



# Living in Lancashire Survey

**Dementia**

*April 2013*

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## 1. Executive summary

This wave of Living in Lancashire looked at people's views on dementia. The survey was sent by email or by post to all 2,693 members of the panel on 15 February. A reminder was sent on 7 March and the fieldwork ended on 22 March 2013. In total 1,874 questionnaires were returned, giving an overall response rate of 70%.

### 1.1 Key findings

- Over a quarter of respondents (29%) knew someone in the past who had dementia, over a quarter (27%) know someone who has dementia and two fifths of respondents (40%) don't know anyone with dementia.
- A third of respondents (34%) would not know how to get help or advice if they were worried about their memory, or the memory of someone close to them.
- Nearly three fifths of respondents (57%) disagree that dementia is just part of the natural ageing process. However, over a third of respondents (34%) agree with this statement.
- Nearly three quarters of respondents disagree (73%) that dementia is only about losing your memory: two fifths of respondents (40%) strongly disagreed.
- Over two fifths of respondents (43%) agree that some people with dementia can still work, but nearly a third of respondents (31%) disagree.
- Over half of respondents (51%) disagree that some people with dementia can still drive.
- Four fifths of respondents disagree (80%) that everyone with dementia will have the same problems; more than half of respondents (52%) strongly disagree.
- Respondents are most likely to agree that dementia can affect people in the following ways; confusion (94%), problems recognising faces and remembering names (93%), impairment of memory (93%), and decision-making difficulties (90%).
- A third of respondents (33%) agree that dementia can lead to a shorter life expectancy and just under a third of respondents (32%) don't know if it does.
- Two thirds of respondents (66%) feel comfortable when talking with someone they think or know has dementia.

## 1.2 Conclusions and recommendations

As over a third of respondents said they wouldn't know where to go if they were worried about their memory or the memory of someone close to them, therefore it is recommended that partners consider how they can support local services to continue to promote where help and advice is available. Any promotion would most effectively be targeted at people from a BME background, men and people who don't know anybody with dementia, as these groups of people are the least likely to know how to get the help and advice they would need.

It is clear from panel members' responses that there are some aspects of dementia that many people are unclear about, therefore it is recommended that partners consider how they can support local services to improve peoples' understanding of the different ways in which dementia can impact people.

## 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 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 ie the views of panel members become too informed with county council services to be representative of the population as a whole.

## 3. Research objectives

The objective of this survey is to look at people's views about dementia. Questions looked specifically at:

- what contact respondents have with people with dementia;
- whether people know where to go to for help and advice about dementia;
- views and awareness of different aspects of dementia; and
- how comfortable people find it to talk to someone with dementia;

## 4. Methodology

This wave of Living in Lancashire was sent to 2,693 members of the panel on 15 February. A reminder was sent on 8 March, with a final closing date of 22 March 2013.

The survey was conducted through a postal questionnaire, and an online version of the same questionnaire being emailed to members who had previously requested to take part online. The postal questionnaire was sent to 1,964 members and the online questionnaire was sent to 729 members.

In total 1,874 questionnaires were returned, giving an overall response rate of 70%.

The data set is 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 1,258, 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 + / -	30/70 + / -	10/90 + / -
50	14%	13%	8%
100	10%	9%	6%
200	7%	6%	4%
500	4%	4%	3%
1,000	3%	3%	2%
2,000	2%	2%	1%

On a question where 50% of the people in a sample of 1,000 respond with a particular answer, the chances 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.

The following table shows what the percentage differences between two samples on a statistic must be greater than, to be statistically significant.

Size of sample A	Size of sample B	50/50	70/30	90/10
100	100	14%	13%	8%
100	200	12%	11%	7%
500	1,000	5%	5%	3%
2,000	2,000	3%	3%	2%

(Confidence interval at 95% certainty for a comparison of two samples)

For example, where the size of sample A and sample B is 2,000 responses in each and the percentage result in each group you are comparing is around 50% in each category, the difference in the results needs to be more than 3% to be statistically significant. This is to say that the difference in the results of the two groups of people is not due to chance alone and is a statistically valid difference (eg of opinion, service usage).

For each question in the survey, comparisons have been made between different sub-groups of respondents (eg age, gender, disability, ethnicity, geographic area) to look for statistically significant differences in opinion. Statistically valid differences between sub-groups are described in the main body of the report.

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

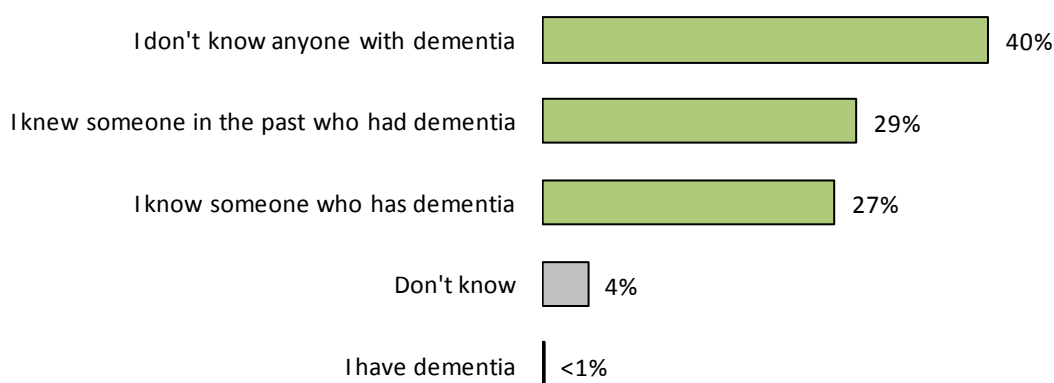


## 5. Main research findings

This wave of Living in Lancashire asked panel members about their views concerning dementia. Over a quarter of respondents (29%) knew someone in the past who had dementia and over a quarter (27%) know someone who has dementia.

Two fifths of respondents (40%) don't know anyone with dementia.

**Chart 1 - What contact do you have with someone who has dementia?**



Base: All respondents (unweighted 1,808, weighted 1,321)

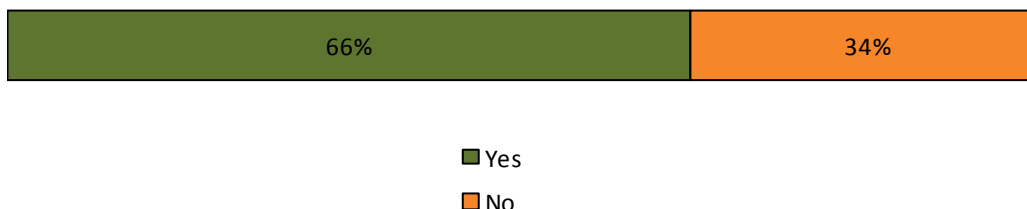
BME respondents (14%), male respondents (23%), and respondents who report using between 0-6 county council services (23%) are less likely to say they know someone with dementia.

Respondents who live in a council house or housing association residence (48%) are more likely to say they don't know anyone with dementia.

Respondents in Preston (14%) are less likely to say they know someone who has dementia.

A third of respondents (34%) would not know how to get help or advice if they were worried about their memory, or the memory of someone close to them.

**Chart 2 - If you were worried about your memory or the memory of someone close to you, would you know how to get help or advice?**



Base: All respondents (unweighted 1,815, weighted 1,322)

BME respondents (52%), respondents who say they don't know anyone with dementia (42%) and male respondents (40%) are more likely to say 'no', when asked if they would know how to get help or advice, if they were worried about their memory or the memory of someone close to them.

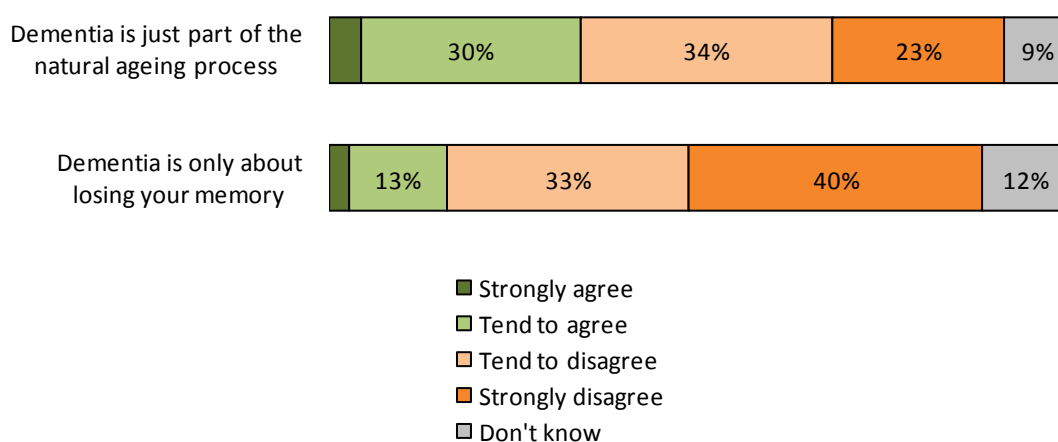
Respondents with a disability (38%), respondents in the lowest social-economic groups (DE) (40%) and respondents who report using between 0-6 county council services (37%) are more likely to say they would not know where to get help or advice.

Panel members were then asked how strongly they agree or disagree with several statements about dementia.

Nearly three fifths of respondents (57%) disagree that dementia is just part of the natural ageing process. However, over a third of respondents (34%) agree with this statement.

Nearly three quarters of respondents disagree (73%) that dementia is only about losing your memory; two fifths of respondents (40%) strongly disagreed.

**Chart 3 - How strongly do you agree or disagree with each of the following statements about dementia?**



Base: All respondents (unweighted 1,801-1,768, weighted 1,314-1,293)

Respondents aged 60 and over are more likely to agree that dementia is just part of the natural ageing process (41%), and that it is only about losing your memory (20%).

Male respondents (43%) and respondents with a disability (39%) are more likely to agree that dementia is just part of the natural aging process.

Respondents who say they don't know anyone with dementia (19%) are more likely to agree that dementia is only about losing your memory.

Respondents in the highest socio-economic groups AB (80%) and C1 (80%) are more likely to disagree that dementia is only about losing your memory.

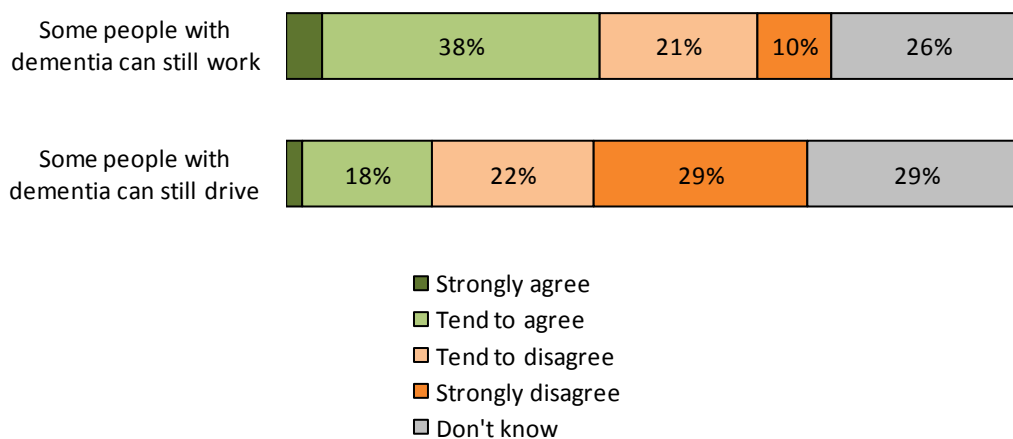
Respondents who are owner occupiers (76%) are also more likely to disagree that dementia is only about losing your memory.

Over two fifths of respondents (43%) agree that some people with dementia can still work, but nearly a third of respondents (31%) disagree.

Over half of respondents (51%) disagree that some people with dementia can still drive.

A large proportion of respondents are unsure about both statements. Over a quarter of respondents (29%) say they don't know if some people with dementia can still drive, and over a quarter of respondents (26%) say they don't know if some people with dementia can still work.

**Chart 4 - How strongly do you agree or disagree with each of the following statements about dementia?**



Base: All respondents (unweighted 1,778-1,777, weighted 1,301-1,298)

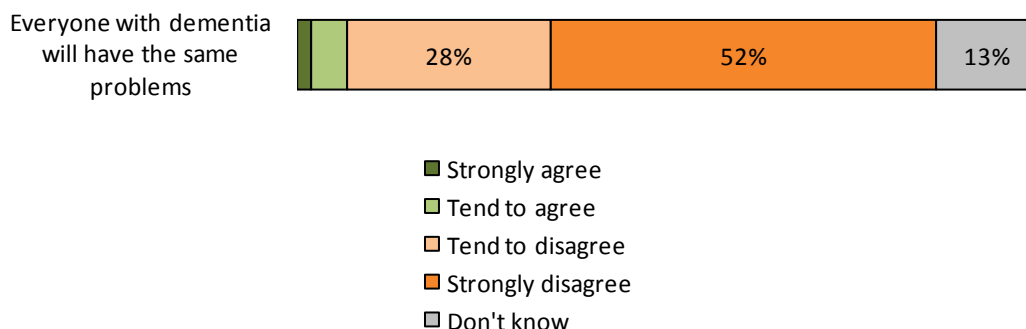
BME respondents and respondents in the lowest socio-economic groups DE (30%) are less likely to agree that some people with dementia can still work (23%).

Respondents who are light service users (0-6) (38%), respondents who work full-time (48%) and respondents who are owner occupiers (45%) are more likely to agree that some people with dementia can still work.

Respondents who say they know someone with dementia (27%), respondents with a disability (21%), respondents who report to being heavy (10+) county council service users (27%) and respondents who report to being medium (7-9) county council service users (25%) are more likely to agree that some people with dementia can still drive.

Four fifths of respondents disagree (80%) that everyone with dementia will have the same problems; more than half of respondents (52%) strongly disagree.

**Chart 5 - How strongly do you agree or disagree with each of the following statements about dementia?**



Base: All respondents (unweighted 1,778-1,784, weighted 1,301-1,784)

Female respondents (85%), respondents without a disability (85%) and respondents in the higher socio-economic groups AB (89%) and C1 (84%) are more likely to disagree that everyone with dementia will have the same problems.

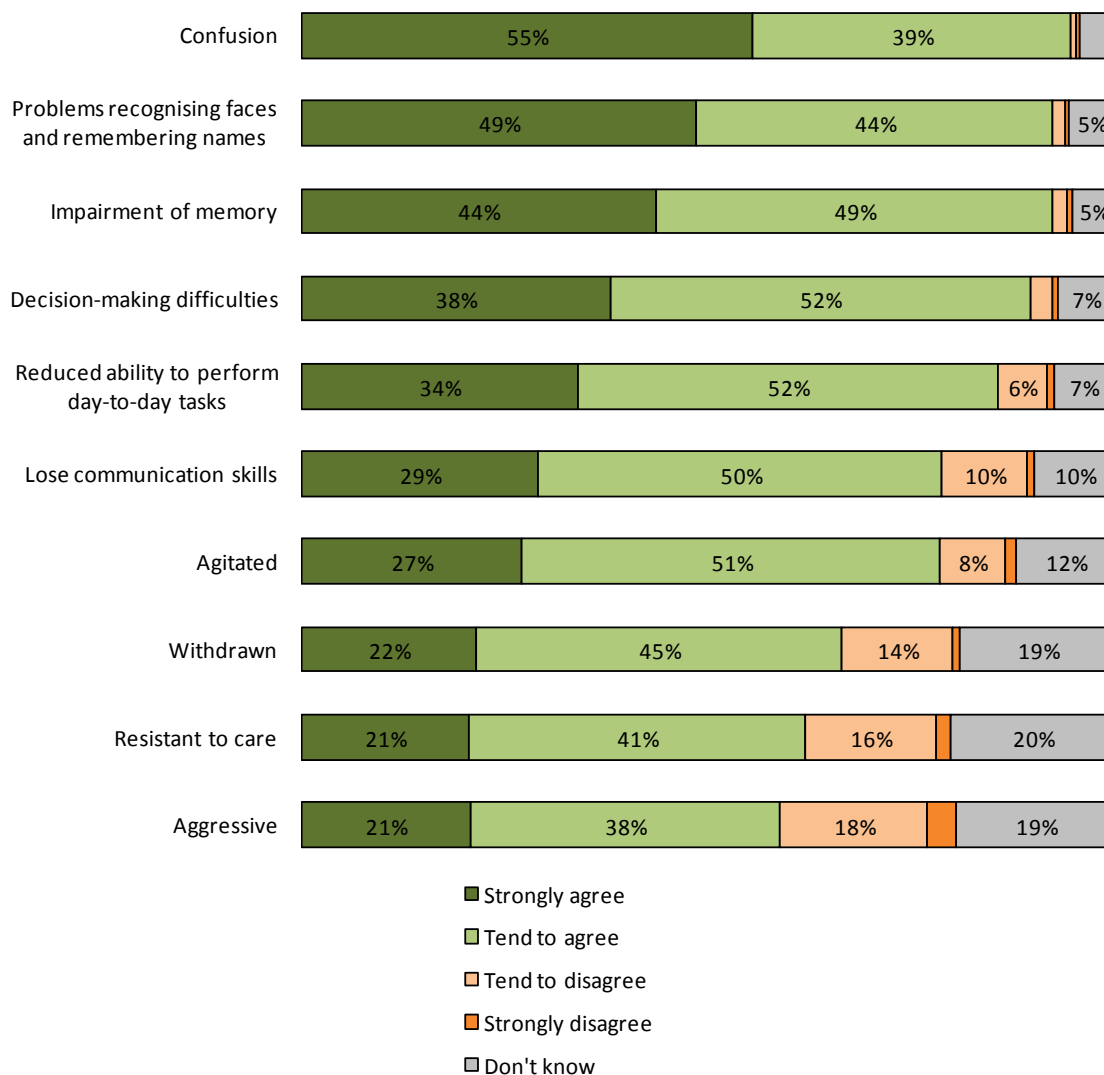
Older (60+) respondents (9%), BME respondents (17%) are more likely to agree that everyone with dementia will have the same problems.

Respondents were then asked how strongly they agree or disagree with several statements about the ways that dementia can affect people.

Respondents are most likely to agree that dementia can affect people in the following ways; confusion (94%), problems recognising faces and remembering names (93%), impairment of memory (93%), and decision-making difficulties (90%).

Only a small proportion of respondents disagree with any of the statements about how dementia can affect people. Respondents are most likely to disagree that dementia can affect people in the following ways; withdrawn (15%), resistant to care (18%), and aggressive (22%). Respondents are also more likely to say they don't know if dementia affects people by making them withdrawn (19%), resistant to care (20%), and aggressive (19%).

**Chart 6 - How strongly do you agree or disagree that dementia can affect people in each of the following ways?**



Base: All respondents (unweighted 1,732-1,786, weighted 1,272-1,307)

Respondents aged 25-44 are more likely to agree with the statements about confusion (97%), problems recognising faces and remembering names (94%), resistant to care (64%), withdrawn (67%) and aggressive (63%).

BME respondents are less likely to agree with the statement about confusion (85%).

Female respondents are more likely to agree with the statements about resistant to care (67%), withdrawn (69%), aggressive (65%), agitated (84%) and reduced ability to perform day-to-day tasks (88%).

Female respondents are more likely to strongly agree with the statements about decision-making difficulties (42%), and lose communication skills (33%).

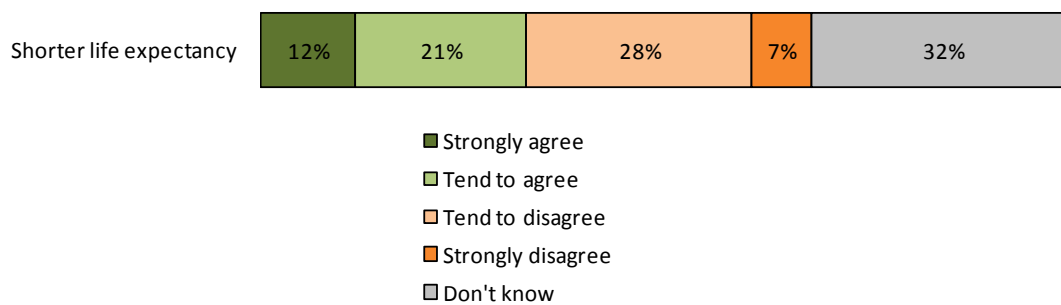
Respondents who are owner occupiers (67%) and respondents with a disability (72%) are more likely to agree with the statement about being withdrawn.

Respondents in the highest socio-economic groups AB (27%) are more likely to disagree with the statement about being aggressive.



A third of respondents (33%) agree that dementia can lead to a shorter life expectancy and just under a third of respondents (32%) don't know if it does.

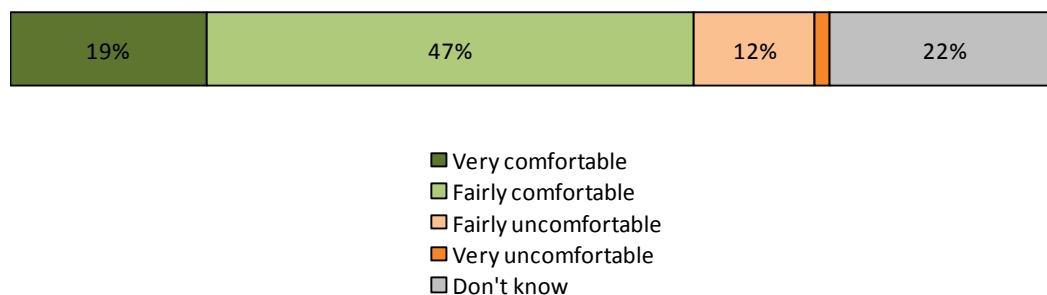
**Chart 7 - How strongly do you agree or disagree that dementia can affect people in each of the following ways?**



Base: All respondents (unweighted 1,784, weighted 1,301)

Two thirds of respondents (66%) feel comfortable when talking with someone they think or know has dementia. Only a small proportion of respondents (1%) feel very uncomfortable talking with someone they think or know has dementia.

**Chart 8 - How comfortable do you feel when talking with someone who you think or know has dementia?**



Base: All respondents (unweighted 1,806, weighted 1,315)

Male respondents are more likely (16%) to say they feel uncomfortable when talking with someone who they think or know has dementia.

Female respondents are more likely to say they feel very comfortable when talking with some they think or know has dementia (20%).

## 6. Conclusions and recommendations

As over a third of respondents said they wouldn't know where to go if they were worried about their memory or the memory of someone close to them, therefore it is recommended that partners consider how they can support local services to continue to promote where help and advice is available. Any promotion would most effectively be targeted at people from a BME background, men and people who don't know anybody with dementia, as these groups of people are the least likely to know how to get the help and advice they would need.

It is clear from panel members' responses that there are some aspects of dementia that many people are unclear about, therefore it is recommended that partners consider how they can support local services to improve peoples' understanding of the different ways in which dementia can impact people.

## Appendix 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 with 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 dependent 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