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*Older People Have Their Say!
Survey of Older People's
Needs in Westgate Ward,
Canterbury*

*The Canterbury & District Pensioners'
Forum
with
The University of Kent*

April 2006



*CANTERBURY & DISTRICT
PENSIONERS' FORUM*



**This report was carried out by members of the Canterbury
and District Pensioners' Forum with support from the
University of Kent.**

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The Canterbury and District Pensioners' Forum would like to thank the Canterbury City Council for offering a grant towards the undertaking of this project. By doing this, the Council actively demonstrated its commitment to older people's issues and priorities and we do hope that it will continue to be proactively supportive of both grassroots groups such as ours and of developing further and improving local services for older people.

We would also like to acknowledge the continuing support and encouragement of the two researchers from the University of Kent, Jenny Billings and Eleni Hatzidimitriadou, during the life of this project. Their help made easier and more enjoyable for us to embark in this exciting adventure of doing research.

Finally, and most importantly, we would like to express our gratitude to all the people who very kindly volunteered to complete our survey and helped us immensely with all the additional comments they offered. We did our best to do justice to their views and we sincerely believe that together we can make a difference to older people's lives and the area where we all live.

INTRODUCTION

Although a lot of effort in the last few years has been made to address the needs of people in old age, surprisingly not much is known about the views of this age group in the Canterbury City Council area. To address this lack of knowledge, the Canterbury and District Pensioners' Forum was funded by the Canterbury City Council to explore the needs of older people living in this area.

Our Forum decided to collaborate with the University of Kent to produce a survey on the needs of older people within the District of Canterbury. During the process of the project, we decided to base the survey on the Westgate Ward in Canterbury because we felt that older people living in this area represent a good example for highlighting needs that involve 'ordinary' older people. This ward is quite diverse in many ways; it spreads from a semi-rural area through to town dwelling. It is not seen as an area of deprivation, thereby has not generated any special money from the Government to help with social problems in the provision of social centres, community learning, social activities etc. Yet we know from our own experience that what may appear in many parts as fairly affluent is quite deprived of places for people to meet; and has large public housing areas with no amenities at all.

The present Government put through legislation, which said that public services should be surveyed, and the part of that legislation that we are particularly interested in is "The National Service Framework for Older People".

That framework asks that older people are treated with dignity by NHS and Social Care organisations; and that Councils – County and District, examine existing services- housing, leisure and transport – to identify opportunities to promote health and well-being. We felt that Westgate Ward would be representative of many other areas within our District that had not received any special investment.

The work that has been done in producing this survey has been done by members of the Canterbury & District Pensioners' Forum with help from the University of Kent. It is a survey of older people, carried out by older people. It is our work. Information generated by this project will be assisting the Forum's work to promote important issues related to older people's quality of life and access to health and social care services.

A comment from J.F. Kennedy we believe sums up the approach that we took at the start of this survey:

"It is not enough for a nation to have added years of life. Our object must be to add new life to those years"

Anne Belworthy
Chair of the Canterbury & District Pensioners' Forum

THE SURVEY

We began working on this project in November 2003 when we first met with the University of Kent researchers, Jenny Billings and Eleni Hatzidimitriadou, and discussed our ideas about the survey of needs and what issues the Forum had identified as main priorities for research. During the next months we developed together an action plan and decided about the details of the project, namely that the purpose of our research was to conduct a survey of needs of older people living in the Westgate ward of Canterbury (appendix 1). We designed the survey questionnaire by looking at various questionnaires from previous relevant studies and by adding our own questions, which reflected our experiences from living in this area and our views on older people's issues as Forum members.

The main questions we wanted to answer by conducting this survey were:

- **What are people's experiences of health and social services?**
- **What kinds of lifestyles do people have?**
- **How do people get about in Canterbury?**
- **How do people keep themselves well?**
- **What kinds of activities do people do?**

With respect to age, we wanted to focus on people aged 60 and over. Knowing that an active life is associated with less disability in old age, we were interested in finding out current lifestyles of the 'younger' older people as well as the very old, and we wanted to get a picture of their differing views about health and social facilities and leisure activities.

A sample of 500 people over 60 living in Westgate Ward were randomly selected from the Canterbury City Council bus pass database. In addition, community workers distributed 50 questionnaires to warden-assisted flats and other similar residences not on the bus pass list. This meant that we could include a wider range of older people (see appendix 2 for more details on how we did the research).

In order to encourage people to take part, we were able to advertise the survey through local newspapers, the University's website, attending a conference for Active Ageing organised locally by the European Institute of Social Services (EISS), and through our own and other Forum members' personal networks (see appendix 3).

With the help of a statistician from the University, the questionnaires were analysed and statistical information was produced for all the survey questions. As a team, we studied and commented on this information; this report presents the main findings and conclusions from this survey.

FINDINGS

The findings are organised in five sections:

- 1 Personal Characteristics
- 2 Lifestyle
- 3 Health and Social Care
- 4 Transport, Travel and Traffic
- 5 Community Services and Leisure
- 6 Things Canterbury City Council could do to improve older peoples' lifestyles

Charts and graphs are used to illustrate some of the findings. There were also many freehand comments made, and these are incorporated into the appropriate section, to give examples of peoples' experiences and views.

1 PERSONAL CHARACTERISTICS

This section presents personal information related to participants, and describes gender, age, marital status, accommodation and income.

The type of person who took part in the survey

From 500 posted questionnaires and 50 that were distributed by hand, 221 people responded which gave us a response rate of 44%. Both gender and age profiles reflect the national composition of this particular population. The following points highlight the main characteristics of the sample:

- The majority were women (73% women and 27% men)
- Most were aged 70 to 89 years (39% aged 70-79 years and 33% aged 80-89 years)
- Almost a quarter (23%) was aged 60 to 69 years
- 6% were older than 90 years.
- Most of our respondents were widowed (39.5%) or married (39%)
- 11% were divorced and 10% were single

It is interesting to note that almost half were living alone (47%) with the remainder living with spouse/family (43%); 8% were living in a nursing home or sheltered accommodation and very few were living with a friend (2%).

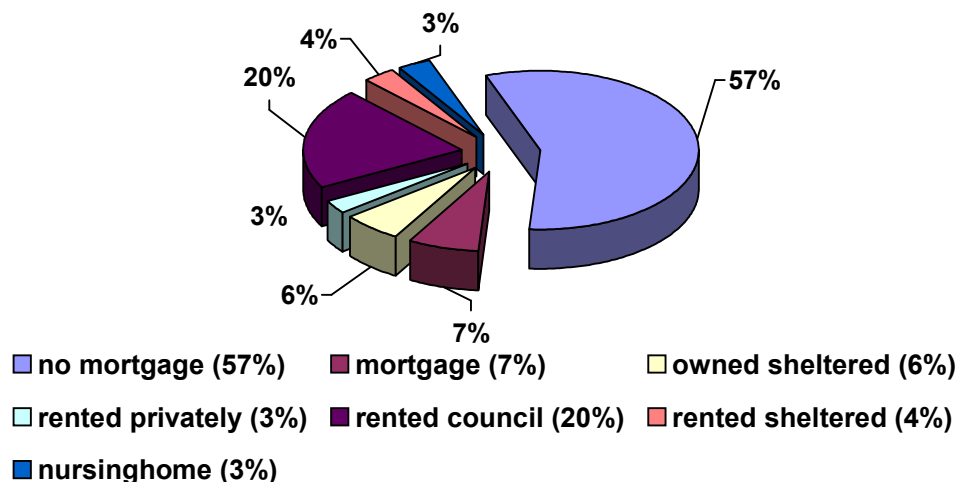
Accommodation

Chart 1 overleaf presents the type of accommodation participants lived in. It was interesting to note that the majority of them were homeowners (70%), almost all with no mortgage (125 out of 141 people). Less than a quarter were renting their property from the council

"I am pleased to have my home. My husband died in 1992, so I have my memories here. I have lived in this house for 53 years I am happy with everything."

or housing association, and very few were renting sheltered accommodation with warden, renting privately or were living in a nursing home. We also asked how satisfied participants were with their accommodation. Most of them were very (68%) or fairly (24%) satisfied. The comment shows how important it is for people to be in their own homes.

Chart 1: Type of accommodation (n = 221)



There were however a number of comments made about student accommodation and how it seems to be having an impact on neighbourhoods:

“The predominance of students in many areas of the City is leading to a less attractive environment with many areas being neglected. Normal residential families are being driven out because of the anti social behaviour of the students. Multiple occupation of normal housing stock is destroying family homes.”

In addition, the extensive building in the centre of Canterbury was giving cause for concern:

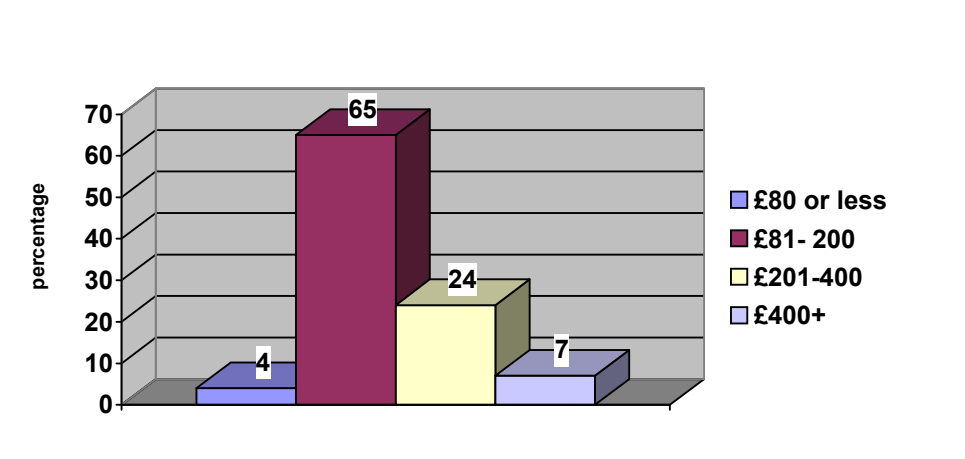
“I am alarmed by the recent planning permission give for intensive housing on both sides of Rheims Way e.g. Tannery and BT sites. I don’t feel we can really absorb the needs for water etc. for all this extra housing. Also the traffic congestion can already be awful and will presumably get much worse.”

Income and benefits

The following chart highlights income and state benefits among the sample. The majority of the participants had a weekly total household income of £81 to £200 while a third had an income of £200 and over. Although a small number of participants had low income, 4 of the 9 people who answered said that they

have income of £80 or less were fairly old, 80 to 89 years. Most single, widowed and divorced people who live on their own are falling into the category of £81 to £200 of weekly household income. Although expected, this raises concerns about their ability to maintain their homes and meet variable costs such as household bills, council taxes and private health costs, such as personal and dental care.

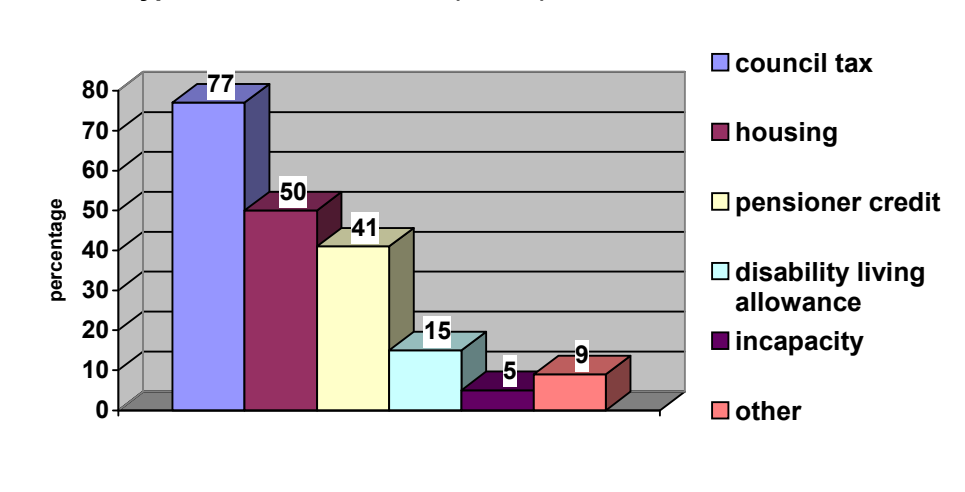
Chart 2: Income range per week (n=202)



Almost all respondents were receiving state pension (96%) and almost half of them were receiving pension arranged through their employer. Very few of them had a personally arranged pension or other investments (18%).

With respect to benefits, half of the participants answered that they were not claiming any welfare entitlements. Chart 3 highlights the types of benefits claimed by 48% of the sample. Most were claiming council tax benefit, housing benefit, and pensioner credit

Chart 3: Types of benefit claimed (n=106)



Only a few people claimed disability living allowance and incapacity benefit. We asked respondents what the main reasons were for failing to claim entitlements. There were a variety of answers that encompassed the following:

- 'claiming is too complicated' (34%)
- 'not enough information or advice available' (28%)
- 'people think it is demeaning to claim benefits' (14%)
- 'the money is not enough to bother about' (4.5%)

These findings are of interest. Although many older people have no mortgage it is a fact that they can be property rich and cash poor. A big worry for older people as suggested is in the cost of maintaining their property. Despite the finding that the majority of pensioner households in this survey have an income of £81 to £200, the higher figure is not a large amount to cover high utility bills, cost of living, and to provide an active social life. For people without cars, particularly the large number of women on their own, the cost of travel in order to provide social activity can be very high. Very few younger households would be expected to live on this amount.

2 LIFESTYLE

This section describes participants' special interests, social activities and attitudes towards retirement. We also wanted to find out what people do to maintain their health, and whether they worked during their retirement.

Special interests

There were some mixed responses in this section and the following bullet points indicated the main interests.

- Reading (n=66)
- Gardening (n=58)
- Sports and walking (n=58)
- Listening to music or watching television (n=51)
- Some form of art and craft (painting, photography, needlework) (n=46)
- Indoor games such as chess, cards, crosswords, bingo (n=31)

These findings show that most respondents had a variety of interests, with some indicating more than one. Almost half of the respondents were engaged in active pursuits, while more than half indicated leisure activities of a passive nature, such as reading, music, and television. However, respondents may be taking part in both kinds of activities. There was a total of 42 people who indicated that they had no interests. It is not clear what the reasons are, although the next section about socialising may give us some idea.

Socialising

With respect to socialising, only 30 people said that they socialised frequently, for example going to the theatre or retirement clubs, whilst 52 said that they would like the opportunity to attend clubs/societies. A total of 108 people were in fact members of clubs. We asked people if they would like more opportunity to attend clubs or societies and just under half said that they would like such an opportunity. Project team members know from personal experience that there are no day centres or social clubs within Westgate Ward at the moment. This does leave more than half not wanting to attend clubs. Reasons for why they did not wish to socialise are listed below, and there seemed to be a focus on suitability:

- **“There’s nothing for us”**
- **” Nothing suitable available nearby”**
- **“Not enough social events for over 60s”**
- **“Difficult to find proper ones”**
- **“I do not know of any”**
- **“Don’t know any that have spaces”**

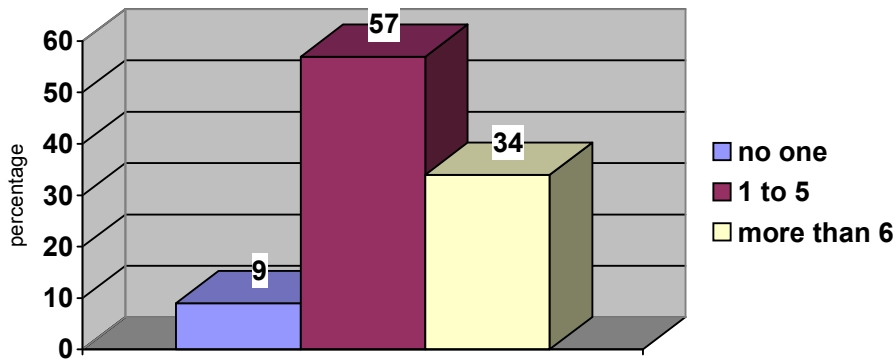
These comments may reflect the fact that some of the clubs have limited access and high membership fees, which infers they may be ‘selective’ and only accessible by certain socio-economic groups. There are also waiting lists. Our sample tended to be drawn from people at the lower end of the financial spectrum so there would be obvious difficulties for them in becoming involved, even if they wanted to. Also, although there are a wide variety of associations and clubs, they do not always offer people the kind of social activity they may be seeking. In addition, practical difficulties such as a lack of mobility were frequently mentioned by participants.

Issues about participating in societies and clubs may be linked to lack of transport, for example the low level of socialising outside of the home could be reflected in the lack of affordable and reliable public transport. The issue of transport is elaborated on later. Overall, there are clearly too few affordable and accessible social opportunities for people in the area.

Socialising with friends and relatives

Chart 4 shows the frequency with which people visited friends or relatives. Most of them visited one to five people on a regular basis, whereas a third visited six or more friends or relatives regularly. We should note that 19 people had no contact with friends or relatives. It is likely that these people could be frail or isolated, although we have some clues as to factors that prevented more frequent contact. For example, just over half said that they would like to visit friends and relatives more often, and of those, 32 people named health reasons for the inability. Transport was an issue for a number of people: 70 responses indicated that travel was too expensive and that there was a lack of reliable public transport. Importantly, 11 people said that they were too frail to cope with public transport.

Chart 4: Number of friends and relatives visiting regularly (n=203)



Retirement

This section asks people questions about retirement. We wanted to find out not only if they were enjoying it, but whether anything was problematic or anxiety provoking about their experiences. Almost half (103 people) said it was 'very enjoyable', 74 said 'fairly enjoyable', 25 were neutral on the subject, and 11 said 'not very enjoyable'. Positive views on retirement could be linked to the fact that most of our sample have a range of hobbies and leisure activities. As we will see in the health section, the majority report their health to be good or fair, which could also be linked to how they feel about retirement.

Regarding people's problems in retirement, main concerns were:

- **Declining health – 42.5%**
- **Transport problems – 28%**
- **Shortage of money – 20%**
- **Losing spouse – 20%**
- **Loneliness – 10%**
- **To a lesser extent: ill spouse (6%) and lack of things to do (6%)**

It is clear that these responses are typical of this age group and demonstrate difficulties that people are facing in the Westgate area particularly when they are accumulated together, for example health services and transport.

When we asked participants: "Does the future make you feel anxious?" the majority indicated it did (66%) and the following issues seemed to be the reasons [some people ticked more than one box]:

- **Prospect of ill health – 63%**
- **Being unable to get around – 57%**
- **Being dependent on others – 56%**
- **Death of self/partner/others – 30%**
- **Not having enough money – 28%**
- **Prospect of loneliness – 20%**

This comment sums up some of the difficulties and frustrations experienced by retired people in relation to money, but this respondent seems to remain stoical:

“I think that all my life I have worked and paid all taxes etc. never sponged off anyone but having worked and saved for retirement my husband and I (like lots of people) are penalised. Out of my (widowed) pension I still have to pay around £77 per month (Council Tax), if we had a easy come easy go way of living we’d have been much better off by claiming off social security. Never mind, that’s off my chest, I’m very lucky to have my family and enough money to get by and keep wolf from my door.”

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Maintaining health

As previously mentioned, we were keen to find out how older people kept healthy. We asked participants about healthy lifestyles by getting them to list three things that they were able to do to maintain their health. Exercise and a healthy lifestyle were cited by two thirds of the sample (148 people) as important, but not many people elaborated. Those who did identified housework and shopping as ways to exercise and keep fit.

“I am very lucky that I can get around and help other people with my volunteer work. I enjoy where I live and all my friends too. I will try and continue to do this for years to come.”

From the survey it is clear that very few people do paid work (10 people). 43 people said that they did voluntary work and for many of these it was rewarding and gave some social life.

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We next asked whether people found it difficult to afford certain things and the replies were as follows:

- **36% said that they couldn’t afford holidays**
- **17% could not afford presents**
- **15% could not afford any leisure activities**

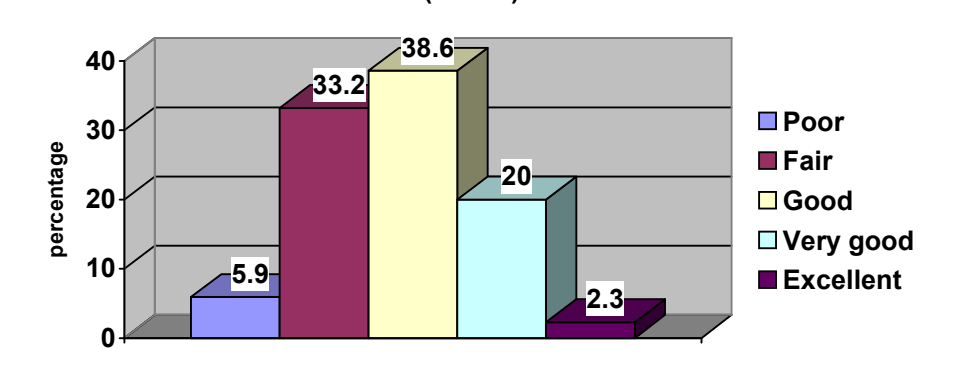
From a health viewpoint very few people ticked food or fresh vegetables as difficult to afford (14 people). Although most people had fairly low incomes it is encouraging that they do not struggle with their diet. However, difficulties like

affording holidays show that that there may be some issues with quality of life and health may be linked to this, as the next section will tell us.

3 HEALTH AND SOCIAL CARE

This section asks a range of questions about people's views of their own health and their use of services. Firstly we asked how people saw their general health. Chart 5 looks at this:

Chart 5: General level of health (n=220)



Most people rated their health as 'good' or 'fair', although about a quarter thought they were in 'very good' or even 'excellent' health. Despite this, 63% reported to be suffering from a long-standing illness, disability or infirmity with 21.5% stating that this had severely or very severely limited their normal life and 20% of these were registered disabled. When surveying older people, degrees of disability are to be expected. But the fact that so many of these people described their general level of health as 'good' or 'fair' in the face of disability is of interest and could be related to the positive mental attitudes expressed by these comments.

"As I am an independent and fairly active and happy person I am pleased to say my life is as good as it can be for my age."

"I am very sorry about my messy writing in completing this form but am in pain with my leg and find it hard to prepare meals, make my bed, do the washing and tumble dry my clothes, but I am at the moment managing well."

Use of Services

This section asks people about visits to their doctor, health checks and immunisations, and home visits from other services like the physiotherapist or nurse. We also asked people about emergency contacts.

When we asked peoples' views about their last visit to their GP, the majority were happy with the outcome (88%). However 35% would have liked more

time with the doctor, but very few felt the doctor did not fully understand their needs (9%).

“It is an outrage that we cannot see a doctor on a day other than the day we phone.”

“It is a disgrace that most surgeries now have a PREMIUM RATE phone number don’t they get enough money.”

These comments however show that there is some dissatisfaction with parts of the service their surgeries offer.

Almost everyone had received flu immunisation in the last 3 years. 20% had received advice on diet but only a minority had received advice on increasing exercise, preventing falls and giving up smoking (8%).

In the last 3 years people had been screened for the following:

- **92%** had been given blood pressure checks,
- **40%** had had cholesterol and urine tests,
- **35%** dental checks.
- **22%** had had cancer screening
- **21%** had received eyesight tests

Very few people had received a home assessment for safety (18 people). In the light of so many of the sample having a disability, this is surprising, because there is a national policy standard for assessing the danger of falling in the home. It appears that this policy hasn’t been fully implemented in the Westgate area.

However on the whole, it seems that our sample are able to access and make use of important health promoting services on offer. This may explain that, although there seems to be a high level of disability, people feel in good health.

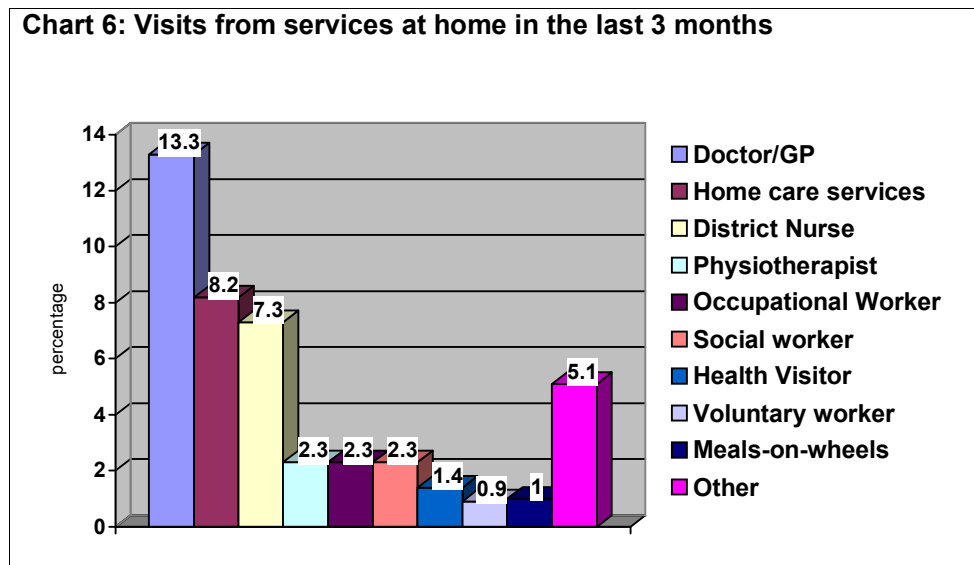
The survey showed that there was a very low use of home care services (Chart 6), despite the fact that there were high numbers of people with some form of severe disability. This could mean that people may prefer to visit rather than receive health and social care services, or cope themselves, perhaps with the help of informal carers. However, having the right information about services may also be an obstacle to its use, as this comment implies.

Having lived in a London suburb for many years and nursed my mother until her death I knew telephone nos. etc. for help i.e. District Nurses, Social Workers etc. etc. If I get infirm and need help I would not know where to turn.

Unmet need in the community may be an additional issue, along with pride in maintaining independence or ambivalence towards home care. This could also be related to the question about anxieties in older age, where many people indicated that losing independence would worry them. However we do not know if all the services are actually available in the area, therefore

people's responses may be an indication of a deficit. It must also be remembered that there is a national shortage of home care workers, and this may also be a contributing factor towards low service use.

Chart 6: Visits from services at home in the last 3 months



When we asked people whom they would contact in an emergency, answers were variable, but most used relatives, demonstrating that informal networks are still important:

- **Relatives – 79 people**
- **Lifeline – 35 people**
- **GP – 25 people**
- **Neighbour – 13 people**
- **NHS Direct – 11 people**

However, this comment shows that there may still be problems in getting contact information to people, for when they need help.

4 TRANSPORT, TRAVEL AND TRAFFIC

This section looks at how people get about, and what their most frequent form of transport is. Throughout the questionnaire, people had the opportunity to write comments, and transport issues seemed to predominate. We have used these comments, as it provides some important illustrations of people's experiences in connection with this subject. We have also included suggestions from the last section of the questionnaire for improving transport and travel.

Chart 7: Most frequent form of transport (n=221)

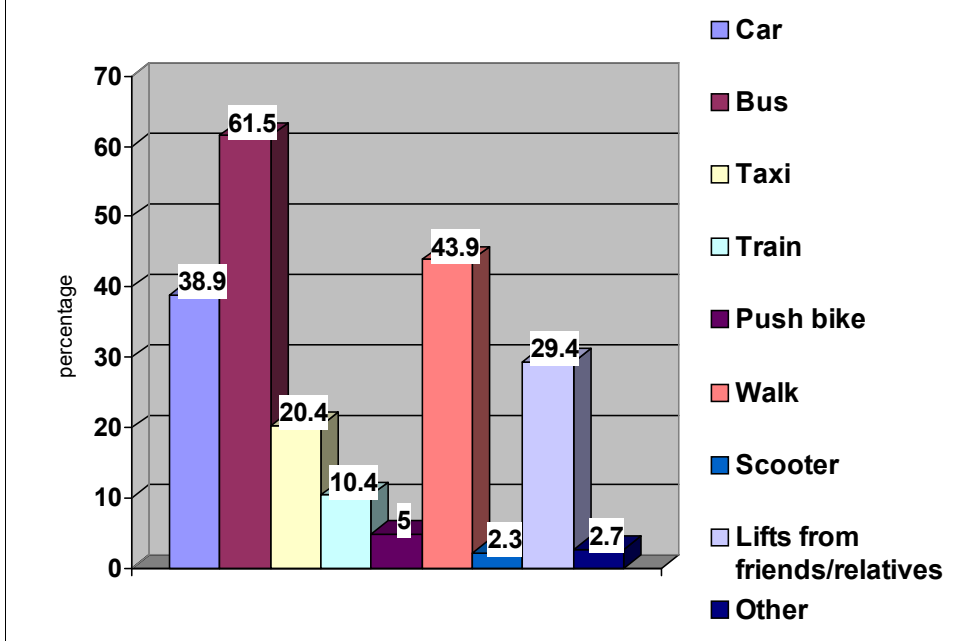


Chart 7 shows respondents' most frequent form of transport. Most stated that they use buses, followed by walking, cars, lifts from friends and relatives, taxis and trains. About a third of respondents were car owners (76 people); this emphasises the need for good and reliable public transport. Some obviously listed more than one means, but it is clear from this survey that public transport is a major factor in their lives.

Despite buses being the most popular form of transport, it should not be thought that this indicates that they were all satisfied with the bus services. Despite this great reliance on public transport 100 respondents (45%) described it as being only fair in quality/quantity or worse than fair - (fair - 36%, poor - 5%, very poor - 4%). In contrast 44% of respondents described travel concessions as good (36%) or generous (8%). However it is not very satisfactory to have good concessions if the transport accessed is less than good.

A number of people (30) showed their dissatisfaction with the service by listing a range of improvements to bus services and facilities as amongst the three things that they felt the City Council could do to improve their lifestyle. Eleven of these stated that free public transport passes should be provided; six stated that fares should at least be lower for pensioners. The poor facilities at the bus station, lack of shelters at bus stops, and poor information about buses were other complaints.

“In London borough people travel free by train etc. Why are we discriminated and don't get free travel passes? This will improve the life style (social life) a lot. They can visit their friends and family more than do now.”

“Pavements generally need a lot to be desired!! Paving stones in many areas have not been replaced for many years and are a threat to lame and poor sighted people, whether young or old.”

Continuing with the suggestions made to the City Council about improvements, a total of 119 further suggestions were made relating to being mobile. As mentioned above, several related to bus services. Even more (36 suggestions)

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related to pavements - including uneven surfaces, overhanging foliage, poor lighting, obstructions such as dustbins, and cycling on pavements. This is important as over half of the sample are regular walkers, and this could have implications on health and safety issues. A total of 22 suggestions related to parking problems and 18 to the level of traffic on City streets. Other suggestions (15) concerned issues such as more seating for pedestrians, the need for neighbourhood shops and Post Offices, and street cleanliness.

Issues about travel and public services were again mentioned at the end of the questionnaire, where people were invited to offer further comments. Some of these referred to poor facilities at the bus station, and the need for good public transport to hospitals, especially to Ashford or Margate. Several mentioned the problems with traffic, as these comments illustrate:

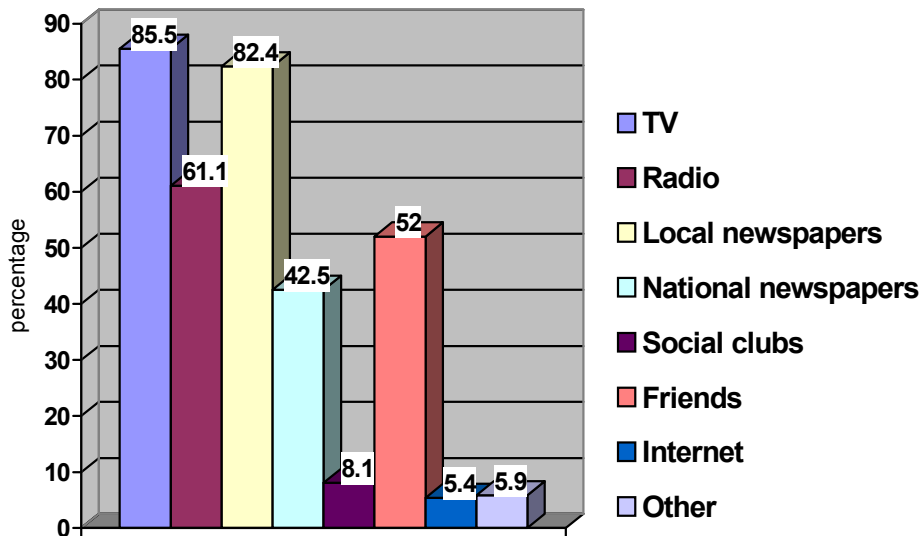
“Orchard St is a purely residential street but recently we have noted a vast increase in the amount of traffic using the road (at excessive speeds) to avoid the London Rd. It is virtually impossible to park in the street because drivers are allowed to purchase tickets and fill the spaces.”

“The most consistent burden of living in the St Dunstons’ area of Canterbury is caused by traffic overload, especially because of undue delays caused by the level crossing. (Level crossings are not such a pain in the Netherlands, and they have hundreds).”

5 COMMUNITY SERVICES AND LEISURE

The last part of the survey asked respondents to indicate where they get information from about their community. Chart 8 gives us an overview of the replies. Television and radio are clearly the main sources of information, followed by local and national newspapers. Friends are also an important source of information, for half of respondents.

Chart 8: Information about community (n=221)



Social Clubs were only ticked by 8%, but answers to another question on the survey indicated that only about half of all respondents belong to Clubs. So, whilst still a low proportion, it could be said that 16% of those attending Clubs see them as a source of information. Perhaps not surprisingly very few indicated the Internet as a source of information that they use.

A further question looked at whether respondents had felt anxious or distressed by any of thirteen factors. The levels of anxieties/distress recorded are summarised as percentages of all 221 respondents in the following table:

	All or most of the time %	Some of the time %	Little or none of the time %	No response %
Their Housing:				
Conditions	2	3	55	40
Neighbourhood	1	14	44	40
Pollution:				
Air quality	3	8	40	49
Waste/Litter	14	16	32	38
Noise	6	15	35	44
Traffic	8	14	36	42
Crime in their area:				
Burglary	4	16	45	35
Theft from, or of cars	2	12	44	42
Fear of Violence:				
Against themselves	5	17	43	35
Against family/friends	4	14	42	40
Discrimination against them due to:				
Their age	2	14	47	37
Their gender	1	3	48	48
Their culture/race	0.5	0.5	47	52

“Clinical waste bins are sited directly below a residential balcony. The scheme manager has complained about this and the unreliability of the waste collection. At the moment there is a heap of clinical waste bags outside bins, which are full. I suffer from bowel cancer so use a stoma bag. These bins are also within metres of the kitchen entrance.”

It can be seen from these responses that worries about waste and litter were the most predominate – a third having had worries of these for most or some of the time. Fear of violence against themselves and traffic pollution came next at 22% each, whilst 21% had fears of noise, and 20% of burglary.

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Discrimination on age grounds was a worry for 16%, and 15% had worries about their neighbourhood. Housing conditions such as damp and cold were only a worry for 5%, but it must be remembered that the question asked only about worries in the previous 3 months. While these would have been winter or early spring months, due to the timing of this survey, it had

“If I have to move I would not want to live in a bed sitting type accommodation.”

“Why when one gets old should we be expected to give up living space we still need a separate bedroom?”

not been a very cold or wet winter. The comment in the box shows a particular concern in connection with fears about changing accommodation, and could even be an example of age discrimination.

6 THINGS CANTERBURY CITY COUNCIL COULD DO TO IMPROVE OLDER PEOPLES' LIFESTYLES

As mentioned previously, respondents were invited to list up to three things that they felt Canterbury City Council could do to improve their lifestyle. 151 out of the 221 respondents took this opportunity to list what is a wide range of some 300 suggestions. In order to analyse and summarise these free views, they are grouped into themes. Eleven of the 151 stated that there was nothing they thought the Council needed to do to improve their lifestyle, and three of these stated that they were happy with what the Council does. Did the 70 who did not respond to this question also think that there was nothing the Council could do to improve their lifestyle, or did they think it was not worth expressing their particular needs?

"Generally Canterbury is an excellent place to live, and I appreciate the difficult time the Council have in keeping it at the top of the league in "best places" to live in England. Good luck and well done"

The grouping of the suggestions is presented below, along with some comments made by respondents that emphasise the issues further:

"Clean the streets - not just in the City Centre"

"Reduce litter (the High Street is well managed)"

"Clean the street regularly and often (i.e. in residential areas)"

Waste and Clean Streets: 37 respondents listed issues related to waste or the cleanliness of streets, and a similar number listed improvements they wished to be made to pavements as mentioned in the report. There is an overlap here as many of the waste issues relate to the blocking of pavements with wheelie bins and uncollected rubbish. Other waste issues relate to the timing of collections and the need for glass

bottles to be collected for recycling (access to the few bottle banks is not easy for many pensioners). In respect of clean streets, it is the suburban ones that worry many.

"I suggest that all local authorities should seek to have a regular minibas service between the KCH and the Ashford and Thanet hospitals."

"The sheer difficulty in getting to either the WH or QEQM by bus means that a morning appointment would be difficult or impossible for a Canterbury resident to keep."

Buses, Traffic and Parking: as previously mentioned, 30 suggestions related to buses, 22 to parking, 18 to traffic, and 17 to other travel related issues, including more seating for pedestrians,

and access to shops and health facilities. These issues obviously feature large in the minds of respondents and have been a common theme in this report.

Police, Alcohol and Youth: Perhaps it is not appropriate to combine these three issues together, but many respondents do link them, as seen in the comments. Others were concerned that more policing could reduce vandalism and begging in the streets, and just the sight of more policemen would reassure others. **22** respondents listed issues related to these matters, which the presence of more police on the streets would also help to alleviate.

“Urge police and publicans to deal effectively with the weekend youth drinking problem.”

Deleted: ¶

“More police on beat, particularly 11pm to 2 am.”

Home Improvements and Security: **17** respondents listed improvements to their home, especially in relation to security and kitchen facilities. Presumably, as the question related to things they felt the Council could do to improve matters, most, if not all, were Council tenants, especially as the three referring to security aspects related to provision of better locks and stronger doors. Others highlighted environmental factors.

“We desperately need a street lamp in the entrance to our cul-de-sac, as coming in the dark is very frightening, also it would deter would-be vandals.”

Leisure Facilities: **15** respondents asked that the Council should do something to aid them to partake in social or leisure activities, including **4** asking for free or reduced cost access to leisure and swimming, facilities, **5** wanting more social clubs/meeting places near their homes, and **2** mentioned library facilities (one wanting a better library and the other a mobile library). However, with regard to leisure facilities, there was a plea from some that older people should not be treated insensitively because of their age.

“I am in the fortunate position of enjoying good health and have a reasonable income. Many organisations are run by people in my age group and think society, as a whole does not appreciate this. Also as soon as you have grey hair is it assumed your IQ has dropped by 30 points? The elderly are not stupid.”

“Stop assuming that anyone over 70, let alone 80, is an idiot who cannot cook, clean etc. and wants to sit and play bingo and watch TV soap operas.”

Council Tax: several respondents (**14**) took the opportunity to make comments about the level of Council Tax - seeking either lower rates or exemption from rates for pensioners. E.g.: *“Pensioners should not pay Council Tax”* as stated by the respondent whose returned questionnaire was the first to be opened; *“Reduce Council Tax!”* in another; and *“Abolish Council Tax for pensioners from retirement”* in another.

“At 75 my mother has paid enough council tax however the benefit she now receives is difficult and complicated and given begrudgingly”

Visits, Information, and easier Benefit Claims: 11 respondents referred to a need for these in various ways, 5 of them would like home visits from members of the Council or, in one case a visiting chiropodist, **one** would like information on money, **one** easier to claim Benefits, **2** asked for more information on what the Council can provide, and **2** would like a greater understanding of elderly people.

Gardens and Open Spaces: 8 respondents referred to gardens, surprisingly only **2** of these asking for help in maintaining their gardens. **4** referred to better fencing, either of their own garden or local open spaces, and **2** asked that private owners should be made to keep their gardens tidy in the same way that Council tenants are. Some commented on the upkeep of gardens.

“I would like to commend the council for excellent upkeep of the public gardens”

KEY POINTS

● From a 44% response rate (221 people), most were women aged between 70 and 89, although the age ranged from 60 to over 90 years. Most respondents were widowed or married and either living alone or with spouse or family. Regarding accommodation, the majority were homeowners with no mortgage, with less than a quarter renting.

● With reference to income, most had between £81-£200 coming in to the household per week, with people living on their own coming into this category. Most received state pension and about half had a pension from previous employers. Almost half the sample was claiming benefits, mostly council tax, housing and pensioner credit benefits. Reasons for not claiming included that they were too complicated, there was not enough information about them, and that it was demeaning to claim benefits.

● Regarding lifestyle, most respondents had a variety of active and passive interests. About half were members of clubs or associations, but only about a quarter socialised frequently. Many respondents stated that there was nothing suitable nearby, and not enough social events for the over 60s.

● Although most respondents visited someone on a regular basis, the frequency with which people were able to socialise with friends and relatives varied, and depended upon health and transport. Transport was a particular issue for a third of the sample, while some were too frail, most felt it was too expensive and not reliable enough.

● The majority of respondents reported to be enjoying their retirement, although there were some anxieties about declining health and transport problems. The main issues that people were worried about for the future included the prospect of ill health, reduced mobility and becoming dependent on others.

● To maintain health, respondents cited exercise and a healthy lifestyle. Very few people did paid work but some did voluntary work. While most people seemed able to afford food and fresh vegetables, about a quarter of the sample had difficulty affording things like holidays or presents.

● Despite a high level of self-reported disability, most people seem to feel they are in good health. Most had received some health screening such as blood pressure checks and flu immunisations. Very few people had received home assessments for safety, and there was low use of home care services.

● With respect to transport and travel, most respondents used buses, cars and walking. Only about a third were car owners. Almost half described public transport as 'fair', and there were many comments about its perceived inadequacies. Other difficulties respondents had with travel

related to walking – poor pavements, lighting and obstructions – and traffic congestion.

● When asked about community concerns, worries about waste and litter seemed to predominate, coupled with fear of violence and traffic pollution. Things that respondents felt the council could do to improve their lifestyles focused on improving waste, having cleaner streets, and improving public transport.

FINAL COMMENTS

This survey has highlighted some relevant issues for Canterbury residents living in Westgate Ward and it is the Forum's belief that the findings are transferable to many other areas in the District. It must be recognised that the Council are working towards meeting the needs of its residents and there were respondents who felt that they are doing a good job. Worries about retirement and anxieties about the future indicate however a number of important themes that services should be aware of in terms of efficiently supporting older people.

Given that there seemed to be a high level of reported disability, there did seem to be an under use of health services and this may be linked to knowledge of them, reliance on informal carers, independence or too few resources available. This does indicate a need for better communication of how and when services can best be accessed and used.

A number of respondents appeared to be at the lower end of the income spectrum. This had a potential impact on many issues that were highlighted throughout the survey, such as the ability to maintain property, affordable transport and socialising. It was also clear that for some, health and quality of life issues were also affected, through not being able to have a holiday, and being unable to afford leisure activity. Of interest was the fact that a large number were not claiming benefits, due to reported difficulties navigating the benefits system and lack of information. There is therefore a need to develop improved information dissemination to older people via the different agencies involved.

There are clear environmental issues that are of concern among our sample, with issues around waste, cleanliness and pollution predominating in the survey responses. This was underpinned by the many handwritten comments, experiences and suggestions for improvement. It is clear that, with the increased building and shopping facilities, traffic pollution is a problem that is set to continue. With reduced mobility and unreliable public transport, older people are more closely connected to their immediate communities and there is a need to create environments that are conducive to maintaining health and safety.

Without doubt, travel and getting about were the most central issues for the elderly in our sample. Without good and reliable access to shops and health facilities life can be very difficult, and for those living alone can result in isolation or the reliance on the goodwill of others. That so many problems and issues related to travel were identified in this survey points to the need for the City Council and transport providers to do more to improve services in order to improve the lifestyle of the elderly.

Not only are good facilities important for access to essential providers, but also for access to social facilities and events that are acceptable for older people. Elderly people risk becoming cut off from society, and many already

are isolated, because of the lack of frequent, accessible and cheap public transport, and the lack of well maintained and well lit pavements. Fear is another factor, and as mentioned in the Community Section of the survey, 20 respondents listed improvements to policing as a need.

Clearly the results of this survey indicate that more must be done by those responsible for enabling good, accessible, reliable, and safe travel and a safe environment to meet the needs of the older people of the District, and to ensure their rightful and full inclusion in society.

A total of 300 suggestions of issues needing attention for improvements in lifestyles were made, many for which the Council has direct responsibility, and for the rest could put pressure on those who do have the responsibility. We trust that the City Councillors will take notice of the suggestions, particularly those made by large numbers of individual respondents.

RECOMMENDATIONS

● **INFORMATION** Pensioners in Westgate Ward would benefit from greater dissemination of information about health and social services in their area, particularly in relation to community care services and benefits entitlements. While it is recognised that this is a multi-agency task, the council could help to develop and co-ordinate an information and support strategy that best meets the needs of older people.

● **ENVIRONMENT** Concerns about the environment, particularly regarding the health and safety of Westgate residents, prompt the need for action to rectify some of the shortcomings, such as repair to pavements, and improving waste collection and cleanliness in the area.

● **SOCIAL LIFE** Efforts need to be channelled into increasing the number of affordable and accessible social opportunities for older people in the area. For example, Deal has a drop-in centre for older people, which is also their Age Concern Day Centre. It provides a wide range of activities, and leisure pursuits. Westgate Ward could be an ideal area in which to place such a centre.

● **PUBLIC TRANSPORT** Given that older people are heavily reliant on public transport and the great number of concerns about this issue, there is a need to review existing services and to develop transport strategies that are more tuned into the needs of residents. Such strategies need to take into consideration transport to and from public and commercial services, such as hospitals, clinics and shops.

APPENDICES

APPENDIX 1: Action Plan

Pensioners' Forum Action Plan with the University of Kent

This plan puts forward ideas for the Pensioners' Forum to consider with respect to assessing the needs of older people in Westgate Ward. It consists of three main stages. Stage 1 is all about getting started and is a series of 'classroom' type sessions; stage 2 is concerned with data collection and analysis; and stage 3 is to do with writing the report and disseminating the results. In this project we aim to work with you to build on and develop further your skills.

Stage 1: Getting Started

This stage involves a number of half-day sessions (about 2-3 hours). The frequency of the sessions will need to be agreed with you before the project starts. We will end each session with a recap and there may be some small bits of 'homework' to be done before the start of the next session, in agreement with you. The content of each session will not be set in stone, but can be flexible according to your needs.

Session 1 What do we want to research?

In this session we will:

- get a clear idea from you about what you want to find out and how you want to do it
- find out about the skills and resources that you have, and those that are needed for the project
- make clear what is expected of all of us

Session 2 Who will be our research subjects?

In this session, it will be important to establish who you want to include in the research. We will identify

- the area where the research will take place
- the number and type of people to be included
- how you will get hold of them

Session 3 How do we get the information we want?

We will find out in this session

- what sorts of information you want to ask,
- how you want to ask it (eg either through a postal questionnaire, face-to-face interview or both),
- develop the necessary 'tools', such as a questionnaire or interview schedule
- think about ways of analysing the information
- identify any training needs to do with collecting the data for the next session, such as interview skills

This may be a slightly longer session.

Session 4 Review of research tools and data collection training

This session will be concerned with:

- developing the questionnaire/interview schedule further, such as thinking about its layout, making sure the questions will give us the answers we want
- agreeing a way of trying the research tools out on people to check for understanding, and that nothing has been missed
- doing some training around distributing and collecting questionnaires and interviewing people

Session 5 Planning the next stage

In this session we will

- make a clear plan for collecting the data and analysing it
- agree a timetable for data collection, analysis and disseminating the information
- discuss any other matters arising

Stage 2: Data Collection and Analysis

In this stage, you will be collecting the data through questionnaires and/or interviews, and sessions with the university researchers will be arranged according to your needs. These sessions will be used to reflect on your progress, and help you to develop some strategies if recruitment is poor.

With data analysis, university resources at the Centre for Health Service Studies have been made available to you. It is hoped that some of you will have some training at the university, showing you how to input the data from the questionnaires/interviews and to do some simple analysis. This will be done with support. There will be some feedback to the group once the analysis has been done.

Stage 3: Writing the Report and Disseminating the Results

Once the data has been collected and analysed, it will be important write it up and think about how to communicate the findings in order to let the public know and also to best influence the people who make the decisions about services to older people.

This stage will involve an initial session that will cover:

- how to structure and write a report
- how to convert the analysed data into readable tables
- who will take part in the writing
- methods of communicating the information
- developing a dissemination strategy
- presentation skills

Again, the university researchers will be available to offer guidance and support according to your needs.

Mrs Jenny Billings
Research Fellow
Centre for Health Service Studies
University of Kent

Dr Eleni Hatzidimitriadou
Lecturer in Community Psychology
Tizard Centre,
University of Kent

APPENDIX 2: How we did the research

The Process

Starting the Project

For the purposes of this project, the Canterbury & District Pensioners' Forum (CDPF) decided to collaborate with the University of Kent (UoK), namely with two researchers/lecturers: Jenny Billings and Dr Eleni Hatzidimitriadou. Initially, the two University researchers had exploratory meetings with CDPF members to discuss the parameters of the project and to negotiate practical issues such as roles and responsibilities of Forum's members and UoK researchers.

The whole process began with an initial presentation of the UoK researchers during one of the Forum's monthly meetings, where they put forward an action plan for conducting the project. The proposal was discussed among Forum members and the researchers were invited back at a later Forum meeting where it was agreed that the Forum members would be the primary actors of the project and that the University researchers would act as facilitators of the research process by providing research training to Forum members and offering advice on academic and practical matters throughout the project. As a result, four Forum members volunteered to be involved as project researchers: Stella Williams, Anne Belworthy, Maurice Mason, and David Beddall. In terms of practical arrangements, it was agreed that the UoK researchers would be responsible for arranging the project team meetings, which would take place at the University campus in Canterbury, being easily accessible and providing ample office space for the team to meet.

Action Plan

The proposed plan had four stages of action. First, there were a number of half-day (2-3 hours) meetings of the project team during which the UoK 'guided' the Forum members through the research process by introducing important issues and concepts – a quasi-training approach – while the team was discussing and deciding the various steps of the project. In the other three stages of the project, the team put in action its plan, namely to conduct the research, analyse findings and write up a report for dissemination purposes. This participatory action research approach was very innovative as the project was conducted by, with and for older people.

The aim of the 'Getting Started' process was to train Forum members to research skills for the needs of the project while developing the project and making decisions about project aims and methods. The process was very participatory in the sense that academics were guided by Forum members about project decisions, and Forum members were informed by academics about conducting research in a scientific manner. UoK researchers were taking notes during the meetings, which were reviewed by all team members next time they were meeting. In this way, there was always a record of things

that were discussed during the meeting as well as decisions and allocated task for next time.

During these meetings the team clarified the aims of the project and decided issues such as profile of participants and methods to be used for collecting the information. Both Forum members and UoK researchers used their own networks to make enquiries about specific matters such as demography of the area under study, access to people in this area, and distribution of questionnaires. A number of priorities were determined by the group:

- Main focus on supporting older people living in the area to keep healthy and active
- Need to listen to service users' views
- Need to look at 'younger' pensioners – recent policy is biased towards 'inactive' older people
- Need to produce fresh data to influence the local debate on health and social care
- Need to link grassroots knowledge to policy plans and strategic aims

After the 'Getting started' sessions, the team continued to meet on a regular basis to discuss progress of the project and to organise the next stages, namely data collection and analysis, and writing up the report. In various stages, the team sought the help of and involved other people. This included a statistics expert and organisations such as the Canterbury City Council and Age Concern. This helped to overcome difficulties or to accomplish parts of the project such as recruiting participants, raising awareness about the project and conducting statistical analysis. For example, team members gave a presentation about the project and its progress in a 'Europe and Health Open Seminar Series – Active Ageing' organised by the European Institute of Social Services and held at the University of Kent on 17th November 2004. On another occasion, team members were photographed while distributing the survey for the purposes of a press release to local newspapers in order to raise awareness about the project and motivate more people to participate in the project.

How we did the research

Research Principles and Questions

At the onset we identified some research principles and questions. As far as possible, we wanted to try and speak on behalf of the older population in Westgate Ward. This meant making sure we made a research instrument that captured all the important issues, and that we were able to access as many older people as possible in our target area. As far as research questions were concerned, we wanted to know:

- What are people's experiences of health and social services?
- What kinds of lifestyles do people have?
- How do people get about in Canterbury?
- How do people keep themselves well?
- What kinds of activities do people do?

Our Approach

We used a survey approach for this project using questionnaires that people could complete themselves or with help from a friend or carer. At the beginning, we wanted to do a survey with one-to-one Interviews with people who may have found it more difficult to fill out a questionnaire, such as the frail elderly. We were however unable to do the interviews due to lack of time and resources, and we thought we would have difficulties getting access to frailer people. We recognise that this is a shortcoming. However, it was clear in the responses that some frailer people did take part, as they specified their disabilities and carers filled out questionnaires for some of them.

Developing the Questionnaire

There were a number of stages to this phase of the research and much of the group work at the beginning was taken up with developing the questionnaire and deciding the content:

1. We agreed five main sections. These were areas that we felt were particularly relevant to older people as reflected in policy documents (e.g. National Service Framework for Older People), and important to older residents in Canterbury, as identified through our work at the Pensioner's Forum.

2. While we developed some questions ourselves, most were selected by reviewing a range of other well-used surveys concerned with gathering information about health and lifestyles in the UK. These included:

- Palmer, A. (2003) *A Survey of Health and Lifestyles in Kent and Medway – what have we learned?* CHSS, University of Kent.
- Milne, A., Hatzidimitriadou, E., & Harding, T. (1999). *Later Lifestyles: A survey by Help the Aged and Yours Magazine*. London: Help the Aged.

There were a number of questions appropriate for the survey that fitted well into our main sections and were selected. Below are the sections with a description of the kinds of information we were seeking:

- *Demographic background*: age, gender, marital status, accommodation type and income.
- *Lifestyle*: hobbies, social activities, attitudes towards retirement, what people do to maintain their health, work status.
- *Transport and Mobility*: transport availability and views towards public transport
- *Health and Social Care*: health status, preventive care, service use
- *Community Services and Leisure*: views about the environment and what the Council can do to improve lifestyles.

We also wanted to include space in the questionnaire for respondents to write any comments freehand, as asking single answer questions alone can be restrictive. Some questions also necessitated a freehand response.

3. Having agreed the content, assistance was sought from the Health and Social Survey Unit in the Centre for Health Service Studies to design the

format. Targeting older people meant that special attention needed to be paid to letter size, as well as usual features such as plain English, sequencing of questions, and spacing. We piloted a draft with five older people and made some slight changes accordingly.

4. To accompany the questionnaire, an information sheet was developed in the form of a letter to inform people about the purpose of the survey and to encourage them to take part. It also emphasised that any information sent back would be anonymous and that they would not be identifiable. As there were some personal questions about health and income, it was suggested that people need not fill them in if they felt uncomfortable about it. The letter also contained a contact number, should anyone need to ask questions about the questionnaire.

The Sample

With respect to age, we wanted to focus on people aged 60 and over. Knowing that an active life is associated with less disability in old age, we were interested in finding out current lifestyles of the 'younger' older people as well as the very old, and we wanted to get a picture of their differing views about health and social facilities and leisure activities.

With reference to numbers, it was difficult to determine the number of people over 60 years. The 2001 Census data informed us that from a population of 8,663 in Westgate Ward, 829 under 75 were retired (9.6%) and 864 were aged 75 and over (10%). We eventually decided on a target of 550 people over 60. The number would not be enough to be representative of the Ward, but it would help us to begin to reveal the issues under question.

Access to the sample and distributing the survey

We approached a senior member of staff at Canterbury City Council for help in accessing names and addresses of our potential sample, and with distributing the questionnaire. A sample of 500 people over 60 living in Westgate Ward were randomly selected from the bus pass database. This database is used sporadically for survey work by the Council and consists of older people from a variety of backgrounds and social classes. In addition, community workers distributed 50 questionnaires to warden-assisted flats and other similar residences not on the bus pass list. This meant that we could include a wider range of older people.

In order to comply with Data Protection issues, it was agreed that we would supply the necessary paperwork and that the council staff would send them out using their database. Members of the Canterbury Pensioner's Forum put together packs consisting of a questionnaire, an information sheet and a stamped addressed envelope for the return, placed within a blank stamped envelope. We enlisted the help of the local Age Concern office as a data collection point, and the returns were subsequently taken to the University for analysis.

In order to encourage people to take part, we were also able to advertise the survey through a feature in the local paper with the help of the University of

Kent Press Office. We also had a feature in the Centre for Health Service Studies Newsletter.

Analysing the data

The questionnaires were sent to a statistician for analysis. A software package called SPSS was used to provide us with descriptive statistics about the data, which included straightforward number counts, frequencies and averages. There were many freehand comments; these were clustered together in similar themes and used throughout the findings section to highlight particular points of view expressed by the respondents on various issues.

APPENDIX 3

EISS Seminar - Active Ageing, 17th November 2004



Team members present the project and progress so far ...

Distributing the Questionnaire



David, Anne, Maurice and Stella in action ...

Photograph taken for press release to local newspapers