

The Sheffield 50+ Membership Survey 2012/13



Summary Report

Analysis:	Maxine Kuczawski, School of Health and Related Research, The University of Sheffield
Report written by:	Tony Maltby, Maxine Kuczawski and Julie Berrisford
Data entry:	Maxine Kuczawski and Jane Bulloss
Project management:	Julie Berrisford
Survey design:	Julie Berrisford and Sheffield 50+ Management Team. Based on a Bristol Older People's Forum survey

Sheffield 50+
The Circle, 33 Rockingham Lane, Sheffield S1 4FW
Email: sheffield50plus@yahoo.co.uk
Telephone: 0114 253 6736

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Introduction and Purpose of the survey

This is the first Membership survey of this kind that Sheffield 50+ has undertaken. Similar surveys have been undertaken in other cities, like Bristol, which was our inspiration: but not in Sheffield. We owe a sincere and huge debt of gratitude to The Co-operative Society for funding this survey and are very happy to share the full analysis with them. This summary commentary and discussion of the extensive dataset that our questionnaire has produced reflect our own interpretation.

Sheffield 50+'s mission is to promote and support people over 50 in Sheffield so that they can actively participate in society. It is essential therefore, to establish exactly what our current members think about a range of issues and whether these are representative of older people living in Sheffield. We routinely record data for monitoring purposes (i.e. age, sex, postcode, ethnicity) as required by our sponsors, but this survey allows us to offer a more detailed assessment. There are also many issues of concern for older people, a reflection of the heterogeneity and diversity of a cohort that spans four decades. It is therefore important that a thorough understanding is gained of our membership so that Sheffield 50+ can plan its work strategy and direction for the next few years. This will help to ensure Sheffield 50+ is meeting its objectives but is also able to assist those who interact with older people and provide high quality services. In particular we genuinely hope that the results of this survey will be useful to Sheffield City Council, the NHS and other statutory services within Sheffield, but also to our Members of Parliament, university academics, researchers and practitioners based with NGO's. We are keen to work with you in partnership in order to achieve our mission.

This summary report highlights the key responses to a select number of areas and issues. A fuller, more extensive report containing both qualitative as well as quantitative information drawn from responses is available in PDF for a small fee direct from Sheffield 50+. Further analysis is required to 'drill down' into this dataset to reveal more and we welcome organisations and individuals who have the expertise to undertake such a task to come forward. What these results present is a vibrant community of individuals who care deeply about their city.

About the questionnaire

Questionnaires were posted to all Sheffield 50+ members in October 2012 along with 'The Voice', the Sheffield 50+ newsletter. A freepost envelope was also included for the return of the completed questionnaires to the Sheffield 50+ offices.

The questionnaire is based on the Bristol Older People's Forum (BOPF) Members Survey Questionnaire used in 2010. Ours is 4 pages (A4) long and contains 39 questions. As well as collecting participant

information, the questionnaire asks participants their views on a number of topics that are important to older people in Sheffield, these include:-

- Quality of life and how this has changed up to October 2012
- Problems and worries important to the participant, and older people in general
- Treatment by other people due to age
- Isolation
- Local neighbourhood
- Influence and quality of public services

The responses from all returned questionnaires were data-entered into the survey database. To check the quality of the data-entry, a random sample of the questionnaires were data-entered a second time (double data-entered). Only a small number of discrepancies were found resulting in an error rate of 1.18%.

Results

The postal questionnaire was mailed to all 2,300 Sheffield 50+ members and by the end of January 2013, 650 members had completed and returned the questionnaire. This is a return of 28.3 per cent which is very good for a survey of this kind. The dataset was analysed by Maxine Kuczawski, who is based at the School of Health and Related Research at The University of Sheffield. She also produced all the tabulations and charts within this summary and we owe her our sincere thanks for a really excellent and professional job. All the tabulations offer an analysis by age, gender, whether suffering from a limiting disability or illness and whether they live alone. Analysis by ethnicity and religion (or belief) was undertaken but is not displayed in the majority of tabulations presented here for reasons that will become apparent in the next section, the overview.

Member characteristics: Overview

Table 1 provides a breakdown of the key characteristics of the respondents. It is clear from this that Sheffield 50+ is predominantly a female, white British, able bodied organisation with a wide age range from 60 years and above. This is consistent with the UK average breakdown (see ONS data). However for Sheffield 50+ as an organisation it is clear we need to recruit more members between 50-60 to allow us to be truly representative.

		NUMBER (%)	NOT REPORTED
Total		650	
MEMBER CHARACTERISTICS			
Sex		647	3
	Female	409 (63.2)	
	Male	238 (36.8)	
Age Group, years		649	1
	50-59	43 (6.6)	
	60-69	231 (35.6)	
	70-79	245 (37.8)	
	80 or over	130 (20.0)	
Disability or illness		630	20
	None	208 (33.0)	
	relatively minor	305 (48.4)	
	Major	117 (18.6)	
Ethnic group		644	6
	White British	604 (93.8)	
	Black Caribbean	12 (1.9)	
	Asian, Pakistani or Bangladeshi	8 (1.2)	
	Other	20 (3.1)	
Religion		641	9
	Christianity	485 (75.7)	
	Other	37 (5.8)	
	No religion	119 (18.6)	

Table 1 Characteristics of the respondents

Age Group, n (%)	50 to 59	60 to 69	70 to 79	80 or over	Total
Lives alone	12 (1.9)	82 (13.0)	93 (14.8)	82 (13.0)	269 (42.7)
Employment					
No employment	22 (3.5)	193 (30.5)	234 (37.0)	122 (19.3)	571 (90.2)
Part-time	5 (0.79)	28 (4.4)	5 (0.79)	2 (0.32)	40 (6.3)
Full-time	15 (2.4)	6 (0.95)	1 (0.16)	0 (-)	22 (3.5)
Uses the internet	35 (5.5)	160 (25.1)	111 (17.4)	26 (4.1)	332 (52.0)
Carer	6 (0.95)	37 (5.8)	28 (4.4)	12 (1.9)	83 (13.1)
Quality of life					
Very good or good	24 (3.7)	159 (24.7)	172 (26.7)	82 (12.7)	437 (67.8)
Neither good nor poor	15 (2.3)	62 (9.6)	58 (9.0)	36 (5.6)	171 (26.5)
Poor or very poor	4 (0.62)	9 (1.4)	15 (2.3)	9 (1.4)	37 (5.7)

Table 2. Characteristics by age group.

When looking at the responses concerning disability or illness (table 1) we note that only 18.6 per cent indicated this as 'major'. A majority however (48.5 per cent) indicated that they had a minor disability but a further 33 per cent had 'none'. When examining these data more closely, the highest proportion who indicated that they suffered from a disability or illness was in the cohort aged 70-79 (25.7 per cent) with the 60-69 cohort at 21.0 per cent and those over 80 at 15.7 per cent. Yet this does not

equate to a poor quality of life or indeed low social integration. Considering the data presented in Table 2 it is clear that over two thirds of our respondents report their quality of life as very good or good. Half the respondents use the internet, and this declines with age. Chart 1 provides a breakdown of this data and where they access the internet.

Member characteristics: Quality of life

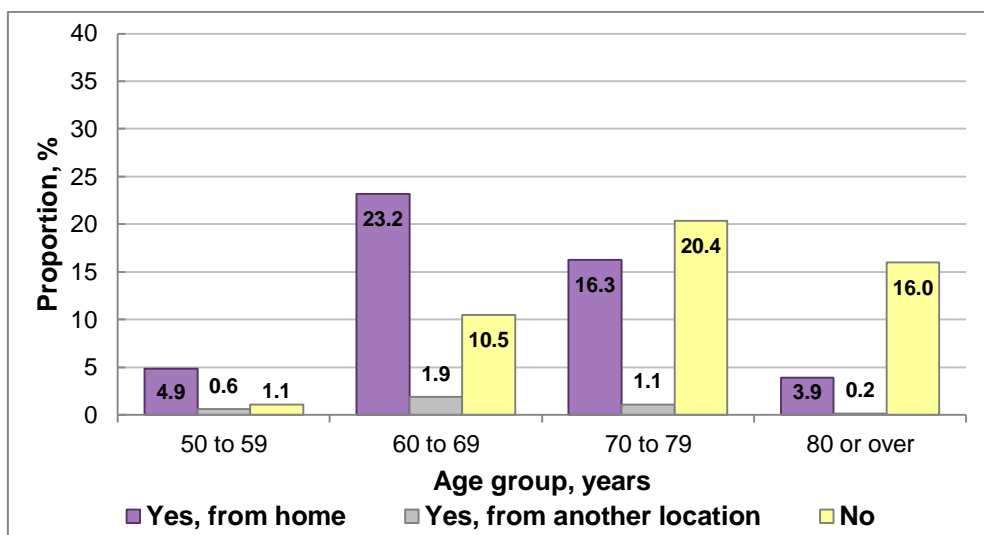


Chart 1. Proportion (%) of members by age group and internet access.

One of the key issues for us is how well supported our members are when they have to care for family, relatives or friends. The response is shown in Table 3 below, and shows a mixed response and worthy of further investigation. There is a near equal split between those who indicate 'poor' and 'good' support.

CARER SUPPORT	Number (%)
Well supported	7 (9.9)
Fairly well supported	29 (40.8)
Fairly poorly supported	12 (16.9)
Poorly supported	23 (32.4)
Total	71

Table 3. Grading of support received by carers

Worries and concerns facing older people

In order to obtain a more nuanced response on a range of issues the survey asked 'what problem or issue worries you most as an older person living in Sheffield?'. Respondents were asked to write in their answer to the question rather than select from specific options. A total of 406 replies were given and the most common themes are displayed in the chart (Chart2) below. Our fuller report has the full range of opinion and quotations which space in this summary report does not allow. Yet clearly, paying for rising utility costs features, followed by (fear of) poverty and then closely by loneliness. This

response is directly reflected in the Bristol Forum’s survey responses, where 76 per cent of their respondents were as equally concerned about high utility bills.

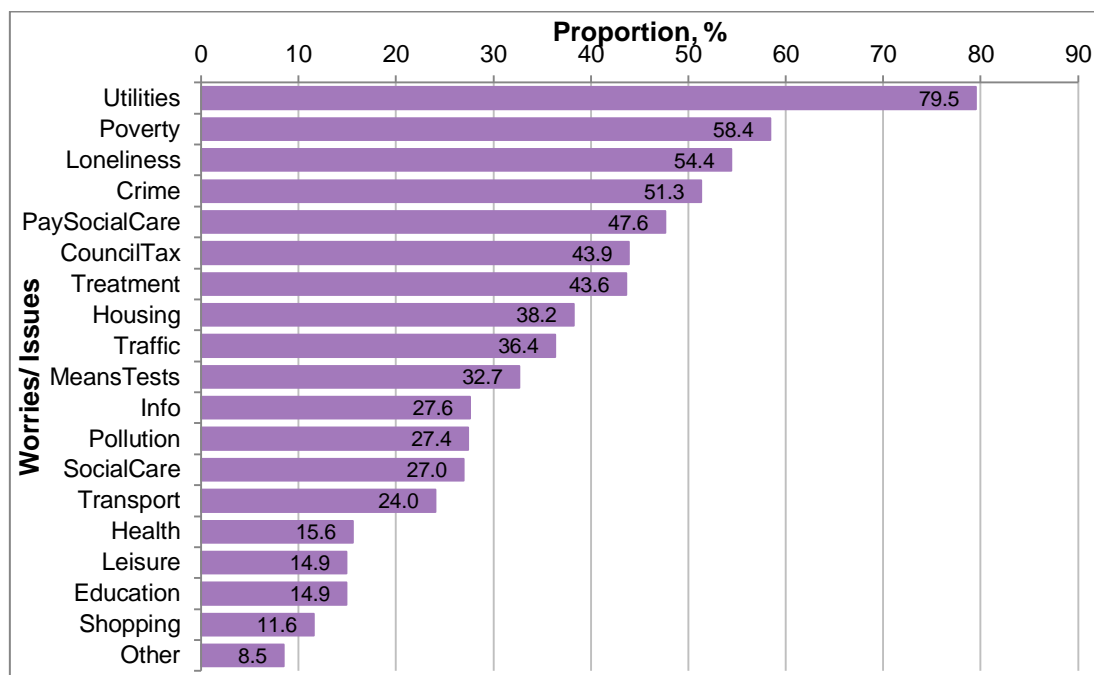


Chart 2. (Q12) Proportion (%) of members by big problems facing older people in Sheffield.

The survey then sought to investigate further about some of these issues in subsequent questions. The responses given indicated that respondents had never been treated unfairly or discriminated (64.4 per cent). We then asked whether they felt that they were ever treated as a nuisance by health professionals and separately, whether they had been ‘treated as a child’ (or patronised). The responses are contrasting with a majority (67 per cent) disagreeing with the first statement but 66 per cent suggesting that they were ‘treated like a child’. Their answers to this question may reflect the words used. Although our respondents do not feel that health professionals treat them as a nuisance, it is clear that with increasing age they feel that they are treated as children implying that they are often patronised and more especially assumed as dependent. We now turn to consider a key activity of ours reducing social isolation and loneliness (see our Missing Voices Project).

Loneliness and isolation

For a majority of our respondents, loneliness and isolation is not a major concern with nearly 77 per cent indicating that they never felt lonely isolated or cut off from modern life. For us this is a positive response yet we are more concerned by the 20 per cent (130 individuals) whose answer to this question was ‘often’, and particularly the 3 per cent (20 people) who indicated ‘always’. These facts aside, we are able to report that an overwhelming 88 per cent of respondents indicated that they had

contact with friends, family and neighbours ‘every day’ or ‘every couple of days’. The following table is of key concern to statutory agencies faced with the current radical downward revision of many benefits and provision of benefits. It should be stated that most ‘welfare’ benefits are awarded to pensioners and working families. It is clear however, that more information and advice should be made available regarding the welfare benefits available. Nearly 80 per cent regard this as important. Although as an organisation we do signpost individuals and provide knowledgeable speakers to inform those attending our members’ meetings, this is clearly not enough. In order to enjoy an active age the cohorts that our organisation represent require more pertinent and freely given accurate advice.

CHARACTERISTICS	MORE INFORMATION, Number (%)		
	YES	NO	TOTAL
Gender			
Female	287 (49.3)	81 (13.9)	368 (63.2)
Male	172 (29.6)	42 (7.2)	214 (36.8)
Age group, years			
50-59	34 (5.8)	8 (1.4)	42 (7.2)
60-69	168 (28.8)	44 (7.5)	212 (36.3)
70-79	179 (30.7)	46 (7.9)	225 (38.5)
80+	80 (13.7)	25 (4.3)	105 (18.0)
Suffers from a limiting disability or illness	310 (54.4)	70 (12.3)	380 (66.7)
Lives alone	171 (29.9)	63 (11.0)	234 (41.0)

Table 4.(Q18.) More information and advice should be received regarding welfare benefits.

When it comes to the appearance of their neighbourhood and how safe it is, it is pleasing to report that the responses demonstrate that a majority are fairly satisfied (49 per cent) with the former and the latter at 56.5 per cent. However they do report that there are problems with anti-social behaviours ‘sometimes’ (54 per cent) but remain fairly or very satisfied with their local neighbourhood (91 per cent). These facts aside when asked directly whether they had any influence on decision making in their neighbourhood 73 per cent indicated that they had ‘hardly any’ or ‘no influence’. This is very important and particularly for us. It suggests that respondents have become distant and disenfranchised from normal political discourse: that their ‘voice’ is not heard or listened too. We at Sheffield 50+ are trying to enhance the voice of older adults in Sheffield and particularly from those who are socially isolated. With the breakup of the Community Assemblies, Sheffield City Council has the possibility of enhancing local community democracy and give people a direct say in delivering services in their areas. This feeling of lack of influence is reflected not only at community level but also at a wider City level with this surveys responses.

Sheffield 50+ is one of the voice and influence organisations that are supported by Sheffield City Council (SCC) yet clearly our members feel we have no influence. This is a salient finding for us and I would suggest for SCC. For us this single response does mean that a radical rethink about how we interact with ‘power’ and how they interact with us as an organisation, but also as individuals. Such work requires financial resource but also a broader level of commitment from our membership too. This lack of influence also extends to the public services our members use. Table 5 below provides a detailed analysis of the responses. However, again nearly 85 per cent of the respondents feel that they have ‘hardly any’ or ‘no’ influence at all. This may be because little attention is paid to the needs of older people in the planning of these services: so we asked them. Of our respondents, 27.5 per cent strongly agree and 50.7 per cent somewhat agree with this view.

CHARACTERISTICS	INFLUENCE OVER PUBLIC SERVICES, Number (%)				
	A LOT OF INFLUENCE	SOME INFLUENCE	HARDLY ANY INFLUENCE	NO INFLUENCE AT ALL	TOTAL
Gender					
Female	3 (0.47)	59 (9.3)	156 (24.6)	183 (28.9)	401 (63.3)
Male	4 (0.63)	31 (4.9)	101 (16.0)	96 (15.2)	232 (36.7)
Age group, years					
50-59	1 (0.16)	3 (0.47)	23 (3.6)	16 (2.5)	43 (6.8)
60-69	0 (0)	41 (6.5)	92 (14.5)	94 (14.8)	227 (35.8)
70-79	4 (0.63)	29 (4.6)	96 (15.1)	111 (17.5)	240 (37.9)
80+	2 (0.32)	18 (2.8)	46 (7.3)	58 (9.1)	124 (19.6)
Suffers from a limiting disability or illness	5 (0.81)	59 (9.6)	167 (27.1)	181 (29.3)	412 (66.8)
Lives alone	3 (0.49)	38 (6.2)	105 (17.0)	117 (19.0)	263 (42.6)

Table 5.(Q26.) Influence over the public services you use.

We also asked how well they rated Sheffield City Council, national government, the NHS in Sheffield, the police and fire services and local transport by asking how well they ‘were doing their job’. The survey showed that 54 per cent rated the national government as poor and in contrast all locally provided services being rated as good or satisfactory. Indeed the performance of the public transport in Sheffield describes an evenly spread response of both satisfaction and dissatisfaction.

We also asked about our own performance. We are pleased to see that the majority feel we are meeting a good or very good performance level (78 per cent). Yet we are concerned to note that 22 per cent marked us as satisfactory, but more especially the 2.1 per cent (or 15 people) who felt it was poor. We do however get high praise for our newly revised newsletter ‘The Voice’ which was revamped and redesigned last year with 82 per cent of respondents thinking it good or very good.