

# A Better Life: a summary of findings from the Better Life Survey: what people aged 55 and over told us about living in Coventry

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# A Better Life

A summary of findings from the Better Life Survey:  
what people aged 55 and over told us about living  
in Coventry

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## **Summary of the main findings of the survey.**

This is a summary of the findings of a survey of people aged over 55 who live in Coventry, or are looked after by a Coventry G.P. The survey was commissioned by Coventry City Council, NHS Coventry and a range of other local organisations, including Age Concern Coventry. The work was carried out by a team of researchers from Coventry University between autumn 2009 and spring 2010. The purpose of the survey was to find out about the health, well-being and aspirations of older people living in Coventry. The findings of the survey will be used by the City Council, NHS Coventry and other local organisations to develop a strategy for older people: they will use the findings to develop better, more relevant and more cost effective local services for this group of people over the next decade.

### **How we collected the information**

A questionnaire was developed by the research team, with input from local organisations. It was used to collect information in three different ways. The first was a postal survey. The people identified to take part in the postal survey came from lists of people who had used Age Concern services over the previous year, and as well as people living in sheltered housing or using Community Services in the city. The second was from people who picked up and completed the questionnaire from a variety of public buildings where it had been left including libraries, GP surgeries and community centres, and the third was an online version of the questionnaire, where people could complete and return the questionnaire over the internet.

A total of 1558 people completed the questionnaire: a number equivalent to 2% of people aged 55 and over living in Coventry. In the main report we provide more detailed information about those who took part. We think the findings offer both a valid and reliable basis upon which local services can be planned and developed.

### **Brief details about those who took part**

The average age of those who took part was 71. Two thirds were female and 94% described their ethnic origin as White. As might be expected, most were retired.

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## **Main findings**

The main report is written in four sections. These headings come from the City Council's 'Promoting Independence Framework'. We have written the report in this way so that the findings fit in and can be used more easily by local organisations, who have endorsed the 'Framework'. These headings, or 'themes' are

1. Health and well-being
2. Choice and control
3. Economic and educational participation
4. Social and community participation

In the rest of this summary we will describe the main findings within each of these themes, and also, offer recommendations about the kinds of things the City Council and other local organisations can do to respond to them.

### ***1. Health and well-being***

Our study produced the following key findings.

- Most people reported that their health was 'good'. As might be expected, health declined with age. We also found that people from minority ethnic groups were also less likely to describe their health as 'good'.
- Most people took some form of exercise. The most common forms of exercise were walking, gardening and housework. Older age groups (people aged 75 and over) were less likely to take regular exercise. Where people did not take regular exercise, people said the main reason for this was that illness or disability prevented it, though a wide range of other reasons were also given.
- Large numbers of people wanted to change their current lifestyle by losing (or gaining) weight, taking more exercise and improving their diet. Very few people mentioned reducing their intake of alcohol or cigarettes.
- People generally knew where to get advice on personal health related issues, but were less clear about where to go for advice and information about sexual health issues, drug misuse or in relation to protecting other people from abuse of some kind.

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- Poor sight, hearing and mobility affected a large minority of people. These impairments also affected their ability to do the things they wanted to do.
  - Being able to look after themselves, or self-care, didn't seem to be a problem for most people who took part in the survey. Where it was difficult for people to look after themselves, the majority reported that they got the help they needed for this. However, there was a small group of people who had no-one to help them with 'heavy' tasks such as gardening, home maintenance and changing light bulbs or moving furniture.
  - A fifth of those who answered the question – 252 people - said they cared for someone else. Those cared for by this group were mostly other adults. People who were in a caring role provided, on average, 55 hours of care per week, and 25% of carers were providing over 100 hours of care a week. All people who reported that they were carers, reported some use of the Coventry Carers' Centre.
  - Most people reported that they were enjoying life. There was a strong relationship between whether people reported that they were enjoying life or not, and many factors - such as being a carer, being retired, being troubled by loneliness, not feeling productive, being troubled by living with illness or disability, and not having enough money to live on. People who admitted to feelings of loneliness were significantly less likely to enjoy life. The same factors that were associated with lack of enjoyment with life were also associated with loneliness.
  - People said that reduced crime levels in their area, having more money to live on, and having more information about local services and activities would most improve their quality of life.

### **Recommendations**

- The findings of the survey suggest that large numbers of people wanted to make changes to their lifestyle to improve their health, but many people will need guidance, encouragement and support to do this. A Healthy Lifestyles Co-ordinator has been appointed by NHS Coventry. Part of the focus of their work should be the development and implementation of a programme of initiatives aimed to help older people achieve healthier and more active lifestyles.*

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- ii. *Large numbers of people said that poor sight, hearing or mobility affected their ability to do the things they wanted to do. If the vision and hearing of people is impaired to this extent, then they should be screened – perhaps by GP or Practice Nurse and, where appropriate, referred on for appropriate treatment, services or advice. This might be a local optician, audiology clinic, (for sight and hearing), or for physiotherapy (for advice on ‘safe’ walking) or possibly a local falls clinic. Screening – for poor eyesight in particular, may also pick up serious illnesses such as diabetes that might otherwise not be detected.*
  
  - iii. *The numbers of people who said they wanted to stop smoking or cut down on their drinking was smaller than expected and there is evidence from national studies that the prevalence of alcoholism amongst older people is rather higher than might be supposed. Those responsible at NHS Coventry for appropriate strategies need to be made aware of the evidence from this local study and we will share our findings with them.*
  
  - iv. *It is recommended that Coventry Older Peoples’ Partnership explore ways of providing information to older people in Coventry about existing, affordable gardening services. A further recommendation is for the creation of a local, basic, gardening enterprise for people who can no longer do this activity. There may be scope to mobilise the skills and energy of other local groups to do this. For example, user led organisations, social enterprises and voluntary agencies might harness the work of people with learning disabilities or possibly some ‘younger’ older people themselves, leading to meaningful employment or on the job training in gardening and horticultural schemes. This could be of mutual benefit both to people with learning disabilities and to older people themselves. In the report we refer to evidence that unkempt gardens may be used by thieves to target the homes of more vulnerable members of the local community – something that also emerged from focus group discussions.*
  
  - v. *Our study identified large numbers of people who cared for someone else. Although they may already be using local, dedicated support services, we think that more research, to enable*
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*carers to say what forms of local support they would most prefer, would be useful. This would ask different questions and use different methods to enable a much more detailed analysis and understanding of the needs of this group than would be possible otherwise. Various reference and consultation groups for carers are already in place. These offer a chance for carers to have input into service design and delivery but do not offer 'generalisable' evidence. We are aware that the City Council is currently leading the new Multi Agency Carers Strategy due to be launched later this year, and local research evidence would suggest that carers would benefit from a new strategy. Further analysis of the data collected from this study to look more closely at issues facing carers is also recommended.*

- vi. *Finally, in respect of the theme of health and well-being, our study indicated that a large minority of people had not heard of NHS Direct. Although local NHS communication strategies are in place, (and we are aware of recently announced plans by the Coalition Government to scrap NHS Direct and replace it with a non-emergency '111' service), our evidence suggests that more work may need to be done to inform people of this service at the present time (and also in respect of whatever service may replace it). Age appropriate methods of communication may be needed.*

## **2. Choice and control**

In relation to this theme, we sought to find out what preferences people may have had about future care or support, and about how much they used local services at the present time.

- One of the questions we included in the survey asked about whether, if people needed care and support, they'd prefer to receive payments to be able to spend on meeting their needs, or to have someone who knew what their needs were arrange care and support on their behalf. The question was included because the Government has fairly recently required all Social Services Departments to offer 'Personal Budgets' to people who are eligible for care and support. Personal budgets are a new way of arranging support and care for people who need help. Within the new arrangements, following an assessment,

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people eligible for help are allocated a sum of money in the form of a 'Personal Budget' which they can choose to spend on services or forms of support. People can choose to have the money directly, in the form of a direct payment. If people are unwilling or unable to receive the direct payment themselves it can be given to a third party – for example, a relative. In Coventry, the Council's policy is for all eligible people to be given a budget based on an assessment of their level of need. The Council recognises that people may choose not to have a direct payment, or may be unable to manage a budget because of impaired mental capacity. In these cases, the direct payment can be made to a third party – a relative or a local advocacy organisation, for example, or the budget may be managed 'in house' by Adult Social Care. Our survey found that slightly more people preferred the idea of someone else arranging their care and support than having a budget of their own. The numbers of people who said they'd prefer to manage their own budget decreased with age.

- We also included a question about whether people would be prepared move into different accommodation if they needed care and support. Over two thirds of people said they'd prefer to stay in their own home and receive care from there, rather than move to somewhere else (such as sheltered housing or a care home).
- Amongst local statutory services, people made most use of General Practitioner Services, and least use of City Council Adult Social Care services. One in ten of those who took part in the survey had not previously heard of NHS Direct.
- Amongst local non statutory services, the most frequently used – albeit by smaller numbers of people - were Coventry Crossroads and Ring and Ride services. Other local organisations such as Age Concern were used less frequently but by *more* people.
- The majority of those who took part in the survey felt that local civic amenities such as libraries and community centres were very important, but at the same time, were not well used: for example, although 84% of people described libraries as important, only 21% said they used them daily or weekly.

### ***Recommendations***

- i. The City Council should continue to develop a broad range of options to deliver personalised support, and to offer people choices to enable*

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*them to use their Personal Budgets and Direct Payments effectively. The provision of information about Personal Budgets and Direct Payments at the first point of contact - and opportunities to discuss options with someone knowledgeable through any assessment and enablement process - would support this aim. Information provided would need to be written in plain language and present information about both the advantages of having a budget (as a Direct Payment) as well as the responsibilities of budget holders, to ensure decisions about the arrangements they make are made on a basis of 'informed choice'.*

*National research referred to in the main report has suggested that some older people may prefer not to manage a Personal Budget. This survey confirms this to the extent that significant numbers of older people said they would prefer not to manage their own budget but to have somebody manage their care and support on their behalf. We think that people should also be free to choose not to have the responsibility for directly managing their Personal Budget (as a Direct Payment), if, once these approaches to service delivery are explained, they are declined. We understand the City Council approach supports this.*

- ii. Overwhelmingly, people who took part in the survey expressed a desire to remain living in their own homes if they needed care and support. Preventing, or delaying, the need to move (through care, support, provision of assistive technology (see below) or home adaptations) should continue to be a fundamental objective of local services. However, it is also the case that in practice people are often unprepared for having to move in the event of a health 'crisis' involving a sudden and permanent deterioration in health. Therefore, NHS Coventry, the City Council and other local organisations should continue to provide information about, and support, local 'supported living' alternatives, such as 'Housing with Care'. Coventry has a national reputation for extremely high quality alternatives to residential and nursing care, which offer optimum levels of independence and autonomy within settings in which appropriate levels of care and support can be provided.*

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- iii. *Large numbers of people said they had difficulty negotiating stairs in their home, and by extension, it seems reasonable to think that there may be other features of the home environment of this group that may pose barriers or obstacles. We recommend wider use of minor and major adaptations services, which could enable some people, who might otherwise need to move into different accommodation, to remain living independently for longer. These might include, for example, timely installation of rails, ramps, stair-lifts or showers, where they are needed. We recognise, however, that it is unlikely that funding levels for such services will increase in the foreseeable future. Advice and information about independent living is available at The Opal Assessment and Demonstration Centre. The City Council is also utilising more enablement and support services to empower people to live independently in their own homes.*
- iv. *Many people who took part in the survey said they had difficulty in maintaining their home, but did not know where to get reputable help. Although Age Concern manage a 'Trusted Trader' service, feedback from focus groups was that tradesmen who were accredited to this service were believed to charge premium rates. Although beyond these focus groups we are unable to say how widespread this perception may have been, this issue was raised independently, and without prompting by the research team, in both focus groups – suggesting that these perceptions may have been more widely held. We therefore recommend that Age Concern Coventry may wish to consider reviewing the operation of this service and the level of satisfaction of people who have used this service in the past.*
- v. *Perplexingly, people who took part in the survey often valued civic amenities like libraries that they did not use very often. Local initiatives to encourage greater numbers of older people to use library services, (and, perhaps, other civic services and amenities) may therefore be needed. Larger libraries (with more space) could lease part of their building to enable café facilities to be brought on site (as some larger bookshops now do). Breakfast clubs, one-off launches and events and other activities may stimulate the use of such amenities by older people. Other localised initiatives might include a book-to-home service where volunteers pick up books selected by house-bound older people from local libraries and return them later.*
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*Age Concern Coventry run a Home Library service with about 300 people receiving a monthly visit, though this service did not seem to be widely known. The use of libraries to promote other things – for example, internet skills training (see below) is also recommended. As libraries already have internet facilities, this might not be difficult to achieve.*

### **3. Economic and educational participation**

In relation to this theme, the survey produced the following main findings.

- Just over a third of those who took part in the survey said they didn't have money worries. A similar proportion felt they could manage if they budgeted carefully. Many did not seem financially secure: a fifth worried about their finances in the future and 7% said they did not have enough to live on.
- 13% felt they needed advice about money, and would mainly seek this through friends and family, or voluntary organisations such as the Citizen's Advice Bureau or Age Concern. Barriers to seeking advice included distrust of banks and businesses, and not wanting to discuss personal matters with strangers.
- Less than half of those who took part in the survey said they were involved in a range of learning or leisure activities listed in the questionnaire. Amongst those who were taking part, the most popular activities were art and craft, exercise, vocational training (e.g. computing) and foreign languages. Barriers to taking part in leisure and learning activities faced many people. These barriers included poor mobility, not wanting to go out and about at night/lack of good transport, and the cost of the activities.

#### **Recommendations**

- Coventry City Council and Coventry NHS Trust should find ways of supporting localised strategies to maximise the income of many older people would help them to participate in social and recreational activities: many people said that their ability to take advantage of leisure and educational facilities was compromised by low income. Age Concern currently host a 'Contact and Connect' service, whereby*

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*older people are linked in with the Pensions Service and other agencies, with the aim of maximising entitled income.*

- ii. The City Older Peoples' Partnership should seek to find ways to work alongside, and support reviews of benefit entitlements by local independent groups such as welfare rights organisations. These may also help older people living on low incomes by ensuring entitlements are fully claimed.*
- iii. There are limits to what the City Council and other local statutory agencies can do to help older people living on low incomes, but there is probably a much greater role for profitable private sector organisations. The offer of discounts or concessions to people of pensionable age for goods and services, including cinemas and theatres, is one obvious example. Some older people also said they would like concessionary fares offered on public transport to be made available throughout the day, not only during off-peak periods. It is recommended that local private sector organisations be encouraged by the Coventry Older Peoples' Partnership and its affiliated members, including the City Council, and NHS Coventry consider if they can afford to offer, or extend, concessionary services to older people living in Coventry.*
- iv. The need for sound, and trustworthy advice about personal finance was also apparent from the findings. Though the focus of questions in the survey about finance were about income and expenditure, personal debt was not considered in the survey but may be a significant reason for the financial insecurity of some of those who responded. Contact and Connect, Citizens Advice Bureau and benefits and advice agencies will all have a continuing role to play.*
- v. The provision of readily available transport was something that people said would remove a significant obstacle to participation, particularly evening classes taking part in the winter months. This might be something that could be organised informally by tutors: either seeking volunteer drivers from amongst students or establishing a 'taxi-club' to share rides to and from sessions or events. Local Ring and Ride and Active Transport services may also have a role to play but would need to consider providing reliable,*

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*selective evening services, arranged in conjunction with Adult Education services or local W.E.A. groups.*

- vi. People also said that they would like evening events to be put on during the day time. This may not always be possible (many evening classes are held in school or college buildings that are used during the day). Short courses over weekend or holiday periods might be one way to address this.*
- vii. People also wanted leisure and learning activities to be available 'on their doorstep'. If transport initiatives were linked in with leisure and learning activities, physical barriers to participation might be overcome for at least some people. It is recommended that Coventry Older Peoples' Partnership explore ways in which links between transport and social, leisure and learning activities might be achieved.*

#### **4. Social and community participation**

A series of questions about the home and neighbourhood of people, the extent to which technology was used to enable people to participate in life, transport and mobility, and patterns of social life were included in the survey. Key findings included the following.

- Over two-thirds of people lived in a house and three quarters were owner-occupiers. A surprisingly high proportion of people taking part in the survey - just under half - lived alone, with the majority of the rest living with a spouse or partner. People who were older, female and white were most likely to live alone.
- Almost half those who took part in the survey reported some degree of loneliness. People who were lonely were more likely to be living alone, but also more likely to be living with disabilities or illness, and have poor physical mobility. Loneliness did not seem to be associated with age.
- Half of people said they had no problems with their housing. Where problems were reported, the most frequently mentioned were difficulties in getting up and down stairs, difficulties in maintaining the property and in keeping warm in cold weather.

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- Being on a bus route, good relationships with neighbours, and accessible shops were the things regarded as most important about the local neighbourhoods in which people lived. When asked to describe in their own words the most important features of their local neighbourhood, people tended to focus on aspects of their physical environment rather than the quality of social relationships and neighbourliness.
  - Many older people did not use, or rarely used, modern technologies of communication. A quarter said they rarely or never used a mobile phone, and almost half rarely or never used the internet. The older people were, the less likely they were to use these technologies.
  - Only 10% of people said they were using assistive technologies such as pendant alarms to keep them safe or to support their independence.
  - People were most likely to travel in and around Coventry by bus or car. Only 12% said they went out on foot. People reported general satisfaction with the quality of public transport. Some people made important comments in their own words and in focus groups about what might improve their ability to get out and about. Large numbers of people said that rapid repairs to pavements and kerbstones would be important in helping people get out and about.
  - 6% of those who replied to the survey said that they *never* went out. Although this is a small percentage, if these findings are held to be reasonably reliable (in the sense that if the entire local 55+ population were surveyed the responses would be quite similar), this would represent to over 4,500 people who never left their home for one reason or another.
  - Concerns about crime and community safety issues were important for many older people.

### **Recommendations**

- The difficulties many older people had in maintaining their homes may have resulted from the affordability of repairs and maintenance as well as concerns about being overcharged by 'cowboy' builders. The report has already drawn attention to the 'Trusted Trader' initiative managed by Age Concern. We also recommend that the Older Peoples' Partnership consider commissioning an information sheet offering simple guidance to older people in finding a reputable*

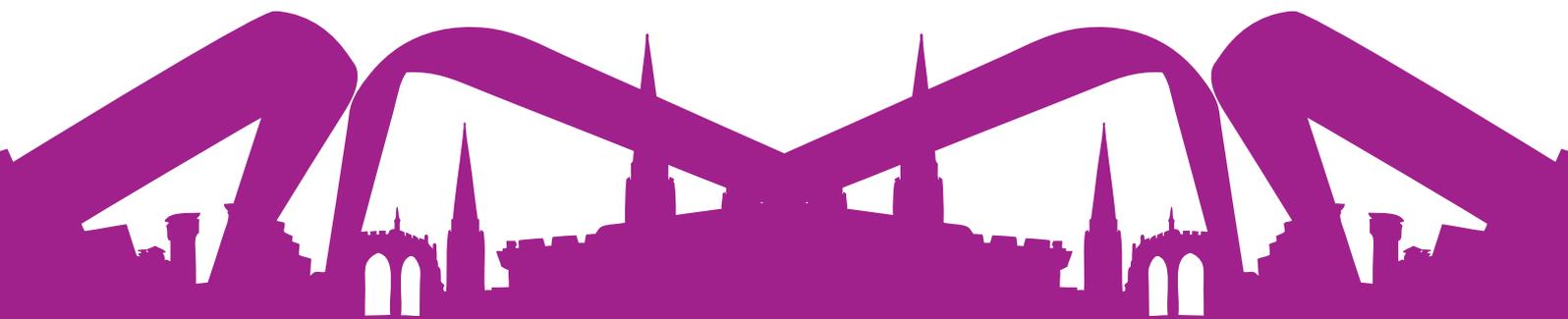
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tradesman. (Guidance might include, for example, information about the importance of CORGI registered plumbers for repairs to gas appliances, of not paying money to tradesmen before work is completed, of getting more than one estimate for more costly repairs, etc). The local Chamber of Commerce, or a local Tradesmen's Guild or equivalent might be approached to see if they might be able to help in the preparation of such guidance, which could be made available through local community organisations such as Age Concern.

- ii. Major repairs or maintenance may be beyond the financial means of some older people. Orbit Care & Repair operate a 'Loans for Equity' scheme for home owners, which can release capital from a property to enable repairs to be completed subject to eligibility. Although this would mean that part of the equity of the property would be lost, it would enable people to remain living at home in more comfort, and would maintain the quality of local privately owned housing stock.
- iii. Loneliness seemed to be a very significant issue for a large minority of people who took part in the survey, but is not an easy issue to address. We recommend a number of different approaches to address this issue. Age Concern offers a 'befriending' scheme that may be appropriate for some people, but not others. Improving access to everyday leisure and educational activities in ways already suggested would have the additional impact of increasing the level of social contact of some older people, as might some of the recommendations made above about local library services. Local mental health strategies may also have a role: for example, in promoting the IAPT (Improving Access to Psychological Therapies) initiative. Beyond this, some of the findings of the report seem to indicate a need for local strategies to encourage neighbourliness and the breaking down of inter-generational barriers. 'Skill sharing' schemes have been developed in one or two parts of the country with this aim in mind, though their effectiveness is as yet unknown. The idea is that older people and younger people are matched according to the skill or knowledge the other may wish to possess: so, for example, older people may be able to teach younger people about how to cook, budget, decorate, do D.I.Y. jobs etc. Younger people may be able to teach older generations about how to best use mobile telephones, computers etc.

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- iv. *Access to, and ability to use, computers and mobile phones was an issue for many people who took part in the survey. A local scheme already exists which aims to provide recycled computers to older people (see 'use of technology' heading in appendix on focus groups in the main report). Training and skill sharing schemes suggested above are recommended as ways of encouraging more older people to become computer and mobile 'phone users.*
  
  - v. *Much more use could be made by assistive, telecare technologies and telemedicine which can help to optimise the independence of older people and are cost effective ways of delaying or preventing unnecessary hospitalisation or admission into residential care. The City Council is in the process of developing a Telecare and Prevention Strategy, in conjunction with NHS Coventry which will include plans for access to, and information about, assistive technology, telecare and telemedicine devices.*
  
  - vi. *A number of people said that the poor state of repairs to pavements, roads and kerbs impaired their ability to leave their home, and it seems reasonable to assume that damaged pavements will contribute to falls. Falls are a major cause of disability and the leading cause of death amongst people aged 75 and over in the UK (DH NSF Older People, 2001, p.76). They are also costly in resources for local service providers such as the NHS. Although it seems unrealistic to assume that all pavements can be repaired locally because of available resources, it is recommended that consideration be given to the targeting, and prioritisation, of repairs on streets and roads known to have high concentrations of older people: for example, places where residential care homes, sheltered or extra-care housing schemes are situated. It is further recommended that architects, developers and planners who may be commissioned to re-develop local areas in the longer term ensure that the local environment, facilities and dwellings reflect the needs of an ageing population, and engage with local older and disabled people in order to do this. Such initiatives can reasonably be expected to make a valuable contribution to a future City-wide Falls Prevention Strategy.*

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- vii. *The development of town centre facilities that better reflect the needs of older citizens – another finding of the report – could be addressed in the short term by inviting members of existing partnership groups to advise on ways of creating (relatively) low cost improvements – such as the location of benches, dropped kerbs, ramps, etc. In the medium and longer term, representative groups of older people should be actively involved in the planning of major re-developments of shopping areas (including, for example, planning applications from property developers acting on behalf of major retailers). Developers and retailers should be encouraged to find ways of listening to the views of this group.*
- viii. *Community safety issues and concerns about crime were raised by many people who took part. Visits by local crime prevention staff to the homes of older people, to provide advice and information, may reassure. Consideration by the City Council and Police might be given to establishing, perhaps through local community safety partnerships, of an initiative that could offer locks and other home security devices at heavily discounted prices. There may also be a role for the Age Concern Trusted Traders service in helping to support such a scheme.*



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