



Public Health
England

A graphic consisting of three overlapping circles: a grey one at the top, a teal one on the left, and a black one on the right. The black circle is shaped like a speech bubble pointing downwards. The text 'BRITISH SOCIAL ATTITUDES' is written in white, bold, uppercase letters across the center of the circles.

BRITISH SOCIAL ATTITUDES

Attitudes to dementia

Findings from the 2015 British Social Attitudes survey

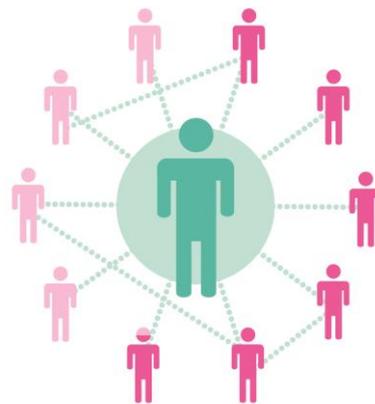
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Summary

This paper presents findings on attitudes to dementia in Britain. While the majority of people have known someone with dementia and knowledge of the symptoms of dementia is high, there are clear gaps in public knowledge of the risk factors. There is also evidence of stigmatising attitudes towards people living with dementia.

52% choose dementia as either their first, second or third priority from a list of health conditions for doctors and scientists to try to prevent. 12% see dementia as the highest priority for prevention.



59%
know someone with dementia

The majority recognise the following symptoms of dementia:



87%
difficulty recognising people



73%
putting things in the wrong place



71%
feeling lost in new places

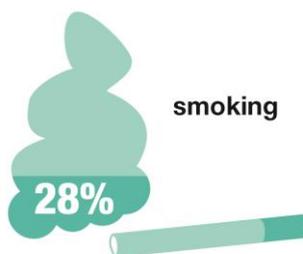
Public knowledge of risk factors for dementia is considerably lower than knowledge of symptoms of dementia. 21% fail to identify any of seven risk factors correctly, while 43% identify just one or two risk factors.

Only a minority are aware of the following risk factors of dementia:



drinking heavily

34%



smoking

28%



high blood pressure

15%

Around half of people agree that “people with dementia can enjoy life to the full” (52%) and disagree that “I would find it hard to talk to someone with dementia” (57%). A substantial majority hold relatively negative views about caring for someone with dementia. Only 39% agree that “caring for someone with dementia is often very rewarding” and as many as 71% agree that “caring for someone with dementia often means that your own health suffers”.

Author

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Introduction

Public Health England (PHE) commissioned question modules on four subject areas (alcohol, obesity, dementia and mental wellbeing) as part of NatCen's 2015 British Social Attitudes (BSA) survey. Forty questions about attitudes to dementia were asked, with 18 of these having been asked previously on the Scottish Social Attitudes (SSA) survey in 2014. The rest of the questions were developed by the BSA research team through a process of questionnaire design and piloting.

This paper explores the public's experience and knowledge of dementia, attitudes to people with dementia and caring, help-seeking behaviour and dementia-friendly communities.

For 32 years BSA has been one of the most authoritative sources of data on the views of the British public. It has been carried out annually since 1983.¹ The survey's sample is selected using a random probability sampling methodology, which is designed to yield a representative sample of adults aged 18+ living in private households in Britain. The data is weighted to account for non-response bias and calibrated to match the population on the basis of age, sex and region (NatCen Social Research, 2016).

BSA 2015 data collection was carried out between July and November 2015. The survey was split into two sections, with most of the questions being asked by the interviewer in the form of a Computer Assisted Personal Interview (CAPI). A smaller number of questions were answered by respondents writing their answers in a self-completion booklet.

The overall response rate for BSA 2015 was 51%. The total unweighted sample for the dementia-related CAPI questions was 2167 people. The total unweighted sample for the dementia-related self-completion questions was 1827 people. All differences described in the text (between different groups of people) are statistically significant at the 95% level or above, unless otherwise specified.

Wider context

The term 'dementia' describes a set of symptoms such as loss of memory, mood changes and problems with communicating which occur when the brain is damaged by certain diseases, such as Alzheimer's disease (Alzheimer's Society, 2015). Dementia is estimated to affect over 46 million people worldwide (Alzheimer's Disease International, 2015). The likelihood of developing dementia increases significantly with age, especially from the age of 65, but younger people can also be affected. In the UK, there are around 800,000 people living with dementia, with the number predicted to double by 2040 (Department of Health, 2015). Although there is currently no known cure for dementia, there is a rapidly growing evidence base on risk reduction and protective factors which states that healthy living behaviours, such as not smoking and taking exercise, may reduce the risk of a person developing dementia (Alzheimer's Disease International, 2014).

Dementia presents a number of challenges for the people affected by it and their families, as well as the statutory and voluntary sector services providing

¹ Apart from in 1988 and 1992 when its core funding was used to fund the British Election Study series

care and support. The disease is estimated to cost the economy £23 billion a year, a figure certain to rise as life expectancy increases (Department of Health, 2015).

Dementia has received increased recognition as a national priority in recent years. In 2015, the Prime Minister set a challenge to deliver major improvements in dementia care and support, create dementia-friendly communities, increase investment in research and improve public awareness and understanding of dementia by 2020 (Department of Health, 2015). A high level of priority was also given to dementia by the devolved governments in Scotland (Scottish Government, 2013), Northern Ireland (Department of Health, Social Services and Public Safety, 2011) and Wales (Welsh Government, 2011).

Experience of dementia

We asked about people's experience of dementia, including whether they had ever known, cared for or helped someone with dementia or have the condition themselves. Previous research (Ormston et al, 2011) has shown that knowing someone from a particular group is associated with having less discriminatory attitudes towards people in that group – so it was envisaged that these measures would be key to understanding more general attitudes to dementia.

Around six in 10 know, or have known, someone with dementia (59%), compared with around three-quarters (76%) in Scotland who reported this (Reid et al, 2014). A third (31%) report having a partner or family member with dementia, while around one in 10 indicate having had a friend they know fairly well or a friend they know less well with dementia (10% and 11% respectively). A further one in 10 have, or have had, a job involving working with people with dementia, although only 2% have had a colleague with dementia. The proportion of people reporting that they themselves have dementia is less than 1%. Unsurprisingly, this figure is lower than the population estimate of around 3% of people in the UK currently living with dementia (Alzheimer's Society, 2014). A further 8% of respondents say they have been concerned at some point that they might have symptoms of dementia or Alzheimer's disease.

People in the highest income quartile are more likely to know someone with dementia (65% compared with 54% in the lowest). This is also true of women (66% compared with 53% of men) and those from a White ethnic group (61% compared with 46% of those from a Black Minority Ethnic group).

We asked people the extent to which they had ever cared for, or helped, someone with dementia (excluding anything done in a professional capacity) (see Table 1). Around one in six (16%) have specifically "cared" for someone with dementia at some point in their lives; either someone living, or not living, with them. Around a quarter have visited someone every now and then, one in five have helped someone from time-to-time and one in 10 have been responsible for making arrangements for someone to be looked after. Nearly half (48%) had never cared for someone with dementia or offered other forms of support.

Around one in six (16%) have cared for someone with dementia at some point in their lives

Table 1 Ever cared for someone with dementia

	%
Visited someone every now and then	26
Helped someone from time-to-time	22
Cared for someone who lives/lived with me	7
Been responsible for making arrangements for someone to be looked after	10
Cared on a regular basis for someone who does not/ did not live with me	11
Encouraged someone showing symptoms of dementia to seek professional help	8
None of these	48
<i>Weighted base</i>	<i>1841</i>
<i>Unweighted base</i>	<i>1843</i>

Women (20%, compared with 12% of men) and those aged 55-64 (25% compared with between 11%-19% of all other age groups) are more likely to have cared for someone with dementia.

Knowledge of dementia

Self-assessed knowledge

We asked respondents to assess how much they know about dementia using a scale ranging from “a great deal” to “nothing at all”. Around a quarter (26%) feel they know “a great deal” or “quite a lot” about dementia. A further four in ten (41%) say they know “some” and 33% say they know either “not very much” or “nothing at all”.

Self-assessed knowledge is highest among those aged 55-64. Sixteen per cent of 18-24 year olds think they know “a great deal” or “quite a lot”, increasing to 34% of those aged 55-64. Self-assessed knowledge levels then decline after age 65 with 22% of those aged 75 and over saying they know “a great deal” or “quite a lot”.

We might expect the public’s widespread experience of people with dementia, reported above, to translate into higher levels of self-assessed knowledge about this issue. This is indeed the case; we find the highest levels of self-assessed knowledge among those who have cared for someone with dementia.² Nearly six in 10 of this group say they know “a great deal” or “quite a lot” (57%) compared with 26% overall. Women have higher levels of self-assessed knowledge of dementia than men, probably related to the fact that they are more likely to have cared for someone with dementia. A third of women say they know “a great deal” or “quite a lot” (32% compared with 20% of men).

Knowledge of symptoms

We presented respondents with a list of symptoms and asked them to identify which, if any, might mean that someone has dementia. The list contained 10 items, eight actual symptoms and two ‘dummy’ items.

² Those who have either cared for someone with dementia who lives, or lived, with them or someone who does not, or did not, live with them.

Women have higher levels of self-assessed knowledge of dementia than men

The public has a good knowledge of the symptoms of dementia. Over a third (35%) are able to classify between eight and ten symptoms and ‘dummy’ symptoms correctly. A further 56% give between five and seven correct answers. One in ten (9%) provide fewer than five correct answers.

Levels of knowledge about specific symptoms vary considerably (see Table 2). Majorities of people correctly identify “difficulty recognising people”, “putting things in the wrong place”, “feeling lost in new places”, “slower thinking” and “losing track of time” as symptoms of dementia. In contrast, only around half recognise “losing their temper easily” and “feeling depressed” as symptoms and one in five know that “feeling extremely tired” is a symptom of dementia.

Table 2 Proportions correctly classifying symptoms of dementia³

	%
Difficulty in recognising people	87
Putting things in the wrong place	73
Feeling lost in new places	71
Slower thinking	69
Losing track of time	66
Losing their temper easily	51
Feeling depressed	50
Feeling extremely tired	20
Losing weight (dummy)	15
Hair loss (dummy)	5
<i>Weighted base</i>	<i>2171</i>
<i>Unweighted base</i>	<i>2167</i>

Those who classify more than seven symptoms correctly are more likely to be female (38% compared with 31% of men), to have cared for someone with dementia (45% compared with 33% who have never done this), to be under 65 years old (39% compared with 22% of those aged 65 and over), to be in the highest income quartile (39% compared with 27% of those in the lowest-income quartile) and to report knowing “a great deal” or “quite a lot” about dementia (49% compared with 24% of those who report knowing “not very much” or “nothing at all”).

Knowledge of risk factors

We presented respondents with eight statements about risk factors for dementia and asked whether they agreed or disagreed with each. Six of these statements related to risk factors (heavy drinking, genetic factors, smoking, high blood pressure, depression and diabetes) while one related to a protective factor (taking regular exercise). The final statement was that “there is nothing anyone can do to reduce their risks of getting dementia”.

Just over a quarter (27%) agree that “there is nothing anyone can do to reduce their risks of getting dementia”, while a further quarter (26%) neither

³ Hearing loss was originally included as a dummy item. Recent emerging evidence suggests that there is a link between hearing loss and dementia, so the item has been removed from this table.

Public knowledge of dementia risk factors is considerably lower than knowledge of the symptoms of dementia

agree nor disagree and around four in ten disagree (43%). Those in the lowest income quartile are more likely to agree (42% compared with 19% in the highest income quartile). People aged 65 and over were also more likely to agree that “there is nothing anyone can do to reduce their risks of getting dementia” compared with those aged under 65 (33% compared with 26% respectively).

Public knowledge of risk factors is considerably lower than knowledge of the symptoms of dementia. Overall, just 1% chose the ‘correct’ answer for all seven risk and protective factors. Twenty-two percent fail to identify any of the risk factors correctly, while 43% identify just one or two correctly. Around a third (35%) identify between three and seven of the risk factors correctly. When excluding genetic factors, 28% of people were unable to identify any of the six lifestyle risk factors correctly and only 2% could identify them all.

None of the dementia risk factors are correctly identified by more than half of respondents

None of the risk factors for dementia are correctly identified by more than half of respondents. The highest proportion correctly identify the protective factor of taking regular exercise (48%). Around a third (34%) agree that “people who drink heavily are more likely to get dementia” and that “if one of your parents gets dementia, you are more likely to get it too” (34%).⁴ Just under a third (31%) identify depression as a risk factor while 28% (correctly) disagree that “smoking has nothing to do with dementia”. The lowest levels of knowledge exist in relation to high blood pressure and diabetes. Just 15% know that “high blood pressure increases your chances of getting dementia” while 14% know that “people with diabetes are more likely to get dementia”. Moreover, sizeable proportions say that they “neither agree nor disagree” or “don’t know” the answer in response to each of the statements, indicating a considerable degree of uncertainty regarding risk factors for dementia. Around half select a response suggesting that they are not sure whether high blood pressure is a risk factor for dementia (54%).⁵

Those from a Black Minority Ethnic group are more likely to correctly identify at least three risk factors (49% compared with 33% of those from a White ethnic group). This is also the case for those who report knowing “a great deal” or “quite a lot” about dementia (46% compared with 32% of those who know less than this). Yet even among those who say they know “a great deal” or “quite a lot” around one in six (16%) fail to identify any of the risk factors correctly.

Attitudes to dementia

Priorities for prevention

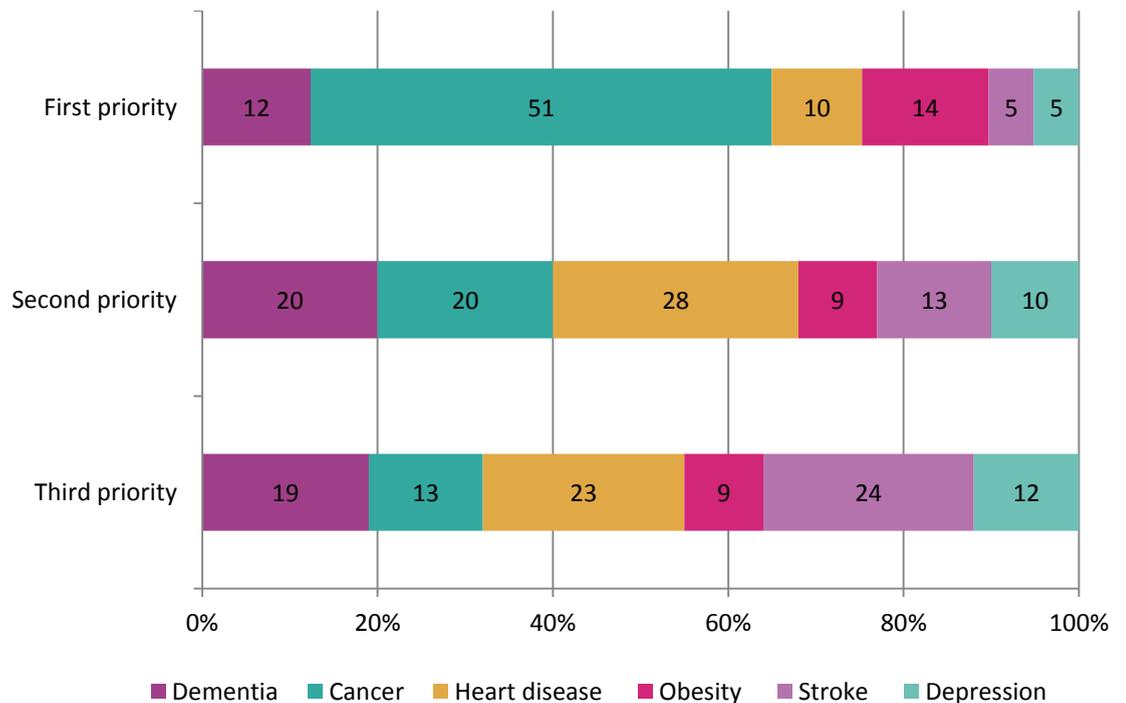
We asked respondents which health condition should be the first, second and third priorities for doctors and scientists to try and prevent, from a list of six conditions - stroke, obesity, heart disease, dementia, cancer and depression (see Chart 1).

⁴ Agreeing with the statement that “if one of your parents gets dementia, you are more likely to get it, too” is taken as correctly identifying a risk factor as people have a higher risk of getting certain types of dementia if their parents had dementia. This is, however, not true of all forms of dementia.

⁵ 43% choose “neither agree nor disagree” and a further 12% choose “don’t know”.

Around half believe cancer should be the highest priority for doctors and scientists to try and prevent (51%); obesity and dementia were the next most popular choices, selected by just over one in ten respondents. Eighty four per cent chose cancer as their first, second or third priority; the comparable proportions for heart disease and dementia were 60% and 50% respectively. Half of the public therefore perceives dementia as one of the top three priorities for prevention.

Chart 1 Health conditions seen as priorities for doctors and scientist to try to find ways to prevent



Weighted bases: First priority 2171, second and third priority: 2135

Unweighted bases: First priority 2167, second and third priority: 2133

As we might expect, older people are more likely to choose dementia as their first priority (20% of those aged 65 and over compared with 10% of those under 65 years old). This is also the case for those who have ever cared for someone with dementia. Eighteen per cent of this group chose dementia as their first priority, compared with 9% of those who have never cared for, or helped, someone with dementia.

People with dementia

To measure attitudes towards people with dementia, we asked respondents whether they agree or disagree with three statements detailed in Table 3.

Table 3 Attitudes towards people with dementia

		Agree	Neither agree nor disagree	Disagree	Weighted base	Unweighted base
I would find it hard to talk to someone with dementia	%	27	15	57	2171	2167
People with dementia can enjoy life to the full	%	52	18	29	2171	2167
People with dementia can often be violent and aggressive	%	62	21	15	2171	2167

Just over a quarter (27%) agree that “I would find it hard to talk to someone with dementia” while around six in 10 disagree (57%). Agreeing with this statement can be viewed as indicating prejudice or a lack of awareness around dementia. Men are more likely to think they would find this difficult (31% compared with 23% of women), along with those who have never cared for, or helped, someone with dementia (31% compared with 22% of people who have done this).

Just over half think that people with dementia can “enjoy life to the full” (52%), while three in 10 disagree (29%). Once again, older people are more likely to hold a pessimistic view (47% of those aged 75 and over disagree compared with 14% of 18-24 year olds).

A majority (62%) agree that “people with dementia can often be violent and aggressive” while 15% disagree and 21% neither agree nor disagree. It is unclear whether agreement with this statement should be regarded as a positive or a negative attitude⁶ - and thus whether an increase or decrease in this proportion over time would indicate greater acceptance, and less stigmatisation, of people with dementia.

A wide range of characteristics are associated with the view that people with dementia can often be violent and aggressive, including being female, being in an older age group, being in the lowest income quartile, having experience of caring for someone with dementia and having a high level of self-assessed knowledge about dementia. Most markedly, 73% of those aged 65-74 agree that people with dementia can often be violent and aggressive, compared with 43% of those aged 18-24. Similarly, those who say they know a “great deal” or “quite a lot” about dementia are much more likely to think this (74%), compared with those who claim to know less than this (49%). The fact that carers, who are likely to have had more contact with people with dementia, are more likely to agree that “people with dementia can often be violent and

⁶ Agreement with this statement could mean that people with dementia are visible and included in social situations and that these behaviours are therefore witnessed more often. However it could also indicate a negative perception of people with dementia and an exaggerated belief in the level of violence or aggression displayed.

aggressive” might suggest that people answer the statement in a ‘factual’ way rather than in a way which reveals underlying negative attitudes.

Caring for someone with dementia

We asked respondents whether they agree or disagree with two statements about caring for someone with dementia, as presented in Table 4.

Table 4 Attitudes to caring for people with dementia

		Agree	Neither agree nor disagree	Disagree	Weighted base	Unweighted base
Caring for someone with dementia is often very rewarding	%	39	24	34	2171	2167
Caring for someone with dementia often means your own health suffers	%	71	15	12	2171	2167

A substantial majority hold relatively negative views about caring for someone with dementia. Four in 10 (39%) agree that “caring for someone with dementia is often very rewarding”, while 71% agree that “caring for someone with dementia often means that your own health suffers”.

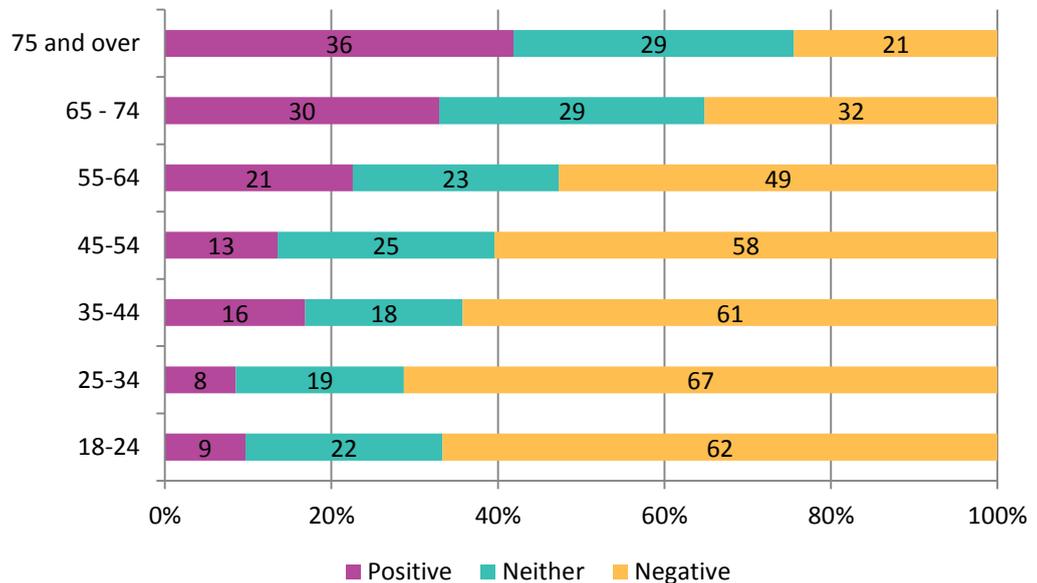
Some groups express a more optimistic view about caring for someone with dementia. These include younger people, those from a Black Minority Ethnic group, those with experience of caring for someone with dementia and those in the lowest income quartile. For instance, 55% of 18-24 year olds think that caring for someone with dementia can be rewarding, compared with 34% of those aged 75 and over. Conversely, older people, those from a White ethnic group and those with a high level of self-assessed knowledge of dementia are more likely to think that “caring for someone with dementia often means your own health suffers”. Over nine in 10 of those aged 65-74 agree with this view, compared with 45% of those aged 18-24. Similarly, 81% of those who report knowing “a great deal” or “quite a lot” about dementia think this, compared with 65% who think they know less than this.

Being personally affected by dementia

We asked respondents if they would feel positive or negative about their future, if they “...had just been told by your doctor that you had the first signs of dementia”. Fewer than one in five think they would feel positive (either “very” or “quite” positive) in these circumstances (18%). Around half (52%) expect to feel negative and a further 23% expect to feel neither positive nor negative. Those aged 75 and over are four times more likely to say they would feel positive than those aged 18-24 (36% and 9% respectively). Those in the lowest income quartile are also more likely to expect to feel positive (22% compared with 11% of those in the highest income quartile).

Younger people express a more optimistic view about caring for someone with dementia

Chart 2 Whether people would feel positive or negative about their future if they were told they had early signs of dementia, by age (%)



Weighted bases: 18-24: 248; 25-34:359; 35-44:354; 45-54:393; 55-64:312; 65-74:292; 75 and over: 208

Unweighted bases: 18-24:135; 25-34:305; 35-44:350; 45-54:386; 55-64:360; 65-74: 356; 75 and over: 270

We also asked respondents whether they agreed or disagreed that “I would feel ashamed” and “I would not want my employer to find out” if they had been told by a doctor that they had the first signs of dementia. Just 13% agree that they would feel ashamed, while 61% disagree. Younger people (19% of those aged 18-24 compared with 11% of those aged 75 and over) and those in the highest income quartile (16% compared with 12% in the lowest income quartile) are the most likely to agree they would feel ashamed. Similar proportions agree and disagree that, if they had the first signs of dementia, they would not want their employer to find out (37% agree and 33% disagree). This is more likely to be the case for those in the highest income quartile (47% compared with 34% of those in the lowest income quartile).

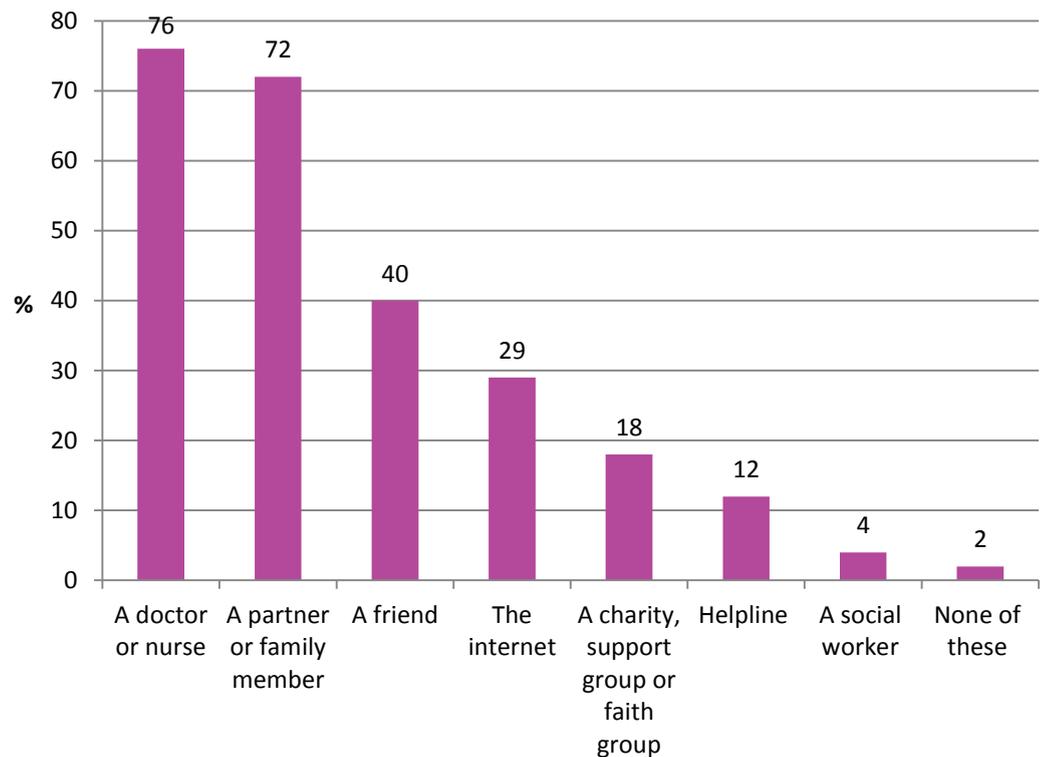
Seeking help

We asked respondents where they would go to seek help if someone close to them was showing the early signs of dementia. Around a third (34%) think they would “talk to a family member or friend” in the first instance. A quarter would “talk to a doctor or nurse” (27%) and a similar proportion would “talk to the person themselves” (26%), while 7% would “search the internet”.⁷ Those aged 65 and over are more likely to anticipate seeking support from a doctor or nurse than younger age groups (39% compared with 25% of those aged 18-24). Those in the highest income quartile are more likely to anticipate talking to the person themselves in the first instance (35% compared with 19% in the lowest income quartile). Conversely, those in the lowest income quartile are more likely to talk to a doctor or nurse about their concerns (33% compared with 19% in the highest income quartile).

⁷ Two per cent say they would “phone a helpline” or “contact a charity, support group (e.g. Alzheimer’s Society) or faith group”. Less than 1% think they would “do nothing”.

When asked to identify all of the sources they themselves would seek help from if they had the early signs of dementia, 76% report that they would talk to a doctor or nurse and a slightly smaller proportion would speak to their partner or a family member (72%). The next most commonly chosen answers are a friend (40%) and the internet (29%). Eighteen per cent would speak to a charity, support group or faith group, while 12% would use a helpline. 4% would speak to a social worker and 2% would use none of these.

Chart 3 Who would people talk to or seek help from if they themselves were showing early signs of dementia



Weighted base: 1841

Unweighted base: 184

Those in the lowest income quartile are the least likely to think they would talk to their doctor if they had early signs of dementia

Younger people, those in the highest income quartile and those from a White ethnic group are more likely to anticipate seeking support from a partner or family member. Those aged 75 and over and people in the lowest income quartile are the least likely to think they would talk to their doctor. Younger people and those in the highest income quartile are more likely to think they would seek help from a friend or use the internet. Younger people are also more likely to anticipate using a helpline.

We also asked respondents, “If you had just been told by your doctor that you had the first signs of dementia what, if anything, do you think you would personally do to try to stop it getting worse?” People are most likely to say they would “seek support from a doctor” (71%), “keep physically active” (69%), “look for information about ways to stop it getting worse” (66%), “keep mentally active” (65%), “seek support from family and friends” (61%) and “eat healthily” (58%). Less than half chose the options of “keep to your normal routine” (44%), “keep up with or increase social activities” (43%), “stop drinking alcohol” (25%) and “have some rest” (27%). Only 7% think nothing could be done to stop dementia getting worse. This contrasts with the 27% who believe “there is nothing anyone can do to reduce their risks of getting dementia” discussed earlier.

Anticipated behaviour varies by income, age, sex and ethnic group. Women, those from a White ethnic group and those in the highest income quartile are more likely to say they would keep mentally active. Those in the highest income quartile are also substantially more likely to say they would eat healthily (68%, compared to 43% of those in the lowest income quartile) and that they would seek support from family and friends and look for information about ways to stop it getting worse. On the other hand, young people are more likely to think they would seek support from a doctor; this was the case for 78% of 18-24 year olds compared with 60% of those aged 75 and over.

Dementia-friendly communities

The role of businesses

To explore the role that people believe businesses and workplaces should play in supporting people with dementia, we asked respondents how much they agree or disagree that “shops and businesses should be required to train their staff to help people with dementia” and that “employers should do all they can to help people with dementia keep working for as long as possible”.

A majority agree that “shops and businesses should be required to train their staff to help people with dementia” (82%). Almost two-thirds also support the idea that “employers should do all they can to help people with dementia keep working for as long as possible” (65%). The proportions of people who strongly agree with the two statements are 13% and 26% respectively.

Views on the role of businesses in helping people with dementia vary by age, ethnic group, experience of caring for someone with dementia and knowledge of dementia. Those aged under 65, from a Black Minority Ethnic group, those who have cared for someone with dementia and those who think they know “a great deal” or “quite a lot” about dementia are more likely to strongly agree that shops and businesses should be required to train their staff, compared with other groups. There are no significant differences in the proportions of these subgroups agreeing that “employers should do all they can to help people with dementia keep working for as long as possible”, however.

Helping a neighbour

Respondents were presented with two scenarios about a neighbour with dementia who they had known for several years – the first describing a person with mild dementia and the second a person with severe dementia:

Sheila lives on her own. She has been retired from her job as a shop manager for 5 years. Sheila was recently diagnosed with dementia. She sometimes finds it difficult to do the shopping and cooking, and she can no longer manage her finances properly. Sheila has two children, who both live close by. (Mild dementia)

Harry, aged 75, lives at home with his 72-year old wife Margaret, who is in good health. Harry was diagnosed with dementia 5 years ago. He isn't able to wash or dress himself and has quite unpredictable mood swings. Harry often doesn't know where he is or what day it is. Harry and Margaret have no children. They have been your neighbours for several years. (Severe dementia)

We presented respondents with a list of activities and asked them to indicate which they would be willing and able to help with from time to time.

Almost everyone would be willing to help both Sheila and Harry in at least one of the ways presented (94-95%). There is little variation in terms of what people are prepared to do for Sheila compared with Harry. Table 5 lists what people would be prepared to do for both Sheila and Harry.

People are most likely to say that they would “call in for a chat to check whether they are ok” (90% for Sheila and 89% for Harry). Around three-quarters would “do the shopping for them” (76% for Sheila and 73% for Harry). Around half would also “look after Harry so Margaret can go out on her own” (51%).⁸ Three in 10 would “help Sheila with her finances” while just 15% would “help Harry with washing and dressing”.

Table 5 What people would be prepared to do for Sheila and Harry

	Sheila	Harry
	%	%
Call in to check whether they are ok	90	89
Do the shopping	76	73
Do the gardening	52	52
Cook a meal	59	52
Clean the house	39	34
Help with finances	30	n/a
Look after Harry when Margaret can go out on her own	n/a	51
Help with washing and dressing	n/a	15
None of these	2	3
<i>Weighted base</i>	<i>1843</i>	<i>1843</i>
<i>Unweighted base</i>	<i>1841</i>	<i>1841</i>

Willingness to help Sheila and Harry varies by age and sex. Women are more likely to be willing to do the shopping for Sheila (with mild dementia) (81% compared with 71% of men), cook a meal (70% compared with 48% of men) or clean the house (48% compared with 30% of men). Men, by contrast, are more likely to be willing to do the gardening for Sheila (60% compared with 44% of women).

The lower their age, the more likely people are to say they are willing to help Sheila and Harry in a variety of ways. Younger people are more likely to say they would help Sheila with her finances and do the gardening. Conversely, those aged 75 and over are the least likely to say they would be willing and able to help in the ways listed.

Helping a stranger

A second set of scenarios, presented below, were designed to assess how likely people would be to help a stranger with dementia. To assess whether

⁸ This answer option was only available in relation to Harry as Sheila lived on her own.

the stranger's sex would make a difference, half of respondents were told about a man, while the other half were asked about a woman.

Say you are in a hurry and had nipped in to get some shopping on the way home. In the supermarket you notice a man/woman in his/her 70s with a shopping list who is looking very confused and having trouble working out what to put in his/her trolley. How likely, or unlikely, do you think it is that you would approach the man/woman and offer to help?

What if the man/woman was shouting and other people in the supermarket were keeping their distance from him/her. How likely, or unlikely, do you think it is that you would approach the man/woman and offer to help?

Over three quarters say they would be “very likely” or “quite likely” to help a stranger in a shop and their sex appears to make no difference (76% would be likely to approach a man and 75% a woman). Around one in five say they would be “quite unlikely” or “very unlikely” to help a person looking confused in a shop (19% for a man and 18% for a woman). However, in a scenario where the person was shouting, significantly lower proportions think they would be likely to help - 36% say they would help a man and 38% would help a woman.

Variations between subgroups are similar for the two scenarios and do not vary by the sex of the person being asked about. In relation to the scenario about a man, men, those who have never cared for someone with dementia and those with low levels of self-assessed knowledge are less likely to offer to help; this remains the case in relation to the second question where the man is shouting. So we see that 24% of those who have never cared for someone with dementia, compared with 10% of those with this experience, think they would be “quite” or “very unlikely” to help the man who is looking confused. Further, when the scenario changes and they encounter him shouting, 60% of non carers think they would be unlikely to help, compared with 33% of those with experience of caring in relation to dementia.

Conclusions

The majority of people know someone with dementia and have some knowledge about the condition, especially in relation to its symptoms. There are, however, clear gaps in public knowledge of the risk factors for dementia which public health policies could try to address. In particular, less than one in seven people know that high blood pressure and diabetes are risk factors for dementia.

Negative or stigmatising attitudes to people living with dementia do appear to exist in Britain. Half agree that people with dementia can enjoy life “to the full” and around a quarter think they would find it hard to talk to someone with dementia.

People with higher levels of self-assessed knowledge of dementia are more likely to correctly identify a wider range of symptoms and to know at least three of the seven risk factors asked about. While those who have cared for someone with dementia are more likely to identify a wider range of symptoms correctly, they are no more likely to have good knowledge of the risk factors for dementia.

Having a good knowledge of dementia is not generally associated with holding particularly negative or positive attitudes towards people with dementia. However, those who have cared for someone with dementia are more positive about engaging with someone with dementia – being less likely to say that they would find it hard to talk to someone with dementia and more likely to anticipate helping someone who was showing symptoms of dementia in public.

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