



2015

# Methodist Homes – Customer Insight Research

## **Methodist Homes Customer Research**

Our thanks are given to MHA for funding the research and for the time given by supporters, Live at Home scheme members, scheme enquirers and the general public to complete the questionnaire.

This report is co-authored by MHA and IbyD

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## EXECUTIVE SUMMARY

In 2015, MHA undertook a programme of customer insight research intended to improve understanding of customer perceptions of who MHA is, what MHA stands for, what makes MHA different and where MHA is perceived as 'expert'. This involved quantitative surveys of 5,732 people, carried out by independent research agency Information by Design, and qualitative interviews and discussions with 134 people, undertaken by MHA staff.

### MHA AS A BRAND

- Awareness of MHA was high among Supporters (98%), reasonable among Enquirers (80%) and Live at Home Members (72%), but considerably lower among the General Population (14%). Qualitative research revealed that there was greater awareness of local homes and schemes than of MHA as an organisation.
- 'Caring' was the word selected most often by all groups of respondents to describe MHA. 'Respect' and 'Dignity' were also in the top five. In qualitative interviews, many respondents focussed on the sense of 'family' or 'community' in their local home or scheme.
- At least three-quarters of Live at Home Members (86%) and Supporters (75%) thought that MHA supported 'older people in general'. However, among the General Population this fell to only 43%, with 44% believing MHA supported only people with a link to the Methodist Church or who were practising Methodists.
- 'A faith-based care provider' was the description applied to MHA by the highest proportion of Supporters (49%) and the General Population (42%), and the equal highest population of Enquirers (40%). Live at Home Members most often (66%) described MHA as 'a care services provider for older people'; this was the equal first choice for Enquirers and the second most popular choice for Supporters and the General Population.
- MHA being 'inspired by Christian concern' generally encouraged Supporters (86%), Enquirers (67%) and Live at Home Members (55%) to use MHA services or support MHA. However, opinion was more divided amongst the General Population: 22% said this would encourage them, 28% said it would discourage them and the remaining 51% said that it would make no difference or they were unsure.
- Over 90% of Enquirers, Supporters and Live at Home Members were likely to consider MHA if they or a friend or family member needed housing, care or support in the future. Opinion was again more divided amongst the General Population, with 51% who would consider MHA and 22% who would not consider MHA.
- For all survey groups, at least three-quarters of respondents said they would speak highly of MHA (either prompted or unprompted), and very few would be critical. Over half of Live at Home Members and a third of Enquirers and Supporters had recommended MHA to someone else. Qualitative research showed that word of mouth and personal recommendations were the key ways in which people found out about MHA services.

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## MHA AS A PROVIDER

- 75% of Enquirers, 60% of Live at Home Members, 59% of Supporters and 35% of the General Population had looked for a befriending scheme, retirement living scheme or a residential or nursing care home for themselves or someone else.
- Personal visits to homes and schemes were key to Supporters and the General Population in finding information about homes and schemes. Live at Home Members mostly relied on personal recommendations and Enquirers on postal brochures.
- Quality was the main deciding factor for most Supporters, the General Population and Live at Home Members in their final choice of a home or scheme. Cost was the main deciding factor for most Enquirers.
- Looking for a home or scheme was a worrying process for many, but respondents felt staff members were helpful and two-thirds of people felt they found the right place in the end. People who had looked for a home or scheme for themselves found the process easier than those looking for someone else.
- ‘Being treated with kindness, dignity and respect’ was the top factor selected by all groups of respondents when choosing a retirement living scheme or care home. ‘Receiving good quality care and support’ was the second most important. This chimes well with the words selected by respondents used to describe MHA.
- 80% of Enquirers, 73% of Supporters and 58% of Live at Home Members had heard about MHA recently, but only 3% of the General Population.
- Among the General Population, awareness and opinions of MHA were lower than four other providers named: Abbeyfield, Anchor, BUPA and McCarthy & Stone. Among MHA Supporters, Live at Home Members and Enquirers, however, MHA was better known and respected than any of these other providers.
- Staff members were highlighted as crucial to the delivery of good quality, caring homes and schemes.
- Care home residents and relatives also identified good physical facilities and activities as important, whilst Live at Home Members emphasised the importance of the combination of companionship and fun which they experienced. Retirement Living residents highlighted the importance of maintaining their independence whilst having help available when they needed it, but many also expressed concerns about the costs associated with moving into and residing in a retirement living property.

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## MHA AS A CHARITY

- The vast majority of people surveyed (over 99% of Supporters, 91% of Live at Home Members and 75% of the General Population) supported at least one charity, mainly through giving regular or irregular donations.
- Cancer charities were the most popularly supported charities across all respondent groups, apart from MHA Supporters, who named MHA slightly more often.

- Personal connection was a key reason given for supporting charities, but over 90% of MHA's Supporters had no current personal connection with the charity.
- People who supported MHA financially were most likely to have initially begun their support after hearing about the organisation at church (77% of Supporters, 35% of Live at Home Members) or from a friend, relative or colleague (19% of Supporters, 35% of Live at Home Members).
- Live at Home services were the most popular specific MHA funding need (70% of Live at Home members, 38% of Supporters) although 63% of Supporters were happy to fund whatever was the greatest need.
- Supporters were the most aware and knowledgeable of MHA as a charity: 74% of Supporters knew more than just MHA's name and 53% knew MHA well or very well. However, Live at Home Members and the General Population knew more about the Alzheimer's Society, Age UK and the Salvation Army than MHA.
- Only 15% of Supporters and 11% of Live at Home Members felt they knew 'a lot' about how MHA's charitable donations were used.
- Supporters and Live at Home Members were most likely to prefer to get information about the charities they support from charity magazines (49% of Supporters, 36% of Live at Home Members) or letters (45% of Supporters, 43% of Live at Home members). Members of the General Population, however, were most likely to opt for email contact (41%). Nearly a third of Live at Home Members and the General Population stated that they did not want any contact from the charities they supported.
- Fewer MHA's Supporters used Facebook or Twitter (21%) than was seen amongst the General Population (68%). Engagement with charities on social media was generally relatively low: 24% of Supporters and 32% of the General Population either 'Like' a charity on Facebook or follow a charity on Twitter. This fell to 2% of Supporters and 8% of the General Population who had engaged with MHA on social media.
- 40% of Supporters and 30% of Live at Home Members who do not currently support MHA, or have never supported MHA, would consider supporting MHA in the future. The most common reason for no longer supporting MHA was trying to cut personal spending.
- 92% of Live at Home scheme volunteers agreed that 'the work we do makes other people's lives better'. In qualitative discussions, the majority of volunteers found their roles rewarding, and felt valued for what they did, although their main motivation was a desire to help people.

- 80% of the General Population, 64% of Enquirers and 60% of Supporters said they thought about getting old 'regularly' or 'sometimes', and this increases with age. Optimism about being older also increased with age, whereas younger people were more likely to feel worried or unprepared.
- 69% of Supporters and 45% of the General Population expected to continue to live in their current home when they were older. Enquirers were more likely to imagine themselves living in a retirement living scheme (52%), as might be expected (given they had made an enquiry about a retirement living scheme).
- Individuals expressed hopes and worries about their own ageing process around three key themes:
  - Time: whether this would enable them to participate in activities of their choice with good companionship, or would result in boredom and loneliness.
  - Finance: hopes of good pensions and financial security, but concerns about poverty and being unable to afford to retire and live on a pension.
  - Ageing and wellbeing: whether people would retain good health and be able to be active and maintain their independence, or develop illnesses and health problems and need to depend on others including formal care and support.
- In terms of big issues for older people, three stood out clearly: health (74%), finance (69%) and loneliness (39%). Many people commented that these had the potential to alleviate or exacerbate other big issues for older people.
- Other big issues thought to be affecting older people were:
  - Social care provision, including concerns about quality (14%)
  - Health care provision, particularly NHS services (11%)
  - Maintaining independence (7%)
  - Housing and accommodation (6%)
  - Societal attitudes towards older people (5%).

## METHODOLOGY AND APPROACH TO REPORTING

### RESEARCH AIMS

In 2015 Methodist Homes (MHA) developed a programme of customer insight research intended to enable the development of a clear 'MHA proposition'. This was intended to explore understanding among 'customers' and the General Population of who MHA is, what MHA stands for, what makes MHA different and where MHA is perceived as 'expert'.

The term 'MHA customers' was used to cover: relatives, residents, Live at Home members, development scheme enquirers, supporters, donors, churches, volunteers and staff.

The overall aims of the research were to allow MHA to understand:

- what people viewed as important when investigating and choosing care, support and/or housing with care for older people
- the motivations or barriers to people supporting MHA with financial donations or as a volunteer
- more about the sector in which MHA operates and the organisations against which MHA competes, across all the different services
- the main issues people highlighted as important when facing their own ageing process or that of their loved ones, and issues facing older people as a group.

### RESEARCH OBJECTIVES

The objectives of the research were to provide information about the perceptions of MHA held by customers and non-customers, and the experiences of MHA customers. This included:

- Profiling MHA customers and potential customers
- Understanding the perceptions of customers and non-customers of the MHA 'brand' – including its visual identity, name and key values.
- Understanding perceptions and experiences of MHA, its competitors, and the wider older people's care and housing sector
- Understanding the key issues and concerns affecting older people.

### METHODOLOGY

This customer research was undertaken partly by MHA, using MHA staff to undertake a programme of qualitative research. This was set alongside a programme of quantitative research, and an external agency - Information by Design (IbyD) – was commissioned to undertake this. The two programmes were complementary to each other, providing both 'hard data' and 'softer' measures.

This joint report provides insight into the 'full picture' of MHA as an organisation, and is co-authored by staff from IbyD and MHA.

## QUANTITATIVE RESEARCH

Four surveys were undertaken, and in total 5,732 people completed a survey:

1. MHA Development Scheme Enquirers' survey
2. MHA Supporters' survey
3. MHA Live at Home Members' survey
4. General Population survey

The surveys were tailored to the different experiences and interests of each respondent group, so not all respondent groups were asked all of the questions.

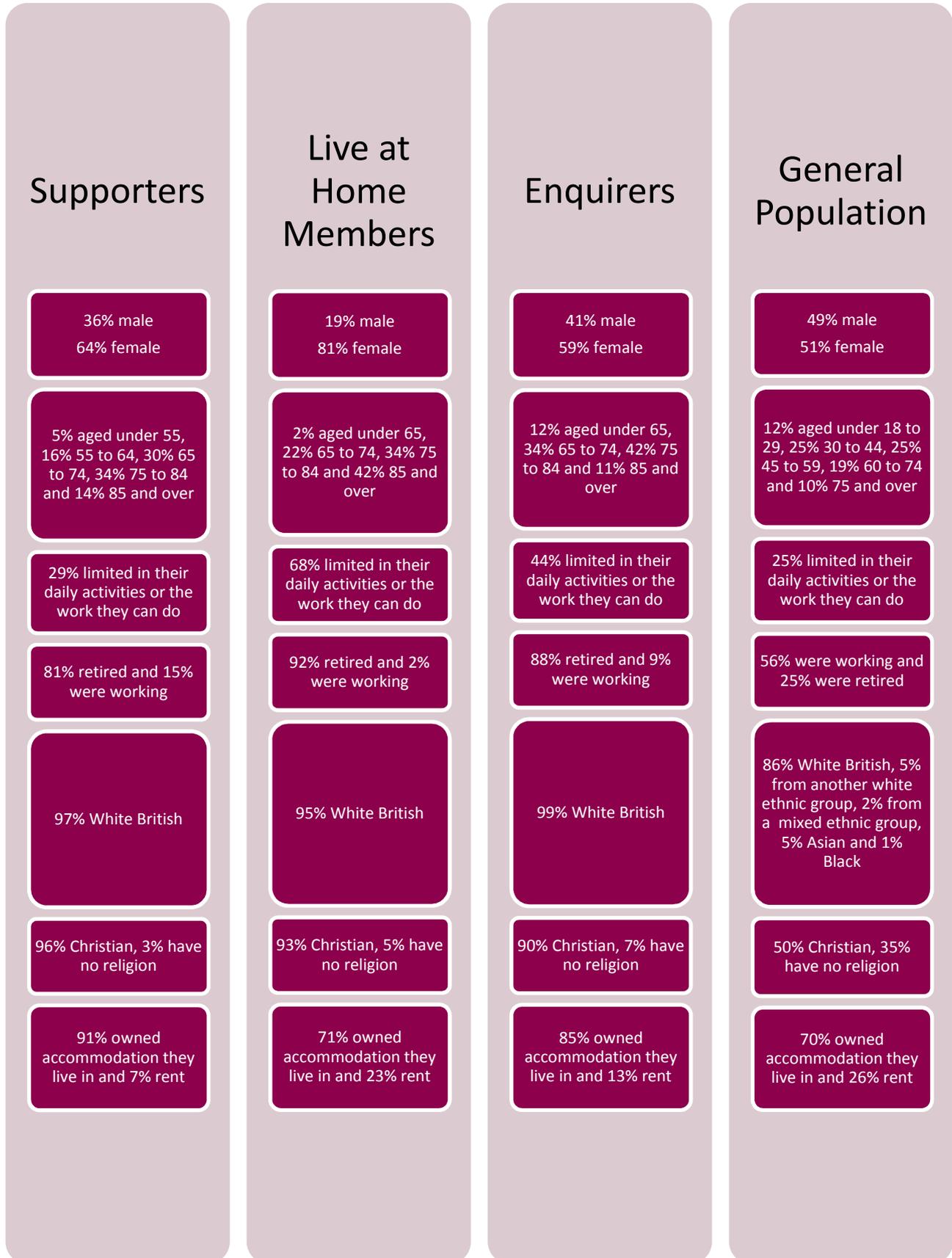
For the first three surveys, a postal methodology was utilised, with the option for respondents to complete online if preferred. For the non-users survey, an access panel approach was utilised, with the panel provided by 'Research Now', who is one of the largest providers of access panels in the UK. Further details are contained in the appendices.

	Mailout	Number of Responses aimed for (20%)	Number of Responses Achieved	Response Rate Achieved
<b>Supporters</b>	3049	610	702	23%
<b>Live atHome</b>	3019	604	399	13%
<b>Enquirers</b>	701	140	150	21%
<b>General Population</b>	n/a	n/a	4,481	

The Live at Home survey proved more challenging than expected, hence the lower response rate.

## DEMOGRAPHICS – QUANTITATIVE RESEARCH

As the four surveys were conducted with very different target groups, there is a need to be clear about the profile of the survey populations and the profile of respondents. The demographics of the achieved sample were as follows:



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## QUALITATIVE RESEARCH

Face to face discussions were carried out at five Care Homes and five Live at Home Schemes across the country, selected to provide a good range of MHA's services. In addition, eight Retirement Living residents, each living on a different scheme, were interviewed by telephone.

It was necessary to adapt the methodology used to fit the participants and circumstances of each visit, so the qualitative programme included a mixture of one-to-one interviews and paired or group discussions.

Interviewers used a semi-structured approach, which allowed conversation to flow reasonably freely around relevant topics, and this resulted in some unexpected gems of information.

Some discussions were extremely brief as people had limited time or struggled to concentrate for a longer period, whilst others were longer as participants were happy to talk in more detail.

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## DEMOGRAPHICS – QUALITATIVE RESEARCH

The total number of participants included in the qualitative research was 134; this was made up of:

- 24 Care Home residents
- 19 Care Home relatives
- 36 Live at Home members
- 8 Retirement Living residents
- 26 volunteers, covering Care Homes and Live at Home
- 21 staff, covering Care Homes and Live at Home

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## REPORT FRAMEWORK

This report contains the results from the four surveys comparing each group. A separate 'key facts' sheet is also available for the four groups. The report is in the following sections:

- MHA as a brand
- MHA as a provider of care and support
- MHA as a charity
- The Public's voice on ageing

It should be noted that all information contained within a purple box comes from qualitative research; this allows us to get more detail to help understand views, but is based on smaller numbers of people.

### SUMMARY - MHA as a brand

- Awareness of MHA was reasonable among Supporters, Enquirers and Live at Home Members, but considerably lower among the general population (pg 14).
- Word of mouth was a key way in which participants found out about MHA (pg 22).
- Words most commonly used to describe MHA were ‘caring’, ‘respect’ and ‘dignity’ (pg 16).
- Among the General Population, those who thought ‘a faith based care provider’ best described MHA were more likely to think that they or their friends or family could not receive services from MHA, with 37% of thinking they could ‘definitely not’ or ‘possibly not’ receive services from MHA (pg 17).
- Over 9 out of 10 Enquirers, Supporters and Live at Home Members were likely to consider MHA if they or a friend or family member needed housing, care or support in the future (pg 20).
- Very few people would speak critically of MHA (pg 23), and over half of Live at Home Members had recommended MHA to someone else (pg 22).

## AWARENESS OF MHA AND THE MHA LOGO

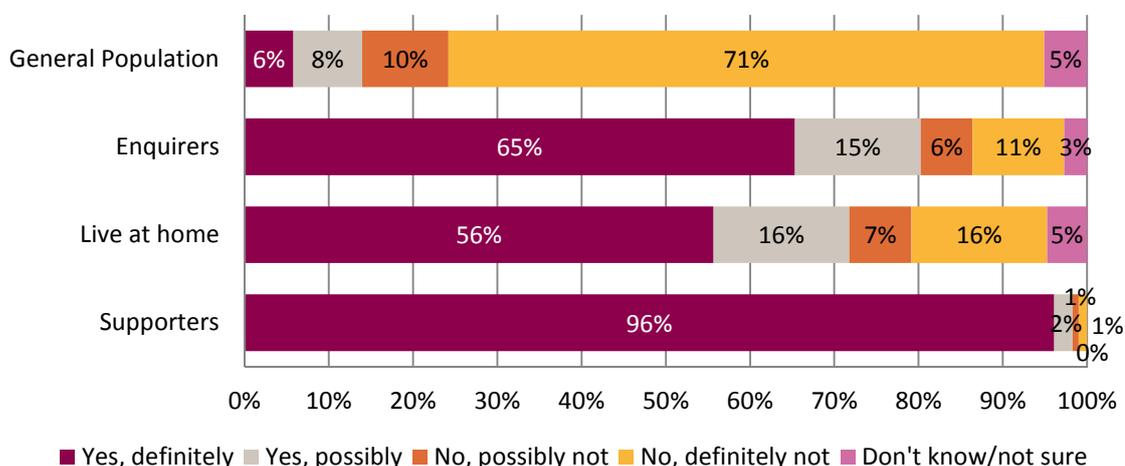
14% of the General Population had 'definitely' or 'possibly' heard of MHA, and 12% had 'definitely' or 'possibly' seen the MHA logo. When asked what they knew about the organisation, many said they knew little, whilst others mentioned:

- Links to the Methodist or wider church, Christian faith and religion
- Support for older people, primarily through care homes
- Charity status
- Involvement in dementia care.

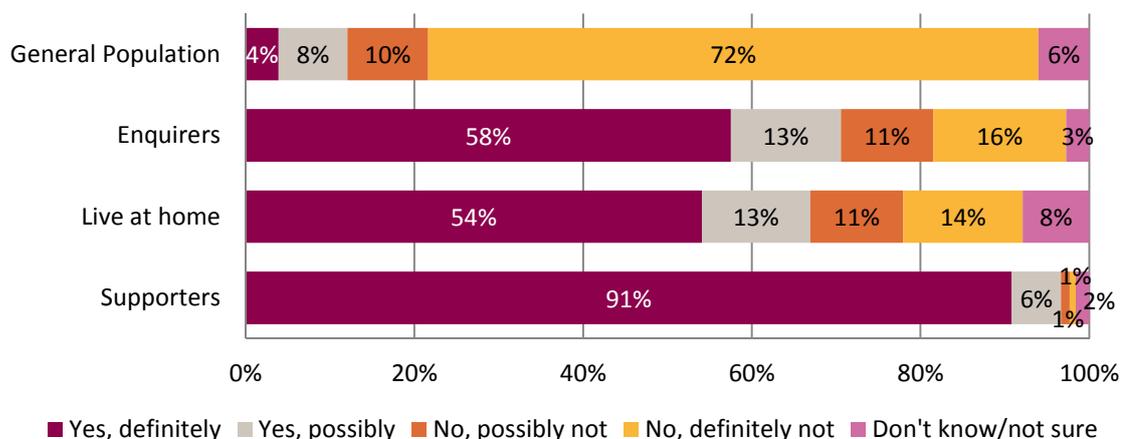
As might be expected, awareness of MHA was highest amongst Supporters: 98% of Supporters had heard of MHA and 97% had seen the logo.

It may be surprising that 16% of Live at Home Members and 11% of Enquirers stated that they had definitely not heard of MHA and 16% of Live at Home Members and 14% of Enquirers stated that they had definitely not seen the MHA logo.

### Before today, had you heard of MHA (or Methodist Homes)?



### Before today, had you seen this logo?



## QUALITATIVE RESEARCH

There was considerable confusion about the MHA name and logo, and it was clear participants struggled to relate to either. The colours used in the MHA logo were described as ‘dull’ and ‘uninspiring’, although participants in one Live at Home group liked the purple arch, which they described as a sheltering rainbow.

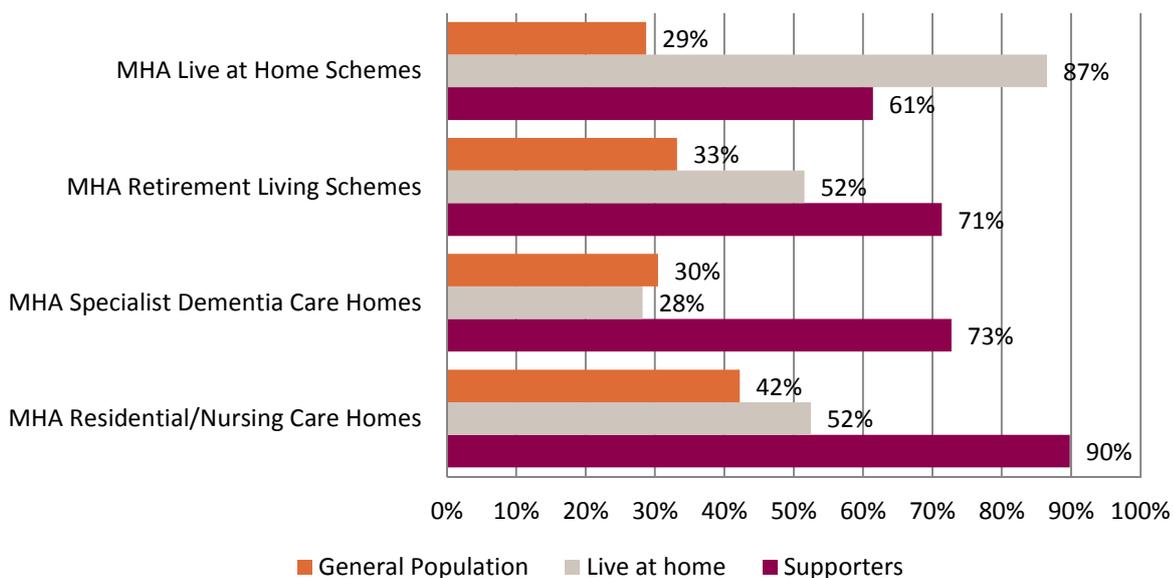
*“Anyone who didn’t know would look at those three letters [MHA] and think, “What on earth do they stand for?”*  
(Live at Home Member)

## KNOWLEDGE OF MHA SERVICES

Overall, MHA’s Supporters displayed the highest awareness of MHA’s Care Homes and Retirement Living. Unsurprisingly, Live at Home Members were the most likely to say they knew about Live at Home schemes. However only 55% felt they knew ‘a lot’ about Live at Home schemes and 13% felt they knew ‘nothing at all’ about them.

Among the General Population, awareness of any type of provision was considerably lower; within this group, respondents aged 60 and over were generally more likely to say that they knew ‘nothing at all’ than other age groups. This is perhaps surprising, given that they are likely to be in need of care or support sooner than younger people.

**How much did you know about the following? - A lot & a little**



Awareness seems very high among the General Population compared with its overall awareness of MHA as an organisation; it is possible that many members of the General Population have misunderstood the question and have answered about their general awareness of any care home or other provision, rather than about MHA’s services.

## QUALITATIVE RESEARCH

The lack of awareness of MHA among people who are known to have links with the organisation may be partly explained through the qualitative interviews and discussions. For the majority of participants, they chose their home or scheme on the basis of the local facilities and offer, rather than because it was part of MHA. It was also clear that any loyalty they felt was primarily to their local home or scheme, rather than to MHA as an organisation, and many still knew very little about the wider organisation:

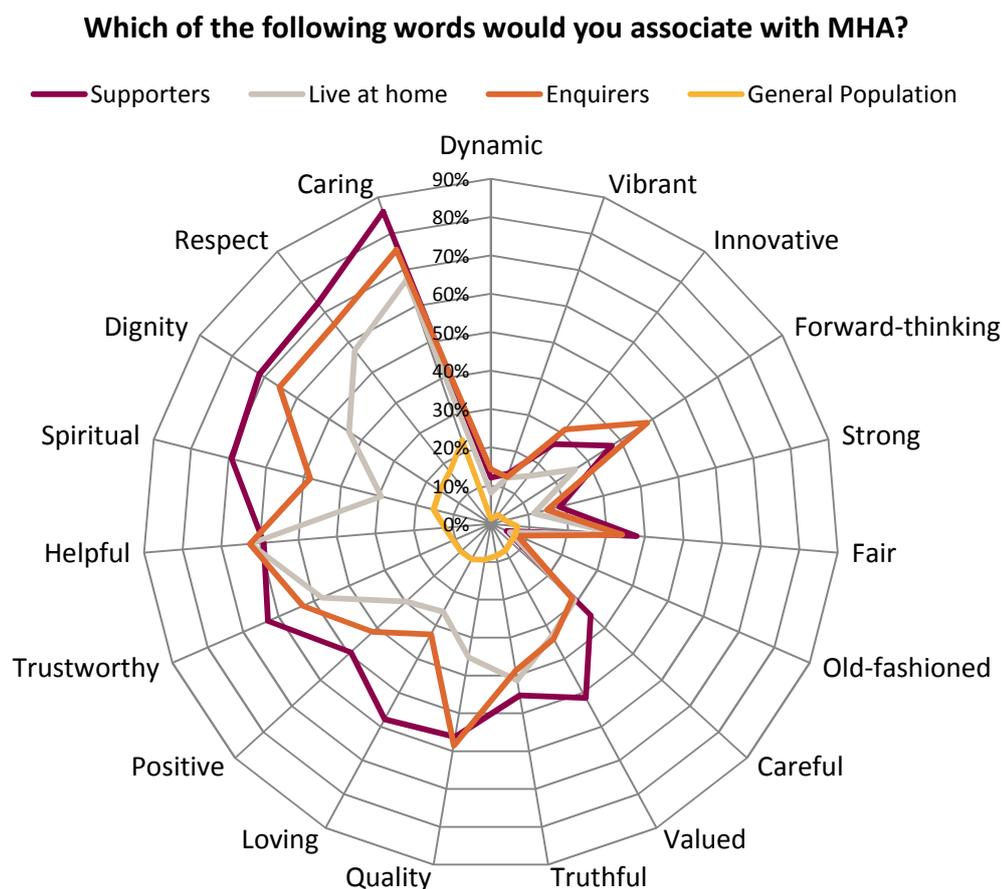
*“Tell the truth, I forget it’s MHA, I just say it’s a Live at Home scheme.”*

*“But you’re not on your own, some members don’t even know they’re coming to [name] Live at Home, they think they’re coming to Monday club...they don’t even know it’s part of [name] Live at Home, or that’s part of MHA...”*  
(Live at Home volunteer and staff member).

Many participants were surprised to hear about the full range of services provided by MHA, and several suggested that MHA should make greater efforts to publicise itself in order for more people to benefit.

## BRAND ATTRIBUTES

The diagram below shows the different groups and the percentage of respondents who associated the words which were presented to them, with MHA.



‘Caring’ was the top word selected by all groups of respondents. ‘Respect’ and ‘Dignity’ were also in the top five words selected by all groups of respondents, but there were variations after this in the words selected most frequently:

- Supporters added ‘spiritual’ and ‘trustworthy’ to their top five
- Live at Home Members chose ‘helpful’ and ‘trustworthy’
- Enquirers opted for ‘helpful’ and ‘quality’

- The General Population found this harder to answer, presumably because these people knew less about MHA, so the proportion selecting any words was lower than for other respondent group.

At the other end of the scale, the words selected least often were ‘dynamic’, ‘vibrant’ and ‘strong’.

### QUALITATIVE RESEARCH

Two of the key words used by a large proportion of staff members, Care Home residents and relatives and Live at Home members were ‘community’ and ‘family’, with participants feeling that their home or scheme was more than a group of independent individuals.

*“It feels like a big family, they’re all like your grandparents. It feels like coming home to come here. You get to know the relatives as well. People can spend many years here, so you get really close to them.”* (Care home staff member)

*“I’ve made some great friendships; we laugh a lot and are like a big family.”* (Retirement living resident)

*“It’s important to get the dynamics of living together right – we’re a community and we all need to think about each other and make it work – the staff can’t do it on their own.”* (Care home resident)

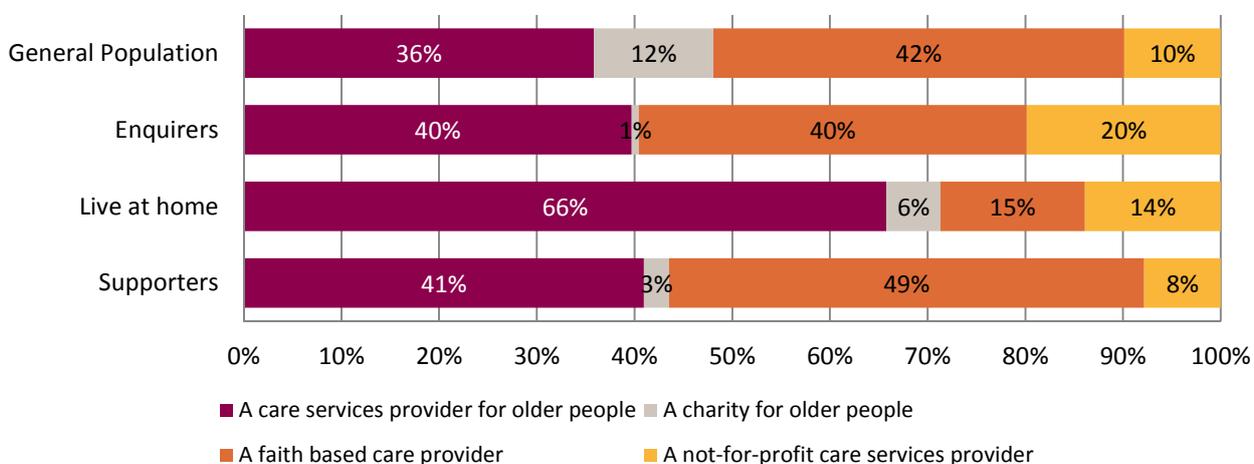
*“I’ve got to know most of the other relatives who visit at the same time as me and we all stop and chat with each other. It’s rather nice – it feels like a family.”* (Care home relative)

### DESCRIPTION OF MHA

There were variations in how respondents thought MHA was best described.

- ‘A faith-based care provider’ was the description applied to MHA by the highest proportion of Supporters (49%) and the General Population (42%), and the equal highest population of Enquirers (40%).
- ‘A care service for older people’ was the way in which the highest proportion of Live at Home Members (66%) and the equal highest population of Enquirers (40%) described MHA.
- ‘A not-for-profit care provider’ was the third most popular choice of description for all groups of respondents.
- Very few people in any respondent group felt that the best description of MHA was ‘a charity for older people’.

Which of these do you believe best describes MHA?



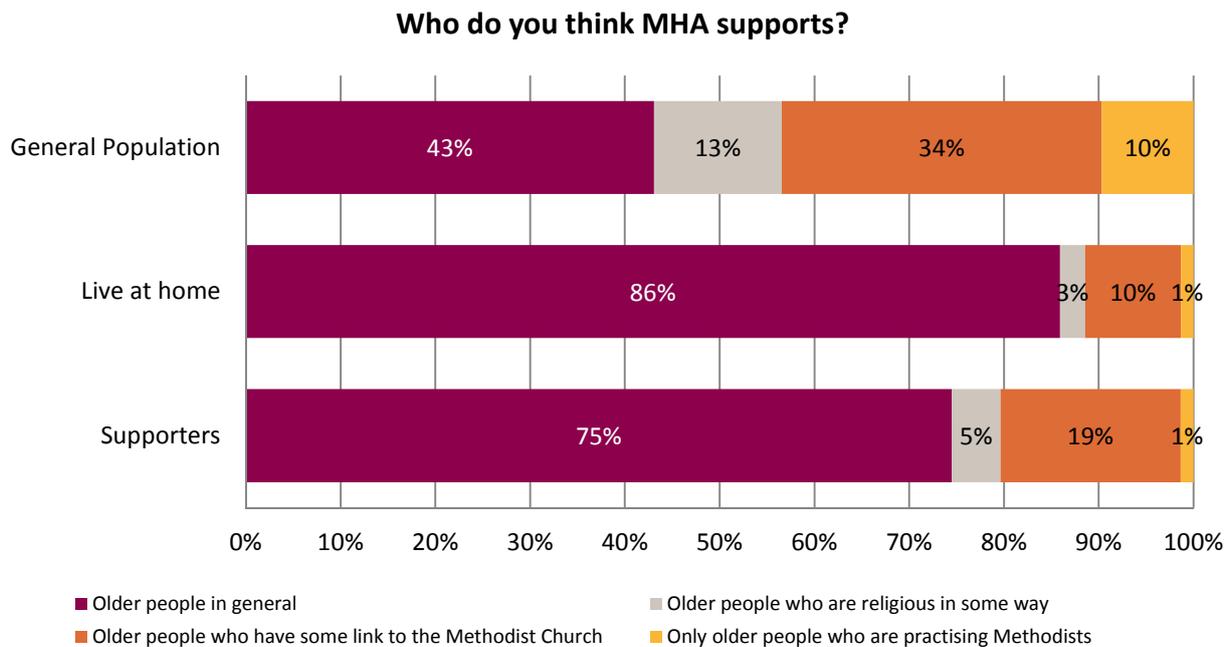
Among the General Population, those who thought ‘a faith based care provider’ best described MHA were more likely to think that they or their friends or family could not receive services from MHA, with 37% of thinking they could ‘definitely not’ or ‘possibly not’ receive services from MHA.

## WHOM DOES MHA SUPPORT?

In all groups, the highest proportion of respondents thought that MHA supported ‘older people in general’ - 86% of Live at Home members, 75% of Supporters and 43% of the General Population.

However, among the General Population over half of respondents thought that people needed to have some religious link, and 44% thought this needed to be a link to the Methodist Church.

20% of Supporters also thought that MHA supported people with a link to the Methodist Church or practising Methodists.



## IMPACT OF BEING AN ORGANISATION ‘INSPIRED BY CHRISTIAN CONCERN’

Supporters were the group most likely (85%) to be encouraged by MHA describing itself as an organisation ‘inspired by Christian concern’ to use MHA services, or to support MHA.

Over half of Enquirers (67%) and Live at Home members (55%) said they it would encourage them to use MHA’s services or support MHA.

However, opinion was more divided amongst the General Population, with 22% ‘definitely’ or ‘possibly’ encouraged, 28% possibly or definitely discouraged by this and 51% saying this would make no difference to them or they did not know how it would affect them.

It is worth noting that whilst over 95% of the Supporters, Enquirers, and Live at Home Members stated they were Christian, this dropped to 50% amongst the General Population.

**MHA describes itself as an organisation “inspired by Christian concern.” Would this encourage or discourage you from using MHA services or supporting MHA?**



**QUALITATIVE RESEARCH**

Those who expressed a view about the word “Methodist” in the organisation name viewed this favourably, either because they have a Christian faith, or because they felt that this would mean they would be better cared for, for example:

*“We wondered, “What does MHA stand for?” When I looked it up we were reassured by the church connection – I thought ‘That’s another positive.’” (Care Home relative)*

*“We’re not Methodists but we are Christian, and we felt that as it said Methodist in the name it would have a Christian ethos which was important to us.” (Retirement Living resident)*

However, it should be noted that anyone who had been put off by the “Methodist” name would probably have decided not to receive services from MHA, and therefore would not have been included within the discussions. Volunteers from one Live at Home scheme highlighted that they found the name did cause them difficulties:

*“I can say this as I am a Methodist but being linked to the Methodist church is a problem. We can’t get support from the Anglican Church because we are Methodists.” (Live at Home volunteer)*

Interestingly, some of those who were Methodist were critical of the services they received, feeling that they should be “more Methodist” in tone and content:

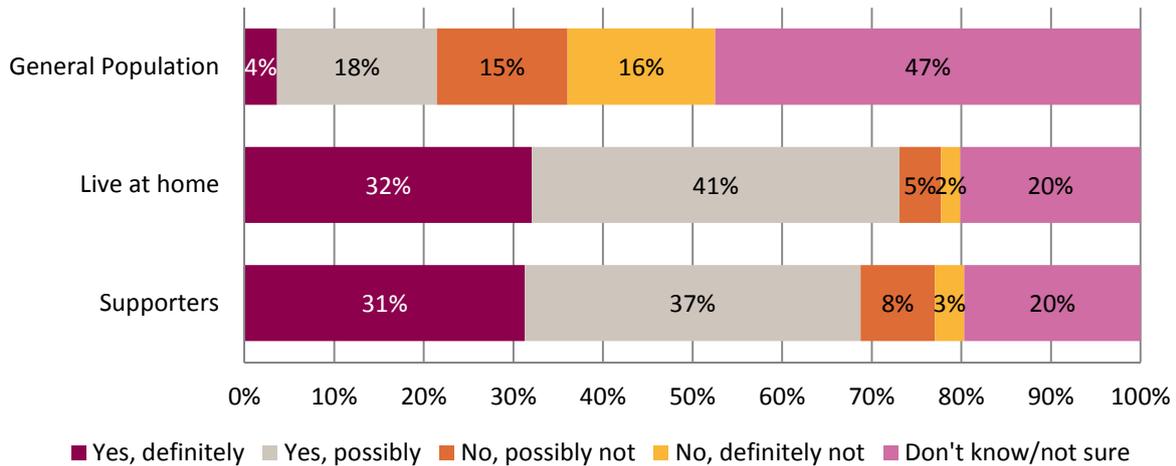
*“No-one here knows anything about Methodism. That’s ridiculous, it’s a Methodist home.” (Care Home resident)*

## COULD FRIENDS AND FAMILY RECEIVE SUPPORT FROM MHA?

Live at Home Members (73%) and Supporters (69%) were the most likely to say they felt they or their family or friends could receive services from MHA.

21% of the General Population 'definitely' or 'possibly' thought that they or their family or friends could receive services from MHA, and 47% were unsure.

### Do you think you or your friends/family could receive services from MHA?



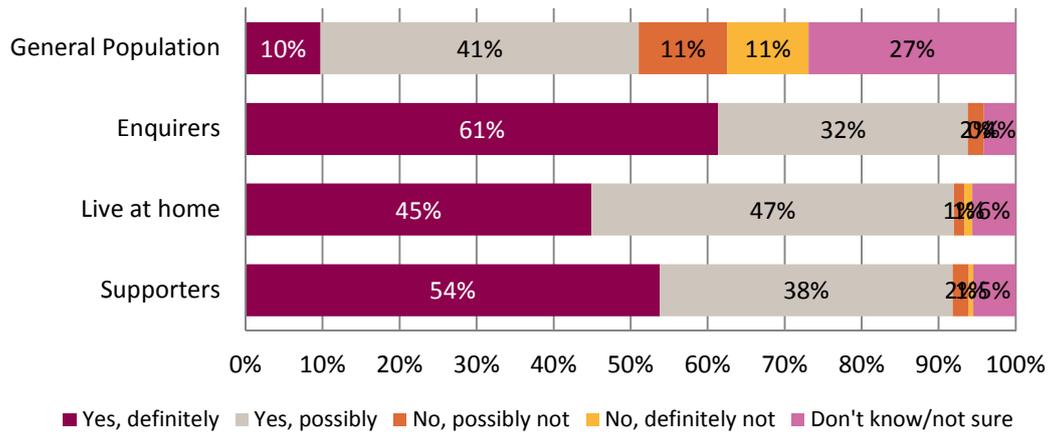
## CONSIDERING MHA FOR THE FUTURE

Over nine out of 10 Enquirers, Supporters and Live at Home members were likely to consider MHA if they or a friend or family member needed housing, care or support in the future, with 94% of Enquirers, 92% of Supporters and 92% of Live at Home members saying that they would consider MHA.

Opinion was more divided amongst the General Population, with 51% who would 'definitely' or 'possibly' consider MHA, 22% who would 'possibly' or 'definitely' not consider MHA and 27% who did not know.

It is noticeable that only 10% of the General Population would consider MHA, compared to 61% of Enquirers, 54% of Supporters, and 45% of Live at Home members. However, when only those members of the General Population who were 'definitely' aware of MHA are considered, 35% would consider definitely MHA.

**From what you have read, would you consider MHA if you, or a friend/family member, needed housing, care, or support in future?**



**LIKELIHOOD TO RECOMMEND**

The Net Promoter Score (NPS) is a measure which is used by a number of major organisations to understand their customer loyalty. NPS is calculated from the likelihood to recommend scale, by summing the percentage who answer 9 and 10 (promoters) and subtracting the percentage who answer 0 to 6 (detractors).

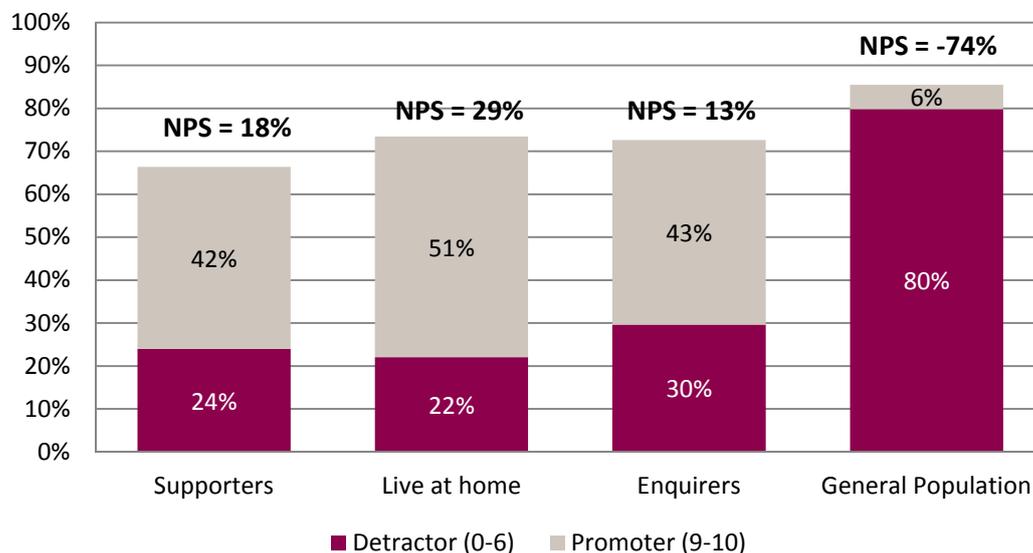
Live at Home members had the highest NPS, with a score of 29%. Supporters had an NPS of 18%, Enquirers had an NPS of 13% and General Population had an NPS of -74%.

The following NPS scores may give some context:

Apple	66%
Your Care Rating survey of MHA care home residents (Sept 2014):	59%
Dell	55%
MHA Retirement Living survey (May 2015)	28%

It would seem that respondents who know MHA and use its services are reasonably likely to recommend the organisation; however the low NPS among supporters may give some cause for concern.

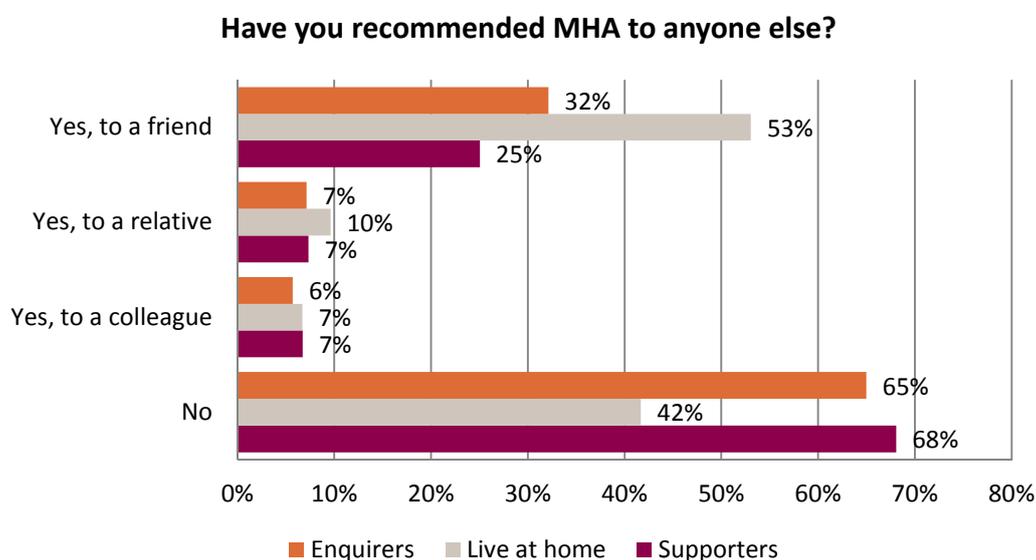
**MHA Net Promoter score**



## ACTUAL RECOMMENDATION

The group most likely to have recommended MHA to someone was Live at Home Members, with 58% of Live at Home Members, 35% of Enquirers and 32% of Supporters having recommended MHA to someone.

The highest proportion of these recommendations were to 'a friend', with 53% of Live at Home Members, 32% of Enquirers and 25% of Supporters having recommended MHA to a friend.



## QUALITATIVE RESEARCH

Word of mouth was the key way in which participants found out about MHA's homes and schemes; the vast majority of them described being recommended by friends, with churches, other organisations, and medical professionals also named as sources of information. In some Live at Home schemes, particular individuals were repeatedly named as key to recruiting new members. Volunteers were often recruited through staff and other volunteers proactively approaching those they felt would be well suited to help.

Many Live at Home members who were interviewed mentioned that they had recommended the scheme to friends and relatives, encouraging more people to come along and benefit. In one case a member described approaching someone she'd never previously met whilst out shopping:

*"There's a lady sits next to me now and I seen her two or three months ago in Morrison's and she looked really down so I went and had a word with her and she said, 'Oh it's the first time I've been out of the house for months.' And so I said 'Would you like to join the club I go to? It's called the Live at Home scheme.' and she said, 'What do you do?' and I said, 'Various things... it's company' and I was telling her you have singers, you have quizzes... she said, 'You know, I think I would.' And I said, 'Give us your name and phone number. I'll hand it in here and someone will come out to see you.' She says, 'It's the best thing that ever happened to me. Do you know I started to sing when we had a sing-along and I've never sung for years ... I am so glad you seen me and you brought it up. I didn't think I'd ever laugh again like this!' She loves it! (Live at Home Member)*

Care Home relatives who were interviewed frequently described finding their home whilst visiting a large number of local homes. Again, word of mouth was important, with several mentioning that friends and colleagues had suggested looking at MHA's local home. For example, one relative was recommended to MHA by her neighbour, and then met a friend whilst looking around, who was there to visit her mum – the fact that both spoke extremely highly of the home reassured her greatly.

Care Home residents and relatives also mentioned recommending their home: one relative had spoken to someone earlier in the day of her interview saying:

*"Just this morning I recommended this home to someone. I said, 'Don't go anywhere else.'" (Care Home relative)*

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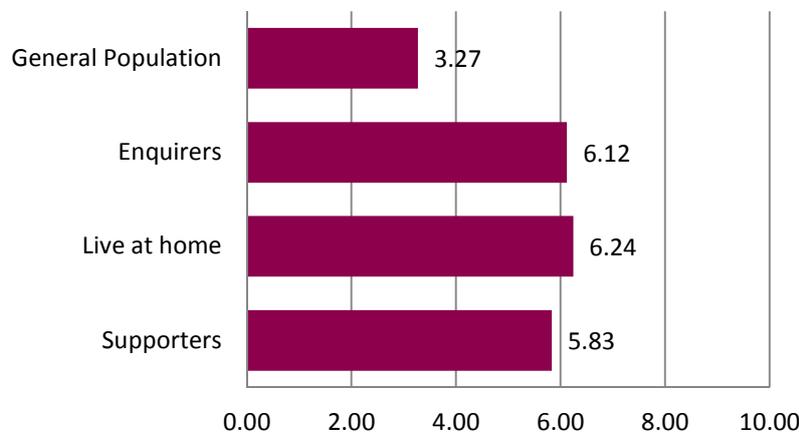
## BRAND CONNECTION

Respondents were asked to rate how close and personally relevant MHA was to them on a scale of 0 to 10, where 0 was not at all close and 10 was the closest they could feel. A mean<sup>1</sup> score was then calculated from these ratings. The higher the mean score, the closer and more personally relevant the groups felt towards MHA.

The highest mean score was from the Live at Home M(6.24), followed by 6.12 for Enquirers, 5.83 for Supporters and 3.27 for the General Population.

To give some context, when asked a similar question, a mean score of 5.24 was given for a major whisky brand.

**How close and personally relevant is MHA to you, imagining that 10 is the closest you can feel to MHA? - Mean**

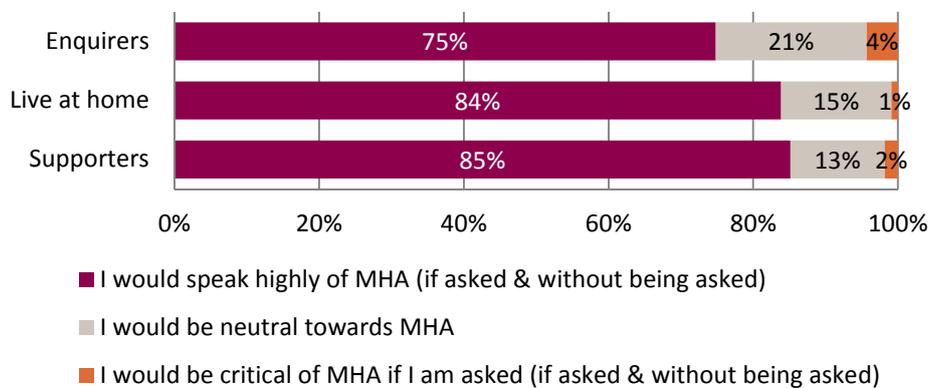


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## ADVOCACY

For all survey groups, at least three-quarters of respondents would speak highly of MHA (either prompted or unprompted), and very few would be critical.

**Which of these statements best describes how you would speak about MHA as a whole? - Grouped**



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<sup>1</sup> A mean score is an 'average' of the scores given. In this case, the maximum possible would be 10 if everyone who answered had given a score of 10. The lowest possible would be 0.

### SUMMARY - MHA as a provider

- Personal visits to homes and schemes were key to Supporters and the General Population in finding information about homes and schemes. Live at Home Members mostly relied on personal recommendations and Enquirers on postal brochures (pg 26).
- Looking for a home or scheme was a worrying process, but staff were helpful and two-thirds of people felt they found the right place in the end. (pg 28).
- MHA Supporters, Live at Home members and Enquirers were more aware of MHA than other providers, but awareness of MHA among the General Population was much lower than any other organisation named (pg 32-33).
- 'Being treated with kindness, dignity and respect' was the top factor selected by all groups of respondents when choosing a retirement living scheme or care home; this chimes well with the words used to describe MHA (pg 30).
- The deciding factors influencing final decisions on which home or scheme to choose were 'quality' for all respondents, plus 'cost' for Enquirers (pg 29).
- The staff delivering services are key to the success of schemes and homes (pg 36-37).
- Live at Home members highlighted the importance of companionship and fun (pg 36).

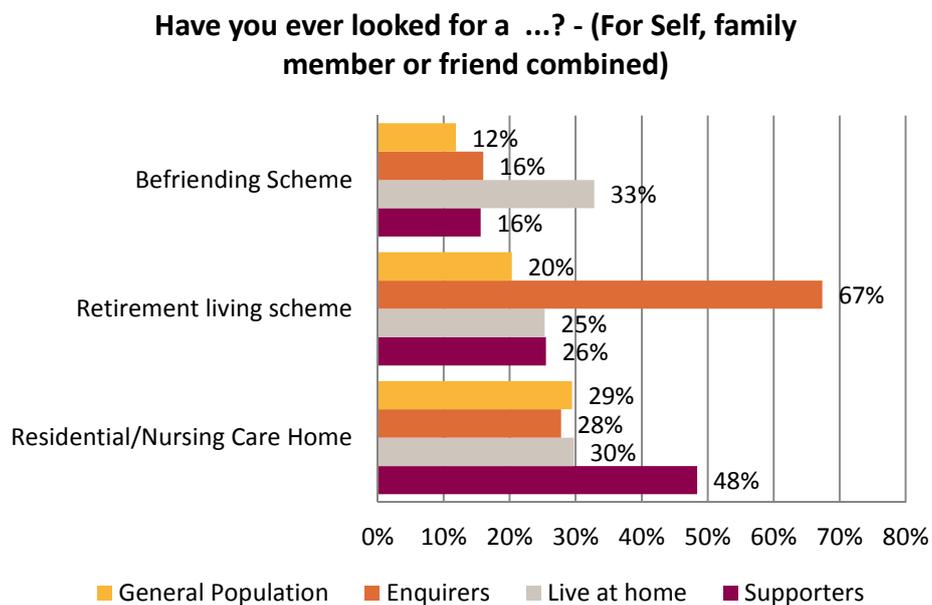
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## TYPE OF CARE AND SUPPORT LOOKED FOR

These were variations between the different respondent groups in what they had looked for:

- Enquirers were more likely to have looked for a retirement living scheme (67%)
- Live at Home Members were more likely to have looked for a befriending scheme (33%)
- Supporters were more likely to have looked for a residential or nursing care home (48%).

For Enquirers, Live at Home Members and Supporters, women were more likely to have looked for a scheme or home than men, although not significantly more likely. For Live at Home Members and the General Population, the likelihood of having looked for a scheme or home increased with age, although for the General Population there was little difference between the 60 to 74 and the 75 and over age groups.



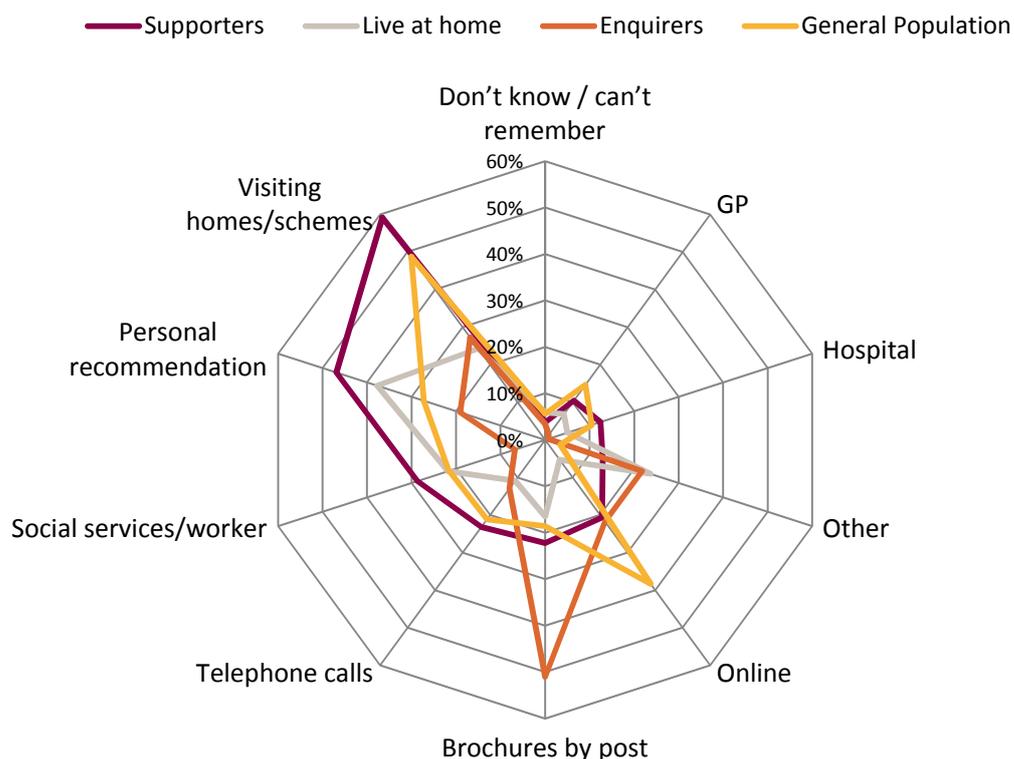
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## INFORMATION ABOUT CARE AND SUPPORT

There were variations between the groups in where they get information from:

- Supporters and the General Population were most likely to get information from visiting homes and schemes, with 59% of Supporters and 49% of the General Population getting information this way.
- Live at Home Members were most likely to get information from personal recommendation (38%).
- Enquirers were most likely to get information from brochures by post (51%). (Please see overleaf for chart)

## Where did you get information you needed about this?



**Sample Size: Supporters – 401, Live at Home – 321, Enquirers – 147, General Population – 1,577**

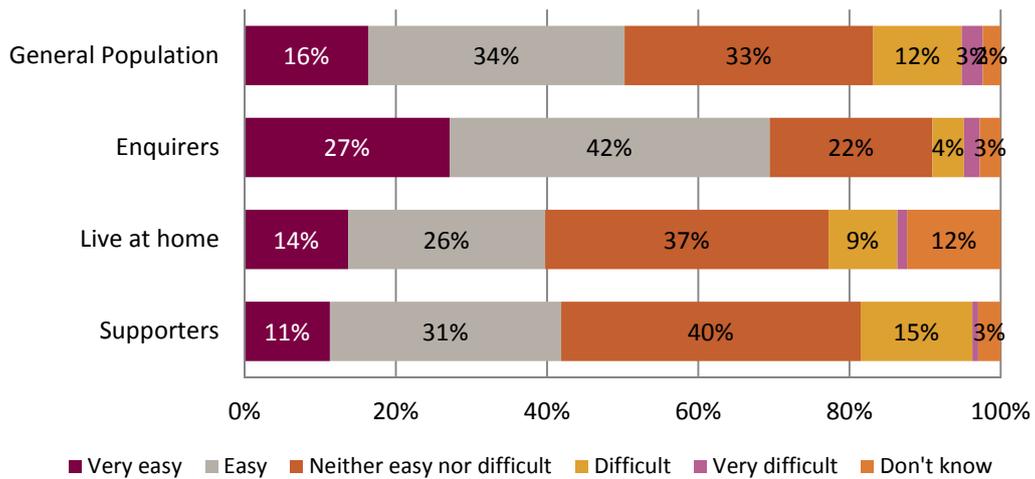
For all four groups, younger age groups were more likely to get the information they need online.

- For Supporters, 48% of those aged under 65, 21% aged 65 to 74 and 8% of those aged 75 and over get the information they need online.
- For Live at Home members, 9% of those aged under 75 and 4% of those aged 75 and over get the information they need online.
- For Enquirers, 34% of those aged under 75 and 12% of those aged 75 and over get the information they need online.
- For the General Population, 48% of those aged under 45, 41% aged 45 to 59, 30% aged 60 to 74 and 20% of those aged 75 and over get the information they need online.

### IS IT EASY TO GET INFORMATION?

As might be expected, given that they were perhaps more likely to have recent experience, Enquirers were most likely to find it easy to get the information they needed. 69% of Enquirers, 50% of the General Population, 42% of Supporters and 40% of Live at Home members found it 'very easy' or 'easy' to find the information they needed. (Please see chart overleaf)

### How easy or difficult was it to find the information you needed?

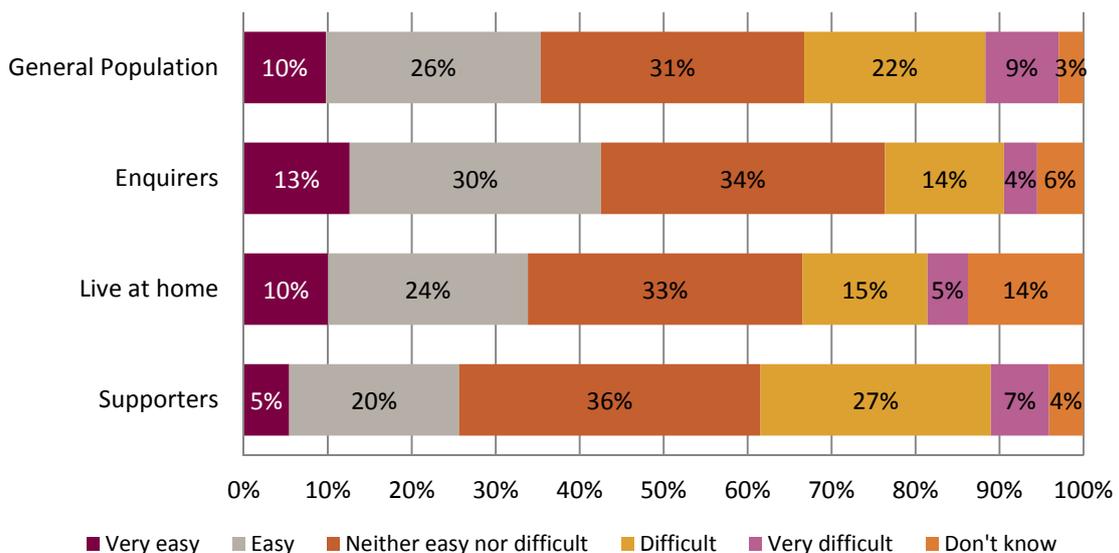


### CHOOSING A HOME OR SCHEME

Enquirers were most likely to find the process of choosing a home or scheme easy, with 43% of Enquirers, 35% of the General Population, 34% of Live at Home Members and 26% of Supporters finding it 'very easy' or 'easy'.

Supporters, Live at Home Members and the General Population who were looking for a home or scheme for themselves were more likely to find process of choosing easy or very easy than those who were looking for a family member or friend. This may merit further investigation to establish whether the main issue was related to emotions or guilt, or to the difficulty in working out what someone else would want.

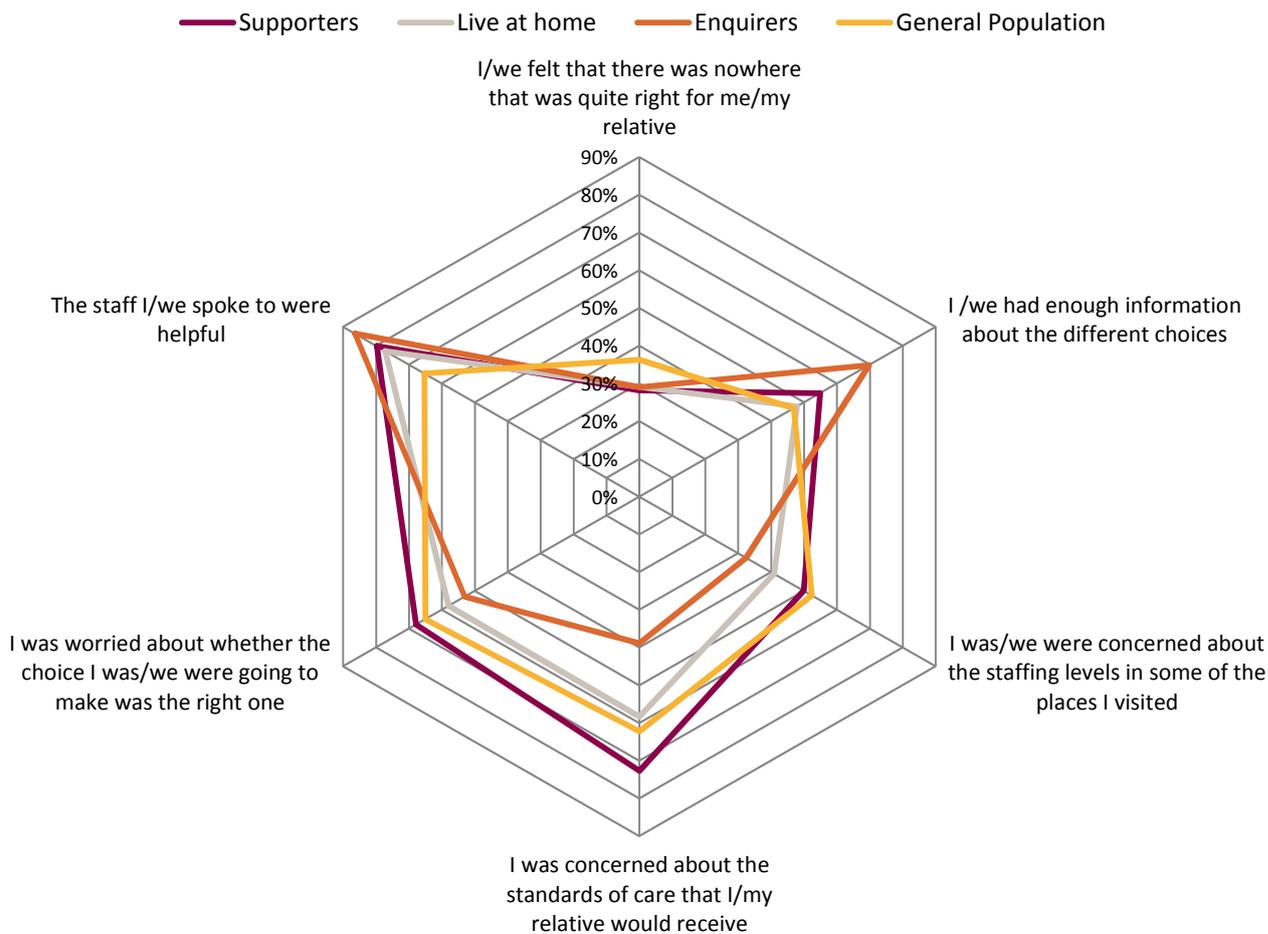
### How did you find the process of choosing a home or scheme (for you or them)?



When asked how they felt about the process of finding a suitable scheme or home, the statement with the highest agreement was 'the staff I spoke to were helpful', with 86% of Enquirers, 80% of Supporters, 77% of Live at Home members and 65% of the General Population agreeing with this statement.

However, it was a concerning process for many; people were worried about whether they would make the right choice and whether their relative would be well cared for. Despite this over two-thirds felt they had found the right place for their relative eventually.

### How did you feel about the process of finding somewhere suitable? - Strongly Agree & Agree



## QUALITATIVE RESEARCH

It was generally the relatives rather than residents who chose their care home – although some residents had come to the decision that they needed care and found themselves having to convince their relatives of this. The majority of relatives interviewed described a fairly lengthy process, where they visited a number of homes in their local area, trying to work out which would be the best for their relative to move into.

Retirement Living residents interviewed had more often made a proactive choice themselves to move into their property, frequently when their partner or friends had passed away or become seriously ill, and they were starting to find themselves isolated.

Many came across MHA’s Care Homes and Retirement Living schemes entirely by accident, although some mentioned receiving a recommendation from someone else.

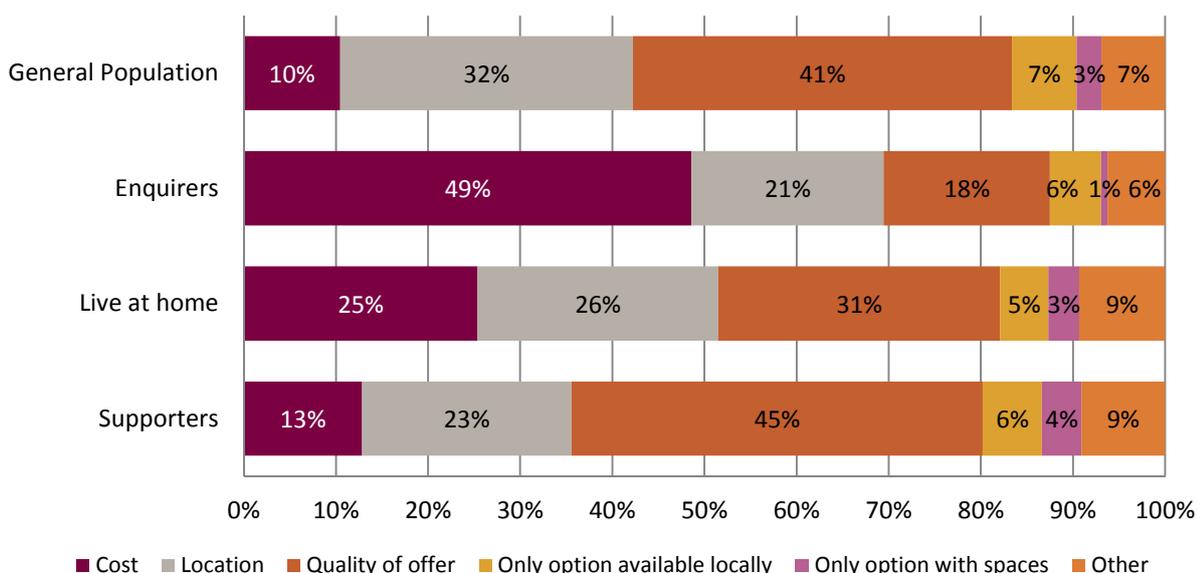
When looking for information about care homes, many relatives made an unannounced visit to the home and were pleasantly surprised to be greeted and shown round, even though the staff had not expected them. One relative explained that this gave her confidence that the home had “nothing to hide”.

## DECIDING FACTORS WHEN CHOOSING A HOME OR SCHEME

There were variations between the four groups of respondents in what was (or would be) the main deciding factor in their final choice of a home or scheme:

- ‘Quality’ was the main deciding factor for most Supporters (45%), the General Population (41%) and Live at Home Members (31%).
- ‘Cost’ was the main deciding factor for most Enquirers (49%) – the group who were more likely to have had recent experience of looking for a retirement living scheme, where there may be a high upfront cost.

**What was the main deciding factor in your final choice?**



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## IMPORTANT ASPECTS WHEN CHOOSING HOME OR SCHEME

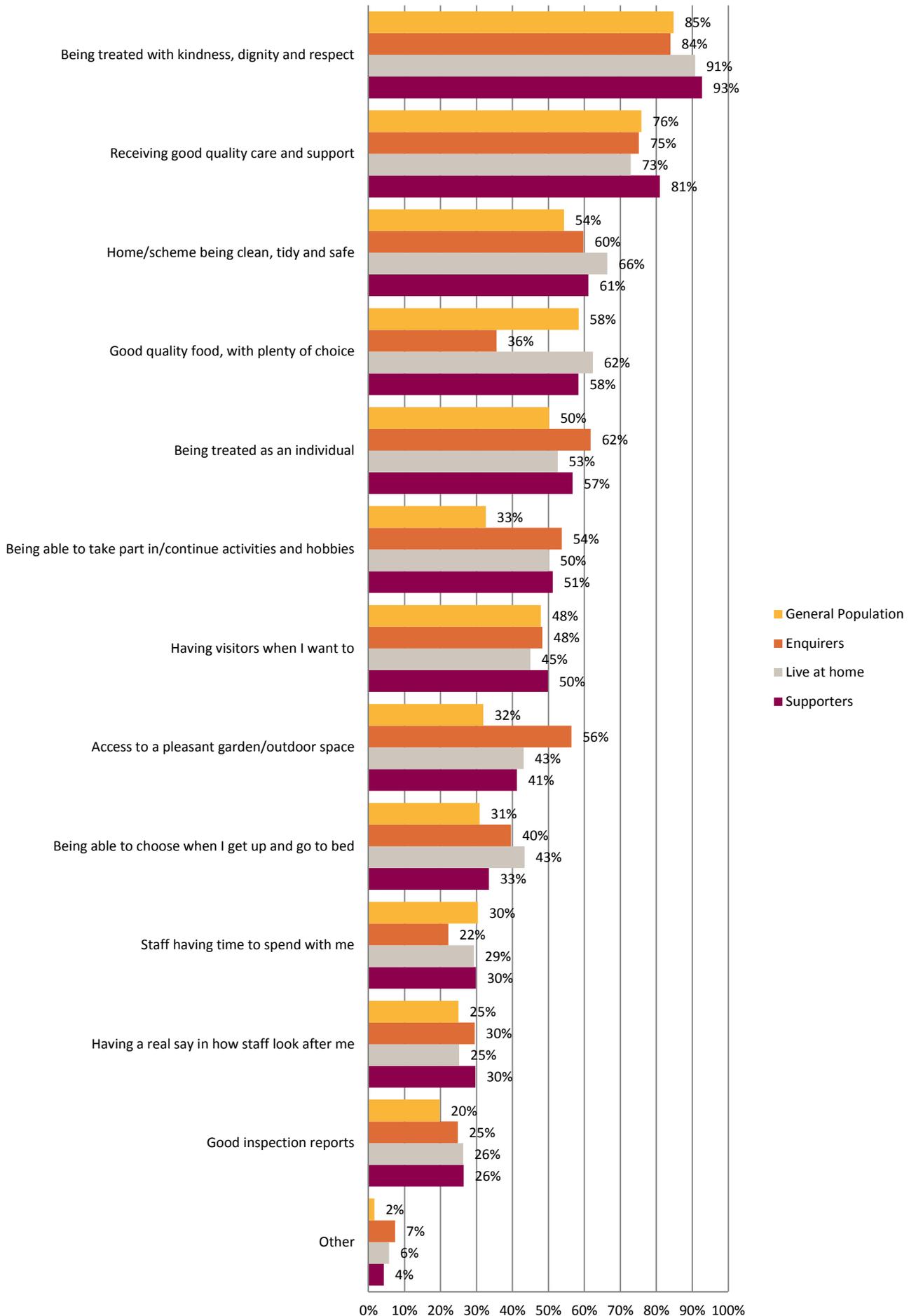
'Being treated with kindness, dignity and respect' was the top factor selected by all groups of respondents when choosing a retirement living scheme or care home, with 93% of Supporters, 91% of Live at Home Members, 85% of the General Population and 84% of Enquirers thinking this was important. It is notable that this chimes strongly with the words used most frequently to describe MHA, and that 98% of MHA care home residents who completed the 2014 'Your Care Rating' survey agreed that MHA treated them with kindness, dignity and respect.

'Receiving good quality care and support' was the second most important for all four groups of respondents, but there were variations after this in the factors selected most frequently:

- 'Home/scheme being clean, tidy and safe' and 'Being treated as an individual' were in the top 6 for all four groups
- 'Good quality food, with plenty of choice' was chosen by Supporters, Live at Home Members and the General Population
- 'Being able to take part in/continue activities and hobbies' was ranked sixth most important by Supporters, Live at Home Members and Enquirers.
- 'Access to a pleasant garden/outdoor space' was chosen by Enquirers
- 'Having visitors when I want to' was chosen by Enquirers.

(Please see chart overleaf)

### Which SIX things are most important when choosing a retirement living scheme or care home?



## QUALITATIVE RESEARCH

A key factor that was mentioned by residents and relatives was feeling safe and being able to relax, knowing that there were people on hand to help immediately if they were needed; this seemed to help alleviate feelings of being a burden or guilt.

*“I feel comfortable and safe, and my children don’t have to worry about me.”* (Retirement Living resident)

*“I think one of the most important things is I feel my mum is safe and my mum feels safe, and I think when she lived alone she didn’t feel safe and she couldn’t get to the garden very well because she was afraid she’d fall over – but here, just walking round the corridors she’s got far more area to cover. I just feel secure in my own mind that she’s in the best place I could find for her.”* (Care Home relative)

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## AWARENESS AND REPUTATION OF MHA AND COMPETITORS

Respondents were asked which of the eight statements below they thought applied to the following organisations: MHA, Abbeyfield, Anchor, BUPA and McCarthy and Stone. The question was, which organisations:

- Have you recently heard about
- Know more than just their name
- Know well or very well
- Have a good opinion of
- Would definitely consider living in/relative living in
- Would be your first choice
- Currently live in/relative lives in
- Have lived in/relative has lived in, in the past

**Supporters** selected MHA most often for all eight statements. Abbeyfield was the second most frequently selected organisation for seven of the eight statements. McCarthy and Stone was selected second for ‘currently live in/relative lives in’.

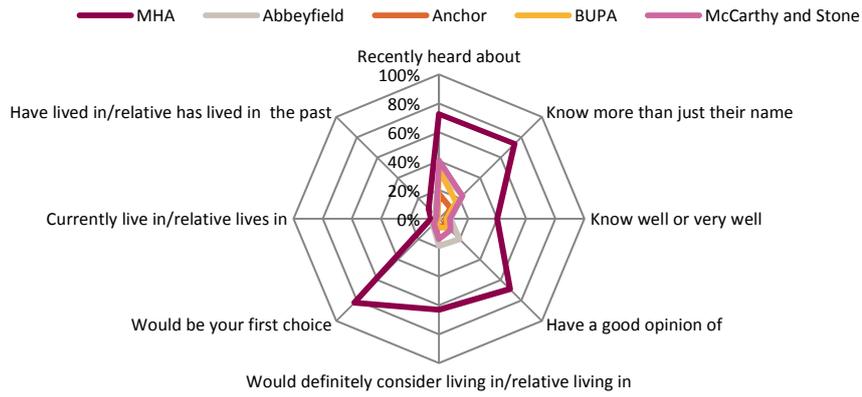
**Live at Home Members** selected MHA most often for all eight statements. Anchor was the second most frequently selected organisation for six of the eight statements. BUPA was selected second for ‘know more than just their name’ and BUPA and McCarthy and Stone were in joint second place for ‘recently heard about’.

**Enquirers** selected MHA most often for seven out of eight statements. MHA and Abbeyfield were both selected most often for ‘have lived in/relative has lived in the past’. McCarthy and Stone was the second most frequently selected organisation for seven of the eight statements. McCarthy and Stone and Anchor were in joint second place for ‘have lived in/relative has lived in the past’.

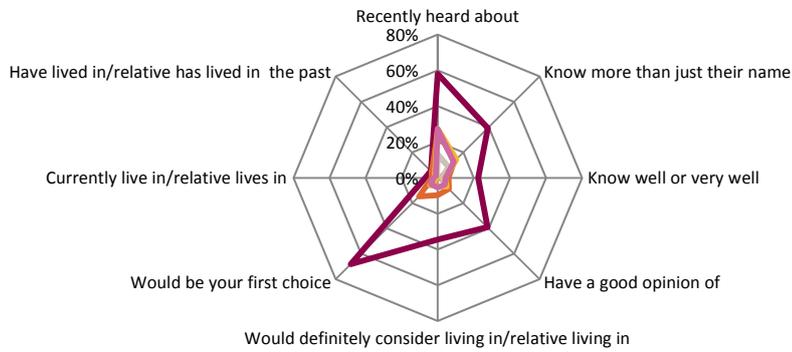
The **General Population** selected BUPA most often for all eight statements. McCarthy and Stone was the second most frequently selected organisation for all of the eight statements. MHA was selected least often for seven of the eight statements – all except ‘currently live in/relative lives in’, where Abbeyfield was selected least often.

**Which, if any of the statements, apply to the organisations listed?**

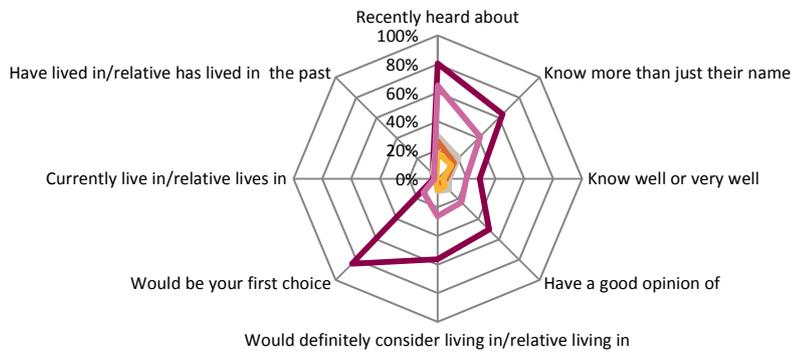
**Supporters**



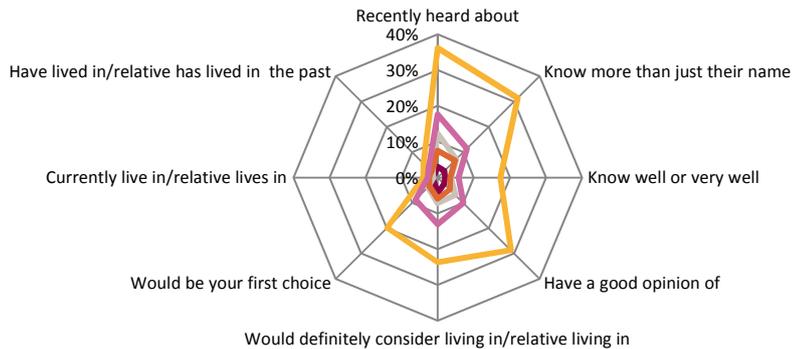
**Live at Home**



**Enquirers**



**General Population**

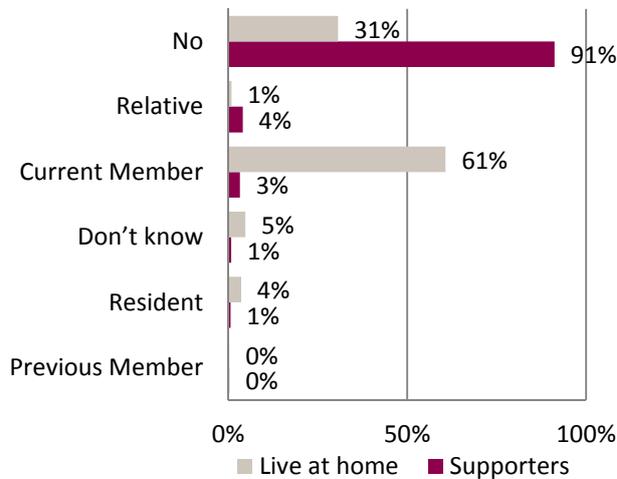


## MHA CUSTOMERS

Only 9% of Supporters currently lived in an MHA Care Home or Retirement Living scheme, were an MHA Live at Home member, or a relative of someone receiving services from MHA, so over 90% have no current direct link with MHA.

Surprisingly, 31% of Live at Home Members claimed that they were not currently an MHA Care Home or Retirement Living resident, an MHA Live at Home Member, or a relative of someone receiving services from MHA. This again reinforces the seeming lack of awareness of MHA among current Live at Home Members.

### Are you currently an MHA care home or retirement living resident, an MHA Live at Home member, or a relative of someone receiving services from MHA?

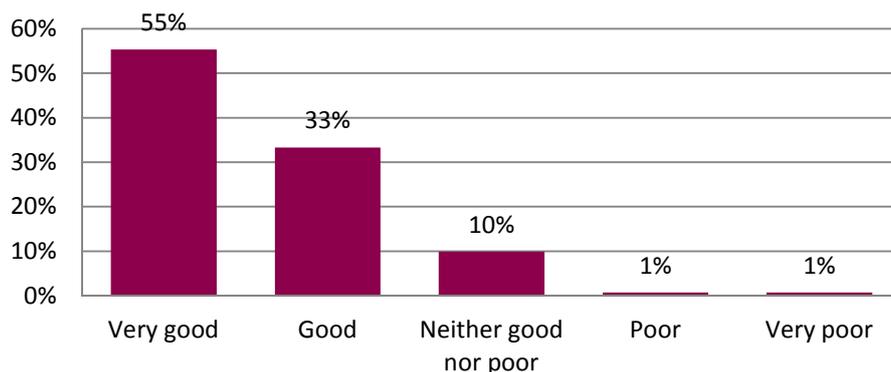


## EXPERIENCE OF MHA DEVELOPMENT SCHEMES

Enquirers were asked a number of questions about their experience of their recent contact with MHA. The majority of Enquirers (91%) had made a recent enquiry about an MHA Retirement Living development for themselves, whilst 5% had enquired for a friend and 14% for a relative.

89% of Enquirers had a good or very good impression of the MHA development they were considering, and less than 2% had a poor or very poor impression.

### Thinking about the MHA development you are considering, what are your impressions of it? - Enquirers Only



When asked what appealed to them about the MHA development they were considering, the majority of aspects mentioned were facilities, care and location.

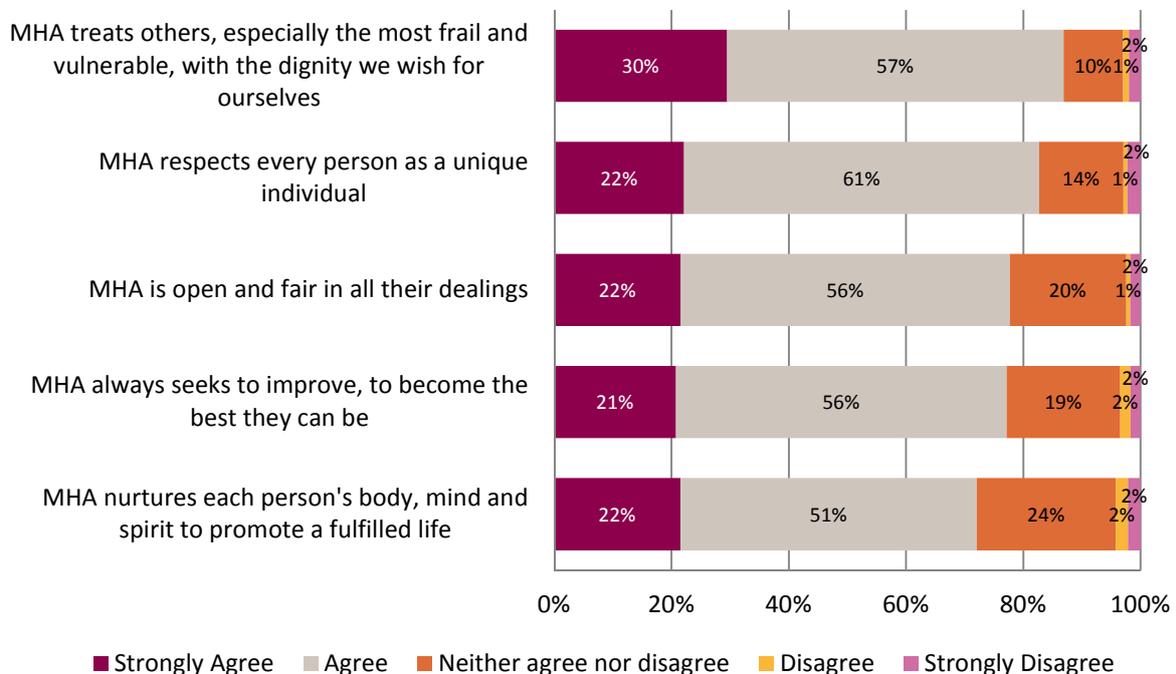
When asked what was not so appealing about the MHA development they were considering, 42% of respondents mentioned cost, or that it was too expensive.

## EXPERIENCE OF MHA LIVE AT HOME SCHEMES

As the biggest group of MHA service recipients, Live at Home Scheme Members were asked specific questions about how their Live at Home scheme stood for the MHA values, and over 70% of respondents agreed with all of the statements. In particular, 87% thought ‘MHA treats others, especially the most frail and vulnerable, with the dignity we wish for ourselves’.

Encouragingly, 4% or fewer disagreed with any of the statements.

### Thinking about MHA as a whole, how much would you say that it stands for each of the following: - Live at Home Only



## QUALITATIVE RESEARCH

Live at Home Members highlighted the combination of friendship and interesting activities as key to their experiences of Live at Home. In both the Live at Home survey, and the qualitative discussions, the range of members’ interests was extremely wide, which poses a huge challenge to schemes; different members mentioned activities including bingo, reminiscence talks, new-age Kurling, singing, external visitors, quizzes, trips out and entertainment.

Several Live at Home Members described the improvements that being part of their scheme had resulted in, particularly in helping reduce feelings of loneliness and boredom.

*“I think it’s nice that you can get up in the morning and think ‘Oh good, I’ve got somewhere to go’, because when you’ve got nowhere to go it’s boring, the day’s long...whereas here you’ve got your Monday lunch club you can come to, you’ve got your Thursday club, you’ve got your fish and chips on a Friday...there’s always something going on, and then if they’ve got some trips organised you’ve got that going on your calendar to look forward to.” (Live at Home Member)*

Many members stated that on the days when they went to the Live at Home scheme, they got up in the morning with a sense of purpose and, as one member described it, “a reason to get up and get dressed”.

The volunteers and staff were clearly key to the success of the schemes, with many members describing the care and support they received, and the way they were valued and treated as individuals.

*“They just really care...if you’re a little bit upset or just need someone to talk to, they’ve got time for you. Last year I lost my dad and they sent me a card and I thought that was really nice.”*

*“And they remember your birthday, you get a birthday card and they sing to us, because there might be some people that come here that perhaps might only get two or three birthday cards”.*

(Two Live at Home Members)

However, there were unfortunately some situations where members did not feel as positive, and which demonstrate the challenge of meeting the needs of such a wide range of people:

*“Noisy and careless of people with walking problems. When [name] retired [there was] no-one I could talk to. So many members now, they are overloaded. I was asked not to attend lunches unless I really needed to, staff couldn’t cope with the numbers.”* (Live at Home survey respondent)

*“Sometimes I feel they can be a little bit overprotective – I’m not saying they’re not kind to you and treat you well – but if I’m asked where I’m going when I go to the toilet, that annoys me sometimes.”* (Live at Home Member)

Taking part in Live at Home schemes also had additional benefits for people, with members growing to trust the staff and volunteers and to know they could ask for help with areas of concern. For example, one Manager described being asked for help by a couple struggling to deal with their post, which resulted in her discovering they had considerable financial problems which were, in part, the result of them not claiming their pensions. With her help, they were able to claim the money they were owed, and hence to completely clear their debts.

## EXPERIENCE OF MHA CARE HOMES

No quantitative survey was carried out with Care Home residents, as MHA already participates in the annual ‘Your Care Rating’ survey. Among other findings on residents’ views, this showed that 97% were satisfied with the overall standard of their home and 94% were happy living there.

### QUALITATIVE RESEARCH

#### Quality and continuity of staffing

It was clear in discussions how important it was for both residents and relatives to have great care home staff; they spoke of the cheerfulness, understanding and patience of the carers, particularly when caring for people with dementia:

*“The maintenance man, the kitchen staff...they’re all really cheerful. They must be good at picking their staff – everyone I’ve met is really nice.”* (Care Home resident)

*“She had a fall and she had broken her hip and she was on the floor and, of course, being Mum, she wanted to get up – “I don’t want to be on the floor here!” and they were trying to keep her still before the paramedics came and actually they – the staff – they lay down on the floor with her to keep her company whilst the paramedics get here and I thought, “That’s so wonderful, I’d have never thought of that.” It’s just little things like that I think that makes this a very special place.”* (Care Home relative)

However, staff workload can also have a considerable adverse effect on residents’ experiences:

*“They can sometimes be so busy writing up notes and doing paperwork that they struggle to find time for everyone.”* (Care Home resident)

Continuity of care was extremely important to relatives, particularly those related to a resident with dementia. Residents felt reassured when they knew the people caring for them and any periods of rapid staff turnover caused considerable problems:

*“Things were a bit rocky when MHA took over, particularly because there were lots of staff issues and a lot of temporary managers. This had a real impact on Dad, as he found it quite confusing and distressing to keep seeing different people. We seriously considered whether we should look for somewhere else for him to move to, and were trying to work out which would be more distressing for him. Thankfully, it’s a lot better now.”*  
(Care Home relative)

Several relatives and residents also mentioned that they appreciated the separation of general residential care from specialist dementia care, as this enabled the staff to look after those people with more advanced dementia better, without compromising the needs or wishes of other residents.

### **Activities**

Many people focussed on the range of activities available for people to take part in: the programme of organised activities, the informal one-to-one time spent by volunteers doing jigsaws or reading with relatives, and the specific activities organised for individual residents.

*“The activities are just amazing, I think that’s probably just so special to so many people, because when you go round some homes they’re just sitting doing nothing but here they’re always doing something. OK so my mum forgets she’s done it but at the time she’s doing it it’s wonderful!”* (Care Home relative)

There seemed to be some variance between homes in what they were able to offer, with those where there were fewer or no volunteers struggling to offer more than a fairly basic programme.

*“I was asked about the ‘Seize the day’ scheme when I first moved in – I used to be a teacher and I really like spending time with children. They arranged for me to go into the school and read with some of the young children...I really enjoy it and I feel I’m still able to be useful.”* (Care Home resident)

*“If we had more scope, more things...it would make my life easier and would mean we could discover more things people enjoy doing. I’d like a computer in the activity room so we could find places like residents’ previous homes and schools on Google Earth – that would let us go on virtual journeys with them into their past.”* (Care Home staff member)

### **Physical facilities**

For many care home relatives, the physical building and facilities were also really important to them, and the majority said that the lack of unpleasant smell in the MHA care home had contributed to their decision of home. Whilst this may seem a trivial matter, to the relatives it indicated that the homes were clean, and people were well cared for.

Other physical aspects mentioned were the size, layout and décor of the home; several relatives described viewing other homes which were in old buildings necessitating the use of stairlifts for residents to move around, or where there were long, off-putting corridors:

*“When you’re leaving your own home you don’t want to be somewhere that’s stark and institutionalised and miserable... [here] the dining rooms and the lounges and the bedrooms are homely, and...it’s small enough, it’s not a vast expanse of corridors and doors.”* (Care Home relative)

### **Speed of response to problems**

Whilst residents were generally unlikely to criticise or complain about their experiences, some relatives did reflect on less positive experiences of MHA. Almost all of the problems had occurred in the past and residents were now happy, but most felt that at the time they had not received the speed of response from MHA they would have liked when raising an issue:

*“There are times in the past when there has been disastrous management here – it’s positive now but there have been times in the past... I was particularly disappointed that MHA didn’t respond to a lot of anxiety from ourselves...”* “Yes I don’t think they picked up quick enough that we were unhappy.” (Two Care Home relatives in discussion)

## EXPERIENCE OF MHA RETIREMENT LIVING

Since Retirement Living residents had already participated in a dedicated survey in May 2015, no additional quantitative work was undertaken as part of this project. Overall, the majority of respondents were happy with their MHA home and its services, although there was some confusion around charges.

### QUALITATIVE RESEARCH

#### Independent living with support

Current residents interviewed highlighted the mixture of independent living and the friendship of other residents as particularly positive – and both of these were also factors picked up by respondents to the Enquirers' survey

*“If I feel like being alone I know I will not be pestered but if I feel lonely I can step outside the door and have company.”* (Retirement Living resident)

*“Chance to be in a caring community with sharing ideas and activities.”* (Enquirers' survey respondent)

The facilities on offer within schemes were also important to many; some were attracted by the gardens, leisure facilities and restaurant, whilst the provision of care packages if required, gave them confidence that they would be able to remain in their homes for the rest of their lives.

#### Mixed needs within schemes

Some current residents felt that the character of their schemes was changing, with more people developing more serious care needs, including dementia – this is likely to become more of a challenge in the future, and may test the concept of “a home for life”.

*“When I moved in I was surprised at how many people were ‘poorly’ and having to use walkers.”* (Retirement Living resident)

*“Some of the residents who have been here years have started to develop dementia and our facilities are not purpose built for this. I’ve often had to help people find their way back to their flat. [The manager] has a very difficult job coping with everyone’s different needs in one scheme.”* (Retirement Living resident)

#### Cost

The cost of MHA's Retirement Living schemes was a concern to many, with almost half of the Enquirers' survey respondents feeling that the cost of purchasing a property at Mickle Hill and the annual charges thereafter were off-putting. Some expressed the view that the development was overpriced, particularly in relation to other local property prices:

*“The very expensive cost of purchasing a bungalow or apartment. This cost would be considerably more than the value of my present house (a 4 bedroom detached house) and considerable number of extra charges.”* (Enquirers' survey respondent)

*“Excessive overall cost. Current sales prices at Mickle Hill, Pickering bear little relationship to local market prices. Annual outgoings too high for most retirees in this area.”* (Enquirers' survey respondent)

Issues relating to costs were also expressed by some existing relatives, particularly around the wellbeing charge. This was also picked up within the May 2015 Retirement Living survey, where fewer than half of respondents felt they completely understood the charges they were paying.

*“We are paying £77 per week and we don’t understand what it is for. It is causing us and other residents a lot of stress, so much so that after three years we are now thinking of other options.”* (Retirement Living resident)

### SUMMARY - MHA as a charity

- The vast majority of people surveyed supported at least one charity, mainly through giving non-regular donations. (pg 40).
- Cancer charities were the most popularly supported charities across all respondent groups, apart from MHA Supporters, who named MHA slightly more often. (pg 40)
- Personal connection is a key reason given for supporting charities, but over 90% of MHA's Supporters had no current personal connection with the charity. (pg 41)
- MHA is well known by Supporters, but Live at Home Members and the General Population knew more about the Alzheimer's Society, Age UK and the Salvation Army (pg 42).
- People who support MHA financially were most likely to have initially begun their support after hearing about the organisation at church or from a friend, relative or colleague. However, understanding of how their donations are used is low. (pg 45).
- Live at Home services were the most popular specific funding need, although many Supporters were happy to fund whatever was the greatest need. (pg 47)
- MHA Supporters and Live at Home Members prefer to receive information about charities they support as a letter or charity magazine, whereas the General Population prefer email updates. Around a third of people do not want to receive any information. (pg 41)
- MHA's volunteers make a major contribution to the organisation, particularly with their ability to spend time with residents and members. The majority of volunteers found their roles rewarding, and felt valued for what they did, although their main motivation was a desire to help people. (pg 48)

## CURRENT SUPPORT OF CHARITIES

Overall, 99.6% of Supporters, 81% of Live at Home Members and 75% of the General Population stated that they supported a charity with either their time or money. The most common method of supporting charities was to give donations.

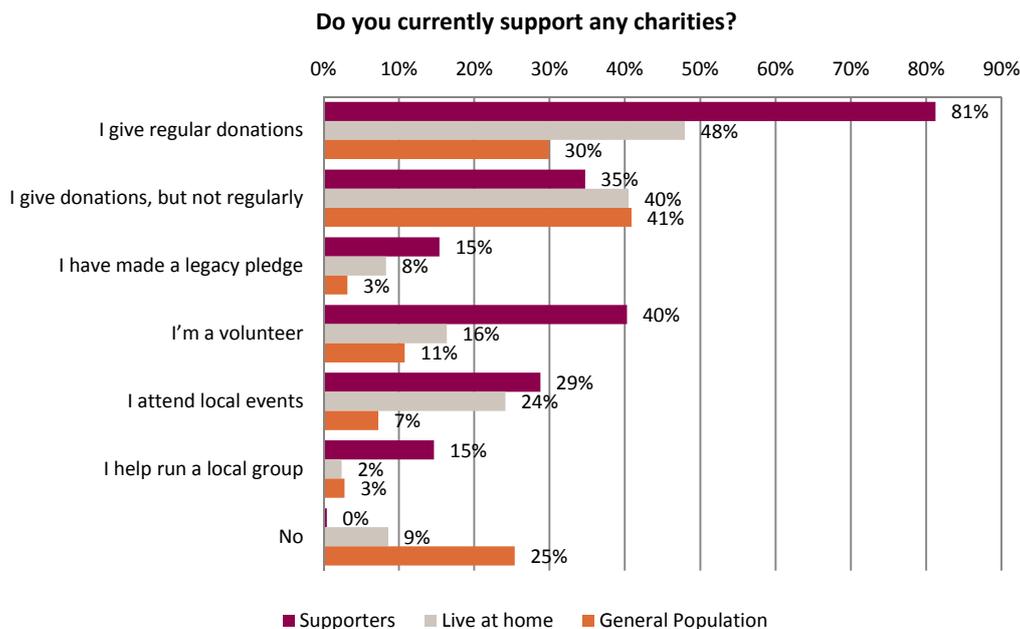
Within the General Population, 68% make financial donations, with 30% giving regularly. In comparison 69% of MHA Supporters make financial donations, with 30% giving regularly, and 83% of Live at Home Members make financial donations, with 48% giving regularly.

Although only 3% of the General Population have made a legacy pledge, 15% of MHA Supporters and 8% of Live at Home members have done this.

1% of the General Population are volunteers – but 16% of Live at Home Members, and 40% of Supporters are volunteers.

7% of the General Population attend local events – but 24% of Live at Home members and 29% of Supporters attend local events.

Interestingly, 3% of the General Population help run a local group – slightly higher than Live at Home Members (2%) but much lower than Supporters (15%).



When asked about the charities they support, respondents named a huge range of different organisations.

The most commonly named organisation among MHA Supporters was MHA itself. For Live at Home Members and the General Population, cancer charities were the most commonly named by a considerable distance, with Cancer Research, Macmillan, Marie Curie and a range of other cancer charities clearly popular. MHA Supporters named cancer charities most often apart from MHA.

Other organisations named frequently included local hospices, the British Heart Foundation and the Salvation Army.

A wide range of reasons were given for choosing the charities they support, with little difference in prevalence between the different respondent groups:

- Personal connection, including through family and friends
- Interest in a particular type of charity (e.g. animal charities, children’s charities)
- A perception that the charity is doing good work and making a difference
- Support for smaller, local charities
- Knowing that a high proportion of the money raised is used for charitable purposes, rather than paying high salaries to staff.

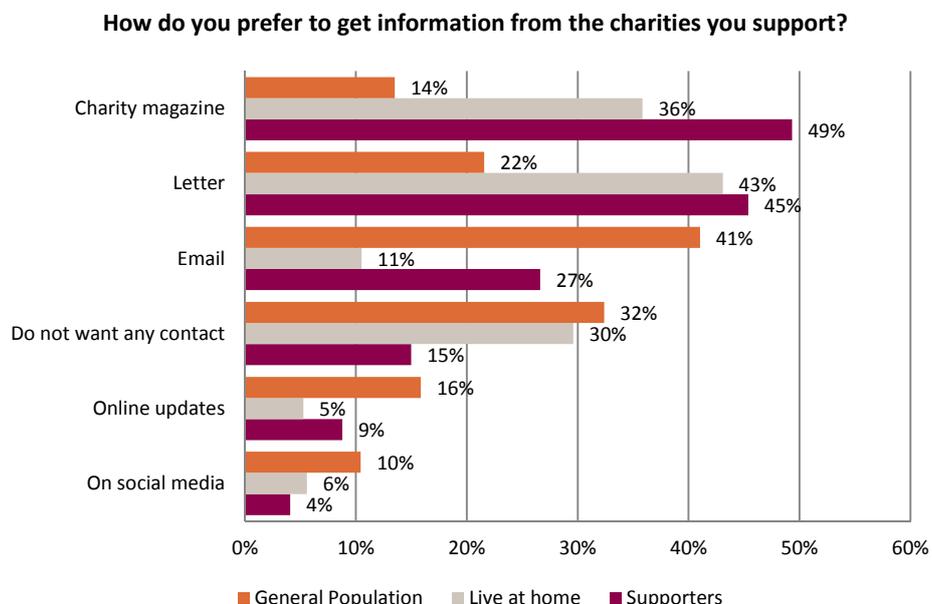
In addition to these, many MHA Supporters mentioned being influenced to support charities which had a church or Christian connection.

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## INFORMATION ABOUT CHARITIES

There was variation in how the three groups of respondents preferred to get the information they needed about charities they support:

- Charity magazines were the most popular choice for Supporters (49%) and the second choice for Live at Home Members (36%)
- Letters were the preferred option for Live at Home Members (49%) and the second choice for Supporters (45%)
- Email was the preferred communication method for the General Population, with 41% choosing this option.
- Nearly a third of Live at Home Members (30%) and the General Population (32%), and 15% of Supporters stated they did not want any contact from the charities they supported.

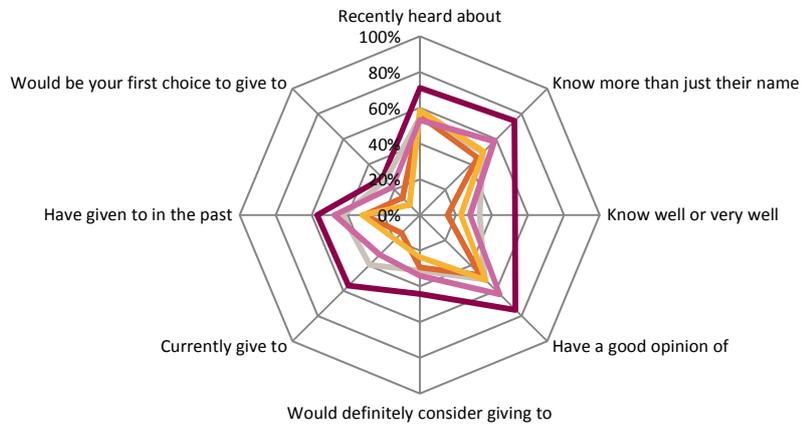


## AWARENESS AND REPUTATION OF MHA AND COMPETITORS

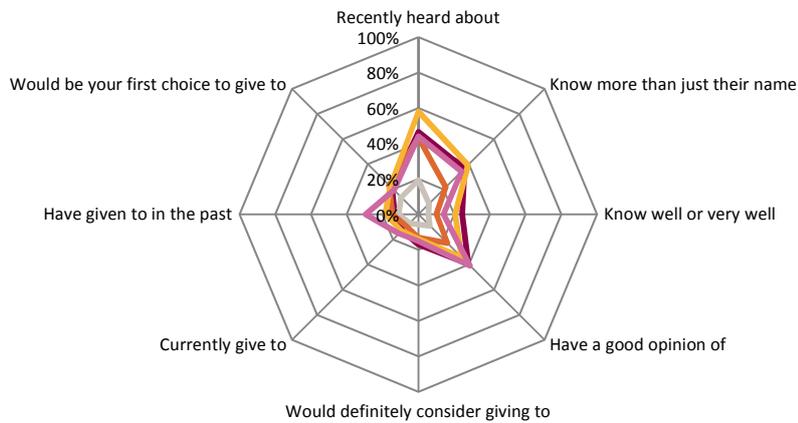
Supporters, Live at Home Members, and the General Population were asked which statements applied to five different charities – MHA, Action for Children, Alzheimer’s Society, Age UK and the Salvation Army.

Which, if any of the statements, apply to the charities listed? - Supporters

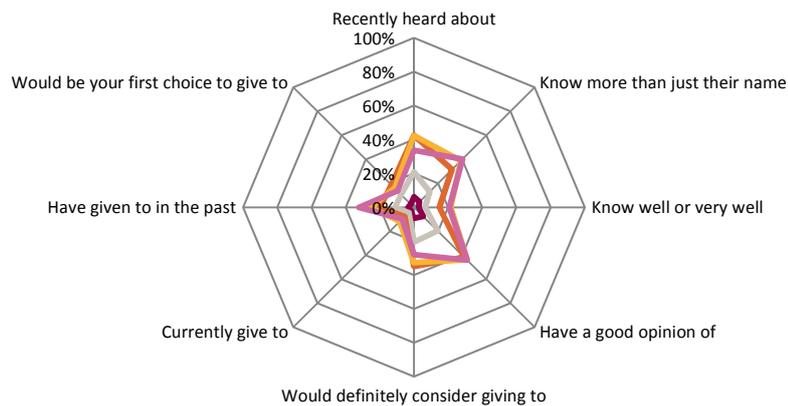
— MHA — Action for Children — Alzheimer’s Society — Age UK — Salvation Army



Live at Home



General Population



**Supporters** selected MHA most often for all eight statements.

The Salvation Army was the second most frequently selected charity for four of the eight statements; 'know more than just their name', 'have a good opinion of', 'would definitely consider giving to' and 'have given to in the past'.

Action for Children was the second most frequently selected charity for three of the eight statements: 'know well or very well', 'currently give to' and 'would be your first choice to give to'

Age UK was the second most frequently selected charity for the statement 'recently heard about'.

**Live at Home** members selected MHA most often for two of the eight statements: 'know well or very well' and 'would definitely consider giving to'.

The Salvation Army was selected most often for three of the eight statements; 'have a good opinion of', 'currently give to' and 'have given to in the past'.

Age UK was selected most often for two of the eight statements; 'recently heard about' and 'know more than just their name'.

Alzheimer's Society was selected most often for 'would be your first choice to give to'.

The **General Population** selected The Salvation Army and Alzheimer's Society most often for three of the eight statements and Age UK for two of the eight statements. MHA was selected least often for all eight statements.

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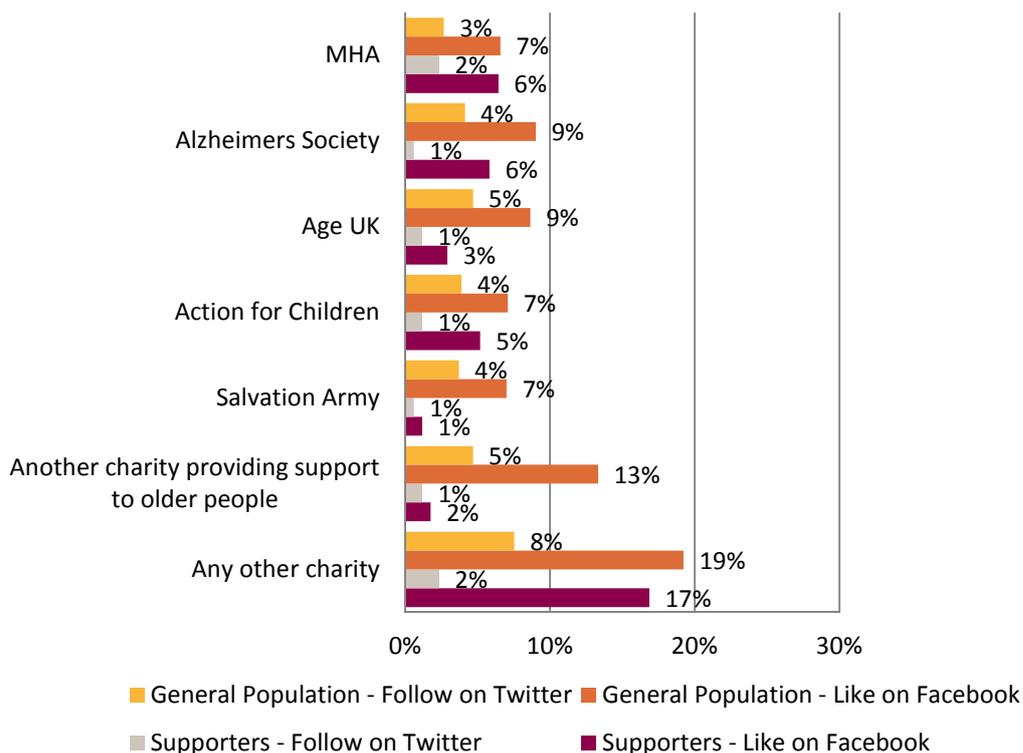
## SOCIAL MEDIA

The majority of the General Population (98%) have access to the internet and 68% use Facebook or Twitter. Internet access and use of social media is lower for Supporters, with 73% having access to the internet and only 21% using Facebook or Twitter.

Of those who use Facebook or Twitter,

- 24% of MHA Supporters 'like' a charity on Facebook and 4% follow a charity on Twitter (4%)
- 29% of the General Population 'like' a charity on Facebook and 14% follow a charity on Twitter.
- As can be seen overleaf, engagement with MHA on social media is even lower – 6% of Supporters and 7% of the General Population 'like' MHA on Facebook, whilst only 2% of Supporters and 3% of the General Population follow MHA on Twitter.

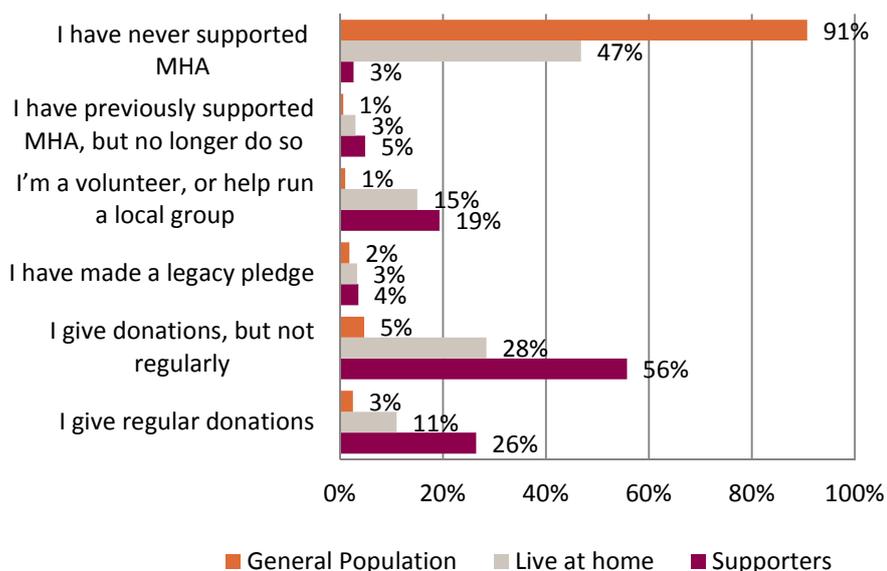
### Do you do any of the following on social media? -



### SUPPORT FOR MHA

As would be expected, 97% of Supporters had supported MHA, as well as 53% of Live at Home members and 9% of the General Public.

### Do you currently support MHA?

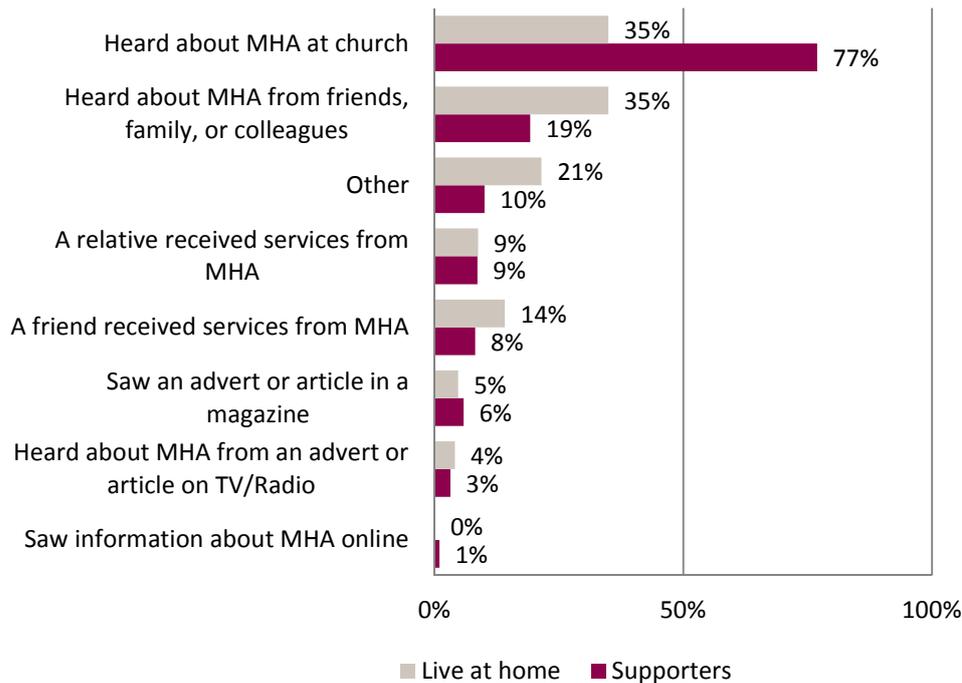


The most common way to have supported MHA in all three groups of respondents was by giving non-regular donations, followed by giving regular donations and volunteering/running a local group. However, the proportion of people who have made a legacy pledge is higher than might be

expected, given that only a small number of people earlier indicated that they had made any form of legacy pledge.

Most Supporters started supporting MHA after hearing about MHA at church (77%). Live at Home Members were most likely to have started supporting MHA after hearing about MHA at church or from friends, family or colleagues. Only small proportions had heard about MHA due to a relative or a friend receiving services from MHA – and ever smaller proportions from advertising.

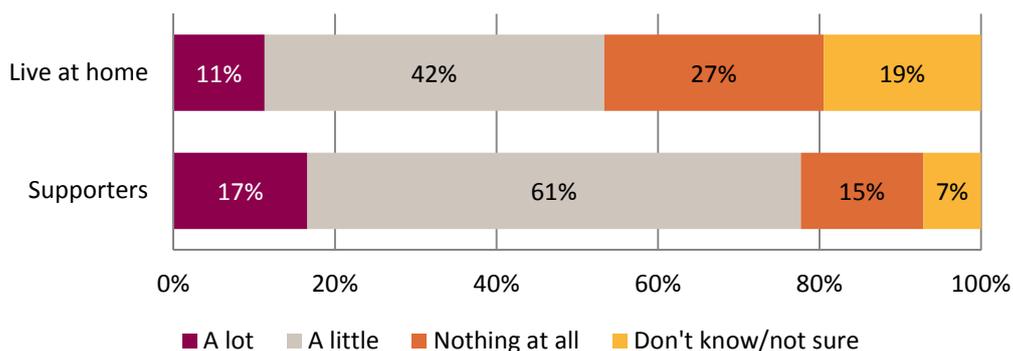
### Why did you initially start supporting MHA?



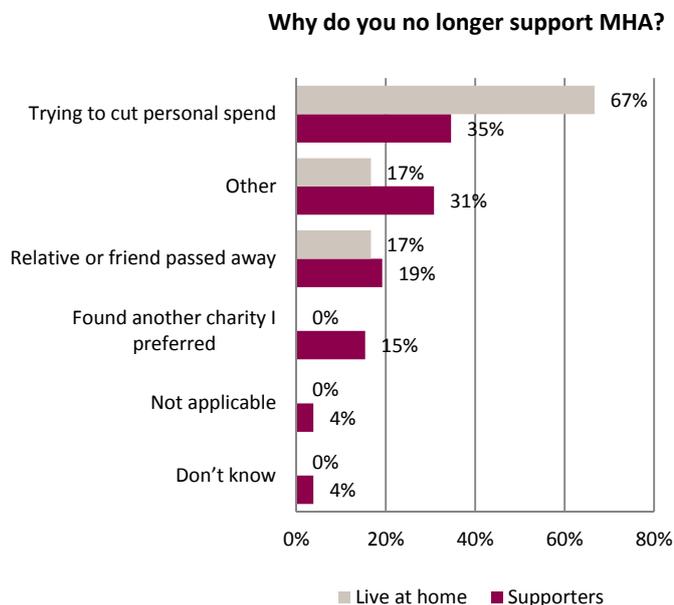
As might be expected, Supporters were most likely to understand how MHA’s charity donations were used, with 78% of Supporters and 53% of Live at Home Members understanding ‘a lot’ or ‘a little’.

However, it might be surprising that less than 2 in 10 Supporters, and around 1 in 10 Live at Home Members, know ‘a lot’ about how donations are used.

### How much do you understand about how MHA’s charity donations are used?

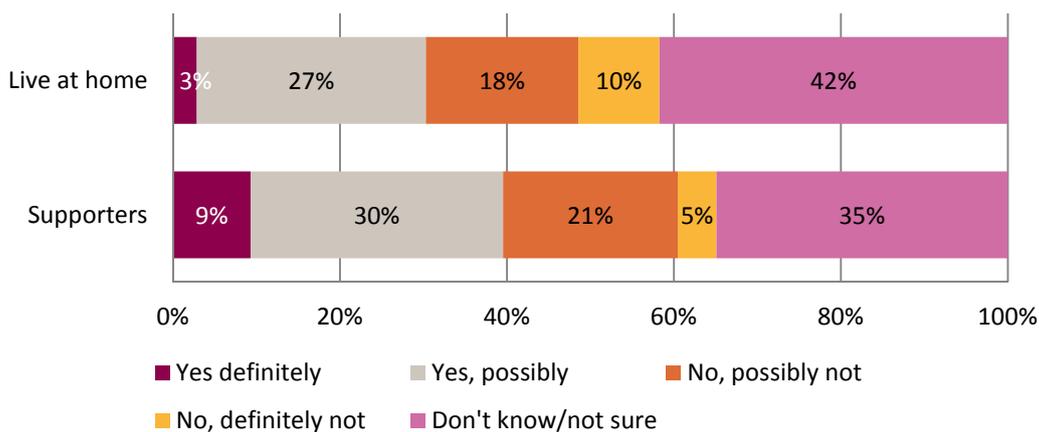


Respondents who no longer support MHA were asked why this was. The most common reason for no longer supporting MHA was trying to cut personal spending, with 67% of Live at Home members and 35% of Supporters no longer supporting MHA for this reason. However, nearly 20% of Supporters and Live at Home Members stopped supporting because their relative or friend passed away – and 15% of Supporters had found another charity they preferred.



Of those who do not currently support MHA, or have never supported MHA, 39% of Supporters and 30% of Live at Home members would consider supporting MHA in the future (either definitely or possibly). However, for both groups, a substantial (and equal or higher proportion) – 35% of Supporters and 42% of Live at Home members - said ‘don’t know/ unsure’.

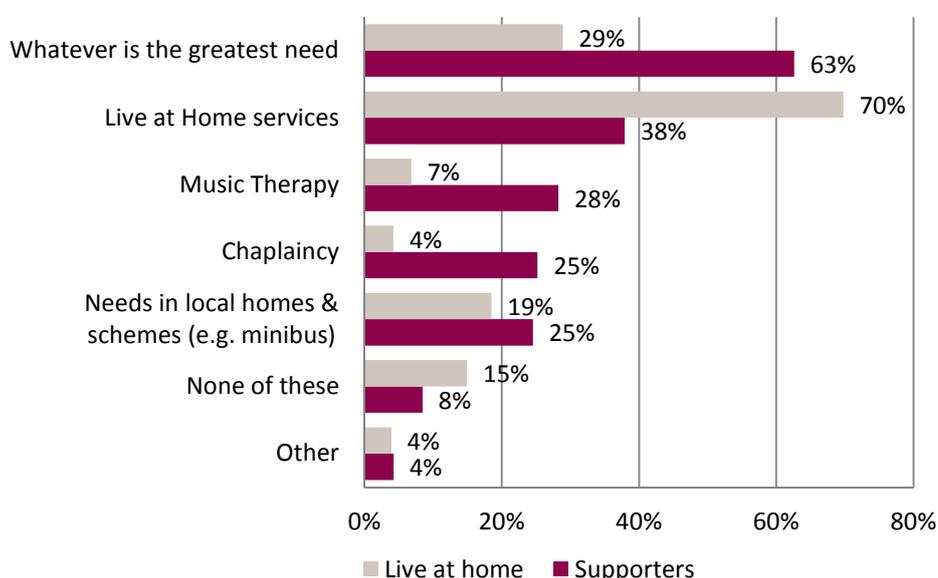
**If you do not currently support MHA, or if you never have, would you consider supporting us in future/again?**



There was variation in the groups of respondents when asked which aspects of MHA they would consider supporting financially.

- Supporters were most likely to state they would support ‘whatever was the greatest need’ (63%)
- Live at Home Members were most likely to consider supporting Live at Home services (70%). This was the second most frequent choice for Supporters (38%), suggesting it is an area of the organisation which may resonate widely as a charity appeal topic.
- Music Therapy was chosen by nearly one-third of Supporters, but only 7% of Live at Home members – equally Chaplaincy was chosen by 25% of Supporters but only 4% of Live at Home Members.
- A quarter of Supporters and two-fifths of Live at Home Members would consider supporting local needs in homes and schemes.

**Which, if any, of the following would you consider supporting financially with MHA?**



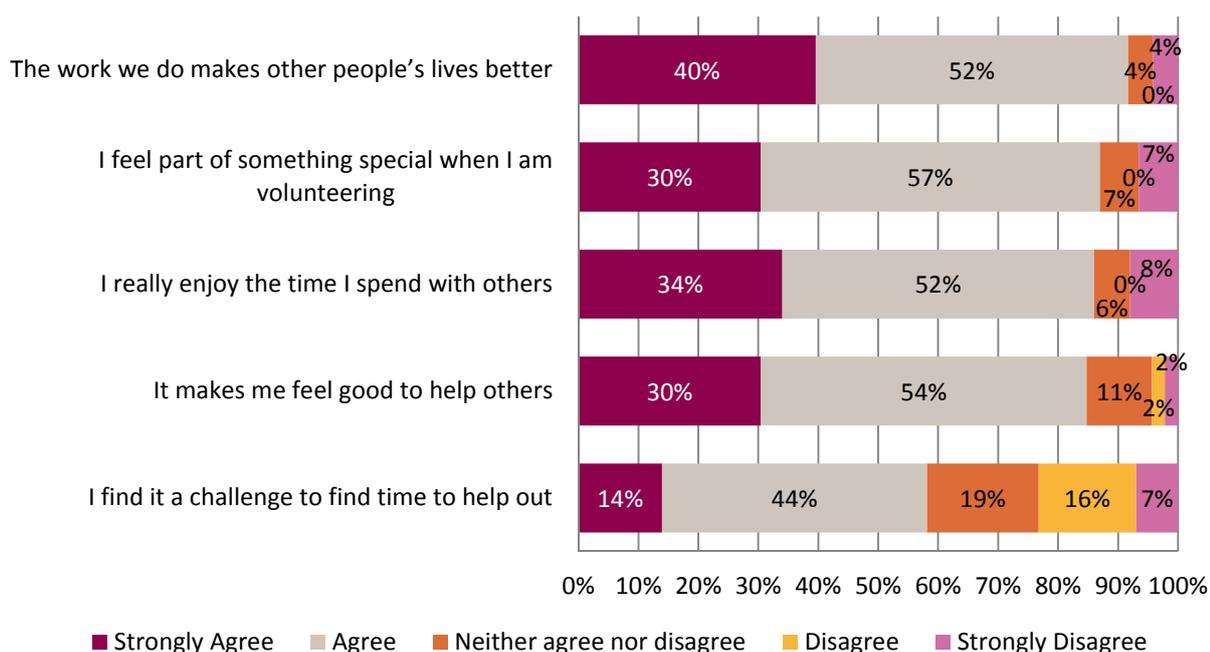
## VOLUNTEERING WITH MHA

There were high levels of agreement with the statements about the meaning of being a volunteer at a Live at Home scheme:

- 92% of Live at Home scheme volunteers agreed or strongly agreed that ‘the work we do makes other people’s lives better’
- 87% agreed or strongly agreed that that they ‘feel part of something special’
- 86% agreed or strongly agreed that they ‘really enjoy the time they spend with others’
- 84% agreed or strongly agreed that ‘it makes me feel good to help others’.

However, it should be noted that MHA’s Live at Home volunteers are clearly busy people: around 6 out of 10 (58%) agreed or strongly agreed that they found it a challenge to find time to help out.

## What does being a volunteer with the Live at Home scheme mean to you? Would you say: : - Live at Home Only



### QUALITATIVE RESEARCH

#### Volunteer roles

A range of volunteers were interviewed at both care homes and Live at Home schemes. Whilst they described undertaking a wide range of different tasks to support their home or scheme, the main thread connecting almost all volunteers was their ability to spend time with people. However, many of them played down their roles when asked to explain what they did:

*"I sit and talk with residents, do puzzles and just spend time with them."* (Care Home volunteer)

*"I used to visit a lady, she often didn't see even a social worker for weeks, and her son didn't live locally. We used to have a chat, a cup of tea and a biscuit. I should have visited her for an hour, but it was often three."* (Live at Home Member and volunteer)

*"I escort people to hospital, or the doctor so they have someone they know with them. I wouldn't like to think my Mum was going to the hospital on her own."* (Care Home volunteer)

*"I just pop in and out a lot as they need me."* (Care Home volunteer)

#### Volunteer motivations

Volunteers gave a wide range of reasons for having got involved with their MHA scheme or care home, such as:

- Looking for something useful to do after retiring
- To gain experience before getting back into paid work
- Having a link to the local Methodist church
- A friend or relative having previously been a resident or member

The majority of volunteers were at pains to state that they did not volunteer with any expectation of benefit to themselves, but that they wanted to help support their home or scheme and its residents or members. However, two Live at Home members reflected that they probably benefitted from their volunteering as much as the members did:

*"It's a double-edged thing really, it's nice to be able to help people and then we've ended up becoming friendly*

*because we wouldn't have known each other, other than through this, so it's actually helped us socially as well as...*

*"I probably get more out of it than what they do, I came here as a carer for someone and became a member, and when he passed away they asked me if I would be a volunteer."*

(Two Live at Home volunteers)

### **Volunteer appreciation**

It was evident from speaking to staff, residents and Live at Home members that they thought very highly of their volunteers, and appreciated the time they gave:

*"The volunteers are great - they have time to spend with people individually and it makes a really difference to the residents."* (Care Home staff member)

*"Many of our members are also volunteers, they get involved giving talks and planning activities. They really 'own' their scheme."* (Live at Home staff member)

One care home staff member observed that many of their volunteers were getting older themselves and starting to be able to do less, but that only a small number of younger people were coming forward to take over roles.

The volunteers interviewed felt that they were appreciated for their efforts by local staff, although some mentioned they did not feel MHA as a whole necessarily valued them. However, several mentioned the centralised project in Volunteers' Week to send "thank-you" letters and certificates to all volunteers:

*"It was fantastic, a real surprise, the first time I've ever been acknowledged like that even though I've volunteered for a long time with different places."* (Live at Home volunteer)

Other volunteers described ways in which staff members made them feel valued and included in a range of large and small ways, for example:

*"Since my husband died people have been amazing. For example, when it's snowing they always ring me to check if I need anything, and on my 70<sup>th</sup> birthday they asked me to stay to lunch and then presented me with a cake and some flowers!"* (Care Home volunteer)

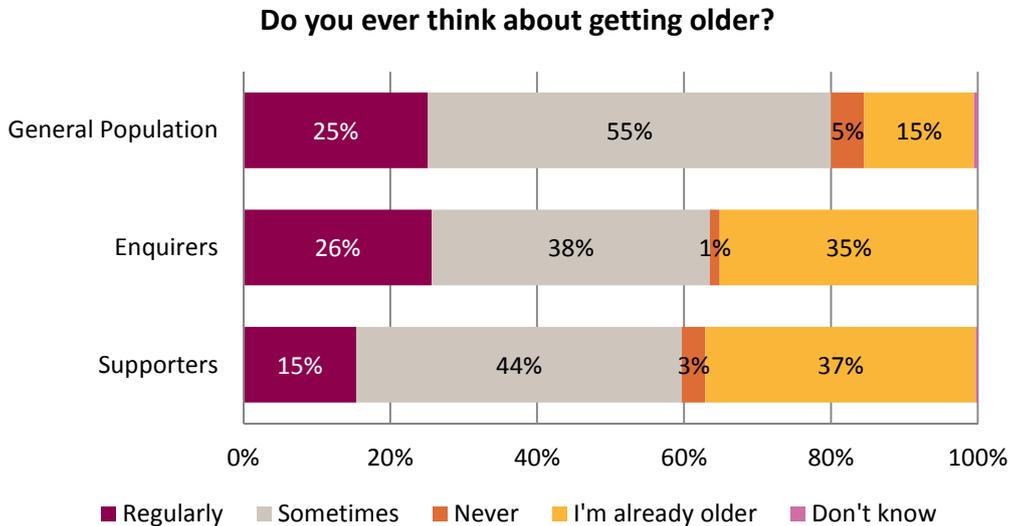
*"When I needed to find a new flat, they were really worried I'd move away and started bringing in adverts for me to look at."* (Live at Home volunteer)

### SUMMARY - The public's voice on ageing

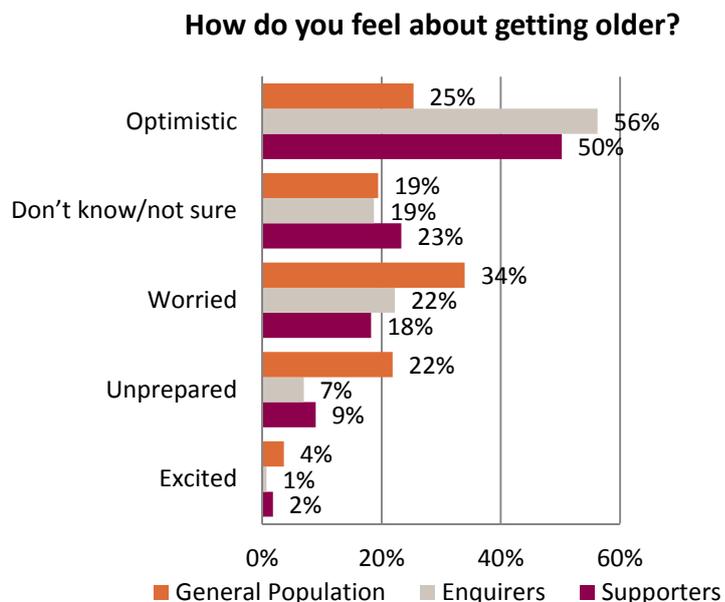
- Most people think about getting older at least sometimes, and this increases with age. Optimism about being older also increases with age, whereas younger people are more likely to feel worried or unprepared. (pg 51)
- Many people imagine themselves continuing to live in their own home when they are older, rather than downsizing. (pg 52)
- Three key areas of hopes or worries for individuals were:
  - Time: activity and companionship or boredom and loneliness?
  - Finance: security or poverty?
  - Ageing and wellbeing: health and activity or illness and dependency?(pg 52-54)
- Health and finance are the two key issues for older people mentioned most often, followed by loneliness. Other topics included health and social care, housing and societal attitudes. (pg 54-58)

## THOUGHTS AND FEELINGS ABOUT AGEING

Around a quarter of the General Population thought about getting older ‘regularly’ – and a further 55% ‘sometimes’. For Supporters and Enquirers, these figures were lower, due to the higher proportion of people who stated that they were ‘already older’. However, only a very small percentage of people (5% of the General Population, 3% of Supporters and 1% of Enquirers) said they never thought about getting older.



Enquirers (56%) and Supporters (50%) were most likely to say they felt optimistic about getting older, whereas the General Population were more likely to feel worried (34%) and unprepared (22%).



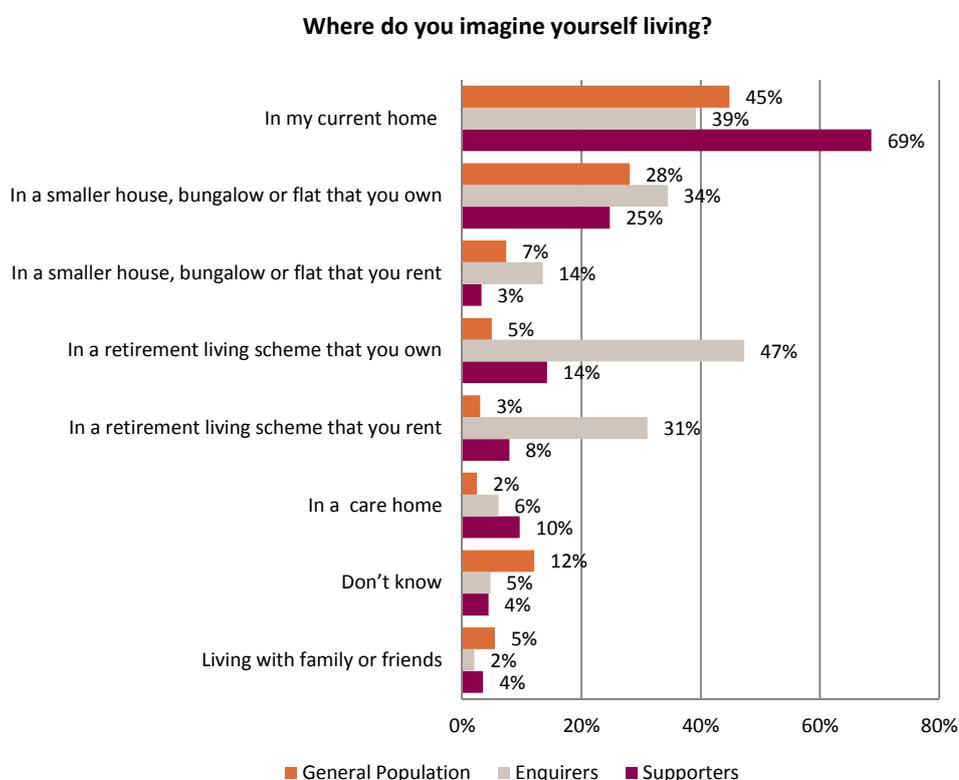
Excluding those who stated they were ‘already older’, respondents were more likely to think about getting older more regularly as they aged. For Supporters and the General Population, feeling worried and unprepared about getting older decreased with age, and feeling optimistic increased with age.

In response to an open text question, 12% of respondents to the General Population, Supporters' and Enquirers' surveys stated that they had no worries relating to growing older. Interestingly, the proportion of people saying they had no worries increased with age, suggesting that as the reality of ageing comes closer, people feel less afraid. However, 17% of these respondents were unable to name anything they were looking forward to about growing older.

## FUTURE LIVING ARRANGEMENTS

When asked where they imagined themselves living when they were older, 69% of Supporters and 45% of the General Population expected to continue to live in their current home.

As might be expected (given they had made an enquiry about a retirement living scheme) Enquirers were more likely to imagine themselves living in a retirement living scheme, with 52% of Enquirers imagining themselves living in a retirement living scheme property that they either own or rent.



## THOUGHTS ABOUT OLDER AGE

The following findings are from two open text questions included in all four of the quantitative surveys, which asked respondents what they were looking forward to and what worried them about getting older. There were no clear differences between respondent groups, so the findings are combined for all respondent groups.

### Time: activity and companionship or boredom and isolation?

The most common hope expressed in relation to thinking about older age, related to having increased time during older age with 69% of respondents (almost 3,500 people) making comments related to this. In particular, respondents were looking forward to:

- More leisure time
- The freedom to do what they wanted, when they wanted
- Time to spend with their partner or family
- Being able to continue with activities they enjoy, and trying new things
- Travelling and taking more holidays

16% of survey respondents (812 people) said they were looking forward to retiring from work or working less.

Family was also very important, with over 10% of respondents (566 people) looking forward to having children, grandchildren and great-grandchildren and watching them grow up.

However, just over 10% of survey respondents (537 people) were concerned about loneliness and isolation, or factors leading to these, such as:

- Being alone
- The death of their partner, family or friends
- The effect of their own death on others
- What would happen when they couldn't cope, and who would care for them

### **Finance: security or poverty?**

6% of respondents (315 people) mentioned aspects relating to their finances, looking forward to being financially secure, having a good pension and paying off their mortgage. Several also mentioned financial benefits for older people including having a free bus pass and a free TV license.

However, it seems that many people do not share these hopes: 16% of survey respondents (815 people) expressed concerns relating to their finances, including:

- General concerns about not having enough money to live on
- The affordability of care
- Whether they would be able to afford to retire, or would need to keep working

### **Ageing and wellbeing: health and activity or illness and dependency?**

Many people expressed the hope to live a long life in good health, stay active and busy, and be able to maintain their independence – this was mentioned by 644 people (13%).

However, this was also the area which resulted in the most worries for people, with 73% of survey respondents (over 3,600 people) saying that they were worried about ageing or worsening health. For 36% of respondents (1,800 people), the concerns they expressed were worries about failing health or becoming ill. Other particular worries expressed included:

- Loss of independence, resulting in having to rely on others to help
- Death and dying
- Reduced mobility
- Having activities limited by poor health
- Serious or long-term illness
- Dementia
- Reduced physical abilities

## Other concerns

Other notable concerns mentioned by smaller numbers of people included:

- Wrinkles, looking old and changes in appearance – this was a particular concern for younger people
- Feeling they would be a burden to their family
- Concerns about having to move into a care home, the quality of care they would receive, and worries about abuse or neglect.
- Feeling written off, worthless or disrespected by society due to their age
- Suitable housing, particularly amongst people renting rather than owning their own home

### QUALITATIVE RESEARCH

*In qualitative discussions, care home staff were also asked how they felt about getting older themselves. Several commented that their role brought them face to face with the reality of older age:*

*“As a carer you see more than sweetness and light, you’re seeing the brutality of age at first hand.”  
(Care Assistant)*

*Some staff members talked about not wanting to grow old themselves because they could see their own future in front of them, and also mentioned people they had worked with briefly who had been unable to cope with this. However, they also noted that their work meant they could understand their own parents’ needs better, and that being aware of their own future ageing meant that they were more focussed on providing the best care possible for the residents, to the standards they would want to receive themselves.*

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## ‘BIG ISSUES’ AFFECTING OLDER PEOPLE

There were a number of ‘big issues’ affecting older people.

### Health and wellbeing

Just under three-quarters of survey respondents (4,200 people) named issues relating to health and wellbeing as being of particular importance to older people, with people mostly concerned about failing health, reduced mobility and physical abilities.

However, health concerns were not just physical: almost 120 people felt that Alzheimer’s and dementia were big issues, and a similar number were worried about poor mental health, failing memory and reduced mental ‘sharpness’.

### QUALITATIVE RESEARCH

A Care Home resident spoke with some clear distress of how hard she found it to have health problems, describing how dancing had been a major source of exercise and enjoyment through her life but was something she would never be able to do again. The Chaplain at another care home expanded on this, and wondered why there were no books about this process:

*“You need to find a way to reconcile what your body can achieve with what your mind thinks it can. One lady I spoke to said there was an art to growing old: you accept the things you can’t do and focus on what you can.”(Care Home Chaplain)*

### Finance

Two-thirds of all survey respondents (just under 4,000 people) identified personal finance as one of the three main ‘big issues’ for older people. Whilst many of these did not elaborate further, some people highlighted particular concerns:

- Having enough money to live on without worrying (15% of all survey respondents)
- Receiving a pension they could afford to live on (10%)
- Affording to pay energy bills and keep their home warm (3%)
- Affording the costs of care (3%)

## QUALITATIVE RESEARCH

Several people discussed ways in which a lack of money impacted on other 'big issues', such as isolation and care needs. As one Care Home relative put it,

*"If you sort the money out, everything else should be ok."*

MHA Live at Home schemes tend to charge members very little to attend activities, but in some groups volunteers reflected that they were concerned some of their members were struggling to afford even these small charges:

*"I'm really concerned that our costs are mounting for people to be part of the group – it's £10 membership for the year and £3 each time they come. Most people who come are on their own ... I worry that there might be people who need to be involved but won't be able to afford to come."* (Live at Home volunteer)

Care Home staff and volunteers discussed the impact on residents and relatives of struggling to afford the costs of care:

*"Some people can't afford places like this one...maybe the quality of care isn't so good elsewhere and it would be very painful for relatives if they see their relative isn't getting as good care as others."* (Care Home staff member)

*"Some of my relatives are really worried about what would happen if they needed care – how would they afford it? Would they have to sell their homes?"* (Care Home volunteer)

## Loneliness / companionship

The third most common type of issue raised related to loneliness and isolation, or to the avoidance of these. Almost 4 out of 10 survey respondents (over 2,000 people) made comments relating to this, primarily:

- Worries about being alone, lonely or isolated
- The importance of family relationships
- Having friends, companionship and people to talk to

As a counter-balance to loneliness, over 300 survey respondents talked about the importance of having things to do, being able to continue with or take up hobbies, and having a feeling of purpose.

## QUALITATIVE RESEARCH

Several Live at Home members and Care Home residents talked about having friends, partners and family members die, and the increase in isolation this caused:

*"As you grow older, you wonder 'is there anyone left?'"* (Care Home resident)

Other participants reflected on the impact of having one partner need care, especially for dementia, or where this resulted in residential care. One Care Home resident interviewed had lived in the care home for over ten years, having moved in with his wife when her health declined as they were so keen not to be parted. Another relative reflected:

*"He's very happy here, but I wish you could do something about the hole I've got at home after 55 years of marriage."* (Care Home relative)

Live at Home members and Retirement Living residents talked about their experiences of their own and other members' isolation prior to joining their scheme or moving into their complex:

*"I used to visit a lady, she often didn't see even a social worker for weeks, and her son didn't live locally. We used to have a chat, a cup of tea and a biscuit. I should have visited her for an hour, but it was often three. It helped us both, not just her."* (Live at Home member and volunteer)

*"I enjoy being in the knit and natter group, I've made some lovely friendships...we laugh a lot and are like a big family."* (Retirement Living resident)

*"You're in company, you're talking to people, you get different conversations – otherwise you'd perhaps be sat on your own, you might not speak with anybody all day."* (Live at Home member)

## **Independence, support and care provision**

For just under 400 survey respondents (7%), maintaining independence into older age was a key issue for older people; this included making sure they had people around them to ask for assistance on their own terms when they needed it.

Concerns around safety were seen by 8% of survey respondents (480 people) as a big issue which could threaten their continuing independence, including:

- Worries about crime, home safety and personal safety
- Being conned or taken advantage of

## **QUALITATIVE RESEARCH**

A Live at Home member described her experience supporting her father:

*"Keeping independent is really important to most older people, I realised this when caring for my Dad. He felt bad that I had to take on the role of carer for him when he'd been the parent all my life – it made him really sad. I felt it was totally the right thing to do – he looked after me when I was little and now it was a swap and I was helping him – but he didn't see it this way."* (Live at Home member)

Several Live at Home members and Retirement Living residents mentioned falls as a source of anxiety which could impact on their independence:

*"I had a fall whilst on the bus, it really knocked my confidence."* (Live at Home member)

*"Getting out and about is hard when you are frightened you may fall and you have poor eyesight. But it's important in order to maintain a degree of independence."* (Retirement Living resident)

## **Health and social care**

Around 800 survey respondents (14%) highlighted issues relating to care provision, including:

- Finding suitable high-quality care, either at home or residential care
- Having to move into a care home, particularly if this was against their will
- Concerns around standards of care in care homes, especially the potential for abuse or neglect by staff.

## **QUALITATIVE RESEARCH**

Members of one Live at Home scheme had concerns about needing residential care, and the possibility of being neglected:

*“That’s elderly people’s biggest dread isn’t it – that they’re gonna go where they’re gonna be neglected...”*  
*“It’s so wide now isn’t it, the neglect of elderly people.”*  
*“You worry about going into places now.”*  
(Conversation between three Live at Home members)

Several Care Home staff discussed their views about their ‘job’ of caring for people, expressing the opinion that working in care needed to be viewed more positively and professionally as a career option, as *“at present it’s seen as a last resort”*. Suggestions made included recognising the complex role by paying staff more, and introducing nationally recognised care qualifications or a registration system similar to that used in nursing. They felt that this would enable better staff to be attracted and retained, and that it would offer more reassurance to residents and relatives that they could depend on receiving high-quality care.

11% of survey respondents (800 people) felt that health care, particularly the NHS was a big issue for older people, including:

- The ability to see a doctor you knew
- Not having to pay for health care
- Concerns that current budget cuts would mean the NHS would not be able to meet their needs

## **QUALITATIVE RESEARCH**

In qualitative discussion, many care home relatives voiced their frustration at the seeming lack of integration between health and social care services, and the difficulty this caused them in trying to make arrangements for their relatives. They felt confused about what counted as health care (and was therefore free) and what was social care (and incurring a charge).

One relative gave the example of trying to co-ordinate her step-father’s discharge from hospital, when there was disagreement amongst professionals about what should happen. He was then sent home, the promised support did not materialise, the social worker closed the case and she was left to try to sort things out.

Concerns were also expressed by a range of participants about the perceived lack of government funding for care and the cuts to local services:

*“The government has reneged on the care cap – it worries me and my mum, who said, ‘I won’t have any money left to leave to you and your sister’.”* (Care Home volunteer)

*“One of the big issues is that funding for older people’s support is being reduced or taken away – why can’t it be ring-fenced and protected like other budgets?”* (Live at Home member)

## **Housing**

Whilst mentioned by a smaller proportion of survey respondents (6%, 319 people), housing was also raised as a potential ‘big issue’ for older people, with the majority of comments on this theme focussing on:

- Respondents’ desire to remain in their own home for as long as possible
- The need for suitable and affordable accommodation for older people
- Home adaptations to allow people to keep living at home
- Concerns around home maintenance

## **Societal attitudes**

5% of survey respondents (300 people) felt that attitudes prevalent in society concerning older people were a big issue. Examples of this included:

- Ageism or discrimination
- A lack of respect for older people
- Older people being made to feel a burden to their relatives or society as a whole
- Feeling disregarded, ignored or invisible to wider society

## **QUALITATIVE RESEARCH**

Qualitative interviews expanded on these views, with a wide range of participants calling for changes in societal attitudes towards and treatment of older people:

*“Recognise that older people are people too. Not all older people are the same so don’t pigeon hole us!”* (Live at Home member)

*“We need to realise that older people are living longer and more importance needs to be placed on looking after and respecting older people – they have plenty to offer. Need to respect the wisdom of older people – it is an important stage of life. Older people don’t need second-best or cast-offs.”* (Care Home relative)

*“Prejudice against older people is prevalent across the NHS and health services and local public services. We are side-stepped.”* (Live at Home member)

*“Older people, especially those with dementia, lack a voice in society.”* (Care Home volunteer)

## CONCLUSIONS AND RECOMMENDATIONS

The rich findings from this research project have the potential to assist across the organisation, and should be shared widely, including Care Homes, Retirement Living, Live at Home, Marketing, Fundraising, Volunteering and HR. Services should be encouraged to engage with the findings and to request further exploration of the data where relevant.

The project has also revealed challenges in engaging with some of the older people served by MHA, particularly older Live at Home members. Future research projects needed to be designed with additional care for their needs, including some local encouragement to participate by trusted intermediaries.

Word of mouth has repeatedly emerged as a key way in which people gain and share information about MHA, and external communications need to recognise this and use the awareness in designing future campaigns and collateral.

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### MHA AS A BRAND

Awareness of MHA among the general public is very low, and many Live at Home members also seem unaware of the link between their scheme and MHA. However, local MHA presences through homes and schemes resonate well with those who know them and use their services. Overall, MHA is perceived as a caring brand, with an emphasis on dignity, respect and community, and it will be important to build on this when developing an MHA brand proposition.

Word of mouth and personal recommendations are key ways in which people find out about MHA; however understanding of services is low which hampers this process. MHA marketing and communications need to find the right tone and pitch to feed into this and encourage further positive word of mouth. The 'MHA community' concept represents a real opportunity for marketing and fundraising.

There is confusion about whether MHA only supports people with a link to the Methodist Church, and varying views on the desirability of a perceived link with the church. Greater clarity on the 'MHA offer' would help improve understanding of these issues.

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### MHA AS A PROVIDER

The research has offered considerable insight into the factors people value in care homes, retirement living and Live at Home schemes, and this should be widely disseminated across the organisation to inform future service provision.

The process of seeking care or support for a friend or relative is a difficult and worrying one, and personal visits to care homes are an important part of this process. Further research into this journey would be valuable in helping MHA to identify ways of better promoting its own services and supporting potential residents and relatives.

Fully trained and well-motivated staff are key to providing the high quality caring services, hence MHA needs to continue to work to recruit and retain the best possible staff across all parts of the organisation, whilst also maintaining good quality facilities.

The cost of retirement living properties appears to be a concern for some respondents; it is recommended that the potential affordability of future developments is considered carefully.

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### MHA AS A CHARITY

Overall, there seems to be widespread support offered to charities, particularly by way of non-regular donations. This report contains valuable insight into the motivation of donors, which

should help the development of future MHA fundraising plans in order to maximise the support for MHA.

It is important to ensure donors are clear about the impact of a donation to MHA, and what proportion of any gift is used for charitable purposes. This information will not only help recruit new donors, but also enable current supporters to easily explain MHA's purposes to others, thus increasing positive word of mouth recommendations.

MHA's volunteers are a valuable asset to the organisation and most feel valued and appreciated for their work by their local schemes and homes. The insight in this report should assist the Volunteering team in developing their plans to recruit and retain volunteers across the organisation.

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## PUBLIC VOICE ON AGEING

This report offers real insight into the key issues affecting older people, and shows a fascinating mixture of hopes and worries. We see that people are actively addressing some of their concerns through attempts to keep themselves fit and healthy, but seem to be failing to plan financially for their retirement and later life.

Whilst the report reveals a range of issues and challenges, and can help feed into the development of MHA's influencing strategy, it will be important to ensure that any topic which MHA seeks to champion is one where it has the potential to really make a difference in the lives of older people.

## APPENDICES

### DEMOGRAPHICS

#### Gender

	Supporters	Live at home	Enquirers	General Population
<b>Male</b>	36%	19%	41%	49%
<b>Female</b>	64%	81%	59%	51%

#### Age

	Supporters	Enquirers
<b>16 to 24</b>	1%	0%
<b>25 to 34</b>	0%	0%
<b>35 to 44</b>	1%	0%
<b>45 to 54</b>	3%	1%
<b>55 to 64</b>	16%	11%
<b>65 to 74</b>	30%	34%
<b>75 to 84</b>	34%	42%
<b>85 and over</b>	14%	11%

#### Age

	Live at home
<b>Under 54</b>	1%
<b>55-64</b>	2%
<b>65-74</b>	22%
<b>75-84</b>	34%
<b>85+</b>	42%

#### Age

	General Population
<b>18-29</b>	20%
<b>30-44</b>	25%
<b>45-59</b>	25%
<b>60-74</b>	19%
<b>75+</b>	10%

**Which of the following regions do you live in?**

General Population	
North East	4%
North West	11%
Yorkshire and the Humber	9%
East Midlands	7%
West Midlands	9%
East of England	9%
London	14%
South East	14%
South West	9%
Wales	5%
Scotland	9%

**Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?**

	Supporters	Live at home	Enquirers	General Population
<b>Yes</b>	29%	68%	44%	25%
<b>No</b>	71%	32%	56%	75%

**Does your household own or rent the accommodation you live in?**

	Supporters	Live at home	Enquirers	General Population
<b>Owns outright</b>	84%	67%	77%	41%
<b>Owns with a mortgage or loan</b>	7%	4%	8%	29%
<b>Pays part rent and part mortgage shared ownership</b>	1%	3%	1%	2%
<b>Rents</b>	7%	23%	13%	26%
<b>Lives here rent free</b>	2%	3%	1%	2%

<b>Which of the following best describes your current employment status?</b>				
	<b>Supporters</b>	<b>Live at home</b>	<b>Enquirers</b>	<b>General Population</b>
<b>In paid employment full or part-time</b>	12%	2%	5%	49%
<b>Self-employed full or part-time</b>	3%	0%	4%	7%
<b>On a Government scheme for employment training</b>	0%	0%	0%	1%
<b>Unemployed and available for work</b>	0%	0%	0%	4%
<b>Retired from paid work</b>	81%	92%	88%	25%
<b>In full time education</b>	0%	0%	1%	3%
<b>Not in paid work because of long-term illness or disability</b>	1%	2%	1%	5%
<b>Looking after home and or family</b>	2%	2%	0%	6%
<b>Other</b>	1%	2%	1%	1%

<b>Which of the following best describes your ethnic origin?</b>				
	<b>Supporters</b>	<b>Live at home</b>	<b>Enquirers</b>	<b>General Population</b>
<b>White: British</b>	97%	95%	99%	86%
<b>White: Irish</b>	0%	1%	0%	1%
<b>White: Gypsy or Irish Traveller</b>	0%	0%	0%	0%
<b>Any other White background</b>	1%	0%	1%	4%
<b>Mixed: White and Black Caribbean</b>	0%	0%	0%	1%
<b>Mixed: White and Black African</b>	0%	0%	0%	0%
<b>Mixed: White and Asian</b>	0%	0%	0%	1%
<b>Any other Mixed background</b>	0%	0%	0%	1%
<b>Asian or Asian British: Indian</b>	0%	0%	0%	2%
<b>Asian or Asian British: Pakistani</b>	0%	0%	1%	1%
<b>Asian or Asian British: Bangladeshi</b>	0%	0%	0%	1%
<b>Asian or Asian British: Chinese</b>	0%	0%	0%	1%
<b>Any other Asian background</b>	0%	0%	0%	0%
<b>Black or Black British: African</b>	0%	0%	0%	1%
<b>Black or Black British: Caribbean</b>	0%	1%	0%	1%
<b>Any other Black background</b>	0%	0%	0%	0%
<b>Other: Arab</b>	0%	0%	0%	0%
<b>Any: other ethnic background</b>	0%	3%	0%	0%

<b>What is your religion or belief, even if you are not currently practising?</b>				
	<b>Supporters</b>	<b>Live at home</b>	<b>Enquirers</b>	<b>General Population</b>
<b>No religion</b>	3%	5%	7%	35%
<b>No belief</b>	0%	1%	1%	6%
<b>Buddhist</b>	0%	0%	1%	1%
<b>Christian</b>	96%	93%	90%	50%
<b>Hindu</b>	0%	0%	0%	1%
<b>Jewish</b>	0%	0%	0%	1%
<b>Muslim</b>	0%	0%	0%	3%
<b>Sikh</b>	0%	0%	0%	0%
<b>Other religion</b>	0%	1%	0%	1%
<b>Other belief</b>	0%	0%	1%	1%

Four surveys were undertaken:

1. Development scheme Enquirers' survey
2. Supporters' survey
3. Live at Home Members' survey
4. General Population (non-users') survey

For the first three surveys, a postal methodology was utilised, with the option for respondents to complete online if preferred. For the non-users' survey, an access panel approach was utilised, with the panel provided by 'Research Now', one of the largest providers of access panels in the UK.

Questionnaires were developed which contained a suite of questions which were asked of all respondents, such as some of the key questions on MHA, and then specific questions were also asked of the different target groups for the survey.

**1. Development scheme Enquirers' survey**

A full census (all records) from an MHA database of approximately 800 people who have enquired about the newest retirement living development (Mickle Hill) was used. A postal survey was used as there were postal addresses for all of the database, but email addresses for only half.

**2. Supporters' survey**

The MHA Supporters' database which contained details of approximately 90,000 people who have supported MHA as a church representative or having made a financial donation, or as a volunteer. The survey was sent to a stratified random sample of 3,000 people with the objective of obtaining 600 responses. The sample was stratified to include representation from the sub-groups: regular donors, one-off donors, lapsed donors, church representatives and scheme volunteers.

**3. 'Live at Home' Members' survey**

A database of approximately 9,000 Live at Home scheme members was used, and the survey sent to a random sample of 3,000 people with the objective of obtaining 600 responses.

**4. General Population survey**

A survey of UK residents was undertaken using a panel-based approach. This was established with a sample to include at least 400 replies from each of the nine former Government Office Regions in England, plus Wales and Scotland. It also included at least 800 replies from each of the following age categories: 18-29, 30-44, 45-59, and 60-74, 75 and over. On completion, the results were weighted to give findings reflective of the UK population (excluding Northern Ireland) as a whole.