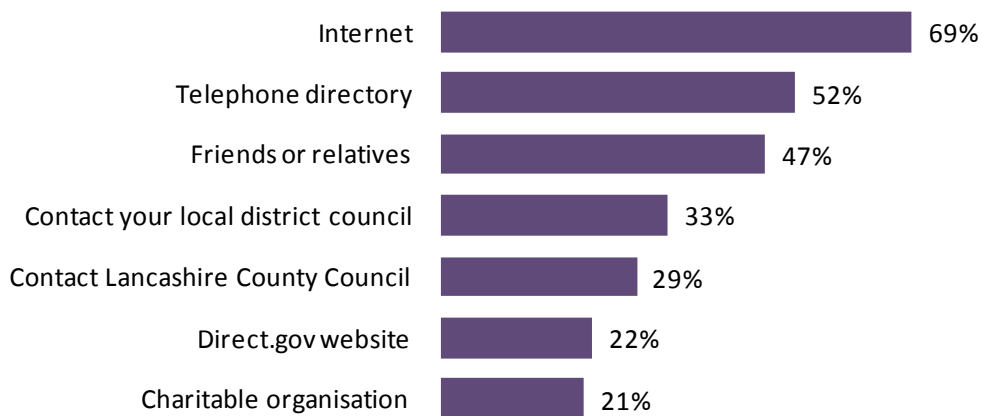


Base: All respondents (unweighted 2164, weighted 1878)

Fire safety information is considered equally important among all of the different demographic groups. For the other types of information it is women who are more likely to say they are important (falling or accidents in the home 76%, crime and safety 60%, technical help in the home 55% and dealing with junk mail or telephone calls 43% very important).

When looking for information about public services, people are most likely to access it from the internet (69%), a telephone directory (52%) or from friends or relatives (47%). Information direct from public bodies (ie county or district councils, and the direct.gov website) were less popular among respondents.

**Chart 7 - If you wanted to find information about public services, which of the following would you access as a source of information?**



Base: All respondents (unweighted 2263, weighted 1947)

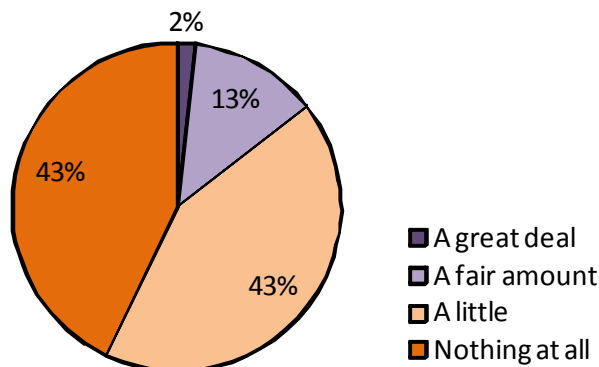
Respondents in the higher socio-economic groups are more likely to use the internet as an information source (AB 80%, C1 76%), this is also the case for younger respondents (16 to 24 years 96%, 25 to 44 years 87%, 45 to 59 years 74%). Consequently the direct.gov website is also more likely to be used for information on public services by younger residents (16 to 24 years 30%, 25 to 44 years 29%, 45 to 59 years 25%). The over 60s were more likely to use each of the other communication channels instead.

### 5.3 Adult and Community Services

The next section of the questionnaire looked at awareness and usage of Adult and Community Services (ACS).

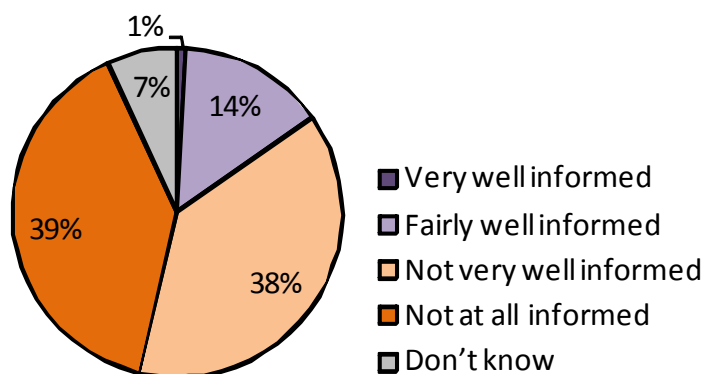
Knowledge of the work of ACS in Lancashire is low as six in seven people say they know little or nothing at all about the service (both 43%). Only 2% of respondents said they knew a great deal about ACS. Respondents also don't feel very well informed about ACS in Lancashire (38% not very well informed, 39% not at all informed). Again only one in seven people feel informed.

**Chart 8 - How much do you feel you know about the work of Adult and Community Services in Lancashire?**



Base: All respondents (unweighted 2287, weighted 1961)

**Chart 9 - How well informed do you feel about Adult and Community Services in Lancashire?**

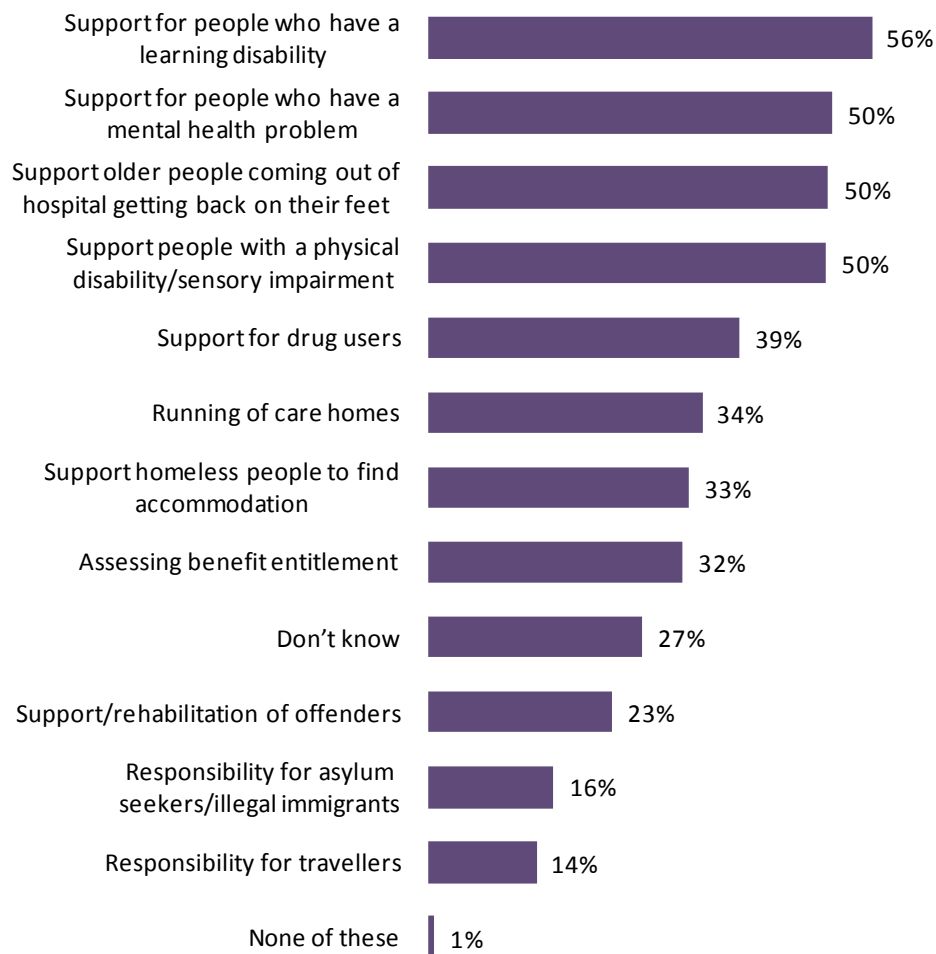


Base: All respondents (unweighted 2278, weighted 1954)

Knowledge of the work of ACS, and feeling informed about the service is higher in older residents (over 60s 17% know at least a fair amount, and 20% feel informed).

The services respondents were most aware that ACS provides are support for people with a learning disability, mental health problem or physical disability (56%, 50% and 50% respectively) and supporting older people coming out of hospital to get back on their feet (50%).

**Chart 10 - Which, if any, of the following services do you think Adult and Community Services provides?**



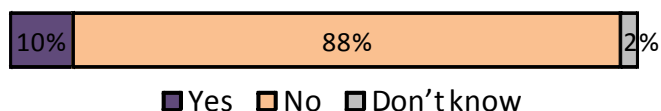
Base: All respondents (unweighted 2263, weighted 1942)

Older respondents are more likely to say that care homes are provided by ACS (39%), and less likely to say they support people with a learning disability, a physical disability, mental health problem, a drug problem or with the rehabilitation of offenders (44%, 42%, 41%, 31% and 16% respectively). Those in the lower socio-economic groups (C2DE) were also less likely to have knowledge of the services provided for people with a learning disability, mental health or drug use problem.



Help Direct is a new service offered by the county council that offers practical support, guidance and information to adults to help them get the most out of life. Among respondents awareness of the service is low, one in ten people are aware of it, and 88% are not. There were no differences in levels of awareness of Help Direct by demographic group.

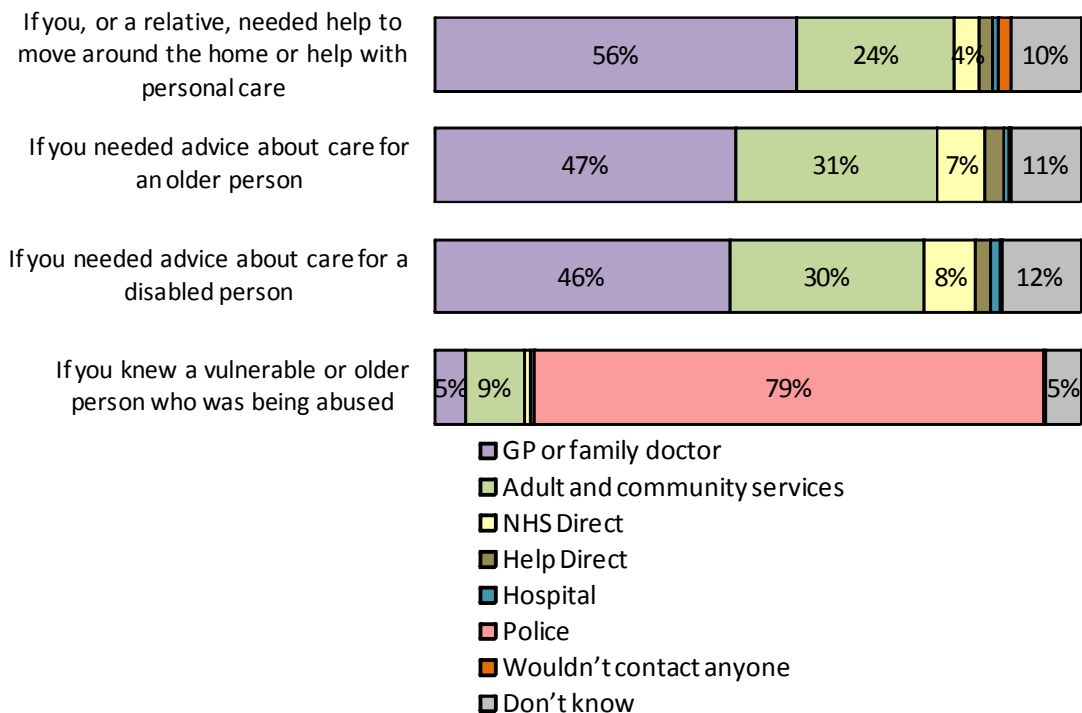
**Chart 11 - Have you heard of Help Direct?**



Base: All respondents (unweighted 2279, weighted 1958)

The first point of contact for the majority of people is the same in most situations when looking for advice about care for a disabled or elderly person, or for arranging help for someone in their home. These contacts are either a GP or family doctor (46%, 47% and 56% respectively) followed by adult and community services (30%, 31% and 24% respectively). When asked who people would report abuse of an elderly person to, the overwhelming majority would contact the police (79%). In all cases almost no-one would fail to contact anyone.

**Chart 12 - Which of the following, if any, would you contact first in each of the following situations?**

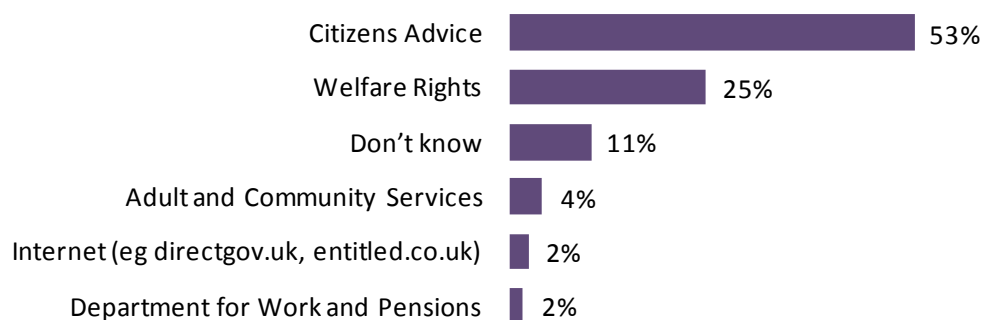


Base: All respondents (unweighted 2250, weighted 1934)

There were no differences in who people would most likely contact if they needed advice about the care of an elderly person or someone with a disability. However for care about the home women were more likely to contact their GP (60%), and in the event of someone being abused men were more likely to say they'd contact the police (83%).

Citizens Advice was the organisation most people would contact first about the benefits they, or someone they know, are entitled to (53%). A quarter of people would contact Welfare Rights first instead (25%).

**Chart 13 - Which of the following, if any, would you contact first for advice about the benefits you, or someone you know, are entitled to?**

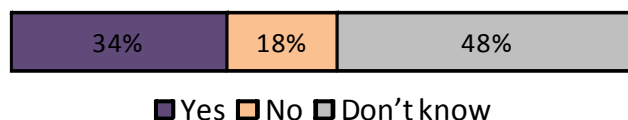


Base: All respondents (unweighted 2264, weighted 1936)

The only difference in who people would contact for benefits advice was for the welfare rights service. Those with a disability would be more likely to contact welfare rights (37%), and residents in Fylde were less likely to contact them (11%).

Almost half of respondents aren't aware of the support available to older people to help them live at home for as long as they want to (48% don't know). A third of respondents say that older people can get the services they need to live at home (34%), but 18% say that they can't.

**Chart 14 - In your area, do you think older people are able to get services and support they need to continue to live at home for as long as they want to?**

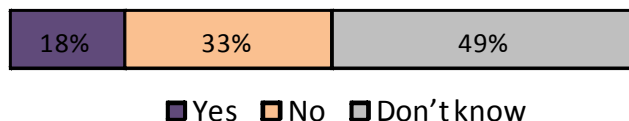


Base: All respondents (unweighted 2287, weighted 1965)

Respondents living in council or housing association property are more likely to think that older people can get the services they need to continue living at home (45%), but younger people are less likely to think they can (31%).

A similar proportion of people say they don't know if older people can get practical help in the home (49%). However, almost twice as many people say that older people don't get enough opportunities to access practical help in the home, as say that they do (33% versus 18%).

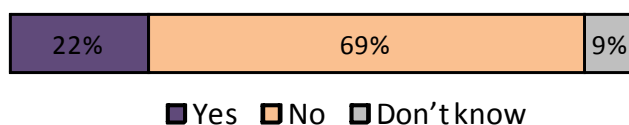
**Chart 15 - Do you think that there are enough opportunities for older people to get practical help in the home?**



Base: All respondents (unweighted 2266, weighted 1946)

Direct payments are payments made by the local authority to an individual to buy their own care services that meet their assessed needs. Most people haven't heard about people who need care in their home being able to get a budget to buy it themselves (69%, versus 22% who have heard of it).

**Chart 16 - Have you heard about people needing care in their home being given a budget to buy it themselves?**

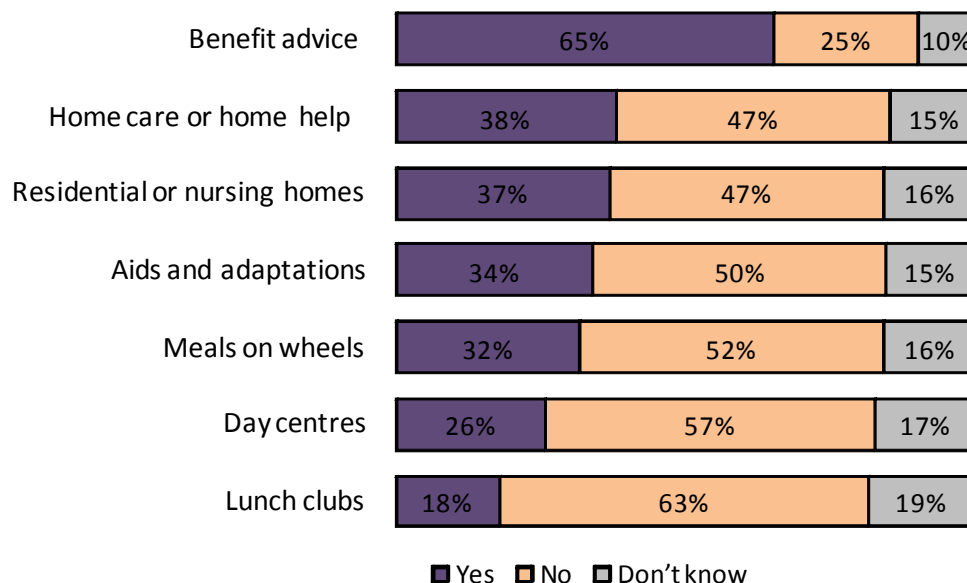


Base: All respondents (unweighted 2269, weighted 1949)

Older people are less aware of the direct payments facility (17%), and people in the higher socio-economic groups are more aware of them (AB 29%, C1 24%).

Levels of awareness of who to contact is highest for benefit advice (65%). Half of respondents didn't know who to contact for information on home care, residential or nursing homes, aids and adaptations, or meals on wheels. The lowest awareness was for information on day centres (26%) and lunch clubs (18%).

**Chart 17 - Do you know who to contact if you needed information about...?**

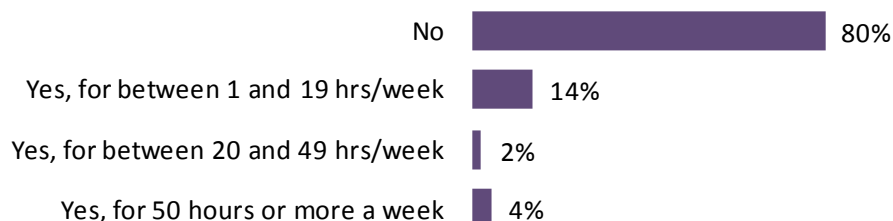


Base: All respondents (unweighted 2142, weighted 1866)

It was women and older respondents who were more aware of who to contact for information about many of these services. One group particularly stands out for knowing who to contact about benefit advice – these are people living in council or housing association property who had a greater knowledge of the system (86%).

Four-fifths of respondents do not care for someone with long-term ill health or problems related to age (80%). Of those people who do, most provide care for between one and 19 hours a week (14%). There are a significant minority who provide full-time care (2% between 20 and 49 hours, 4% 50 or more hours a week).

**Chart 18 - Do you provide care for a family member, friends or neighbours with long-term ill health or problems related to old age, other than as part of your job? Please tick one box for time spent in a typical week.**

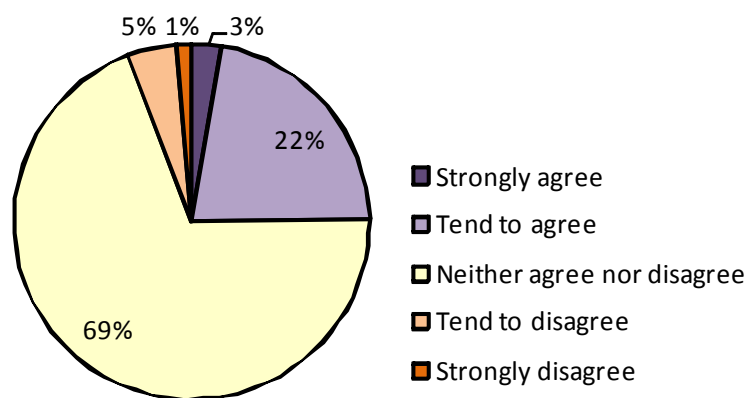


Base: All respondents (unweighted 2249, weighted 1937)

Perhaps not surprisingly it is people who are likely to have elderly parents (people aged 45 to 59 years) who are more likely to provide care for someone with long-term ill-health (21% provide care for between 1 and 19 hours a week).

The survey then went on to ask if overall they thought ACS in Lancashire do a good job. There were significantly more people that agreed with the statement than disagreed (25% versus 6%). However most people tended to neither agree nor disagree (69%) perhaps because of their lack of awareness of the service.

**Chart 19 - How much do you agree or disagree with the following statement? Overall, Adult and Community Services in Lancashire do a good job.**



Base: All respondents (unweighted 2224, weighted 1907)

Those people who were more likely to say ACS do a good job are older people (over 60s 32% agree) and people living in council or housing association property (42% agree).

## 6 Appendix

### 6.1 Socio-Economic-Group Definitions

These groups are based on Market Research Society definitions and on the respondent. They are graded as A, B, C1, C2, D and E.

#### **Group A**

- Professional people, very senior managers in business or commerce or top-level civil servants.
- Retired people, previously grade A, and their widows

#### **Group B**

- Middle management executives in large organisations, with appropriate qualifications
- Principle officers in local government and civil service
- Top management or owners of small business concerns, educational and service establishments
- Retired people previously grade B, and their widows

#### **Group C1**

- Junior management, owners of small establishments, and all others in non-manual positions
- Jobs in this group have very varied responsibilities and educational requirements
- Retired people, previously grade C1, and their widows

#### **Group C2**

- All skilled manual workers, and those manual workers for responsibility for other people
- Retired people, previously grade C2, with pensions from their job
- Widows, if receiving pensions from their late partner's job

#### **Group D**

- All semi skilled and unskilled manual workers, and apprentices and trainees to skilled workers
- Retired people, previously grade D, with pensions from their late job
- Widows, if receiving pensions from their late partner's job

#### **Group E**

- All those entirely dependant on the state long term, through sickness, unemployment, old age or other reasons
- Those unemployed for a period exceeding six months (otherwise classified on previous occupation)
- Casual workers and those without a regular income