Public Consultation on Ageing: Research into Public Attitudes Towards BBSRC and MRC-Funded Research on Ageing

Final Report

Conducted for:

BBSRC (Biotechnology and Biological Sciences Research Council) and MRC (Medical Research Council)
On behalf of Research Councils UK

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Executive Summary and Implications

This research demonstrates that although ageing and research into ageing may not be issues at the forefront of many people's minds, there is strong support for such research to maximise the quality of life for members of the public. The qualitative work indicates that people often relate 'ageing research' with 'medical research', and generally think of ageing in terms of a deterioration in health. Indeed, health concerns are viewed by the public as one of the most important societal issues to them personally – but they particularly think this for those in the population aged 60 and over. (In the latter case, only 'pensions' are regarded to be of concern to a higher proportion of the public).

There is also broad support for carrying out research to find ways in which the public can be healthier for longer, thereby reducing the NHS health bill. This mirrors discussion in the qualitative stage around the role of Government in ageing research. While some focussed on how the Government could 'police' the release of information to the public to ensure it is not confusing, others believe Government should fund some research into ageing because it is Government that would benefit in the long run if the research produces cures or methods of prevention.

The public makes little distinction between the Government and the NHS when asked what they think are the one or two most common funders of ageing research. However, reference to one or other of these phrases appears to influence mentions of two of the other options on the card, namely: 'medical or other charities' (mentioned more often on the version where government was also shown as an option on the card), and 'organisations and/or individuals funded by UK taxpayers ie Research Councils or scientists in universities' (mentioned more often on the version where the NHS was also shown as an option.

In absolute terms, medical or other charities are easily perceived to be the most common source of research funds for ageing work, but when 'NHS' is shown, mentions of medical or other charities falls by five points.

Charities are followed by the remaining three options in similar proportions, namely: industry, government/the NHS and the UK taxpayer (funding organisations or individuals).

However, it is the government and not charities which the public perceives to be the most appropriate funder of research into ageing. Charities come second (on the version where Government was asked about), followed some way behind by the UK taxpayer (funding organisations and/or individuals) and industry. The NHS gets approximately equal mentions with charities (on the version where the NHS was asked about), coming just ahead of the UK taxpayer, and with industry some way behind.

In the qualitative work, a combination of funders was perceived to be preferable, to ensure diversity of research (though concerns were expressed about industry focussing on a profit motive). It was also deemed to be important for different bodies of research to share their information and co-operate over findings – echoing sentiments from previous Ipsos MORI work, such as MORI/ OST 'The Consultation on the Biosciences' 1998/9; and Science in Society 2004/5; and MORI/BBSRC Diet and Health 2005.

Contributing to the British economy ought to be an important aim for research into ageing according to six in ten members of the public. One in six however disagrees, in particular those from higher social grades. This dissent dovetails with feelings expressed during the qualitative work, where a number of participants worried that thinking about where profits can be made could 'muddy the issue'. More altruistic intentions, such as improving quality of life and benefiting the public, are viewed as being of greater importance than wealth creation – with far more mentioning them as important factors in the quantitative stage than economic wealth creation. However, participants in the qualitative work (and around 1 in 6 in the quantitative stage) say that cost-effectiveness is important in so much as funding should not be squandered on wasteful areas or where an area duplicates what has been done before.

Preventing age-related conditions is the area the public prioritises when thinking about types of ageing research which are important to them, although there is also some support for research into managing these conditions and providing support and care; and – though mentioned far less commonly - into curing such conditions. Prevention was also a factor mentioned in the qualitative work as being most important, and in that phase too, finding cures was the least important factor.

Opinion is divided over whether information campaigns about lifestyle changes that might slow down the ageing process are more important to fund than research into ageing - though slightly more support this proposition than oppose it.

The vast majority of the public feels the public should be consulted on funding decisions for research into ageing, with more saying the public should be consulted 'a fair amount' rather than a great deal'. This mirrors findings from the MORI/OST Science in Society work regarding the desire for consultation about scientific developments. When it comes to personal input, the proportion who feel they, personally, should have influence over decision-making about research into ageing is slightly lower, but still in the majority (just over six in ten). However, influence does not always translate into 'active involvement' and it could simply be a case of people wanting to be offered the opportunity to participate. Only a small proportion (one in seven) feel they currently do have much influence on decision-making about research into ageing, so this is clearly an area where some attention could be focused. Feedback from the workshops also suggests that participants enjoyed the exercise and having the chance to voice their views and grapple with the issues. Some, however, did feel overwhelmed and not in a position to take such decisions.

Common sources the public would turn to for information about research into the effects of ageing on the body and mind are the internet and their Doctor or the waiting room. These might therefore be useful sources to use, to disseminate such information, or for consultation purposes. This would, however, need to ensure that a range of people from all backgrounds are also involved. The fact that younger people are more likely to turn to the internet and older ones more likely to consult their Doctor also needs to be borne in mind with any communications activity.

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Introduction

This report presents the findings of a programme of research carried out among the general public by Ipsos MORI (Market & Opinion Research International) on behalf of the *Biotechnology and Biological Sciences Research Council* (BBSRC) and the *Medical Research Council* (MRC). The research assesses public priorities for scientific research into ageing which falls within BBSRC's and MRC's remits under the auspices of Research Councils UK.

The research programme comprised:

1. **Qualitative research**, involving three general public workshops – held in Sutton, Stirling and Cardiff (on 11, 18 and 25 March 2006 respectively);

2. **A large-scale quantitative survey** of behaviour, attitudes and opinions among 2,162 members of the general public across 212 UK sampling points (25-30 May 2006).

This report draws together the findings from the qualitative and quantitative stages in the research programme.

The report is divided into a number of sections. These comprise: a summary of key findings, sections on methodology and analysis, and summaries of the findings arising from the qualitative research and quantitative survey.

The outcomes of this consultation will inform BBSRC's and MRC's strategic decision-making. The findings will be discussed at a joint BBSRC-MRC meeting on 25 July 2006, and also be considered by BBSRC's Bioscience for Society and Healthy Organism Strategy Panels. These Panels will make recommendations to the Strategy Board, as appropriate. Additionally, the findings will be presented to MRC Council on 26 July 2006[1].

Aims and Objectives

This research examines the concerns and aspirations of the UK public in relation to ageing research, in particular looking at:

what the public sees as the main current and future problems for older people;

the assumptions upon which the public bases its decisions about priorities for scientific research in this area;

[1] The methodology for this study was also presented on 31 March to MRC's AGPI – Advisory Group on Public Involvement.

how the public prioritises ageing research against scientific research into other areas;

the public's views of the issues surrounding the feed-through of scientific research outputs to healthcare policy;

In addition, it allows BBSRC and MRC to gain public input into strategic decision-making about the future direction and conduct of research on ageing, and contributes to making BBSRC and MRC publicly accountable for the direction of ageing research, and demonstrates greater transparency in strategy development.

The research builds on MORI's public consultation on scientific research into diet and health (MORI/BBSRC, 2005). It compares the key findings to emerge from the two studies, in particular the factors that people think are important when allocating funding. Comparisons have also been made (where relevant) with MORI/OST's 'Science in Society' 2004 research.

Qualitative Methodology

Three workshops were convened, each involving between 15 and 21 members of the general public, plus three Ipsos MORI moderators[2], and one or two observers from BBSRC and MRC. The workshops were held on consecutive Saturdays and each lasted a full day, starting at 10am and finishing at between 3.30pm and 4pm.

Participants in the workshops comprised a range of ages (from 16 to 82 years), social classes and working backgrounds, and included carers (of adults aged 60+ and disabled adults aged 18+). All workshops were of mixed gender. A recruitment questionnaire was designed and quotas set to ensure that BME groups were adequately represented and scientists not over-represented. Further details about the quotas set can be found in the *Appendices*.

At the time of fieldwork, there was considerable media coverage of issues we felt might impact on participants' views, notably Bird Flu and the clinical drug trials incident involving human volunteers and Parexel. [3]

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[2] and one additional supporting member of staff at the Sutton and Cardiff workshops.

[3] The spread of Bird Flu: e.g. *The Guardian* 'Bird flu death toll close to 100', 17/3/06, http://www.guardian.co.uk/birdflu/story/0,,1733493,00.html.

On 15 March 2006, a separate front page news story broke around clinical drug trials involving six healthy volunteers who were rushed into intensive care at Northwick Park Hospital in north west London after suddenly falling ill while participating in the trial. This was widely reported on BBC television news and in the press from 15/03/06, the Wednesday before the Stirling workshop: e.g. *The Guardian* 'Six men in intensive care after drug trial goes wrong', 15/3/06.
http://www.guardian.co.uk/medicine/story/0,,1731230,00.html?gusrc=rss. Also
http://news.bbc.co.uk/1/hi/health/4808090.stm

Working in Syndicate Groups

Green Group, Sutton

Reporting Back

Orange Group, Sutton

Ipsos MORI worked with BBSRC, MRC and a cross-Research Council Steering Group to develop the topic guide and materials for the workshops, and an Exit Questionnaire which gauged people's views about the day. These materials can be found in the *Appendices*. The agenda and topic guide covered a number of areas, as follows:

Unprompted views on the importance of scientific research into ageing;

Awareness and understanding of scientific research into ageing;

Criteria for funding scientific research into ageing; and

Priority areas for scientific research into ageing.

The morning sessions focused on general awareness and understanding of ageing and scientific research, and this was discussed either as a plenary (in the first part of the Sutton workshop), or as syndicate groups (which were of mixed age). In the afternoon, groups discussed the criteria for funding scientific research into ageing, and evaluated **five example areas**.[4] Syndicate groups then reported back in a plenary session.

MORI worked with BBSRC, MRC and the Steering Group in choosing the five project areas and in designing the summary sheets that were given out in the syndicate groups. The five project areas were:

A 'Diet, genes and lifestyle'

[4] A key difference between this research into ageing and MORI's previous study for BBSRC on public attitudes towards research into *diet and health* was that the ageing evaluation focused on a number of broad research *areas*, rather than specific research *projects*.

B 'How cells work and deteriorate'

C 'Tracking health from babyhood to old age'

D 'How ageing affects the body as a whole: Computer modelling' and

E 'Better technology to improve old people's everyday lives'

Each syndicate group was given a summary sheet and detailed information on the five research areas (see the *Appendices*), and was then asked to assess each one against the criteria for funding research into ageing, and allocate a fixed pot of funding between them.

Overall feedback from the workshops was positive. There was a high level of interest in the research and many people said they had enjoyed taking part in the research. The "feedback from the day" is shown in the *Appendices*. All participants agreed to be audio- recorded, and all but one to be photographed during the workshops.

The target profile and actual composition of the three workshops is shown in the table below.

	Target	**Sutton (11 March)**	**Stirling (18 March)**	**Cardiff (25 March)**
Total	21	21	15	20
1. Gender				
Men	At least 10	12	8	10
Women	At least 10	9	7	10
2. Age				
Under 25	At least 4	4	3	3
25-40	At least 6	6	5	7
41-65	At least 6	7	4	6
66+	At least 4	3	3	4
3. Social Class				
AB	At least 5	4	5	5
C1	At least 5	7	3	5
C2	At least 5	6	3	5
DE	At least 5	4	4	5
4. Occupation				
Workers (total)	At least 10	13	8	12
Full-time workers	At least 8	9	8	8
BME groups	At least 4 (Sutton) / 2 (Stirling/Cardiff)	5	2	2
Carers Cares for a person aged 60+ or a disabled adult (18+)	Aim for 2	2	1	2
Scientists	Not more than 2	-	2	1

Despite this high profile Northwick Park Hospital/Parexel clinical trials story breaking shortly before the Stirling and Cardiff workshops, there was relatively little mention of it (or its impact on science) at either of these workshops. The few participants that did mention it tended to regard it as a hideous accident that should not stop scientific research from going ahead.

Quantitative Methodology

Ipsos MORI conducted a large-scale quantitative survey of 2,162 adults aged 15+ in 212 sampling points across the United Kingdom. Questions were placed on the Ipsos MORI Omnibus, the regular survey among the general public in Great Britain. A nationally representative quota sample of 2,052 adults (aged 15 and over) was interviewed throughout Great Britain by MORI in 202 sampling points. Additionally, 110 interviews were conducted in 10 sampling points across Northern Ireland, by Ipsos MORI Ireland.

Interviews were conducted face-to-face, in respondents' homes between 25-30 May 2006.

The questionnaire for the quantitative survey was designed by Ipsos MORI, BBSRC and MRC, in consultation with the project's Steering Group.

The figures quoted in the graphs and tables are percentages. The size of the sample base from which the percentage is derived is indicated. Note that the base may vary – the percentage is not always based on the total sample. Caution is advised when comparing responses between small sample sizes.

Please note that the percentage figures for the various sub-groups generally need to differ by a certain number of percentage points for the difference to be statistically significant. This number will depend on the size of the sub-group sample and the percentage finding itself – as noted in the appendices.

Where an asterisk (*) appears, it indicates a percentage of less than half, but greater than zero. Where percentages do not add up to 100% this can be due to a variety of factors – such as the exclusion of 'Don't know', or 'Other' responses, multiple responses or computer rounding.

Publication of Data

MORI's standard Terms and Conditions apply to this, as to all studies we carry out. Compliance with the MRS Code of Conduct and our clearing is necessary of any copy or data for publication, web-sites or press releases which contain any data derived from MORI research. This is to protect our client's reputation and integrity as much as our own. We recognise that it is in no-one's best interests to have survey findings published which could be misinterpreted, or could appear to be inaccurately or misleadingly presented.

Qualitative Research

1. Issues and Attitudes

1.1 Issues of Concern

There were generally few mentions of issues around ageing or research into ageing in the context of the main issues to do with society that people think about in their day-to-day lives, and many people had given little thought to these subjects in this respect. This was despite the fact that participants had been invited to a workshop to discuss 'research into ageing in today's society', and that some were over the age of 65, or carers of people aged 60+, and that everyone had [or had had] grandparents. Though there was concern about ageing, other issues – including those affecting children and young people were uppermost in people's minds. It may be that people prefer not to think about ageing and growing old – particularly if this is coupled with problems of ill-health, immobility and social isolation which we know concern them. Also, because the average life expectancy has risen, people may not regard themselves as being elderly until they are over 75 or 80. This may mean they are less likely to consider issues to do with ageing until they are aged 70 or over.

Typically, on Ipsos MORI surveys when people are asked about issues which are important to them personally, they mention friends and family, health or good health, money or financial security, and having a job. However, this is often affected by whatever 'hot topics' are in the media at the time of interview, and issues such as crime and education which are also fairly commonly mentioned can increase temporarily in importance. So in this sense, it is unsurprising that ageing was not uppermost in people's minds.

In general, people found it easier to talk about ageing and the effects of ageing than the more complex and specialised area of scientific research.

The main issues to do with society that participants think about in their everyday lives were:

> **children and young people**, including anti-social behaviour, diet and health, problems with education/training – standards in general, children being left behind educationally, the cost of education, lack of skills – the cost of housing, lack of financial provision for retirement, and drug abuse[5]. The fact that a number of participants were parents or grandparents could be linked to the number of mentions of this area as an issue;

[5] A news story about large numbers of school children taking drugs was mentioned at the workshop in Cardiff, following a report on the day of the workshop on the front page of *The Times* 'Cocaine floods the playground', 25 March 2006, p1, http://www.timesonline.co.uk/newspaper/0,,175-2102550,00.html

crime (especially among young people – "teenagers with hoodies"), which was seen as "spiralling out of control", and in particular violent attacks and murders;

health/healthcare/the NHS, including concerns about personal health and the health of family and friends, and healthcare provision – waiting times, staffing concerns (quality and number of staff) and local hospitals being under-funded and/or in debt (Reigate Hospital was mentioned in Sutton); and a feeling that whilst steps are being taken to improve the healthcare, more needs to be done;

lack of access to local services, particularly for vulnerable groups – in healthcare, education, and social services (seen as a 'postcode lottery' in Sutton), and supermarkets/shops and transport (in Stirling). Government policies to promote access to services were mentioned (e.g. Sure Start), but were not seen as going far enough. This was a theme that was to re-emerge later as one of the criteria for awarding funding; some felt that although initiatives such as these were probably worthwhile, they are expensive and don't always achieve what they set out to.

money/financial security/debt and employment insecurity (mentioned in Sutton and Stirling);

travelling and recreation, with one person (aged 67) saying that motorcycling was important to him – a pastime that was to undermine the image of older people lacking mobility and independence that was to emerge;

lack of affordable housing (mentioned as a problem in Sutton and Cardiff), particularly for young people;

global issues, including prevalence of war and environmental issues (pollution, extinction of species and habitats, the loss of the ozone layer, climate change and "killer cyclones" were mentioned).

There were a number of issues related to ageing and old age that were mentioned as being important, although these were sometimes discussed in relation to 'ageing', rather than as one of the main (unprompted) issues of concern:

pensions and poverty in retirement, which was seen as a problem now as well as in terms of a crisis looming for young people;

people living longer and how to care for them (with concerns about quality of care in nursing homes and the problems of ill health);

lack of respect for older people/breakdown of community (these issues came up when people thought about the *Better Technology* research area; see below);

'keeping up' with technology (e.g. computers, emails, internet, mobile phones), which was seen as a problem for older people ("Computers have passed me by", Male, Aged 76, Cardiff) – a concern that was to emerge in relation to discussion about funding for the *Better Technology* research area).

2. Attitudes towards Old Age

Perceptions of being 'old' vary considerably and can change through life, and the old adage '*You're as old as you feel*' seems to hold true from these workshops. ("At 76, you want to live a long time. When you are 20 you have a different perspective", said one 76 year old). One person felt that, "People in their 90s don't seem to be that old". However, a 16 year-old felt that people are 'old' once they reach retirement age ("by the age of 60") and said that being 80 is "really old" and 90 is "pushing it". However, one young entrepreneur (in his late 20s) who ran his own company admitted feeling old, saying "You can feel old at 21".

There are a number of negative associations with 'old' age, centring on physical limitations and ill health. In this context a number of health conditions were mentioned, such as cancer, arthritis, Alzheimer's and Parkinson's disease. There was also concern *mental decline* and *loss of independence/mobility* and feelings of both vulnerability and nostalgia associated with older age. Some people described the loneliness of outliving friends and relatives, and elderly people losing the will to live. Others described their personal experience of retirement as undermining self worth and leading to problems staying active. Old age was also seen in terms of "invisibility" and "a lack of respect." Some felt this could include a lack of self-respect in certain cases and generally negative attitudes from society.

Whilst people tended to associate health problems with older people, some of those with experience of caring, or professional experience of healthcare had a broader view of ageing as something that can affect younger people. For example, one carer described someone aged 15 who is suffering from Alzheimer's.

People said they wanted to live a long and active life, maintaining their physical and mental health in old age as well as their independence and mobility, without becoming a burden on family or society. There was demand for *quality of life* in old age ("Quality rather than quantity of life"). Some people worried about deterioration of their mental health and lack of mobility in old age, and "anything stopping you enjoying life".

3. Attitudes towards Ageing

People did not tend to think about ageing as a *life process* but rather associated it with age-related problems, in particular *ill health* and general 'wear and tear' or 'aches and pains' as a person gets older. They tended to have a *negative* view of ageing and of the pressures of an ageing population on society and the environment ("There is nothing good about it"). Despite agreement that ageing happens from when you are born, people (especially the younger ones) quickly slipped back into talking about issues which face the elderly. Perhaps this points to a feeling that "it happens to other (old) people, not me."

Most people tend to experience ageing in terms of their physical appearance – and looking older ("I look in the mirror and realise I am old"). It is also experienced in terms of lifestage and work. One young person (late 20s) felt old because "All I do is work, work, work". About half the group said they felt they were ageing in the sense of feeling older, although one person mentioned feeling younger.

There were a number of negative associations with 'ageing', namely:

physical and bodily changes, including 'slowing down' (which can bring frustration for people, where people keep their mental health (and "the mind doesn't change"), but have "ageing bones";

losing respect/the public perception of being less valuable/ associations with old age. The stigma attached to old age was mentioned, and so too was the feeling that "your opinion is not counted [if you are old]. You are told you are a burden". One respondent with a family connection to China said that older people there get more respect, compared with Britain;

the increased need for care, and increased risk of accidents/illness, concern around care homes, meals on wheels, questions over whether there will be sufficient care and if it will be by sufficiently qualified people. Concern around funding of care homes and the NHS in general;

social isolation/loneliness, with some older people having very little family contact, except occasional visits and phone calls. Older people were called "a forgotten generation". Some people felt there is less mixing between generations now than there used to be, which reduces the understanding between people of different ages;

poverty, with older people being "short changed" by not claiming for benefits to which they are entitled, needing to sell their own home to pay for care or rely on relatives. There was broad awareness of a 'pensions crisis', with people not having enough income to live comfortably in retirement.

ageist attitudes in the job market – against people in their 50s looking for work, but also to some extent against 16 year olds**.**

'age-related illnesses', such as Alzheimer's and heart disease (which can occur early in life and are often not confined to older people);

family events – children growing up and leaving home ("You realise you are no longer needed") and the arrival of grandchildren (which brings joy, but "You realise that time is moving on");

changes in lifestyle/'slowing down' – e.g. television watching habits (with game shows, talent shows and quiz shows cited as being popular among older people).

becoming a 'burden' on family and society – which links to a perception of older people in hospitals as 'clogging up beds' and the notion of an 'ageing population' – and the impacts of people living longer on the environment and quality of life. ("How can you sustain it?" "With people living to 100, what's the quality of life going to be like?)

There were some positive associations with ageing (and these included wisdom, experience, confidence, and happiness in oneself and one's views). One person said she is "looking forward to retirement". However, others felt 'frightened' about getting 'really old'. Initial responses to ageing reflected apprehension about old age, and were based on fear of the unknown and concern on seeing older people around them and feeling they were lonely/isolated.

There was a feeling that attitudes to ageing and being old are changing, and that "nobody knows what 'old' is" anymore, as a result of increases in retirement age and people living longer/being expected to work longer. Increasing life expectancy was connected with people becoming better informed and technology "moving forward"/better health treatments. This means that ageing now happens more slowly, and people get 'old' later.

This 'post-modern' attitude to ageing reflected a feeling that whilst ageing comes to everyone, how you deal with ageing can put off 'getting older'. People can do things to help them 'stay young' – keep active (physically/ mentally), 'raise your mood', 'don't vegetate'. However some good things (e.g. jogging) can lead to bad things (e.g. knees giving out).

2. Awareness, Information and Understanding

2.1 Awareness of Research into Ageing

There was broad awareness of research into ageing, but little understanding of individual research programmes or studies (echoing findings from our research on diet and health: MORI/BBSRC 2005). People tended to talk generally about research on "lifestyle issues" – e.g. having plastic surgery to look younger, or gender transformation; or tackling "physical conditions" such as deafness; or blindness; or "illnesses/diseases" such as cures for cancer, Alzheimer's etc; and "general research" such as looking at how the body ages etc.

Scientific research into ageing was strongly associated with *medical* research (it brought to mind images of "trying to keep people alive longer"), and research into genetics, DNA, stem cells, alternative medicine and cloning. When asked to name areas of research into ageing, people tended to name a health condition first and then assume that research is going on to find a cure or assist with the treatment of that condition, such as: cancer, strokes, degenerative conditions, Parkinson's, Alzheimer's, and a general decline in mental alertness.

Research around the menopause and women's health (e.g. calcium deficiency and "hunchbacks") was mentioned, as well as issues around HRT. Some thought it might be interesting or useful to look at why women tend to outlive men and whether this is due to their lifestyle or other factors). Others spoke of research around older men's health (e.g. preventing prostate cancer – and the need for more check-ups/ "health MOTs"). Although these conditions are not unique to older people – and can happen to anyone, people said they associate age and ageing with one's health getting worse. *They therefore automatically link ageing research with health research.*

There was awareness of anti-ageing creams. Whilst some people said they used such creams, there were doubts about whether they genuinely slow down the ageing process. ("It's down to genetics and lifestyle." "Are they (the creams) as good as they make out?").

There was broad awareness of research into how people can remain 'mentally fit' (including the use of crosswords). One syndicate group debated how such research can be used for understanding brain development and learning in children. In another group, there was some mention that 'stimulation' helped people to 'stay young' (things such as older people talking, reading, listening to music, walking, keeping their mind working).

Some verbatim comments from the workshops highlight people's thoughts on research. Stirling Workshop:

> *I think genetic research is very important because if they could identify say, the gene that gave you Alzheimer's when you were in your 30's, and say 'OK we've identified this gene' just for argument's sake. We've identified this gene and you will develop Alzheimer's. But you can do something now so you don't get Alzheimer's when you're older... I'm speaking theoretically. If they could identify a gene that gave you arthritis, and do something about it before, that will make people's lives better. It'll put less strain on the resources, the limited resources that we've got now, and it would make people's lives a lot easier.*
>
> Female, Stirling

> *It could be valuable. Yeah, I don't think the research is wrong. But I do think that this whole taking out bits of genetics and changing genetics, I think that we have been evolved this way.*
>
> Male, Stirling

> *I don't see anything wrong with charities funding research, because normally people donate to charities. A lot of them have actually. Whatever charity it is, whether it's cancer research, I've got a relative with that, it could be her cancer, so it's personal to them.*
>
> Female, Stirling

> *Well, they've got to [charities have got to fund research], cause otherwise they'll never get it, cause the government's only going to give a limited amount, so they've got to get it from the public somehow.*
>
> Male, Stirling

Sutton Workshop:

> **Moderator: That's interesting. You say government straightaway, why is it the government's job [to fund research]?**
>
> *Because it is a government job because people pay taxes and things in so many ways and some of it should go to research.*
>
> Female, Sutton

Moderator: You had a slightly different point of view by the sounds of it.

Why, I can't see quite why the government would be interested in funding it because life goes on doesn't it? and we live and our children live and our grandchildren live. I've been looking into genealogy and you get this picture of where you've come from and you see these lives in the past. They're all happening at the time and we live our life. Now, what we're talking about here is improving the quality of our life through these drugs or whatever it is, procedures and stuff. That's our benefit. Why should the government be interested? Unless there's going to be some payback to society by us being more healthy, but there isn't necessarily depending how old you are... I just think it should be us in a way [i.e. not Government] because ageing isn't a problem, it's part of life.

Male, Sutton

Surely research on ageing actually boils down to the fact we should have a good health service from the very beginning? Because ageing is only part of health, really, so it comes in, I'm not so sure I think it should be a special ageing front, you know. I mean, we all age.

Female, Sutton

Cardiff Workshop:

Moderator: Do you think maybe, do you think the government funds anything else to do with ageing, research on ageing?

Well me personally, I wouldn't think they're funding research into incurable diseases, I would think that's a private sector thing. I would think it's encouraged by the government, but I wouldn't think, but in terms of mental illness and the concentration span of younger people and stuff like that, I would think the government does a bit of that.

Male, Cardiff

Pensions funds, or insurance companies? Cause they might want to turn the table, cause they're getting more picky aren't they about, if you've got a list of things that they've got wrong with you, they don't want to take you on, or a history of something. I suspect that they do a lot of research into that sort of thing, insurance companies. Whether they actually pay for development of cures and things like that, I don't know, but they do, I bet they do a lot of research into finding out what they have to cope with.

Female, Cardiff

Moderator: Can I just ask who do you think should fund research into these areas?

If it comes down to drugs then the drug companies should do it. A lot of these things should be funded by the government, I think.

Male, Cardiff

It's difficult because you think you're paying certain taxes and people should do research into it, but I think we're going to have to end up with a combination of private sector and government funding to encourage it.

Male, Cardiff

I'm not too sure I agree with [name] about the government funding, because it can end up like privatised, the gas industry before it was privatised. All the burden and with surface staff and not very efficient. As soon as British Gas went private, wow, they got rid of all the old wood and they're now a very, very efficient company, because partly therefore a private company. I was part of a privatised department, and I like to think that privatisation would be … very, very well on the basis that you get good management in the position and good staff, whereas mismanagement throughout government caused all these problems.

Male, Cardiff

I think with the research the big drug companies and the food companies do, if it doesn't favour them at the end result, you don't hear about it.

Male, Cardiff

There's lots of counter-research, the example I'm thinking of is Sunny Delight, that orange. They, somebody did research to say that actually, if you drink enough of it, it turns your child yellow, or orange or something … and then Sunny Delight came back with counter-research to say something, so that confuses the general public, because they don't know what's right. It's like Ribena, they put on their advertising Tooth Kind, and then the dentists charge back saying, one of the others say that, so unless there's, there's got to be regulation with this research, because there's nothing stopping anybody doing research and publishing it, and so the public have then got no idea what's what, so is Sunny Delight good for you? Or is Ribena good for you? We don't know, 'cause in our minds we get bombarded with so much information, we can't remember which one's right and which one's wrong

Female, Cardiff

> *There's a finite line with research projects that go on by universities and health authorities and everything, to the point whereby they're looking for one particular factor within that research, and whatever their research comes to at the end of it, that study is never used in anything else, because it's deemed to be not necessary to assist them in their research. They don't look at previous research that's been done, unless it's published, but if it's published they don't use it, they can't use it again.*
>
> Male, Cardiff

2.2 Finding out Information about Research into Ageing

Some people are proactive in finding out information on research into ageing, often spurred on by personal experience of health issues. This reflects the fact that some participants lacked trust in science and scientists ("Boffins who come out with ludicrous opinions") and there was some scepticism about scientific research. Generally though, in Ipsos MORI's experience, the public does trust scientists overall, and in our most recent work for the BMA, as many as 7 in 10 members of the public said they trust scientists to tell the truth (MORI/BMA 2005)[6]. However, we know from a number of our studies that the public places greater trust in some scientists than in others. They are more likely to trust scientists funded by medical charities or environmental groups than by government or industry7.

The MMR story was mentioned as one with an irresponsible scientist, where media had "jumped on the story". Such experiences and mixed health messages had made people become more questioning of advice, such that some admitted that they would "take what the experts say with a pinch of salt".

Some people complained of changes in health messages (e.g. on the dietary importance of omega three[8]). Some felt that the public is "bombarded" with advice and that people are "too well informed". This was seen as sometimes causing more problems, e.g. increasing cleanliness causing allergies. ("You can know too much").

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[6] See http://www.mori.com/polls/trends/trust.shtml for trends from 1997-2005 on scientists, and 1983-2005 on other professions. 1999–2005: MORI/BMA; 1997: MORI/Cancer Research Campaign; 1983 – 1996: MORI/Sunday Times.

[7] Please see http://www.mori.com/polls/2004/ost.shtml OST Science in Society, 2005. Published in 2005.

[8] See the report on the *BBC website* 'Doubts cast on oily fish benefits' 23 March 2006, http://news.bbc.co.uk/1/hi/health/4838086.stm ; and *The Times* 'The benefits of fish and linseed oils as elixir of life are another health myth', 24 March 2006, http://www.timesonline.co.uk/article/0,,2-2100878,00.html

A number of sources of information on research on ageing were mentioned, including:

the internet (e.g. *medicine.net* website).

the media/press/scientific and health programmes on television and radio. Radio Four and TV soaps such as Eastenders, Emmerdale and Coronation Street were mentioned (the example of Mike Baldwin was given, as a character from Coronation Street who is developing Alzheimer's). Such programmes sometimes offer the opportunity for those who are personally affected by the issues to access support services. Radio and broadsheet newspapers are also important (and *The Times* and *The Independent* were mentioned for their health articles), although people also felt that media coverage could be contradictory.

work experience. One person with experience of working in healthcare (a Senior Healthcare Assistant) showed a good understanding of research into ageing, and the NICE guidelines for older people.

personal or family experience. People sometimes rely on family and friends for advice, and this can play an important role in priorities for research. (See *Criteria for Awarding Funding* below).

Education in schools was not seen as providing children with information about issues affecting older people (although there was mention of 'the ageing population').

2.3 Understanding of Research into Ageing

There was low understanding of scientific research on ageing. Whilst people tended to assume that there are researchers somewhere doing research into ageing and age-related health conditions/illnesses, there was little understanding of what any such research might involve, and little prior thought had been given to how any research or experiments might be conducted.

As one might expect given its specialist nature, people tended to find talking about scientific research difficult, felt divorced from the scientific community[9] and generally in the workshops held a stereotypical image of scientists as 'boffins' wearing 'lab coats'. While this stereotype did emerge in MORI's research on *Science and Society* for the Office of Science and Technology (MORI/OST 2005), it was far less commonplace (among the representative sample in the quantitative study) than more positive associations of scientists as being experts and skilled people.

[9] There was a quota of no more than two scientists recruited for each workshop.

When asked by the workshop moderators of any other associations with science, scientific research or scientists, people mentioned 'chemicals', 'new products', 'compounds and trials', 'scientific equipment', 'valuable', 'prevention not cure', microscopes, cells changing, GM, and scientific terms for face creams that don't mean anything. People tended to think that from: scientific research into ageing might examine a wide range of things from: physical factors (e.g. hips wearing out), to medical conditions, cosmetic issues, quality of life factors and social issues (such as housing needs and how different ages interact).

Some general research areas were mentioned including stem cell research, and some specific research areas were given – for example 'Dolly the sheep' and 'growing a human ear on a mouse' – the two which Ipsos MORI frequently finds emerging in its work. But there was little depth of understanding of these areas - particularly what they had set out to do - and people's understanding tended to reflect headline stories picked up from TV or news articles.

There was awareness of a number of potential sources of funding for research into ageing, with people most commonly mentioning private companies and government bodies:

> **industry/'big companies'**, including the cosmetics industry (e.g. L'Oreal), pension companies (e.g. Friends Providence), drugs companies/the pharmaceutical industry (e.g. GlaxoSmithKline and Pfizer), and shops/the retail sector (e.g. Holland and Barrett, Tesco and supermarkets);
>
> **'government bodies'**, which were generally unspecified. (There was no specific mention of research councils);[10]
>
> **charities** were also cited (though less commonly), including those providing support to older people and those focusing on illnesses/medical conditions (such as Help the Aged, Mind, British Heart Foundation, Cancer Research, Scope and Arthritis UK ("Arthritis something… What are they called? I don't know").

There was little mention of patients or campaigning groups.

There was some distrust of industry funding scientific research because of concern that the profit motive would take precedence over any concern for patients or people. People were often wary of scientific research that is funded by the pharmaceutical industry and suspicious about whether this is a good thing. Private sector companies were seen as conducting research to learn how they could promote their product or increase sales, rather than necessarily for the greater good. Some felt that companies should have to re-invest some of their

[10] Trading Standards was mentioned as a government body by one participant. Their role was deemed to be to make sure that claims are supported and based on "some level of science/level of feasibility".

profits back into research. Having a combination of funders was preferred, as well as the involvement of government, charities and local authorities.

People tended to be positive about the government's role in funding research into ageing, assuming that such research will have a public benefit (through providing cures for illnesses/conditions and saving money for the NHS).

Some felt that the Government should be responsible for issuing guidelines about what is researched, making sure it is accurately presented (not biased) and controlling the exposure of research so that it is not confusing or contradictory for the public. It was suggested that the Government should be involved in funding research into ageing, since money spent on healthcare could be saved if research finds cures/prevention.

2.4 Views on Research into Ageing

Scientific research into ageing is seen as important, and public funding of this area is popular, but only if this research is put into practice (and has a public benefit). Research into ageing is also seen as potentially benefiting everyone/society as a whole, based on the assumption that "everyone is going to get old".

People tended to place a much higher value on medical research to treat the physical and mental problems associated with ageing – for example research on arthritis and Alzheimer's disease – than on research to provide cosmetic treatments. There was a feeling that scientific research has contributed greatly towards improving healthcare and is valued as a good thing. ("Research is essential"). There was a recognised need for research ("We need research") and an expectation that research would lead to medical breakthroughs ("We expect a cure for almost everything"), particularly with the growing number of elderly people.

There was disagreement about whether medical research was advancing quickly enough. Whilst some felt impatient at the speed of progress ("People are still dying of cancer"), others expressed concern with the speed of medical advances. There was a feeling that scientists are competing with each other in the rush to develop their ideas ("A race is going on"), whilst others described progress as like "science fiction". The speed of scientific advances was seen as "frightening". This reflected a view of scientists as not thinking about whether they should be doing things. ("Scientists need to think more"). However it was mentioned that scientists are helping us to have "better knowledge about what to do, and what not to do" in terms of healthy living.

Scientific research was seen to pose important moral and ethical questions, and religious concern about human intervention in some situations. One person with a Muslim and Punjabi background expressed concern about human intervention in life and death, and expressed his belief in 'kismet' (which means that "When God says you have got to go, you have got to go").

3. Criteria for Awarding Funding

3.1 Public Benefits/Impacts on Quality of Life

People generally wanted the 'greatest good' for the greatest number of people, which reflects findings from MORI's *Diet and Health* research (MORI/BBSRC 2005). Public benefit was widely seen as being a "very important" criterion for awarding funding and described in terms of the impacts of research on:

treating health conditions/illnesses and improving mental health;

quality of life (particularly mobility and independence for older people); and

benefits to society (including the improvement of public health, reducing costs for the NHS, the contribution towards UK prosperity/wealth creation, and worldwide impacts).

Whilst there was broad recognition that scientific advances are lengthening life ("We could all be made to live to one hundred"), there was concern that attention is given to *mental health* (how to "keep the mind going") as well as *quality of life*. ("They're trying to make people live longer but it's the quality of life that's important").

By contrast, research on cosmetics (e.g. hair replacement creams for men, facial creams and cosmetic surgery) tended to be seen as less worthwhile, and there was little support for public funding for this area. This feeling was based on arguments about research being motivated by 'medical necessity' vs 'vanity', and a feeling that research on anti-ageing creams should be funded by industry.

There was a feeling that research into ageing could potentially benefit everyone, and that no groups should benefit more than any others. There was a consensus that 'all of us' should benefit, and that everyone – whether young or old, poor or affluent – should have access to the benefits of research.

There was some concern, however, that some less affluent and more vulnerable groups might miss out on the benefits of research, depending on how results are used/applied, and equality of access to the benefits of research was important. In particular, there were concerns about accessibility of treatment ('postcode lottery') and the cost of treatments and 'healthy lifestyles' (organic food, gym membership). There was also a feeling that awareness of the lifestyle messages from research should be raised among men and young people.

There was a feeling that a balance is needed between research that will help people now ("a short-term fix") and research that might benefit future generations. Some people (including but not exclusively older people) were seen as needing the benefits from research as soon as possible ("We can't wait." "We need the drugs now"). But it was also felt that research on ageing should benefit all *age groups*, since younger people can experience illness or problems associated

with ageing. ("There should be a balance between the benefits to younger people versus older people").

There was debate in one of the syndicate groups about the importance of research funded in Britain having worldwide or international benefits. Whilst it was generally agreed that research funded by the British taxpayer should benefit the British taxpayer, it was also felt that Britain should not be 'isolationist'.

3.2 Level of Need

It was recognised that a balance needs to be struck between the level of need, and the benefit for the greatest number – with both these factors being important. However, there was a tendency for people to think that maximising the number of potential beneficiaries is important.

There was a feeling that funding for research should focus on areas that have received relatively little funding. Arthritis and osteoporosis were mentioned as areas where there has been very little progress, compared with other healthcare issues such as heart disease. There was a feeling that funding for research tends to be targeted at conditions that are 'curable', whereas conditions such as arthritis receive less funding, as they can only be 'managed'. It was noted that "Pharmaceutical companies are interested in heart disease because of financial gain".

3.3 Prevention

Prevention was a key theme to emerge – both in terms of associations with research on ageing (understanding why things happen, what affects ageing and associated problems, so treatment can be given at an early and appropriate stage) and its importance as a criterion for funding research. There was support for research with an emphasis on prevention and management, rather than finding cures.

3.4 Value for Money

Whilst the overall cost of a research project was not generally seen as important, value for money was seen as a key factor for funding research into ageing, reflecting MORI's research into diet and health (MORI/BBSRC 2005). There was, though, little understanding of what 'cost-effectiveness' might mean in practice – this was defined broadly as getting the most output from the least input, and reducing waste and inefficiency. (This idea was linked to the importance placed on research being innovative, and on not duplicating other research).

3.5 Scientific Excellence

Scientific excellence was widely seen as an important factor, but very much taken for granted as something that should exist anyway. Yet there appeared to be limited understanding of this term[11], and participants seemed confident that there would be some measures to ensure that standards were upheld, although they did not know the details.

There was some recognition that research funding should promote scientific excellence in the UK, and that without a certain level of excellence, the country would suffer from a 'brain drain' – that is that scientific experts would go to work in other countries. There was a particular need to fund excellence in order to continue with "pioneering" research.

3.6 Contribution towards Prosperity

There were mixed feelings about the importance of research contributing towards prosperity, as MORI found in the *Diet and Health* research for BBSRC (MORI/BBSRC 2005). Some believed strongly that it is important that science contributes towards wealth creation, but others expressed concerns about pharmaceutical industry involvement and the profit motive not always being compatible with the pursuit of knowledge. (There was related concern that such involvement can skew results away from the public interest).

3.7 Level of Risk

People tended to accept that research involves a degree of risk – seen in terms of the chances of success of the project/project team and (something which may not commonly be regarded as a definition of risk) the likely take-up of any health messages. For some, this reduced the value of giving long-term funding. ("I would invest less in long-term development because of the risk").

3.8 Timescale and the Likelihood of a Big Leap Forward

People had mixed feelings about the importance of research being likely to result in a 'big leap forward'. Whilst there was demand for an 'early breakthrough' (particularly among older people) to bring cures for particular illnesses and conditions, some viewed individual research studies as part of a broader process of scientific discovery. People saw a trade-off between the importance of an early breakthrough (or "quick win") and the possible benefits for society. There was a need to "balance the potential" with the likelihood of success.

[11] In the workshops the following definition of 'scientific excellence' was offered: "the most appropriate way to tackle the most relevant problem - so something that addresses a difficult problem and uses the best scientific theory and technology to approach it". During the quantitative stage a more concise definition of 'scientific excellence' was used: "science that is carried out to the highest standards".

3.9 Research Being Conducted Ethically

People in one syndicate group (in Sutton) agreed that it is important that research is conducted and used ethically – and this reflects the findings from the *Diet and Health* workshop that was also conducted in Sutton. There was mention of the use of animals in research and any possible side effects (and Thalidomide was cited in this context).

There was little mention of the importance of research being conducted *safely* (as a condition of funding), despite wide reporting of the recent incident involving clinical trials by Parexel. When this incident was spontaneously mentioned by participants in the workshops in Stirling and Cardiff, there was recognition that such problems are extremely unusual and people did not want to dwell on this incident.

3.10 Openness/Sharing Information

Some people valued recording information correctly and making research findings available to the public and other research scientists, reflecting the perceived importance of public education about healthy living ("Some people will listen and it will improve their health") and the contribution towards the future development of science.

3.11 Public Opinion

There were mixed feelings about the importance of public opinion to help determine the allocation of funding for research on ageing. There was some recognition that people are sometimes poorly informed and can have an inadequate understanding of science, and should not influence funding for controversial research areas. ("Public opinion is important, but do they have access to the information?") But others felt that public opinion has some value and that public priorities for research should be taken into account, despite lack of technical knowledge ("I'm not qualified to say what are the technical possibilities but can give my priorities").

4. Evaluating Research into Ageing

Reactions to the research areas were positive, and all were seen as worthwhile areas for funding – both initially and after the provision of detailed information and subsequent discussion/evaluation. Views on the five research areas are discussed in more detail below.

'A': Diet, Genes & Lifestyle

Research on diet, genes and lifestyle was generally viewed favourably, despite concerns about research on genetics and animal experimentation, and the risk that people would not take up the health messages from the research.

This area scored highly *for scientific excellence* and the possible benefits to *quality of life* of understanding the role of genetics in the ageing process. This area was recognised as being *innovative* but needing *long-term funding* and likely to need *higher levels of funding*. It was seen as having particular regional relevance to the west of Scotland, where education on diet and health was felt to be important.

However, there were mixed feelings about research on genetics. Whilst some were comfortable with this, others expressed concern about "playing around" with genetics, and there was disagreement about whether this kind of research should be funded by the public.

This area was seen as inherently *risky*, owing to the possibility that people would not take on board the health messages arising from the research. ("I wouldn't fund this. People won't act on it. We are inundated with information"). This reflected a feeling that diet and health are well understood, and that this research will support what is *already 'common sense'*.

The provision of information about this research area prompted some to question the ability to transfer the findings from research on animals to humans. The use of animal experimentation caused some debate. (The consensus seemed to be that whilst many people regretted the fact that animal experimentation does take place, this was nevertheless deemed necessary, though it was thought it should be kept to a minimum).

'B': How Cells Work and Deteriorate

The provision of detailed information about this research area – and potential applications – encouraged people to rate it highly. Initially, there was low understanding of this research area ("Ninety per cent of the public couldn't know what you are talking about"), and at first many people could not see the value of research on cells. Furthermore, research on stem cells prompted ethical, moral and religious concerns (although some felt this area is important for preventing diseases and restoring mobility after an accident, and the example of the Christopher Reeve Foundation was given). But some saw research on stem cells as "dangerous" and "frightening", and some made associations with

Frankenstein's monster and Aldous Huxley's *Brave New World*. Others expressed misgivings about any research that changes human nature or allows scientists to act as God (and 'designer babies' were mentioned in this context). There was also a feeling that this area had already been fairly well researched.

When given further information about the potential applications of this research area, people tended to take a much more favourable view towards it, and it was often ranked as the *most* important area. The provision of information increased the levels of interest in, and support for, this area (although the information about having to study cells outside the body was picked up as a disadvantage). ("The more I read, the more I agree with it"). One person was able to link this research area with their own difficulties with epilepsy (and they then saw this area as more important). The information went a long way towards giving reassurance about earlier ethical, moral and religious concerns, although people were still wary of research getting 'out of control', and saw regulation as very important.

This area scored well against all the criteria that were seen as important. ("It ticks all boxes") In particular, it was widely valued for its *potential benefits for society* and *quality of life* resulting from possible medical breakthroughs that might arise from this area (a "big impact" on quality of life). The potential benefits were seen as being "enormous". It was regarded as an area that would make ageing an 'easier process' and less expensive. ("We would all benefit eventually"). There was broad recognition that this research area was *innovative* and in line with the future direction of science. ("It could be groundbreaking" "This is the future").

This area of research was regarded by some as being fundamental to understanding ageing. Cells were seen as key to human development and ageing (the "building blocks of life"), and understanding how they work could have significant benefits for understanding and treating the ageing process. Whilst the other areas were seen as likely to provide "fixes" to particular problems and dealing with the symptoms of ageing, this area was seen as being *preventative* (and could even "reverse" problems) and as having important *long-term economic benefits*.

The *need for long-term funding* was recognised. Whilst some felt the likelihood of a breakthrough in this area is low, this did not undermine the overall importance given to this area owing to its potential benefits. ("Higher risk, but huge potential benefit" was the way one participant described it.) This area was seen as potentially having "life changing outcomes" and a "huge social impact".

'C': Tracking Health from Babyhood to Old Age

This research area generated mixed feelings and was generally ranked third or fourth in importance. Some welcomed research in this area, and one person called it "one of the best areas", owing to the perceived importance of public access to, and use of, research findings. This area was *easy to understand* and one that can inform everyday life. It was felt that people can relate to this kind of research and take on board its key lifestyle messages easily (though some doubted whether people would listen to the health messages from the research).

Furthermore, it was seen as potentially having *wide benefits* ("Very good for the public as a whole").

However, when information was given about the *long timescales* of tracking research, and the *low chance of an early breakthrough*, the research outcomes were felt to be too distant and this area tended then to be rated as much less important. This reflected the importance given to an 'early breakthrough' (see *Criteria for Awarding Funding* above). Some wondered about the overall objectives ("What are you hoping to achieve?") and whether this area had been done already.

'D': How Ageing Affects the Body – Computer Modelling

There was disagreement between the syndicate groups on the relative merit of computer modelling for research into ageing. Six of the groups saw this research area as the *least* worthwhile of the areas tested. However, one group (the Red group in Sutton) took a much more positive view of this area, and it came out in the discussion as the *most* worthwhile of the five areas tested (although it scored less well in the project evaluation, when different factors were weighed up).

The main advantages seen in this research area was that it might be *cost-effective* and need only *short-term funding*.

There were a number of concerns about this project. Research studies tended to be seen as discrete projects, and there was low awareness of collaboration or sharing of research data. Some people doubted the usefulness of computer modelling ("Is it useful?") and whether we already have the information ("A lot of that information is already around").

Some could not see the practical relevance and public benefit of this project; it was seen as "too abstract" ("It doesn't help me"). Another criticism was that computer modelling is "trendy". This area was not rated highly for having social benefits or benefits to quality of life, or being innovative. It was seen negatively for being *risky* (owing to potential problems with data input, which was mentioned on the summary card and was picked up by a number of people). There was "an element of trust" involved in this research area, owing to the dependence on the information used in the programme. ("Would you believe it?").

There was disagreement about whether this research area is innovative. One syndicate group felt that it was innovative, but another group saw this area as "the final step" or "following on from" and complementing the other areas, and as being of secondary importance.

'E': Better Technology to Improve Old People's Lives

Initial reactions tended to be favourable – with some people seeing it as the most important area – but these views cooled once further information was given out on the likely applications.

Initial reactions tended to be very positive towards this area. The summary sheet described the development of technology 'to help people maintain their independence, cope with reduced mobility and mental decline'. People generally assumed that such applications might include the development of 'hi tech' solutions to problems of ageing (e.g. self-testing kits for diabetes, blood pressure, etc) to free up doctors.

However, the detailed sheet tended to shift the emphasis to less highly valued uses, such as opening jars and bottles and doing up buttons, which prompted people to question the value of this area. ("Haven't we already got this?") As a result, this area became seen as more mundane and consumer-focused (e.g. development of stair lifts). This led to disappointment about the kinds of benefits that might be provided by better technology and raised doubts as to whether we already have enough technical improvements, and whether further ones are needed. ("Do we need more?")

This area was seen as likely to improve *quality of life* (a "big impact") and tended to be valued highly by older people and those with caring responsibilities. It was also seen as having a high chance of success and likely to bring *early benefits* (a "quick win") – for a *large proportion of the population*, and not just for old people, but for anyone facing mobility issues or requiring care. It was also seen as having broad social benefits (for health services and carers). This research area was also seen as likely to benefit both young and old people. The example of food packaging was given as something where technology could help people of all ages. ("You don't need to be 80. You could be in your 50s or 60s and have problems with arthritis".) This prompted another person to say that you don't need to have arthritis to experience problems with food packaging.) This area was seen as an *innovative* research area with *low risks*.

However, some questioned the value of technology for older people. One person said his grandmother was given a 'robotic chair', but did not use it. ("She never once bothered with it.") And when she was given a hands-free phone, she did not use it. ("Twenty-four hours later, it was back in the cupboard"). There was a feeling that technical awareness needs to be improved among older people. ("We must get older people interested in technology and using it for their advantage", "You have to change people's perception of using high tech things).

Some people felt that technology can sometimes be damaging – "if we pick up the phone instead of visit, use the internet rather than go shopping, and watch fake people's lives on TV" –this can increase the isolation of older people. ("Technology can starve an older person of interaction and community spirit"). The delivery of meals-on-wheels by telephone was mentioned as making this service more remote for older people. It was recognised that whilst technology can help, it can also reduce human contact for older people. ("Technology is a

two-edged sword if it becomes relied upon"). It was agreed that research on technology was worthwhile, it was how it is used that is key.

Some people found this area had personal relevance. ("It is important to me"). A carer saw this area as having personal relevance. ("I have got someone I see everyday who uses a wheelchair.") This area was seen as having "an enormous payback" in terms of improving independence and quality of life. An former-gas fitter described how larger knobs had been developed in the gas industry to help people turn on gas fires, and this was "really good".

5. Allocating Funding for Research

5.1 Funding decisions

The syndicate groups were asked to allocate a fixed pot of funding between five research areas. Eight of the nine syndicate groups completed this exercise.

People tended to support funding across all of the five areas that were examined – and none singled out any particular area(s) as being significantly more important. ("They all deserve something"; "Fund them all"). None of the five research areas was seen as unimportant, and all were allocated some funding (generally between 15% and 30%).

However, there are marked differences in the levels of funding awarded across the five areas, although research on *How Cells Work* (B) tended to be given the highest level of funding. Of the three workshops, views in Cardiff show the greatest consistency.

The table below shows the percentages of funding given to the different research areas, and the areas that were awarded the *most* funding (in red) and those that were given *least* funding (in green). *Please note that because this was a qualitative exercise, small numbers of people have been turned into percentages here. The findings therefore should be treated as indicative only, and the quantitative stage will be able to confirm or deny these early findings on funding allocations. The rationale for funding allocations is more important than the numbers choosing any project area.*

Table: Funding Allocations

	Sutton			Stirling			Cardiff		
Syndicate	Red	Orange	Green	Red	Orange	Green	Red	Orange	Green
A –Diet, Genes and Lifestyle	40	20	15	17	10	-	25	25	20
B – How Cells Work and Deteriorate	15	30	30	20	35	-	40	30	40
C –Tracking Health from Babyhood to Old Age	5	15	25	30	20	-	15	20	20
D – How Ageing Affects the Body as a Whole: Computer Modelling	25	10	15	17	-	-	5	5	5
E – Better Technology to Improve Old People's Everyday Lives	15	25	15	17	35	-	15	20	15

Highest priority

Lowest priority

5.2 Differences between Groups

It is difficult to draw firm conclusions about differences between the syndicate groups at the workshops, or between the workshops, owing to the small samples of people involved in the research.

However, one of the points that emerged from the research was the consistency of views among participants. Participants at all workshops – young and old alike – shared a concern that public funding of research into ageing should have a *demonstrable public benefit*. And whilst there are differences in the ranking of the five project areas, there was broad agreement that all were worthwhile areas of research.

6. Evaluating the Process

The project evaluation exercise was generally not found to be easy. Only one of the syndicate groups (the Red group in Stirling) found the exercise fairly straightforward (and completed the exercise with 20 minutes to spare).[12] The other syndicate groups found it difficult to agree the relative importance of the different research areas, although there was often agreement about the *most* important and *least* important areas. Some groups found it difficult to rank the criteria in order of importance. But others were able to do this and agreed weighting factors used as part of the evaluation exercise.[13]

One syndicate group (the Green group in Stirling) expressed a moral compulsion not to take part in the project evaluation exercise. This reflected an objection to allocating funding to broad project *areas*, and a preference for an approach whereby individual *projects* would be assessed 'on their own merits'.[14] Some people in the group doubted whether the public should be involved in deciding funding for research areas, as they recognised their limited understanding of issues around research. ("Why should we inhibit their coffers because of my shortsightedness? Why should I tighten their purse strings?") This reflected a concern that worthwhile research projects might miss out on funding, if assigned to an area with lower priority.[15]

Providing information about research – to help people evaluate different research areas – can have a significant impact on project evaluation. In some groups, views changed significantly as people were given more detailed information and discussed them in their syndicate groups. Whilst some people's views hardened once they were given the information, others changed their opinions quite markedly. Whilst the *Diet and Health* research found that people developed their views during each workshop, this was seen as part of the discussion process and

[12] In this group, there was broad consensus from the start that all the projects were worthy of being funded. People's initial thoughts – before the summary sheets were given out – tended to be positive: all seemed viable and 'sensible'. During the evaluation, two projects stood out as most important*: How Cells Work and Deteriorate* (B) and *Tracking Research from Babyhood to Old Age* (C), due to the likely health benefits and educational value of these research areas. This was borne out in the scores, although *Better Technology* (E) crept up in importance and came third, based on its value for improving the quality of life for older people.

[13] The decision to weight the criteria was made in some groups after the aggregated scores for each research area – calculated by scoring each area against each of the criteria – did not reflect their perceived overall importance. This was shown when the overall score given to *Computer Modelling* (D) was too low (Red group, Sutton), and when the score for *Better Technology* (E) was too high (Green group, Cardiff). Some factors were seen as more important (public benefit and quality of life), whilst others were seen as less important (timescale).

[14] When conducting deliberative research and budget setting exercises, it is a valid outcome if respondents do not want to define spending plans.

[15] This feeling was also expressed at the Sutton workshop, where one group felt that funding should be kept 'in reserve', should funding for a particular area run out..

was not connected in the analysis with the provision of information to participants.

The low level of understanding of the research areas and importance of the detailed information given out in the syndicate groups was apparent in the discussion, as people focused on one word or phrase from the summary sheets when arguing for the merits or possible drawbacks of different areas.

The exit questionnaire assessed the extent to which people's views changed, if at all, over the day. This shows that whilst some participants felt their views had changed as a result of discussing issues relating to research on ageing, others did not feel this had happened.

Quantitative Research

7. Quantitative Results

This section reports on the results from the quantitative Omnibus survey which was carried out across the United Kingdom between 25-30 May 2006. This topic was introduced to respondents as questions regarding "issues affecting society"; respondents were asked questions on:

A Issues of concern;

B Where they would turn to for information on research into ageing;

C Priorities for research into ageing;

D Funding of research into ageing;

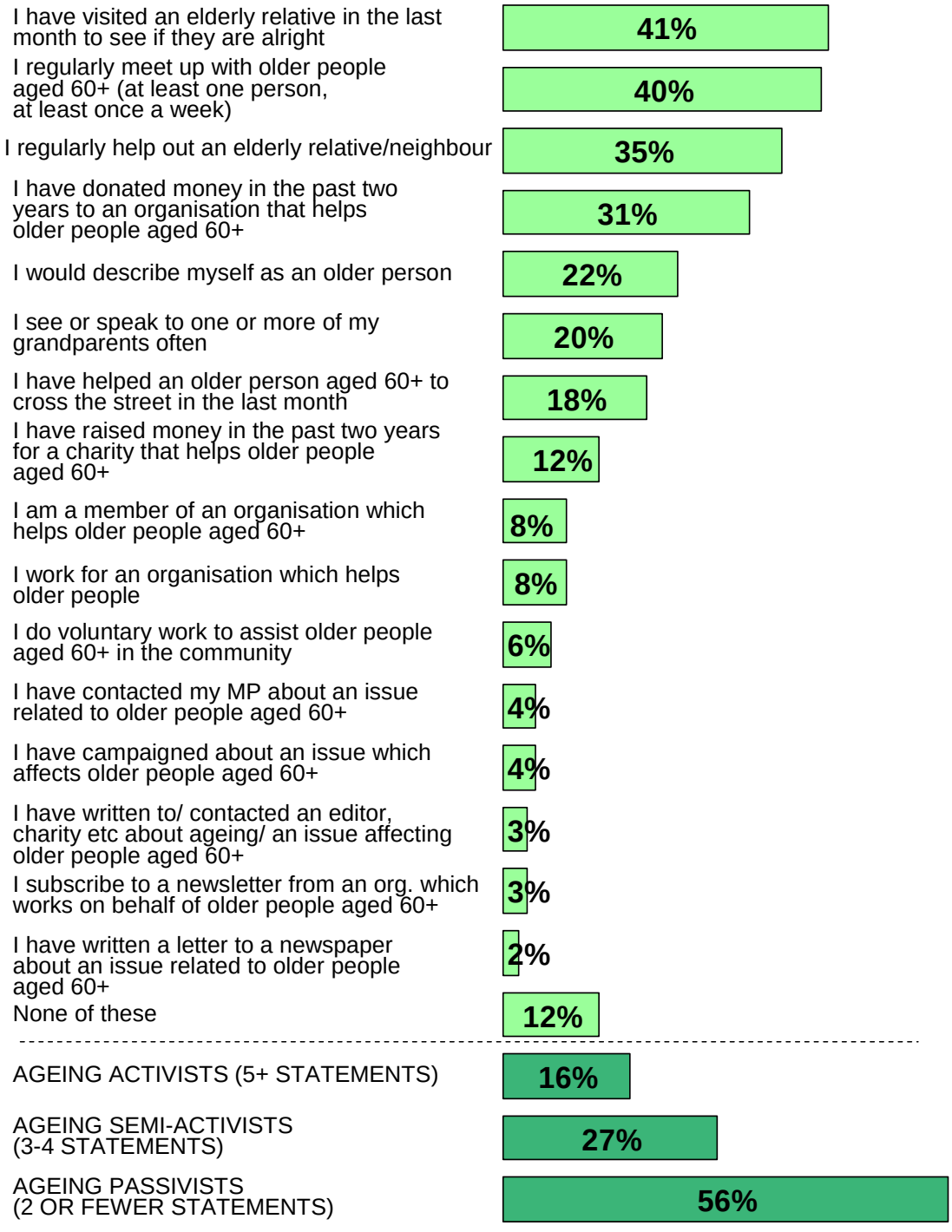
E Attitudes towards such research; and

F Decision-making regarding research into ageing.

In addition, towards the end of the questionnaire, respondents were asked about their contact with older people and their engagement with issues that might affect older people in society. These questions were used to develop an "ageing activism" scale, that has been used to analyse responses. This is because it might be hypothesised that the views of those with more engagement with the elderly and issues related to ageing might differ from other members of the public. Around one in seven (16%) of the public is an "Ageing Activist", and just over a quarter (27%) are "Semi-Activists", with the remainder (43%) being "Ageing Passivists", after being asked about taking part in the activities overleaf.

Ageing Activism

Q) Which, if any, of the following personally applies to you?



Base: 2,162 UK adults aged 15+, 25 – 30 May 2006

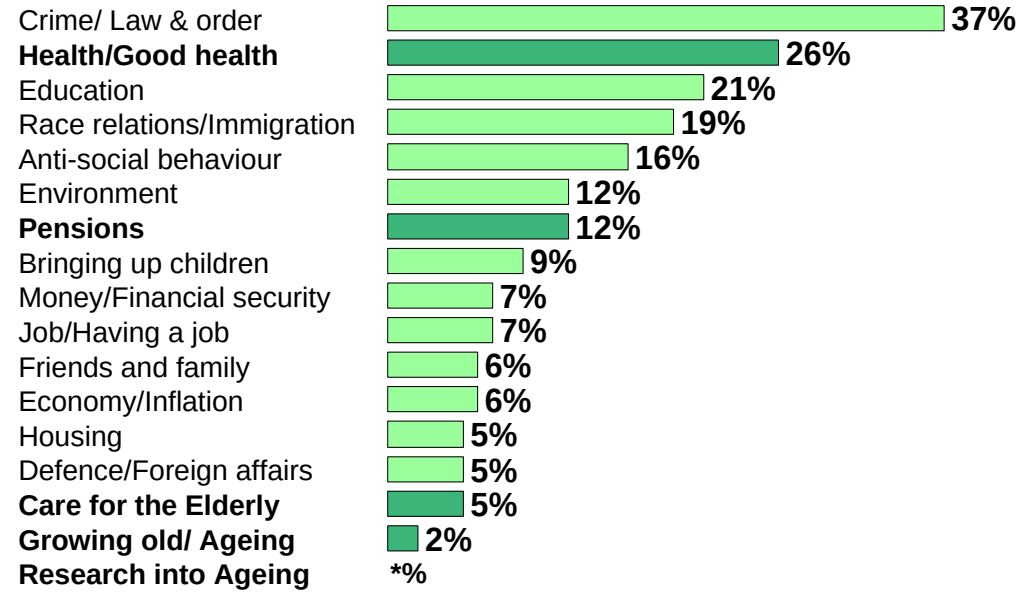
Source: Ipsos MORI

7.1 The Importance of Ageing as an Issue

Ageing or growing old is a specific issue of concern for around one in fifty people (2%), with only a handful (four people) suggesting issues related to research into ageing. The issue which people mention most commonly as being important in their lives today (without any prompting in the survey) is crime/ law and order, with more than a third (37%) citing this issue. Other issues commonly given are health (26%: with health or ill health being closely related to the ageing issue), education (21%) and race relations/ immigration (19%). Apart from health, other issues that may relate to older people more than others in society tend to be mentioned by relatively few, apart from pensions, which is cited by around one person in eight (12%) as an important issue.

Issues of Concern

Q Which two or three issues in your life, if any, are most important to you personally?



Base: 2,162 UK adults aged 15+, 25 – 30 May 2006 Source: Ipsos MORI

As one might expect, some issues are of more importance to different groups of people.

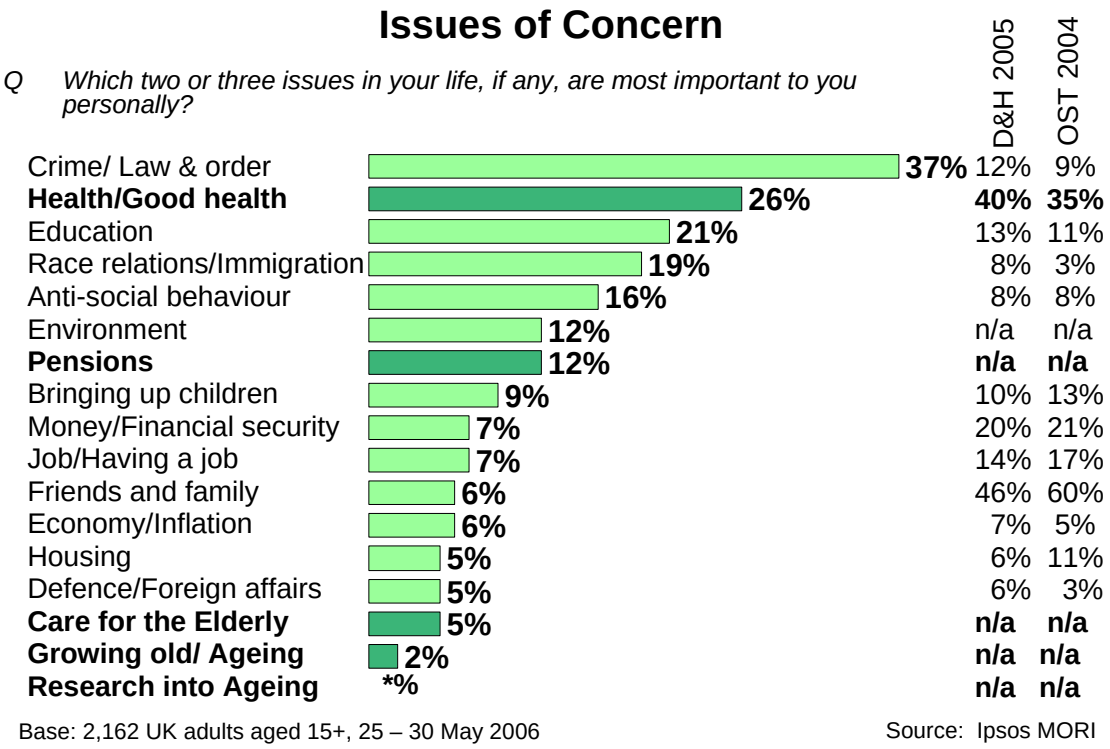
Health is mentioned by a greater proportion of women than men (28% vs. 24%), and by a greater proportion of older people (16% 15-24s vs. 30% 45+).

If we compare these results with those from previous surveys on similar themes (namely MORI's 2005 survey for BBSRC which looked at Research into diet and health, and MORI's 2004/5 OST work), we can see some similarities and differences.

Crime/ Law and order – the most important issue in 2006 - is a much more prominent issue in 2006 than it was in previous years (37%, compared to 12% and 9% respectively). Other issues rated highly in 2006 such as education, race

relations/ immigration and anti-social behaviour have also been rated higher than in previous years. Conversely, other issues, such as health, money and family/ friends are less prominent than previously recorded.

Other research Ipsos MORI has conducted[16] suggests that there has in the last year been some increase in concern surrounding crime/ law and order, race relations/ immigration and education compared to July 2005, when concern about terrorism was especially high. However the high rating of concern around crime/ law and order and race relations/ immigration recorded in this Ageing Research may be due, at least to some extent, to the media stories[17] about the release of foreign prisoners who should have been considered for extradition, which hit the headlines at the end of May 2006 (during the fieldwork period).



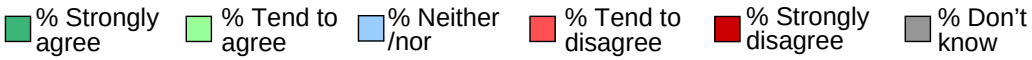
Although only two per cent of people spontaneously mention concerns related to growing old/ ageing, the vast majority (90%) agree that *research into ageing is vital to help us understand how we can maximise quality of life for people as they get older.*

[16] See http://www.ipsos-mori.com/polls/trends/issues.shtml for ongoing trends regarding issues the public regards as important.

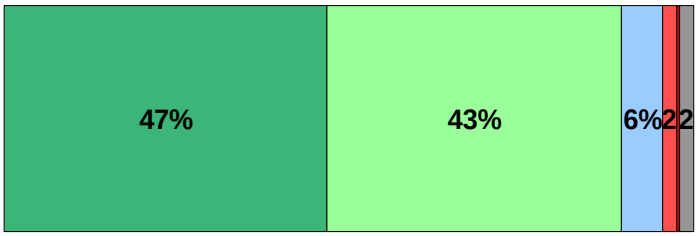
[17] For example, these articles about the release of foreign prisoners who were not considered for extradition:
http://news.bbc.co.uk/1/hi/scotland/5025354.stm
http://news.bbc.co.uk/1/hi/uk_politics/5023558.stm
http://news.bbc.co.uk/1/hi/uk_politics/4945922.stm
http://news.bbc.co.uk/1/hi/uk/5019130.stm
http://news.bbc.co.uk/1/hi/uk_politics/5017028.stm

Attitudes towards research into ageing

Q Thinking now about research into aging in general, how strongly do you agree or disagree with the following statements…?



Research into ageing is vital to help us understand how we can maximise quality of life for people as they get older



Base: 2,162 UK adults aged 15+, 25 – 30 May 2006 Source: Ipsos MORI

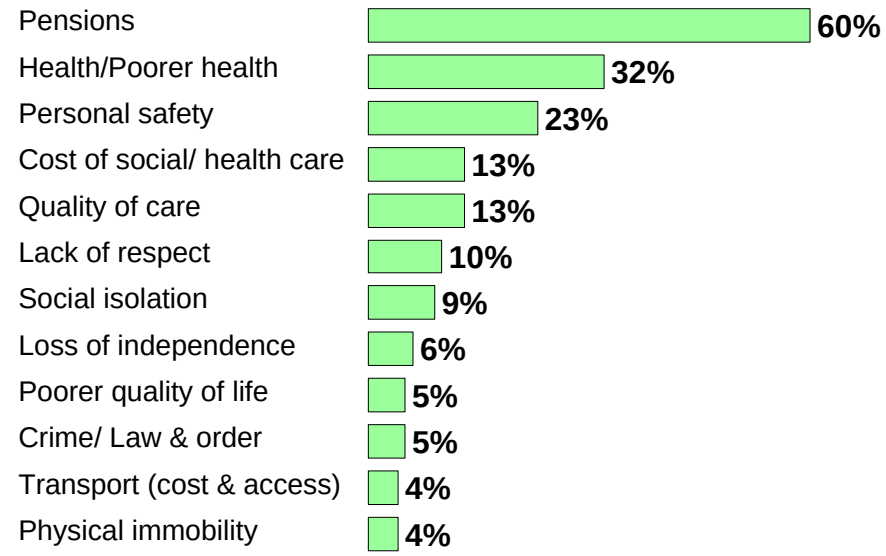
Ageing activists are most likely to agree strongly about the importance of research into ageing with the aim of maximising older people's quality of life (60% vs. 52% Semi-Activists and 40% Ageing Passivists).

7.2 Attitudes towards Ageing and Research into Ageing

Pensions is by far the most commonly-mentioned issue (60%), when the public is asked about issues of greatest concern for older people specifically (those aged 60+ years). Other issues mentioned frequently are poorer health (32%), personal safety (23%), the cost and quality of social/ healthcare (both 13%).

Issues of Concern for older people 60+

Q And what do you think are the issues of greatest concern for older people aged 60 or above in society today?



Base: 2,162 UK adults aged 15+, 25 – 30 May 2006 Source: Ipsos MORI

Pensions are more likely to be cited as a concern for older people by those from higher social grades (70% ABs vs. 47% Es) and those earning over £17,500 (71% vs. 51% those earning under £17,500) – although these two factors correlate strongly. Lower social grades (26% DEs vs. 35% ABs) and people with no formal qualifications (26% vs. 39% those with a degree or higher qualification) are less likely than others to mention health as a consideration for older people. The youngest people (aged 15-24) are less likely than many others to cite pensions (46%), as indeed are the oldest (55% those aged 65+ years).

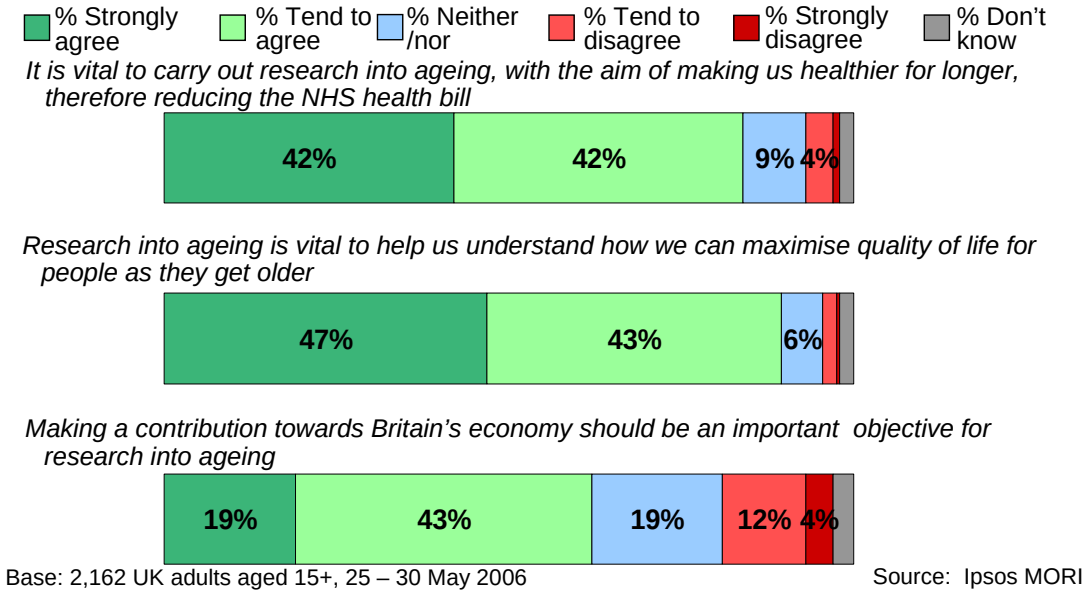
When presented with various propositions about research into ageing, the public broadly supports carrying out research in order to make the public healthier for longer, thereby reducing NHS costs (84% agree). As mentioned previously, nine in ten agree that such research is important to maximise quality of life for older people. People in higher social grades are more likely than those in lower grades to feel research is vital to help maximise quality of life (94% ABs vs. 83% Es).

There is less of a consensus about the importance of making a contribution towards the British economy, but around six in ten (62%) agree that contributing to the economy should be an objective for research into ageing, although around one in six (16%) disagrees with this. AB social grades are less convinced than others of the importance for research into ageing of contributing to the British

economy (55% agree vs. 64% of other social grades agree). There is little variation by age in attitudes towards these questions.

Attitudes towards research into ageing

Q *Thinking now about research into aging in general, how strongly do you agree or disagree with the following statements…?*



Base: 2,162 UK adults aged 15+, 25 – 30 May 2006 Source: Ipsos MORI

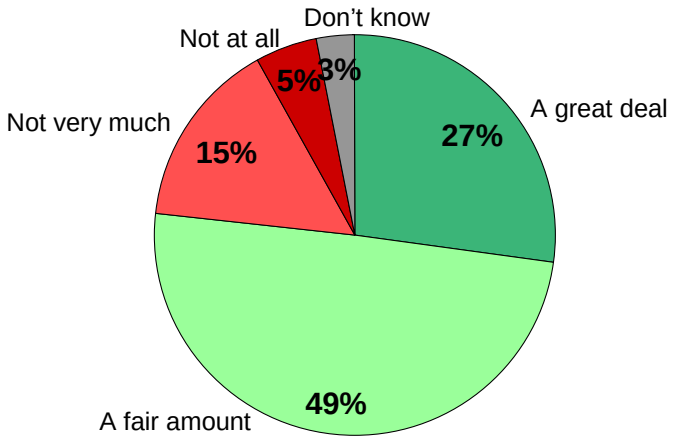
7.3 Consultation and Decision-Making

Most people view public consultation on funding decisions for research into ageing positively. A quarter (27%) of the public feels they should be consulted a great deal about funding decisions for research projects into ageing and half (49%) would like to be consulted a fair amount. Around a fifth (20%) however have little or no desire to be consulted about this. "Consultation" can of course mean many things, from direct involvement, to being asked for a view, to simply being kept informed or abreast of developments.

These findings reflect those from our 2005 Diet & Health research and MORI's Science in Society research for the Office of Science and Technology in 2004/5. Around eight in ten members of the public in both these studies felt they should be consulted on funding decisions for research into diet and health/ scientific developments (77% and 81% respectively), with a quarter (26% and 26%) believing they should be consulted a great deal about both of these topics.

Public consultation over funding decisions

Q How much, if at all, do you feel the public should be consulted on funding decisions for research into ageing?



Base: 2,162 UK adults aged 15+, 25 – 30 May 2006

Source: Ipsos MORI

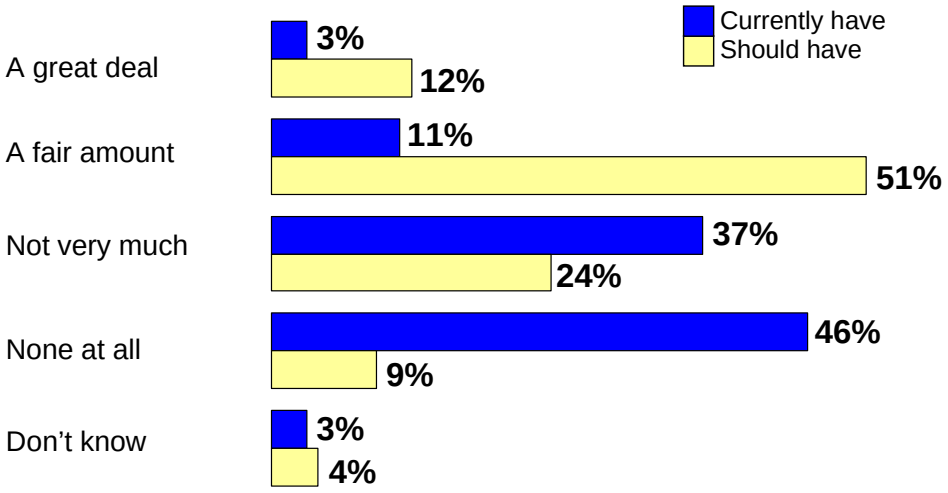
Although three-quarters of the public believe they should be consulted on funding decisions for research into ageing, far fewer (14%) feel they have a great deal or a fair amount of influence on decision-making about research into ageing. The vast majority (83%) say they have little or no influence over such matters. Similar findings were noted in the 2005 Diet & Health and the 2004/5 Science in Society research and suggest the public wants greater involvement in decision-making, or at least the opportunity to have their say.

Younger people are more likely to believe they personally have a great deal/ fair amount of influence over decisions about research into ageing (22% 15-24s, 17% 25-34s vs. 12 % 35+s). It is those aged 25-54 who are least keen for consultation, with over a third (36%) saying they should have not very much/ no influence in comparison to 30% of those aged 55+ years (those younger than 25 years came inbetween, but the rating is not significant).

The proportion who feel they should have more influence far exceeds that for those who feel they currently do have such influence (63% compared to 14%).

Decision-Making about Ageing Research

Q How much influence, if any, do you feel you personally have/should have on decision-making about research into ageing?



Base: 2,095 UK adults aged 16+, 28 July – 1 August 2005 Source: Ipsos MORI

Those aged 15-24 are more likely than older respondents to feel they have a great deal or fair amount of influence (22%), and less likely to feel they have not very much or none at all (76%). However little difference by age is observed in the proportion who say they should have a great deal or fair amount of influence.

Women are more likely than men to want greater influence over decision-making (67% vs. 58%).

However, it should be remembered that although 63% of the public say they should have an influence over funding decisions regarding research into ageing, this is not to say that they would all wish to have a very involved role, such as sitting on advisory committees. For some, it may be merely that they desire the chance to offer some input into the decision-making process and gain the feeling that they are involved, for example, the opportunity to respond via a website.

7.4 Where to Find Out About Research into Ageing

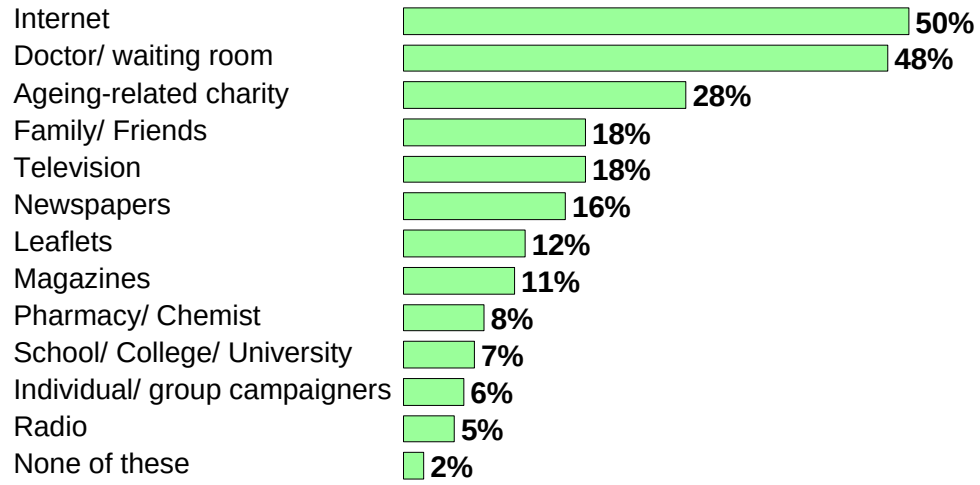
The Internet (50%), their Doctor or the Waiting room in the doctor's surgery (48%) are the two preferred sources for people to approach for information about research into the effects of ageing on the body and mind.

As might be expected, older people (17% 65+ years) and those from lower social grades (23% Es) would be less likely than others to turn to the Internet for information. People with children in their household (60%) and Ageing Activists (57%) would also be a little more likely than other groups to look for information about research into ageing on the Internet.

Reciprocally, older people (63% of 65+ years, 53% 55-64s vs. 42% under 55s) and those from lower social grades (53% Es vs. 44% ABs) would be more likely than others to approach their Doctor or surgery for information.

Sources for information about research into ageing

Q If you wanted information about research into the effects of ageing on the body and mind, which two or three of these sources would you approach?



Base: 2,162 UK adults aged 15+, 25 – 30 May 2006

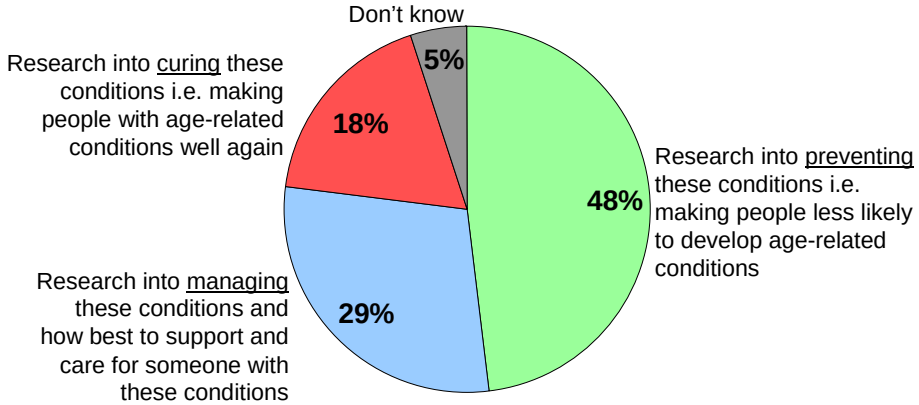
Source: Ipsos MORI

7.5 Priorities for Research into Ageing

More people overall favour research that prevents conditions than that which manages or cures them. Approaching half (48%) favour prevention, whereas around three in ten would place management of age-related conditions as their top priority. This is followed by around one in six (18%) who would choose cures as the most important area for research.

Priorities for research into ageing

Q When thinking about research into ageing, such as into age-related conditions and diseases, which ONE of the following areas is the most important to you personally?



Base: 2,162 UK adults aged 15+, 25 – 30 May 2006

Source: Ipsos MORI

The youngest cohort, aged 15-24 is more likely than others to prioritise curing conditions (26% vs. 17% older respondents). The next oldest group (25-34 years) are more likely than other age groups to believe that managing conditions is the most important area of research (36% vs. 27% other respondents). Older people aged 35+ years are more likely than younger ones to prioritise research into preventing age-related conditions (53% vs. 39% among the under 35s).

In a similar vein, different social grades tend to prioritise different areas of research into ageing: ABs are most likely to support research into preventing conditions, with Ds and Es least likely to choose this option (59%, 40% and 34% respectively).

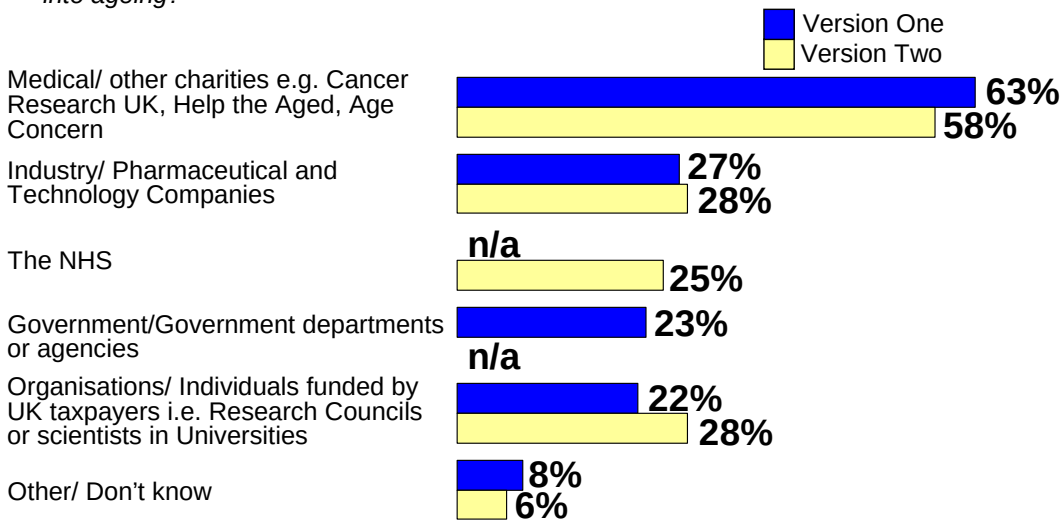
7.6 Current and Most Appropriate Sources of Funding

From a list of possible funders of research into ageing, the public is most likely to think that *charities* currently commonly fund research into ageing. Around six in ten hold this view and around a quarter believe that each of the other sources presented commonly funds research into ageing.

Two slightly different answer lists were used when asking this question in order to examine the impact of wording on response. Half were offered a list which included *Government/Government departments or agencies (e.g. Department of Health)* and the other half were given a list which mentioned *the NHS* instead (this is known as "split-sampling"). However it appears to have had little impact in this case.

Sources of Funding for Research into Ageing

Q Which one or two, if any, of the following do you think most commonly fund research into ageing?



Base: 2,162 UK adults aged 15+, 25 – 30 May 2006

Source: Ipsos MORI

Where respondents were offered a list including *Government departments* (sample one), men are more likely than women to mention Government departments

(26% vs. 20%). Where the answer list mentioned *the NHS*, women are more likely than men to say charities are common funders of ageing research (63% vs. 54%), whereas men are more likely than women to mention industry (32% vs. 24%).

Age also appears to influence views of who funds research into ageing (although the difference is not significant): young respondents (15-24 years) are in both samples least likely to think industry/ pharmaceutical companies fund research into ageing (14% in sample one, 21% in sample two). People aged over 44 years are less likely than others to say the Government funds research into ageing (19%), while those aged 15-24 years are more likely than their older counterparts to think the NHS funds such research (42%).

There are also some differences in views by social grade. Higher social grades are more likely to believe industry/ pharmaceutical companies fund research into ageing, with close to four in ten (38%) ABs[18] giving this answer compared to only 11% of E grades. Similarly on the other version of the sample, a third of ABC1s (34%) mention industry/ pharmaceutical companies as common funders of research into ageing. Lower social grades are more likely than others to say that the NHS funds research into ageing (33%).

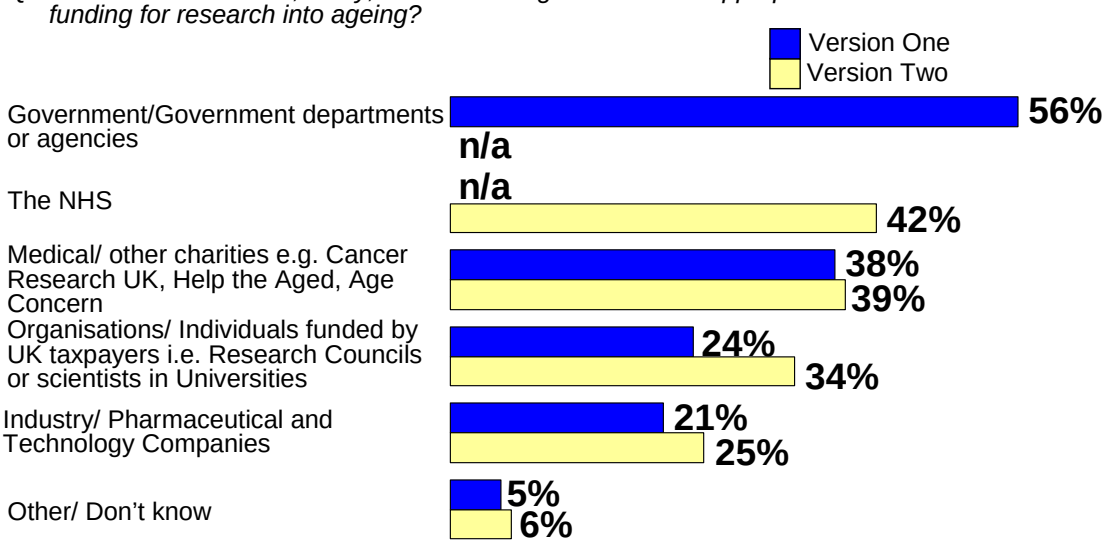
Respondents were then asked about who they feel are the most appropriate funders of research into ageing, and the most common answers are *the Government/ Government departments* and *the NHS* (56% and 42% respectively), with *charities* given as the next most common response (given by close to four in ten respondents in both samples).

For this question the two slightly different answer lists do appear to have had some impact. More people believe *the Government* should fund research into ageing (56%) than believe *the NHS* should do so (42%), although it is still the most common response given. This correspondingly means that there is greater support for *organisations/ individuals funded by the taxpayer (i.e. Research Councils or scientists in Universities)* to fund research into ageing (34% vs. 24%) when *the NHS* rather than *the Government* is presented as a funding option. Those using the answer list including *the NHS* were also slightly more likely to think *industry/ pharmaceutical companies* should fund research into ageing (25% vs. 21%).

[18] On this version of the sample (version one).

Most appropriate sources of Funding for Research into Ageing

Q And which one or two, if any, of the following are the most appropriate sources of funding for research into ageing?



Base: 2,162 UK adults aged 15+, 25 – 30 May 2006 Source: Ipsos MORI

Our Diet and Health research for BBSRC in 2005 also found the most popular appropriate funder to be the Government (51%), although the NHS was much less popular as a funder of diet and health research at 30% (behind Research councils[19] at 44%, industry at 40% and charities at 31%).

In both of the groups in the research into ageing survey, men are more likely than women[20] to say Industry/ Pharmaceutical companies should fund research into ageing. For those using the answer list including *the NHS*, women are more likely than men (45% vs. 34%) to believe charities ought to fund research into ageing, although this difference is not apparent for those using *the Government* list.

With regard to age, younger people aged under 35 years in both groups are less likely than others to believe organisations such as Research Councils or Universities should fund such research (20% of the first group, 26% of the second group). Older people are less likely to think that the NHS should fund research into ageing (36% 45+ years).

Some differences can also be observed by social grade: ABs are more likely than other grades to say Research Councils/ Universities ought to fund such research (31% first group, 51% second group).

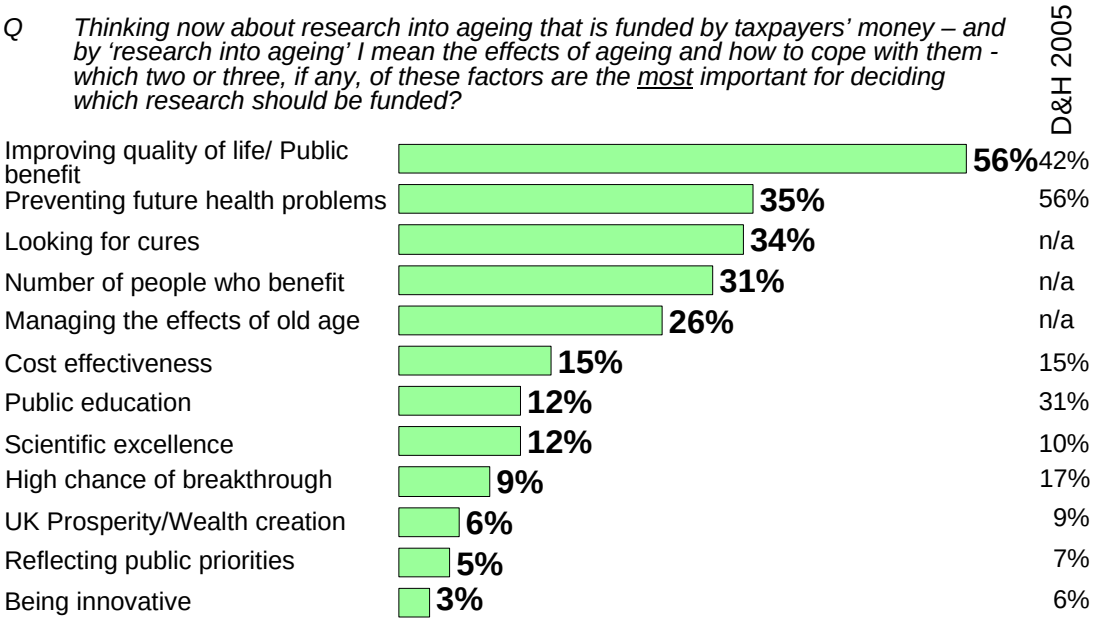
[19] The Diet and Health survey asked about Research Councils and the general public/ tax payers separately, and general public/ tax payers scored much lower in 2005 (17%).
[20] 25% men using *the Government* list, 28% men using *the NHS* list – although this second one is not significant.

7.7 Priorities for Funding

The most important factors when deciding which research projects into ageing should be funded are improving quality of life (56%), preventing future health problems (35%), looking for cures for age-related conditions (34%) and the number of people who are likely to benefit (31%). As a greater number of factors are mentioned than the five BBSRC/MRC official criteria, this may indicate that the public has slightly different priorities to the Research Councils, in particular around the chance of a breakthrough and wealth creation.

Factors for Funding Research into Ageing

Q Thinking now about research into ageing that is funded by taxpayers' money – and by 'research into ageing' I mean the effects of ageing and how to cope with them - which two or three, if any, of these factors are the most important for deciding which research should be funded?



Base: 2,162 UK adults aged 15+, 25 – 30 May 2006 Source: Ipsos MORI

Those aged over 54 years (51%) and social grades E (46%) are less likely than others to say that *improving quality of life* is important. Social grades DE are also less likely to mention *preventing future health problems* (28% vs. 46% ABs) and the *number of people who benefit* (25% vs. 37% ABs) as important considerations when deciding funding of different research projects.

Older people are more likely than younger ones to prioritise *looking for cures* (39% 55+ years) and *managing the effects of old* age (29% 55-64s, 37% 65+ years). Ageing activists are most likely to say *preventing future health problems* is important (44%). Activists and Semi-Activists are more likely than Ageing Passivists to think it's most important to *improve quality of life* (63%, 62% and 52% respectively) and to *manage the effects of old age* (34%, 29% and 21% respectively).

When viewed in light of the answers to the 2005 Diet and Health research, improving quality of life – the most highly rated factor for research into ageing - appears to be of even greater importance when thinking about research into ageing than into diet and health. Correspondingly, other factors are regarded as less important for ageing research than for diet and health research, namely

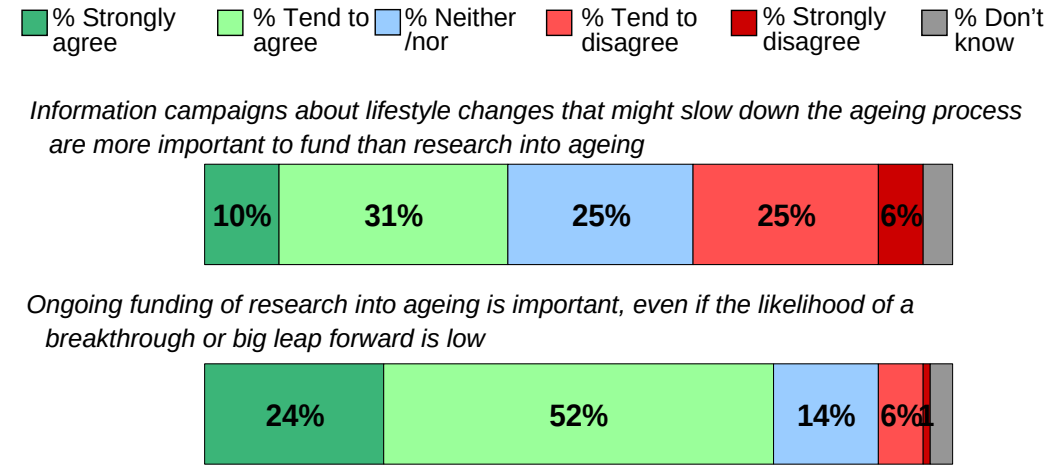
preventing future health problems, public education and the chance of a breakthrough.

Approximately three-quarters of the public think that ongoing funding of research into ageing is important even if the likelihood of a breakthrough is low. People aged 45-64 are most likely to support this statement (81%) and 15-24s are least likely (69%). However, the public is split as to whether it is more important to fund information campaigns about 'lifestyle changes that might slow down the ageing process' (41%) or to fund 'research into ageing' (31%), with 25% undecided. ABs are less likely than other social grades to agree (34%) that funding information campaigns is important and more likely to disagree (38%) with this statement. There are few variations by age.

Ageing Activists are more likely than others to disagree that funding information campaigns is more important than funding research (40% vs. 33% Semi-Activists and 27% Passivists). Ageing Passivists are less likely than others to believe ongoing funding is important, even if a breakthrough is unlikely (73% vs. 84% Activists and 80% Semi-Activists).

Funding and Research into Ageing

Q Thinking now about research into aging in general, how strongly do you agree or disagree with the following statements…?



Base: 2,162 UK adults aged 15+, 25 – 30 May 2006

Source: Ipsos MORI

Appendices

Agenda/Topic Guide

BBSRC Discussion Days – 11/ 18/ 25 March 2006

9.45 – 10.00	Coffee and welcome
	Split into 3 syndicates – A, B, C.
10.00 – 10.15	**Plenary session: Welcome**
10.15 – 10.45	**Break-out group 1: Unprompted views on ageing and research**
10.45 – 11.00	Tea break
11.00 – 11.30	**Break-out group 2: General awareness of research into ageing**
11.30 – 12.00	**Break-out group 3: Overall priorities for research into ageing**
12:00 – 12:20	**Plenary session/BBSRC presentation**
12:20 – 1:00	Lunch & further discussion
1:00 – 1.30	**Break-out group 4: Criteria for awarding funding**
1.30 – 2.00	**Break-out group 5: Project Evaluation**
2.00 – 2.15	Tea break
2.15 – 2.45	**Break-out group 6: Prepare presentation**
2.45 – 3.30	**Final plenary session: Feedback**
	Respondents complete Exit Questionnaire
3.30	Day ends

9:45 Arrival

Teas, coffees available

Provide participants with name badge, indicating which of three syndicates they will be in (randomly assigned to A, B or C)

10.00 – 10.15 Plenary session: Welcome

Aim of plenary session: to introduce Ipsos MORI and the 'house rules'.

Welcome and introduce day

Introduce Ipsos MORI moderators

Introduce research project –to understand public views about research into ageing and how things change as people get older. Will provide more information as the day unfolds.

Confidentiality – Ipsos MORI bound by this as well/participants to respect confidentiality of each other

How the day will work – agenda, rules of workshop (e.g. give everyone the opportunity to speak; have a right to change your mind; no right or wrong answers, an informal discussion about their views and opinions. No technical expertise needed at all)

Recorders/ Photos – permission to record/ photograph (photos form)

Break-out rooms/fire regulations/mobile phones/toilets

Any questions?

Divide respondents into groups

10.15 – 10.45 Break-out group 1: Unprompted views on ageing and research

Aim of session: to warm up participants, gauge (unprompted/top-of-mind) views of importance of research generally; awareness and understanding of research on the ageing process and how people's lives change as they get older; and for people to discuss research priorities for research into ageing (in an 'ideal world').

First name, Job/occupation, where they live, children/how many?

WRITE ON FLIP CHART:

We would like to kick off with the main issues to do with society that you think about in your day-to-day lives. What matters to you? What are the main things you think about? What else? Why?

And what kind of things come to mind when I ask about 'ageing'? What thoughts or images come to mind? What do you think of?

What comes to mind when I mention the term 'research into ageing'? What images come to mind?

And what comes to mind when I mention 'scientific research into ageing'? What images come to mind?

How do you feel about people ageing? And how about when it comes to you and ageing? What kind of challenges does it present? And what are the positive aspects?

How important is scientific research – for you, and for society? Why do you say that? How would you describe the contribution of scientific research to society? Why? Thinking about the future, how (if at all) will research help people/your parents or children?

What kinds of research, if any, do you think are most worthwhile? DO NOT PROMPT. Why do you say that? Should scientific research be conducted at all (on anything)?

What kinds of research are less worthwhile/valuable/important/useful? Why do you say that?

Are there any areas of research that are not worthwhile at all? Which ones? Why?

What about research into ageing? How worthwhile is this, compared with other research areas? Why do you say that?

10.45– 11.00 Tea break

11.00 – 11.30 Break-out group 2:
General awareness of research into ageing

Aim of session: To investigate general awareness and understandings of research into ageing, gauge (unprompted) feelings about how this research is used, how useful it is, and benefits to society and individuals; and to find out awareness of who funds, and views on who should fund research into ageing. This discussion will cover all aspects of research into ageing.

Then, the Ipsos MORI moderator is to focus the discuss on areas of research that are within BBSRC/MRC's remit before then asking respondents to think about which of these areas are most worthwhile for research and who should fund these areas.

Now we would like you to think about research into ageing …

What kind of areas related to ageing do you think people might research? What might they be looking to find out? What difference does research into ageing make?

Have you heard of any research into ageing? What kinds of research into ageing can you think of? What kind of things related to ageing do you think people might research?

WRITE UP ANSWERS ON FLIPCHART

Has anyone heard of how doing crosswords can keep you mentally 'with it'? Or seen adverts for face creams with liposomes that stop your skin ageing?

What do you think research into ageing involves?
PROBE FOR IMAGES AND ASSOCIATIONS: who is involved, how does it work, who does it benefit? Who else? IF NO AWARENESS: What do you think it might involve?

What do you think might be the different uses of research into ageing? How could the research be used? How does research into ageing affect individuals? And how does research into ageing affect society? Give me some examples. Are these good or bad? Why do you say that? Who benefits most/least from this kind of research?

Who funds research into ageing? REFER BACK TO EXAMPLES GIVEN. PROBE FOR GOVERNMENT, INDUSTRY, CHARITIES, PATIENT GROUPS, CAMPAIGNING GROUPS. Who should fund research into ageing? Why do you say that?

11.30 – 12.00 Break-out group 3:
Overall priorities for research into ageing

MODERATOR EXPLAIN: WE WANT TO LOOK AT A NUMBER OF RESEARCH AREAS THAT ARE COVERED BY OUR CLIENTS' REMIT, AND THAT THEY WILL FIND OUT MORE ABOUT THE CLIENTS IN THE NEXT SESSION.

READ OUT: In today's discussion, we are interested in a number of broad research areas about using research into ageing to benefit society and individuals in different ways. These are:

A. Diet, genes and lifestyle
Working with animals and tissues to look at the genetic basis of long life and the role of environmental and lifestyle factors (diet, reproductive rate) on lifespan

B. How cells work and deteriorate
Studying how cells age and the impact this has on tissues, organs and systems. Looking at the effect of drugs, wound healing research, stem cells etc

C. Tracking health from babyhood to old age
Working with patients and volunteers with good health to compare the impact of lifestyle, exercise, genetic background, nutrition while young and before birth on people's health

D. How ageing affects the body as a whole: Computer Modelling
Integrating results from different studies and using predictive models to get a picture of how ageing can affect a person overall

E. Better technology to improve older people's everyday lives
Developing technology to help people maintain their independence, cope with reduced mobility and mental decline

MODERATOR: PLEASE DO NOT DWELL ON ANIMAL EXPERIMENTS AS THIS IS NOT THE FOCUS OF THE GROUP

BREAK PARTICIPANTS UP INTO GROUPS OF THREE. GIVE EACH GROUP CARD WITH THE ABOVE BROAD RESEARCH AREAS ON.

From what you know or have heard about these broad areas of research, which three of these areas are the most important for funding?

Are there any kinds of research into ageing that are most worthwhile? Which? WRITE UP ANSWERS ON FLIPCHART Why do you say that? What kinds are least worthwhile? Are there any areas that should not be funded? Why do you say that?

FOR EACH OF THE ABOVE, ASK:

What about research into… … how worthwhile is this? Why do you say that?

Who should benefit from this kind of research? PROBE: Older people, young people, people with particular diseases or health conditions, poor people etc.

Which of these, if any, is most important? Why? Which is least important? Why?

Are there any other areas of research into ageing that we have missed out that you think are important? Which?

Who, if anyone, should be funding these research areas? REFER BACK TO FLIPCHART: Government, industry, charities, Patient groups, Campaigning groups. Which should not be funded?

12.00 – 12:20 Plenary session/BBSRC presentation

Aim: For BBSRC and MRC to be introduced as the clients, and for a brief description of the BBSRC/ MRC's situation, mention of criteria that are used (not specified) and the research areas that are to be discussed. Ipsos MORI will explain the task for the afternoon.

BBSRC to give presentation

Ipsos MORI to explain task for the afternoon – each syndicate group is to imagine it is a funder of research into ageing. Ipsos MORI to introduce the five example projects that groups will consider. There are three tasks:

Decide the criteria for determining how to allocate funds to projects (ie. what things should you take into consideration?);

Decide the relative importance of the five example projects;

Prepare a presentation to explain their criteria and the importance of the example projects, and a pie chart showing how they would allocate funding for the five example projects – and why.

12:20 – 1:00 Lunch

1.00 – 1.30 Break-out group 4: Criteria for awarding funding

Aim of session: define criteria they think are important for allocating money for research into ageing, then rank the five example projects in order of importance (and explain why).

WRITE ON FLIPCHART What criteria or factors are important for deciding whether research into ageing should be funded? PROBE. Why do you say that?

GIVE PLENTY OF TIME FOR RESPONDENTS TO COME UP WITH <u>OWN</u> CRITERIA BEFORE PROMPTING. WE DO NOT WANT TO LEAD RESPONDENTS TO AGREE WITH THE EXISTING CRITIERIA FOR AWARDING FUNDING TO SCIENTIFIC PROJECTS

WRITE ON FLIP CHART. What about…

a) scientific excellence	And also….
b) contribution to prosperity/wealth creation	f) cost
c) improving quality of life	g) appeal
d) likelihood of a breakthrough/big leap forward	
e) cost effectiveness	

How important is… for deciding whether a project should be funded? PROBE Why do you say that? FOR EACH: What does… mean? How do we measure this? EXPLORE ANY DIFFERENCES BETWEEN OWN AND OFFICIAL CRITERIA

IF QUALITY OF LIFE IS SEEN AS IMPORTANT, PROBE: Earlier, you said you thought research into ageing that will improve quality of life is important. When carrying out this kind of research, whose quality of life is most important? Should research benefit everyone or particular groups? Which groups, if any, are most important for research on ageing? PROBE: Older people, young people, ethnic minority groups, groups at particular risk or with particular conditions? Society in general?

TRADE OFF RELATIVE IMPORTANCE OF THE AREAS IDENTIFIED Which of these, if any, are most important. Why do you say that?
TRADE OFF BENEFITS TO EVERYONE VS BENEFITS TO PARTICULAR GROUPS. What is more important, that everyone benefits from research into ageing, or that some groups benefit? Why?

REFER TO FLIPCHART Which of these areas is most important? Why do you say that? Which is least important? Why do you say that?
How do these areas play off against each other? What if the chance of a breakthrough is low bit there is a significant potential benefit? Or what if the research is expensive, but may improve quality of life?

LINK BACK TO IMPORTANT CRITERIA: Which, if any, of these is most likely to contribute towards / be…?
READ OUT UNPROMPTED CRITERIA AND A-G. Why do you say that? Which is least likely? Why do you say that?

1.30 – 2.00 Break-out group 5:
Project Evaluation

EMPHASISE THAT ALTHOUGH PEOPLE MAY HAVE DIFFERENCES OF VIEWS ON CRITERIA, THE PROJECT EVALUATION IS BEING DONE AS A SYNDICATE. LATER, EACH SYNDICATE WILL REPORT BACK TO THE OTHERS AND JUSTIFY CHOICES.

IPSOS MORI PROVIDEs 5 x CARDS – ONE FOR EACH OF THE FIVE AREAS. EACH CARD WILL GIVE A SUMMARY OF POSSIBLE IMPACTS, LIKELY BENEFITS, BENEFITS TO WHOM, LIKELY DRAWBACKS AND RESTRICTIONS.

HAND THE CARDS OUT AND ASK RESPONDENTS TO SORT INTO PILES FOR HIGH IMPORTANCE, MEDIUM IMPORTANCE AND LOW IMPORTANCE

Which of these areas are of high importance, medium importance and low importance? Why?

Which of these options are of most importance to you personally? Why?

Are there any example projects that you do not want funded? ADD TO FLIPCHART

FOR EACH AREA EXAMPLE, STARTING WITH THE MOST IMPORTANT, ASK HOW EACH ONE SHOULD BE ASSESSED AGAINST THESE CRITERIA

How do you evaluate these example projects against the criteria you have just mentioned as being important? PROBE: Why do you say that?

REFERRING TO FLIPCHART, PROBE FOR DIFFERENCES BETWEEN VIEWS EXPRESSED EARLIER ABOUT THE IMPORTANCE OF DIFFERENT AREAS COMPARED TO FEEDBACK ON EXAMPLE PROJECTS.

Now you have had a chance to think about example projects, have your views changed at all about your overall priorities for research into ageing? How, if at all, would you amend your priorities? Why?

2:00 – 2:15 Tea break

2.15 – 2.45 Break-out group 6: Prepare presentation

Aim of session: Syndicate groups to prepare presentation summarising how they have evaluated example projects against the criteria they have defined (using a table), and an approximate budget allocation (using a pie chart) to present at the final plenary session.

Ipsos MORI to provide a flipchart for groups to fill in, with:

A table showing the five example projects ranked in order of importance down the left, with column headings across the top showing the criteria for judging projects. Each example project will be scored against the criteria for evaluation.

A pie chart showing the approximate allocation of monies to the example projects, with labels showing the source of funding. **Groups will be asked to allocate the budget to the five example projects in diagrammatical form, using the pie chart, and for each segment explain where research funding should come from.**

2.45 – 3.15 Plenary session: Feedback

Aim: to provide feedback on budgeting decisions from each group. Find out about levels of interest in consultation or budget setting for research into ageing. Allow BBSRC/ MRC an opportunity to ask questions, and for participants to ask questions of BBSRC/ MRC.

Each group has a maximum of 10 minutes to report back, using flip charts.

Are there core priority areas emerging? Which areas are given highest and lowest priority? Are there any criteria that are emerging as important in setting priorities for research funding?

3:15 – 3.30 Q&A session

Has today raised any questions where you would like more information, or is there anything else you would like to know? If there is, please tell us and I will try to find out the answers for you.

Hand out Exit Questionnaire for completion

Hand out incentives and expenses

3.30 Day ends

Research Areas

A. Diet, genes and lifestyle – working with animals and tissues to look at the genetic basis of long life and the role of environmental and lifestyle factors (diet, reproductive rate) on lifespan

B. How cells work and deteriorate – studying how cells age and the impact this has on tissues, organs and systems

C. Tracking health from babyhood to old age – working with patients and healthy volunteers to compare the impact of lifestyle, exercise, genetic background, nutrition while young and before birth on people's health

D. How ageing affects the body as a whole: Computer modelling – integrating results from different studies and using predictive models to get a picture of how ageing can affect a person overall

E. Better technology to improve old people's everyday lives – developing technology to help people maintain their independence, cope with reduced mobility and mental decline

A. Diet, genes and lifestyle - Why do some people live longer than others?

Is life expectancy passed down through generations? If your parents live to a ripe old age, are your chances greater of having a long life? And what about lifestyle? Does having a healthy lifestyle mean you will live longer, and if so what aspects of lifestyle are important?

Setting the Scene

Research on animals like flies and worms suggests that single genes(*) are important in determining lifespan. Exactly what these genes do remains a mystery, but as many genes are shared between animals and people, looking at these animals' genes might provide useful insights into which genes might affect ageing in people.

Other work, looking at the amount of food that flies consume and factors such as how many offspring they have suggests that flies make 'choices'. Those flies that eat a lot, for example, may not live as long as those that eat less, and flies that have many offspring appear to die younger than those that have fewer. Scientists are hoping to understand how these 'choices' influence how long these animals live.

It's not just flies and worms that scientists are using to help them understand ageing in people. Studying the development of fish brains, and the genes involved, may shed light on the development of diseases that affect people, such as Alzheimer's.

Possible benefits

This research will lead to a greater understanding of why and how animals age. And because we share so many genes with worms, flies and fish, **understanding how genes and lifestyle choices affect lifespan in these animals can help scientists understand why people age**.

Possible questions

Much as we share many genes with flies and worms, there are of course huge differences between these animals and people. **Will this research lead to any useful findings for people? And if it does, will recommendations for treatments or lifestyle changes be realistic?**

We already know that things like taking regular exercise and eating healthily help us to enjoy a longer, healthier life. **Is there any point in knowing any more about healthy diets, when people don't act on the information currently available?** Would money be better spent on research to find out how to get the message about healthy lifestyles across to people?

**Footnote: a gene is a basic unit of heredity. Information contained in genes transmits characteristics from one generation to the next e.g. a person carrying genes for a particular eye colour or blood group will pass them on to their child.*

B. Understanding how cells work and deteriorate with age

The average human has over ten trillion cells – the building blocks of the body. Throughout our lives these cells are continuously ageing and being replaced in order to keep the body strong and healthy. As we grow older, this process is more likely to go wrong, and make us more vulnerable to disease and ill health.

Setting the scene

In many ageing-related diseases we now have an understanding about what happens at the cellular level to cause illness.

Alzheimer's and other degenerative brain diseases are caused when too many cells die, or individual cells die prematurely, in the brain. In cancer the opposite happens: cells fail to die at the end of their natural life and divide uncontrollably. Research into the processes that trigger or prevent cell death is providing clues to the best way of tackling such diseases.

By studying cells in the lab, researchers have discovered how the death of a cell is controlled by certain structures in the cell that 'clean up' unwanted molecules. Understanding this fundamental process in the cell cycle opens up new possibilities to slow down ageing and prevent or treat a wide range of diseases.

Scientists are also looking at the process of ageing in cells, known as senescence. Senescent cells can't divide, and have different characteristics to younger cells – skin wrinkles as we age because it contains a higher proportion of senescent cells. By understanding the causes of senescence, researchers hope one day to devise treatments, for example for non-healing skin conditions that affect quality of life in elderly people.

Possible benefits

Cell studies like these can be used to identify and **develop drugs and treatments that are helpful to older people**. For example, once we know how cells behave in an ageing person, we can design drugs that modify this process. This could lead to more personalised medical treatments which **maximise the number of years in good health, and could reduce requirements for long-term care.**

The same research approach on cells can be used to answer many different questions about **how drugs work in the body, and why some individuals respond differently to the same dru**g.

Possible questions

Research on cells usually involves taking them out of the body and studying them in the lab under conditions that are not the same as in the body. Cells may behave differently outside the body, as there may be interactions with other body systems that we cannot see in the lab. Rather than looking to understand how cells work in isolation, **would our resources be better invested in identifying ways to preserve our body and treat diseases at a whole-body level**?

C. Tracking health from babyhood to old age

Our genetic make-up and the environment we live in have a huge effect on our health. These effects are often not apparent until later on in our lives.

To find out more about the different factors that keep us healthy or trigger ill health, and how these factors interact, scientists conduct long-term studies which follow people as they go through life. By doing this they can make connections between environmental or genetic factors and a person's susceptibility to illness and disease

Setting the scene

There is increasing evidence that our growth in the womb before we are born affects our health in later years. Research has shown that people born with low birth-weights are more likely to develop diseases such as coronary heart disease, stroke and diabetes as adults. By measuring mothers' food intake while they are pregnant, and tracking their children throughout their life, researchers have shown that a mother's diet and nutrition affects their child's growth and development, which has a major influence on the child's health in later life.

Another ongoing study involves giving people memory and perception tests over a number of years, while collecting blood samples and information on people's lifestyles. Researchers hope to identify changes in genes and lifestyle that are linked to increased or decreased levels of mental ability with age.

A separate study compares groups of people born in the 1950s and the 1970s. By comparing these groups the researchers can examine the health impacts of social changes such as the advent of antibiotics, clean air legislation, and changing trends in breast-feeding, diet, smoking and drinking habits.

Possible benefits

Studies like these are the only way of analysing the combined effects of certain types of behaviour, upbringing or genetic make-up on the health of the population as a whole. They identify risk factors that could be avoided to prevent others from getting ill as they age (the link between smoking and cancer was made this way). **The results from studies that track people throughout their lives can be used to focus research on finding treatments and cures**.

Possible questions

Just because groups of people who share certain factors such as genetic makeup or socioeconomic background may be at greater risk of illness, it does not mean that those factors necessarily cause illness.

These types of studies can take a very long time to complete – often a lifetime. **Is it likely that the science and / or technology will have moved on before any results become clear?**

People who volunteer for the study are unlikely to see any benefit themselves. **Should more effort be placed on treating the disease more quickly rather than trying to find out what factors cause it?**

D. How ageing affects the body as a whole: Computer Modelling

Scientists often study one cell or tissue in isolation when doing research. However, most organisms are made up of several different types of cells and tissues. How do all the parts of the body interact and affect one another during the ageing process? Can computer modelling help us look at these complicated interactions? **Models are usually used as a complement to practical experiments**.

Setting the Scene

To understand ageing we need to learn how each part of our body ages, but also how ageing of these different parts contributes to ageing of the whole person. For example, does ageing of individual cells affect our hearing, immunity or digestion more?

Computer modelling can help us understand these complex interactions. Modelling can provide an opportunity to explore how the many parts of our body are affected by and involved in the ageing process. We can learn how small changes at the cellular level, for example one gene ceasing to function, might influence other cells, tissues or organs and contribute to the ageing process experienced by the whole body.

Possible Benefits

Researchers world-wide are studying all aspects of ageing, and the knowledge gained about the biological processes involved increases almost every day. **Computer modelling provides an opportunity to integrate these results rapidly**. Scientists can also use modelling to integrate information on ageing in many different animals and **identify whether the factors at work might be similar in humans**.

Modelling complements other research techniques. It allows researchers to **explore how cells, tissues and organs might interact in certain scenarios**. Computer models can be used early in experimental planning to help anticipate any potential problems before more practical research begins. They can also be used to **highlight gaps in understanding and identify research areas that need to be investigated further**.

Possible Questions

Computer models use existing experimental information as their basis, and the success of a model depends on the quality of information it is based on: **if the original information was wrong, the model may give misleading results**. Also, the human body is extremely complicated. Can we really develop computer models sophisticated enough to tell us anything useful and accurate about our bodies?

E. Better technology to improve older people's everyday lives

As you get older simple tasks like opening jars and bottles and doing up buttons become more difficult. Hearing and vision also deteriorate, meaning people are heavily reliant on objects such as spectacles and hearing aids. By studying areas such as hand strength and hearing, scientists might be able to come up with improvements and adaptations that make life easier for older people.

Setting the scene

Researchers have designed a system to measure the strength of grip in our hands. By recording the hand strength of a broad range of the population, the researchers hope to learn about the 'normal' degree of strength in our hands at different ages. Combining this study with biological studies of changes in cells, tendons and joints can help to identify which parts of our body work together to give strength and dexterity in our hands.

Biologists will then work with engineers to translate this information into advice for the development of packaging and products. Liaising with industrial partners should lead to products and packaging that is easier for older people to use.

In a separate study, a new test has been developed that illustrates the patterns of a person's hearing loss as they get older much more precisely than was previously possible. Hearing does not generally deteriorate evenly across all frequencies - older people often have reduced ability to hear higher frequency sounds while retaining the ability to hear lower frequency sounds. By accurately mapping the pattern of hearing loss, doctors can identify when a patient will benefit from a hearing aid and which type is best for their use.

In the future, technology could be developed for use in all sorts of different ways. For example, there could be a device on your fridge that tells you when food has gone bad, or a tiny chip under your skin that tells you when you need to take medicine.

Possible benefits

Research of this type often has **the highest immediate benefit to elderly people**, whether it is used to redesign existing products or develop new technologies. It could improve **people's quality of life**, enable them to **maintain their independence for longer** and **possibly avoid injuries such as falls or sprains**.

The research could also have **knock-on benefits for the rest of the population** – for example in the design of music headphones for younger people (from hearing research) or childproof packaging (hand strength studies).

Possible questions

These projects look at ways of coping with the effects of ageing, and the development of new technologies to manage with disabilities. **Should research be concentrating on finding ways to prevent ageing, rather than coping with its effects?**

Don't manufacturers already know all that they need to about making packaging easier to open? If not, **should public money go towards funding this research**?

Recruitment Questionnaire

A

MORI/26556 **Ageing Workshop**

RESPONDENT RECRUITED FOR: Workshop
RESPONDENT NO:

Workshop 1	Date:	*11 March*	Code: 1
	Time:	*10 – 3.30pm*	
	Venue Details:	*Sutton* *Holiday Inn* *Gibson Road* *Sutton* *Surrey SM1 2RF*	

Workshop 2	Date:	*18 March*	Code: 2
	Time:	*10 – 3.30pm*	
	Venue Details:	*Stirling* *The Stirling Highland Hotel* *29 Spittal Street* *Stirling* *Central Scotland FK8 1DU*	

Workshop 3	Date:	*25 March*	Code: 3
	Time:	*10 – 3.30pm*	
	Venue Details:	*Cardiff* *Holiday Inn Cardiff City Centre* *Castle Street* *Cardiff CF10 1XD*	

Quotas

	Target (each group) **Achieved**
Total	21
Gender	
Men	At least 10
Women	At least 10
Age	
Under 25	At least 4
25-40	At least 6
41-65	At least 6
66+	At least 4
Social Grade	
AB	At least 5
C1	At least 5
C2	At least 5
DE	At least 5
Occupation	
Workers (total)	At least 10
Incl. full-time workers	At least 8

Cont on next page…..

Ethnic Minority Groups BME	At least 4 (Sutton only) Try for 2 (Stirling and Cardiff)
Rural/Urban From a rural area	At least 5
Households with children aged under 16 living at home Yes	At least 8
Carers Cares for a person aged 60+ or a disabled adult (18+)	Try for 2
Scientists Having a science/ social science degree, been a member of a science organisation, having worked as a scientist (incl. social science) or having taught science/ social science	Not more than 2

Good morning/afternoon/evening, my name is . . . . . from Ipsos MORI, the opinion poll company. We are inviting a group of people together to take part in a workshop on the subject of research into ageing in today's society. I wonder if you could help me? This will take place in <LOCATION> on <DATE>. The workshop will last from 10 o'clock in the morning and will finish no later than 3.30 in the afternoon.

To say 'thank you' for your time and cover any expenses incurred we would like to offer £50 in cash.

We are looking for particular groups of people, therefore I would like to ask you some questions about yourself. All information collected will be anonymous.

Q1. Would you be interested in taking part?

Yes	1	CONTINUE
No	2	**CLOSE**

Q2. SHOWCARD A **Do you or any members of your immediate family work in any of the following areas, either in a paid or unpaid capacity? Just read out the letter that applies.**

A	Journalism/The media	1	**CLOSE**
B	Advertising	2	
C	Public relations (PR)	3	
D	Market Research	4	
	No, none of these	5	CONTINUE
	Don't know	6	**CLOSE**

Q3. **Have you taken part in a focus group discussion for a market research company in the last 12 months?**

Yes	1	**CLOSE**
No	2	CONTINUE

Q4. SHOWCARD B **How interested, if at all, are you in science and technology? Just read out the letter that applies.**

A	Very interested	1	
B	Fairly interested	2	
C	Not very interested	3	CONTINUE
D	Not at all interested	4	
	Don't know	6	

Q5. SHOWCARD C **Which, if any, of the following ways have you personally been involved in science?** READ OUT A-D. MULTICODE OK

A	**…Been a member of a science organisation in the last 5 years**	1	
B	**…Have a science, or social science, degree**	2	
C	**…Have (ever) worked as a scientist (including social science)**	3	RECRUIT TO QUOTA
D	**…Have taught a science or social science subject**	4	
	None of these	5	

Q6. CODE SEX (DO NOT ASK)

Male	1	RECRUIT TO QUOTA
Female	2	

Q7. WRITE IN & CODE EXACT AGE

Exact Age ☐☐

16-24	1	
25-40	2	RECRUIT TO QUOTA
41-65	3	
66+	4	

Q8. **Thinking about your household and the people you live with, do you live with any children (aged 15 or under)?** IF YES **What ages are the children in the household?** MULTICODE OK

No children in the household	1	
0-4	2	
5-7	3	RECRUIT TO QUOTA
8-10	4	
11-15	5	
Don't know	6	

Q9. Do you care for, or help to care for, a relative or friend who has a long-term limiting illness or disability, including problems due to old age?

Yes	1	RECRUIT TO QUOTA
No	2	

Q10. **FOR THOSE WHO HAVE CARING RESPONSIBILITIES (YES AT Q9)**
SHOWCARD D Do you have caring responsibilities for either of these groups?
MULTICODE OK

A	Adults aged 60+	1	
B	Disabled adults (18+)	2	RECRUIT TO QUOTA
	No	3	

Q11. SHOWCARD E **To which one of the groups on this card do you consider you belong?**
SINGLE CODE ONLY

WHITE	A	British	1	
	B	Irish	2	
	C	Any other white background	3	
MIXED	D	White and Black Caribbean	4	
	E	White and Asian	5	
	F	Any other mixed background	6	
ASIAN OR ASIAN BRITAIN	G	Indian	7	
	H	Pakistani	8	
	I	Bangladeshi	9	RECRUIT TO QUOTA
	J	Any other Asian background	0	
BLACK OR BLACK BRITISH	K	Caribbean	X	
	L	African	Y	
	M	Any other black background	1	
CHINESE OR OTHER ETHNIC GROUP	N	Chinese	2	
	O	Any other background	3	
		Refused	4	

Working Status of Respondent:

Working - Full time (30+ hrs)	1
- Part-time (9-29 hrs)	2
- Part-time (under 9 hrs)	3
Unemployed – seeking work	4
Unemployed – not seeking work	5
Not working - retired	6
- looking after house/children	7
- invalid/disabled	8
Student	9
Other	0

Occupation of Head of Household

Position/rank/grade

Industry/type of company

Quals/degree/apprenticeship

Number of staff responsible for

REMEMBER TO PROBE FULLY AND CODE FROM ABOVE

Social Grade

A	1	RECRUIT TO QUOTA
B	2	
C1	3	
C2	4	
D	5	
E	6	

Interviewer number:

Interviewer Declaration

I confirm that I have carried out this Interview face-to-face with the named person of the address attached and that I asked all the relevant questions fully and recorded the answers in conformance with the survey specification and within the MRS Code of Conduct and the Data Protection Act 1998.

Signature: .....

Interviewer Name (CAPS): .....

.....

Exit Questionnaire

Research into Ageing Workshop

Name	
Group Colour	
Group Date	

Q1. **What criteria would you use to decide whether scientific research into ageing should be funded for a particular project/ in a particular area?**

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Q2. **Which one or two areas of scientific research into ageing are most valuable to fund – and why?**

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Q3. **As you have thought about scientific research into ageing, how, if at all, have your views changed through the day?**

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Q4. **As you have thought about scientific research into ageing, how much, if at all, have your views changed through the day?**
PLEASE TICK ☑ ONE ONLY

A great deal	☐	ANSWER Q5
A fair amount	☐	
Not very much	☐	GO TO Q6
Not at all	☐	
Don't know	☐	

Q5. **How and why have your views changed over the course of the day with regard to scientific research into ageing?**

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Q6. **Do you think the public should be consulted on funding decisions for scientific research into ageing, or not? Why do you say that? If yes, how should it be done?**

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Q7. **If you had to make one or two key points, what would you like us to take back to BBSRC/ MRC following today's discussion?**

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Q8. **We're interested in your opinion of today's discussion day. Please write in below whether you found the workshop interesting or not interesting AND enjoyable or not enjoyable.**

PLEASE TICK ☑ ONE IN EACH COLUMN ONLY

Very interesting	☐	Very enjoyable	☐
Fairly interesting	☐	Fairly enjoyable	☐
Not very interesting	☐	Not very enjoyable	☐
Not at all interesting	☐	Not at all enjoyable	☐
Don't know	☐	Don't know	☐

Q9. **Can Ipsos MORI re-contact you for future research projects? We would not pass you name or contact details onto anyone else and would only contact you for research purposes.**

PLEASE TICK ☑ ONE ONLY

Yes	☐
No	☐

Q10. **If you have any other thoughts on the discussion today, please write them below.**

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Thank you for your time and participation in this discussion day.

Exit Questionnaire: Feedback

Q What criteria would you use to decide whether scientific research into ageing should be funded for a particular project/in a particular area?

Outcome, benefit to society
- Male, 45-54 years, Orange group, Sutton workshop

Award on merit, value for money/cost effectiveness, quality of life, scientific excellence, timescale
- Female, 25-34 years, Orange group, Sutton workshop

Value for money, excellence in research, time-scale, side effects
- Female, 65+ years, Orange group, Sutton workshop

Need, cost effectiveness, benefit to community, long-term possibilities, cancer awareness
- Male, 35-44 years, Orange group, Sutton workshop

Long-term effects
- Female, 65+ years, Orange group, Sutton workshop

To benefit the majority and also the future generation
- Female, 65+ years, Green group, Sutton workshop

The criteria I would use is to see what would benefit the younger generation as they grow older
- Male, 45-54 years, Green group, Sutton workshop

It would have to cover and involve the majority of the population and to increase the quality of life for the majority of the population
- Female, 25-34 years, Green group, Sutton workshop

The criteria I would take into account are time-scale and value for money
- Male, 16-24 years, Green group, Sutton workshop

Quality of life, greatest good
- Female, 35-44 years, Green group, Sutton workshop

Costs, value for money, quick delivery, quality of life, scientific excellence
- Male, 16-34 years, Red group, Sutton workshop

Will it benefit health and mobility? Will it help maintain quality of life? Is it cost effective?
- Female, 16-24 years, Red group, Sutton workshop

Priority community needs/health, gaps in health topics e.g. promotion of prostate cancer awareness, cost-effectiveness, for the greater good

- Female, 25-34 years, Red group, Sutton workshop

Methodology of researchers, outcomes of research – both positive and negative – cost-effectiveness, timescales, the number of people benefiting/emphasis on preventative work

- Female, 55-64, Green group, Stirling

Prevention rather than cure. Viewing the inputs and outputs of the project and how many people it benefits

- Male, 16-24 years, Green group, Stirling

The most critical one to me would be the application of results, which related to cost-effectiveness, common interests of people/targeted groups and quality of life

- Female, 16-24 years, Green group, Stirling

A project should be funded on its merits

- Male, 25-34 years, Green group, Stirling

Benefit to society as a whole, prevention of cost-ineffective diseases (not using expensive drugs)

- Female, 45-54 years, Green group, Stirling

Cost-effectiveness, relevance, effect on population

- Female, 35-44 years, Blue group, Stirling

Effect on population, cost, the time research will take

- Female, 35-44 years, Blue group, Stirling

Cost-effectiveness and how many folk it would help. Cost of the application of the results taken into account

- Male, 25-34 years, Blue group, Stirling

Benefit to population as a whole not to a limited few

- Male, 45-54 years, Blue group, Stirling

Benefit to the community

- Male, 65+ years, Green group, Cardiff

Value for money, risk, timescale, benefits, social impact, moral ethics, public opinion, track record, quality of case

- Male, 35-44 years, Green group, Cardiff

Effect on quality of life/social impact. Cost/Benefit. Alternative sources of funding

- Male, 45-54 years, Green group, Cardiff

Social impact, cost/value, innovative, public opinion, quality of life/mobility
- Female, 16-24 years, Green group, Cardiff

Scientific excellence. Quality of life. Cost-effectiveness. Breakthrough
- Female, 25-34 years, Orange group, Cardiff

Quality of life. Value for money
- Male, 35-44 years, Orange group, Cardiff

Quality of life, cost-effectiveness, scientific merit, results
- Male, 25-34 years, Orange group, Cardiff

Benefits for public preventative medicines
- Female, 35-44 years, Orange group, Cardiff

Quality of life for all ages and groups
- Male, 55-64 years, Red group, Cardiff

Social impact, likelihood of a breakthrough, cost
- Female, 35-44 years, Red group, Cardiff

Social impact/quality of life. Cost-effectiveness. Implementation
- Female, 16-24 years, Red group, Cardiff

Impact on society
- Female, 35-44 years, Red group, Cardiff

Scientific breakthrough
- Male, 16-24 years, Red group, Cardiff

Q Which one or two areas of scientific research into ageing are most valuable to fund – and why?

We ended up as a group choosing Cells first [Project Area B]. Cells was a tricky one and at first glance we put it as least important but after being given more info we changed our minds
- Female, 25-34 years, Orange group, Sutton workshop

Cells and tracking from baby to childhood because they were most important to society
- Female, 16-24 years, Green group, Sutton workshop

Tracking Health [C] because it has been shown already to be an effective methodology (smoking and cancer). Diet, Genes and Lifestyle [A] because it will help us to understand the effects of our own lifestyle to which we can address at no cost to the NHS

- Female, 55-64 years, Green group, Sutton workshop

How cells work and deteriorate. How ageing effects [sic] the body

- Male, 45-54 years, Red group, Sutton workshop

How cells work and deteriorate – it would benefit society as a whole if older people were able to live more independently, if remaining mentally alert, and this would free up carers and allow them to pursue careers etc.

Better technology – everyone could potentially benefit

- Female, 55-64, Green Group, Stirling

Understanding how cells work and deteriorate with age because this research focuses mainly on prevention of illnesses that could affect us all one day. I felt the project had the best benefits and was cost effective in the long term

- Male, 16-24 years, Green group, Stirling

Each is valuable

- Male, 25-34 years, Green group, Stirling

Cells research and genetics will both keep people healthier and prevent debilitating disease

- Female, 45-54 years, Green group, Stirling

Stem cell technology – to eradicate disorders; technology – to help people's quality of life

- Female, 35-44 years, Blue group, Stirling

Cells and genetics to prevent things from happening rather than treat the problem

- Female, 35-44 years, Blue group, Stirling

Diet and lifestyle – preventative and folk can help themselves

- Male, 25-34 years, Blue group, Stirling

Genetic, Genes

- Male, 45-54 years, Blue group, Stirling

Tracking health from babyhood to old age. I feel this is a longer process and could be more accurate than some others. Childhood lifestyle has a lot to answer for

- Female, 35-44 years, Orange group, Stirling

Understanding how cells work and deteriorate with age. Better technology to improve older people's everyday lives.

- Male, 16-24 years, Orange group, Stirling

Cells for they are the building blocks of life. Solve how and why they divided could affect all other questions

- Male, 65+ years, Green group, Cardiff

Cell research would provide the best long-term benefits

- Male, 35-44 years, Green group, Cardiff

Cells and how they work. Tracking from babyhood

- Male, 65+ years, Green group, Cardiff

Cell research – personal life. Babyhood – long-term behaviour change

- Male, 45-54 years, Green group, Cardiff

Cells

- Female, 55-64 years, Green group, Cardiff

How cells work will cover all of the above points. Genetic research

- Female, 25-34 years, Orange group, Cardiff

Technology for the future

- Female, 45-54 years, Orange group, Cardiff

Cell research. Genetic research

- Female, 25-34 years, Orange group, Cardiff

Stem cell research. Genes, diet and lifestyle

- Female, 35-44 years, Orange group, Cardiff

Genetics. Lifestyle

- Male, 55-64 years, Red group, Cardiff

Cell investigation of deterioration affecting people's mobility but primarily mental illness

- Female, 65+ years, Red group, Cardiff

Technology is the end result which can help everybody

- Male, 65+ years, Red group, Cardiff

Cancer – because of the sheer amount of people it affects. Effects of healthy lifestyle from childhood

- Female, 35-44 years, Red group, Cardiff

Cells could make a massive breakthrough

- Female, 35-44 years, Red group, Cardiff

B – Cells. C – Tracking

- Male, 16-24 years, Red group, Cardiff

Q As you have thought about scientific research into ageing, how, if at all, have your views changed through the day?

Never thought before. But views changed regarding the importance of issues as day went on

- Female, 65+ years, Orange group, Sutton workshop

No changed much – all issues are important to someone, but the greatest good needs to take priority when there is insufficient cash to support all

- Female, 55-64 years, Green group, Sutton workshop

They have changed as more information was given

- Male, 45-54 years, Green group, Sutton workshop

I have learnt a lot more and it has given me more of an insight into science

- Female, 16-24 years, Green group, Sutton workshop

I have realised how hard it is to allocate funding and what topics are more important than the next one

- Female, 25-34 years, Green group, Sutton workshop

I now know that there are possibilities and have learnt about different schemes

- Male, 16-24 years, Green group, Sutton workshop

They have not really changed. At the end of the day, we are all going to get old, it's natural. Scientific research should be used to assist ageing and possibly make it easier

- Female, 16-24 years, Red group, Sutton workshop

My views have not changed but this is because I am a recent graduate in health and social care studies

- Female, 25-34 years, Red group, Sutton workshop

My views have not changed but my understanding of some of the current research areas has changed

- Female, 55-64 years, Green group, Stirling

I had no opinions to start with but I think the key word is prevention

- Male, 25-34 years, Blue group, Stirling

My views haven't changed but have become more concrete and this is not going against but has been supportive. Furthermore, I am curious and keen to keep up-to-date

- Female, 16-24 years, Green group, Cardiff

Completely – now I understand how important cell understanding is

- Male, 65+ years, Green group, Cardiff

Greater knowledge gained of the subject, through handouts but also through other people's opinions

- Female, 25-34 years, Orange group, Cardiff

My views have stayed the same

- Female, 45-54 years, Orange group, Cardiff

My views have stayed the same

- Male, 25-34 years, Orange group, Cardiff

I have more knowledge of research councils and studying long-term effects research can have on ageing

- Female, 25-34 years, Orange group, Cardiff

No change

- Female, 65+ years, Red group, Cardiff

I didn't realise there was so much or as many ways of looking at the subject

- Male, 65+ years, Red group, Cardiff

Q How and why have your views changed over the course of the day with regard to scientific research on ageing?

Minor adjustments after hearing other delegates' views

- Female, 55-64 years, Green group, Sutton workshop

I have never thought about being old, i.e. over 65

- Female, 25-34 years, Green group, Sutton workshop

Once I found out more about the subject I could put more thought into where things should be placed – in percentage of money given

- Female, 16-24 years, Green group, Sutton workshop

Importance of research. But still concerned about ways and means

- Female, 65+ years, Orange group, Sutton workshop

I never thought about it before

- Male, 25-34 years, Blue group, Stirling

It gave me a lot to think about

- Female, 35-44 years, Orange group, Stirling

I have realised that some aspects which were discussed were very important and they had a huge impact on the topic in question

- Male, 16-24 years, Orange group, Stirling

Thinking about actual ageing and obviously research has to be done to benefit all

- Female, 45-54 years, Orange group, Cardiff

More information on cell research made me more favourable towards it

- Male, 45-54 years, Green group, Cardiff

I didn't really understand how important cell study was

- Male, 65+ years, Green group, Cardiff

Only into the cells research and how important it is

- Female, 35-44 years, Red group, Cardiff

It was nice to relate with others and to see a result at the end

- Male, 65+ years, Red group, Cardiff

Q Do you think the public should be consulted on funding decisions for scientific research on ageing, or not? Why do you say that? If yes, how should it be done?

It's our money that's being spent so we should have a say in how it is being used. I think the group session I took part in today was very productive and is the right way to gauge public opinion

- Female, 25-34 years, Orange group, Sutton workshop

No – because some may have a different opinion so you be unable to decide

- Male, 16-24 years, Orange group, Sutton

If at all possible, it is a subject that will affect everyone and it is taxpayer's money [that is] used

- Female, 65+ years, Orange group, Sutton workshop

Not unless the work is going to be unethical or morally wrong.

- Female, 65+ years, Orange group, Sutton workshop

Yes, by groups such as this

- Male, 45-54 years, Orange group, Sutton workshop

Yes, by going to more workshops like this

- Male, 45-54 years, Green group, Sutton workshop

Yes, it gives the country an insight into how things develop

- Female, 16-24 years, Green group, Sutton workshop

Yes. The public should be more informed

- Female, 65+ years, Green group, Sutton workshop

Yes, I think the public should help decide for funding, by market research

- Female, 25-34 years, Green group, Sutton workshop

I am not sure it is necessary – we do not have sufficient information on which to base informed decisions. Give us more information and more time and we can help. But will you trust our conclusions?

- Female, 55-64 years, Green group, Sutton workshop

Yes, the public should be consulted on funding decisions so know what's going on

- Male, 35-44 years, Green group, Sutton workshop

No – we do not have enough in-depth knowledge of the subjects being researched

- Male, 45-54 years, Red group, Sutton workshop

Yes. So you can get a wide range of opinions

- Male, 16-34 years, Red group, Sutton workshop

No, the public don't have the knowledge and understanding scientists do

- Female, 16-24 years, Red group, Sutton workshop

Yes, in the way it was done today. Perhaps with more time and detail

- Female, 25-34 years, Red group, Sutton workshop

The public has insufficient scientific knowledge to decided which projects should be funded, but they should contribute to which areas they feel are important

- Female, 55-64 years, Green group, Stirling

It is important that the public have a say on how their money is spent

- Male, 16-24 years, Green group, Stirling

No you can't expect Joe Bloggs to make decisions about things he isn't qualified or experienced about

- Female, 45-54 years, Green group, Stirling

Yes – more of these group discussions

- Female, 35-44 years, Blue group, Stirling

No the public do not have the understanding of all the criteria

- Female, 35-44 years, Blue group, Stirling

They should have a say, but the public don't know as much as experts so they should have the final say, so long as there aren't any conflicting interests among the experts with respect to the public's opinion

- Male, 25-34 years, Blue group, Stirling

Yes, through the media, local newspapers and the internet

- Male, 16-24 years, Orange group, Stirling

Yes, as everyone will need it at some time

- Female, 65-74 years, Orange group, Stirling

Yes, by public vote

- Male, 35-44 years, Orange group, Stirling

Not really. For I think it is best carried out by organisations with in-depth knowledge

- Male, 65+ years, Green group, Cardiff

Yes, through educational forums such as this where specific examples are discussed and evaluated

- Male, 35-44 years, Green group, Cardiff

Yes – public consultation, awareness raising

- Female, 25-34 years, Orange group, Cardiff

No. Opinions obviously will help but it's not our decision to make

- Female, 45-54 years, Orange group, Cardiff

I think that the current decisions made are done in a fair way

- Male, 25-34 years, Orange group, Cardiff

Yes, focus groups – perhaps online questionnaires/focus groups/debates

- Male, 35-44 years, Orange group, Cardiff

Yes – because public opinion should count

- Female, 25-34 years, Orange group, Cardiff

Not necessarily. I believe the public should be able to 'trust' the councils and scientists to spend how they see fit. Medical research is seen as a beneficial thing anyway

- Female, 35-44 years, Orange group, Cardiff

No. Not well informed enough

- Female, 65+ years, Red group, Cardiff

Yes, because statistically the 'older' generation are outnumbering all others – so more onus on them is good

- Female, 35-44 years, Red group, Cardiff

Yes. Best to know from the public rather than deciding alone

- Female, 16-24 years, Red group, Cardiff

Yes, as public opinion is important

- Female, 35-44 years, Red group, Cardiff

Q If you have to make one or two key points, what would you like us to take back to BBSRC/MRC following today's discussion?

Keep people informed, if you want their support

- Female, 65+ years, Green group, Sutton workshop

Unfortunately the elderly must be set aside for supporting the young

- Female, 55-64 years, Green group, Sutton workshop

Computers should be used wherever possible to aid research

- Male, 45-54 years, Red group, Sutton workshop

Research should be published and projects shown to the public

- Male, 16-34 years, Red group, Sutton workshop

More information on some subjects, e.g. computer technology

- Female, 65+ years, Orange group, Sutton workshop

People take medical research seriously

- Female, 65+ years, Orange group, Sutton workshop

I don't envy the decisions the funding panels have to make

- Female, 55-64 years, Green group, Stirling

Projects should be assessed on the individual merits

- Female, 35-44 years, Blue group, Stirling

Research stem cell understanding

- Male, 65+ years, Green group, Cardiff

Listen to public opinion. Be transparent with what you fund
- Male, 35-44 years, Green group, Cardiff

Quality of life. Results
- Male, 25-34 years, Orange group, Cardiff

Awarding funds to find cures for diseases that affect people when ageing
- Female, 35-44 years, Red group, Cardiff

Think long term – not just of immediate short-term benefits
- Male, 45-54 years, Green group, Cardiff

Q If you have any other thoughts on the discussion today, please write them below.

Excellently run – congratulations to the presenter!
- Female, 55-64 years, Green group, Sutton workshop

All members of staff and discussion members were brilliant
- Male, 35-44 years, Orange group, Sutton workshop

I really enjoyed the discussions with such a varied group of people
- Male, 16-34 years, Red group, Sutton workshop

I found it far more interesting than expected
- Female, 65+ years, Orange group, Sutton workshop

It was a very worthwhile discussion group and interesting to know that a diverse group of people are so keen to learn and talk about health and ageing etc.
- Female, 65+ years, Orange group, Sutton workshop

Could have been shorter
- Male, 45-54 years, Orange group, Sutton workshop

I was privileged to be involved
- Female, 25-34 years, Red group, Sutton workshop

Thanks for the facilitators for keeping us on track
- Female, 55-64 years, Green group, Stirling

I am particularly interested in how the tracking of health from babyhood to old age is conducted. Could you email the up-to-date information about what is going on? Thanks.
- Female, 16-24 years, Green group, Stirling

Very interesting

- Female, 35-44 years, Blue group, Stirling

Thank you very much

- Male, 25-34 years, Blue group, Stirling

Good debate

- Male, 45-54 years, Blue group, Stirling

Most enjoyable to have taken part

- Female, 65-74 years, Orange group, Stirling

Explanation and help by presenters was first class

- Male, 65+ years, Green group, Cardiff

Enjoyable focus group. Surprising all groups had the same end result

- Male, 35-44 years, Orange group, Cardiff

Very enjoyable

- Male, 25-34 years, Orange group, Cardiff

Very informative and interesting

- Male, 55-64 years, Red group, Cardiff

Very enjoyable – good to be asked opinion

- Female, 25-34 years, Orange group, Cardiff

Well timed – discussion periods were just right. Informal approach encouraged participation

- Male, 45-54 years, Green group, Cardiff

Statistical Reliability

The sample tolerances that apply to the percentage results in this report are given in the table below. This table shows the possible variation that might be anticipated because a sample, rather than the entire population, was interviewed. As indicated, sampling tolerances vary with the size of the sample and the size of the percentage results.

Approximate Sampling Tolerances Applicable to Percentages At or Near these Levels

	10% or 90%	30% or 70%	50%
Base:			
All (2,162)	**1**	**2**	**2**
1,000	2	3	3
750	2	3	4
500	3	4	4
400	3	4	5
300	3	5	6
200	4	6	7
100	6	9	10

For example, on a question where 50% of the people in a sample of 2,162 respond with a particular answer, the chances are 95 in 100 that this result would not vary by more than 2 percentage points, plus or minus, from a complete coverage of the entire population using the same procedures.

Tolerances are also involved in the comparison of results from different parts of the sample. A difference, in other words, must be of at least a certain size to be considered statistically significant. The following table is a guide to the sampling tolerances applicable to comparisons.

Differences Required for Significant At or Near these Percentages

Base::	10% or 90%	30% or 70%	50%
100 and 100	8	13	14
250 and 250	6	9	10
500 and 500	4	6	6
100 and 2,000	6	9	10
100 and 1,000	6	9	10
500 and 1,000	3	5	5

Social Grade Definitions

The grades detailed below are the social class definitions as used by the Institute of Practitioners in Advertising, and are standard on all surveys carried out by Ipsos MORI (Market & Opinion Research International Limited).

Social Grades			
	Social Class	**Occupation of Chief Income Earner**	**Percentage of Population**
A	Upper Middle Class	Higher managerial, administrative or professional	2.9
B	Middle Class	Intermediate managerial, administrative or professional	18.9
C1	Lower Middle Class	Supervisor or clerical and junior managerial, administrative or professional	27.0
C2	Skilled Working Class	Skilled manual workers	22.6
D	Working Class	Semi and unskilled manual workers	16.9
E	Those at the lowest levels of subsistence	State pensioners, etc, with no other earnings	11.7

Omnibus Questionnaire

ASK ALL
READ OUT: Now I would like to ask you a few questions about issues affecting society.

Q1. Which two or three issues in society, if any, are most important to you personally? DO NOT PROMPT. PROBE FOR UP TO THREE. IF NECESSARY: What else? CODE UP TO THREE

Anti-social behaviour/Tackling anti-social behaviour
Bringing up children
Caring for the Elderly/an older relative/ incl. cost of care
Crime/Tackling crime/Law & Order/Vandalism
Defence/Foreign affairs/Iraq
Education/A good education
Environmental issues
Friends and family
Growing old/ Ageing
Health/Good health
Housing/Having a good home to live in
Job/Having a job (i.e. paid work)
Money/Having financial security
Pensions/ Funding of pensions
Race relations/Immigration/Asylum
Research into ageing
Terrorism/Tackling terrorism
Transport safety/ Other transport issues
The economy/Cost of living/Inflation
OTHER – PLEASE WRITE IN
None
Don't know

Q2. And what do you think are the issues of greatest concern for older people aged 60 or above in society today? DO NOT PROMPT. PROBE FOR UP TO THREE. IF NECESSARY: What else? CODE UP TO THREE

Cost of social and healthcare
Fear of growing older
Health (general)/ Poorer health
Independence/ Loss of or reduced
Mental ill-health/ Concern about mental deterioration
Pensions/ Funding of pensions/ poor pension
Personal safety (in-home or on street)
Physical immobility
Being more prone to illness/ diseases
Quality of care/ Inappropriate care
Loss of or poorer quality of life
Respect/ Lack of respect/ageism
Social isolation/ loneliness/ community breakdown
Technology/ Keeping up with technology
Transport/ cost of/ access/ infrequency
OTHER – PLEASE WRITE IN
None
Don't know

READ OUT: And now I'd like to focus on research into ageing in today's society. Research into ageing helps us understand how and why the body and mind change as we get older and how the negative impact of these changes could be reduced.

Q3. SHOWCARD A (R) If you wanted information about research into the effects of ageing on the body and mind, which two or three of these sources would you approach? CODE 2 OR 3 ONLY

A. Leaflets
B. Newspapers
C. Magazines
D. Radio
E. Television
F. My doctor/ waiting room in doctor's surgery
G. Pharmacy/ Chemist
H. Internet (general)
I. Ageing-related charity
J. Family/ friends
K. Individual and group campaigners
L. School/ college/ university
None of these
Don't know

READ OUT As you may know, research into ageing is carried out by researchers working in a range of organisations, including universities, research institutes, government and private companies.

Q4. When thinking about research into ageing, such as into age-related conditions and diseases, which ONE of the following areas is the most important to you personally? SHOWCARD B (R). SINGLE CODE ONLY,

A. Research into preventing these conditions, i.e. making people less likely to develop age-related conditions
B. Research into curing these conditions, i.e. making people with age-related conditions well again
C. Research into managing these conditions and how best to support and care for someone with these conditions
Don't know

Q5. SPLIT SAMPLE (50%/50%)
VERSION ONE: SHOWCARD C1 (R)
VERSION TWO: SHOWCARD C2 (R)
Which one or two, if any, of the following do you think most commonly fund research into ageing? Just read out the letter or letters that apply. MULTICODE OK

A. Industry / Pharmaceutical and Technology Companies

B. VERSION ONE: Government / Government departments or agencies (e.g. Department of Health)

B. VERSION TWO: The NHS

C. Medical or other charities (e.g. Cancer Research UK, Help the Aged, Age Concern)
D. Organisations and/or individuals funded by UK taxpayers i.e. Research Councils or scientists in Universities
Other
Don't know

Q6. (50%/50%)
VERSION ONE: SHOWCARD C1 (R)
VERSION TWO: SHOWCARD C2 (R)
And which one or two, if any, of the following are the most appropriate sources of funding for research into ageing? Just read out the letter or letters that apply. MULTICODE OK

A. Industry / Pharmaceutical and Technology Companies

B. VERSION ONE: Government / Government departments or agencies (e.g. Department of Health)

B. VERSION TWO: The NHS

C. Medical or other charities (e.g. Cancer Research UK, Help the Aged, Age Concern)
D. Organisations and/or individuals funded by UK taxpayers i.e. Research Councils or scientists in Universities
Other
Don't know

ASK ALL
Q7. Thinking now about research into ageing that is funded by taxpayers' money - and by 'research into ageing' I mean the effects of ageing and how to cope with them … SHOWCARD D (R) …which two or three, if any, of these factors are the most important for deciding which research should be funded? Just read out the letter or letters that apply. MULTICODE UP TO THREE

A. Looking for cures for specific age related diseases
B. Number of people who benefit
C. Contribution to UK prosperity/Wealth creation
D. Cost-effectiveness
E. High chance of a breakthrough/Big leap forward
F. Improving quality of life
G. Innovative/Not done before/Covering new ground
H. Preventing future health problems/Having a preventative element
I. Managing the effects of old age, such as loss of mobility
J. Public education/Having an educational element
K. Reflecting public opinion/public priorities
L. Scientific quality/excellence, that is science that is carried out to the highest standards
OTHER – PLEASE WRITE IN
None of these
Don't know

Q8. SHOWCARD E (R) Thinking now about research into ageing in general, how strongly do you agree or disagree with the following statements? Just read out the letter that applies in each case. Firstly…SHOWCARD E. SINGLE CODE ONLY. RANDOMISE ORDER OF STATEMENTS

A. Strongly agree
B. Tend to agree
C. Neither agree nor disagree
D. Tend to disagree
E. Strongly disagree
No opinion

a) Information campaigns about lifestyle changes that might slow down the ageing process are more important to fund than research into ageing
b) Ongoing funding of research into ageing is important, even if the likelihood of a breakthrough or big leap forward is low
c) It is vital to carry out research into ageing, with the aim of making us healthier for longer, therefore reducing the NHS health bill
d) Research into ageing is vital to help us understand how we can maximise quality of life for people as they get older
e) Making a contribution towards Britain's economy should be an important objective for research into ageing

Q9. SHOWCARD F (R) How much, if at all, do you feel the public should be consulted on funding decisions for research into ageing? SINGLE CODE ONLY

A. A great deal
B. A fair amount
C. Not very much
D. Not at all
Don't know

Q10. SHOWCARD F (R) AGAIN How much influence, if any, do you feel you personally have on decision-making about research into ageing? SINGLE CODE ONLY

A. A great deal
B. A fair amount
C. Not very much
D. Not at all
Don't know

Q11. SHOWCARD F (R) AGAIN And how much influence, if any, do you feel you should have on decision-making about research into ageing? SINGLE CODE ONLY

A. A great deal
B. A fair amount
C. Not very much
D. Not at all
Don't know

Q12. SHOWCARD G (R) Which, if any, of the following personally applies to you? Just read out the letter or letters. MULTICODE OK

A. I would describe myself as an older person
B. I see or speak to one or more of my grandparents often
C. I regularly meet up with older people aged 60 or above (at least one person, at least once a week)
D. I am a member of an organisation which helps older people aged 60 or above
E. I have raised money in the past 2 years for a charity that helps older people aged 60 or above
F. I have donated money in the past 2 years to an organisation that helps older people aged 60 or above
G. I work for an organisation which helps older people
H. I do voluntary work to assist older people aged 60 or above in the community
I. I regularly help out an elderly relative or neighbour
J. I have helped an older person aged 60 or above to cross the street in the last month
K. I have visited an elderly relative in the last month to see if they are alright
L. I have written a letter to a newspaper about an issue related to older people aged 60 or above
M. I subscribe to a newsletter from an organisation which works on behalf of older people aged 60 or above
N. I have contacted my MP about an issue related to older people aged 60 or above
O. I have written to/contacted an editor, charity etc about ageing/an issue affecting older people aged 60 or above
P. I have campaigned about an issue which affects older people aged 60 or above
None of these
Don't know
Refused

READ OUT These questions on research into ageing are being asked for both BBSRC, the Biotechnology and Biological Sciences Research Council, and MRC, the Medical Research council, who fund research and receive their funding from government. They are interested in understanding public priorities for how research funds into ageing should be spent and will be publishing the findings of this survey.

If you would like to know more about their work, you can look on the internet:

www.bbsrc.ac.uk
www.mrc.ac.uk

Topline Results

MORI interviewed a representative sample of 2,162 adults in the United Kingdom aged 15+ years
Data are weighted by gender, age, social grade, region, work status and tenure to the known profile of the United Kingdom.
Fieldwork took place between 25-30 May 2006.
Where results do not sum to 100, this may be due to multiple responses, computer rounding or the exclusion of don't knows/not stated
Results are based on all respondents (2,162) unless otherwise stated
An asterisk (*) represents a value of less than one half of one percent, but not zero
Consultation conducted on behalf of BBSRC (the Biotechnology and Biological Sciences Research Council) and MRC (the Medical Research Council)

Now I would like to ask you a few questions about issues affecting society.

Q1. **Which two or three issues in society, if any, are most important to you personally?**

	%
Crime/Tackling crime/Law & Order/Vandalism	37
Health/Good health	26
Education/A good education	21
Race relations/Immigration/ Asylum	19
Anti-social behaviour/Tackling anti-social behaviour	16
Environmental issues	12
Pensions/ Funding of pensions	12
Bringing up children	9
Job/Having a job (i.e. paid work)	7
Money/Having financial security	7
Friends and family	6
The economy/Cost of living/Inflation	6
Caring for the Elderly/a older relative/ incl. cost of care	5
Defence/Foreign affairs/Iraq	5
Housing/Having a good home to live in	5
Transport safety/ Other transport issues	4
Terrorism/Tackling terrorism	3
Growing old/ Ageing	2
Research into ageing	*
OTHER – PLEASE WRITE IN	7
None	2
Don't know	6

Q2. **And what do you think are the issues of greatest concern for <u>older people aged 60 or above</u> in society today? What else?**

	%
Pensions/ Funding of pensions/ poor pension	60
Health (general)/ Poorer health	32
Personal safety (in-home or on street)	23
Cost of social and health care	13
Quality of care/ Inappropriate care	13
Respect/ Lack of respect/ageism	10
Social isolation/ loneliness/ community breakdown	9
Independence/ Loss of or reduced	6
Loss of or poorer quality of life	5
Physical immobility	4
Transport/ cost of/ access/ infrequency	4
Fear of growing older	3
Being more prone to illness/ diseases	3
Mental ill-health/ Concern about mental deterioration	2
Technology/ Keeping up with technology	1
OTHER – PLEASE WRITE IN	3
None	2
Don't know	4

And now I'd like to focus on research into ageing in today's society. Research into ageing helps us understand how and why the body and mind change as we get older and how the negative impact of these changes could be reduced.

Q3 **If you wanted information about research into the effects of ageing on the body and mind, which two or three of these sources would you approach?**

	%
Internet (general)	50
My doctor/ waiting room in doctor's surgery	48
Ageing-related charity	28
Television	18
Family/ friends	18
Newspapers	16
Leaflets	12
Magazines	11
Pharmacy/ Chemist	8
School/ college/ university	7
Individual and group campaigners	6
Radio	5
None of these	2
Don't know	3

As you may know, research into ageing is carried out by researchers working in a range of organisations, including universities, research institutes, government and private companies.

Q4 **When thinking about research into ageing, such as into age-related conditions and diseases, which ONE of the following areas is the most important to you personally?**

	%
Research into preventing these conditions, i.e. making people less likely to develop age-related conditions	48
Research into managing these conditions and how best to support and care for someone with these conditions	29
Research into curing these conditions, i.e. making people with age-related conditions well again	18
Don't know	5

Q5 SPLIT SAMPLE (50%/50%)
VERSION ONE: SHOWCARD C1 (R)
VERSION TWO: SHOWCARD C2 (R)
Which one or two, if any, of the following do you think most commonly fund research into ageing? Just read out the letter or letters that apply.

		Sample 1 (1,046) %	Sample 2 (1,116) %	Overall %
A.	Industry / Pharmaceutical and Technology Companies	27	28	27
B.	VERSION ONE: Government / Government departments or agencies (e.g. Department of Health)	23	n/a	23
B.	VERSION TWO: The NHS	n/a	25	25
C.	Medical or other charities (e.g. Cancer Research UK, Help the Aged, Age Concern)	63	58	61
D.	Organisations and/or individuals funded by UK taxpayers i.e. Research Councils or scientists in Universities	22	28	25
	Other	1	*	1
	Don't know	7	6	6

Q6 (50%/50%)
VERSION ONE: SHOWCARD C1 (R)
VERSION TWO: SHOWCARD C2 (R)
And which one or two, if any, of the following are the most appropriate sources of funding for research into ageing? Just read out the letter or letters that apply.

		Sample 1 (1,046) %	Sample 2 (1,116) %	Overall %
A.	Industry / Pharmaceutical and Technology Companies	21	25	23
B.	VERSION ONE: Government / Government departments or agencies (e.g. Department of Health)	56	n/a	56
B.	VERSION TWO: The NHS	n/a	42	42
C.	Medical or other charities (e.g. Cancer Research UK, Help the Aged, Age Concern)	38	39	39
D.	Organisations and/or individuals funded by UK taxpayers i.e. Research Councils or scientists in Universities	24	34	29
	Other	1	1	1
	Don't know	4	5	5

Q7 **Thinking now about research into ageing that is funded by <u>taxpayers' money</u> - and by 'research into ageing' I mean the effects of ageing and how to cope with them … SHOWCARD D (R) …which two or three, if any, of these factors are the <u>most</u> important for deciding which research should be funded? Just read out the letter or letters that apply.**

	%
Improving quality of life	56
Preventing future health problems/Having a preventative element	35
Looking for cures for specific age related diseases	34
Number of people who benefit	31
Managing the effects of old age, such as loss of mobility	26
Cost-effectiveness	15
Public education/Having an educational element	12
Scientific quality/excellence, that is science that is carried out to the highest standards	12
High chance of a breakthrough/Big leap forward	9
Contribution to UK prosperity/Wealth creation	6
Reflecting public opinion/public priorities	5
Innovative/Not done before/Covering new ground	3
OTHER – PLEASE WRITE IN	*
None of these	2
Don't know	3

Q8 **Thinking now about research into ageing in general, how strongly do you agree or disagree with the following statements? Just read out the letter that applies in each case. Firstly…**

		A. Strongly agree	B. Tend to agree	C. Neither agree nor dis-agree	D. Tend to disagree	E. Strongly disagree	No opinion
		%	%	%	%	%	%
a)	Information campaigns about lifestyle changes that might slow down the ageing process are more important to fund than research into ageing	10	31	25	25	6	4
b)	Ongoing funding of research into ageing is important, even if the likelihood of a breakthrough or big leap forward is low	24	52	14	6	1	3
c)	It is vital to carry out research into ageing, with the aim of making us healthier for longer, therefore reducing the NHS health bill	42	42	9	4	1	2
d)	Research into ageing is vital to help us understand how we can maximise quality of life for people as they get older	47	43	6	2	*	2
e)	Making a contribution towards Britain's economy should be an important objective for research into ageing	19	43	19	12	4	3

Q9 **How much, if at all, do you feel the public should be consulted on funding decisions for research into ageing?**

		%
A.	A great deal	27
B.	A fair amount	49
C.	Not very much	15
D.	Not at all	5
	Don't know	3

Q10 **How much influence, if any, do you feel you <u>personally</u> have on decision-making about research into ageing?**

		%
A.	A great deal	3
B.	A fair amount	11
C.	Not very much	37
D.	Not at all	46
	Don't know	3

Q11 **And how much influence, if any, do you feel you <u>should</u> have on decision-making about research into ageing?**

		%
A.	A great deal	12
B.	A fair amount	51
C.	Not very much	24
D.	Not at all	9
	Don't know	4

Q12 **Which, if any, of the following personally applies to you? Just read out the letter or letters.**

	%
I have visited an elderly relative in the last month to see if they are alright	41
I regularly meet up with older people aged 60 or above (at least one person, at least once a week)	40
I regularly help out an elderly relative or neighbour	35
I have donated money in the past 2 years to an organisation that helps older people aged 60 or above	31
I would describe myself as an older person	22
I see or speak to one or more of my grandparents often	20
I have helped an older person aged 60 or above to cross the street in the last month	18
I have raised money in the past 2 years for a charity that helps older people aged 60 or above	12
I am a member of an organisation which helps older people aged 60 or above	8
I work for an organisation which helps older people	8
I do voluntary work to assist older people aged 60 or above in the community	6
I have contacted my MP about an issue related to older people aged 60 or above	4
I have campaigned about an issue which affects older people aged 60 or above	4
I subscribe to a newsletter from an organisation which works on behalf of older people aged 60 or above	3
I have written to/contacted an editor, charity etc about ageing/an issue affecting older people aged 60 or above	3
I have written a letter to a newspaper about an issue related to older people aged 60 or above	2
AGEING ACTIVISTS	16
SEMI-ACTIVISTS	27
PASSIVISTS	43
None of these	12
Don't know	1
Refused	*

Demographics

Gender

	% wtd	% unwtd
Male	48	48
Female	52	52

Age

	% wtd	% unwtd
15-24	16	13
25-34	16	15
35-44	19	19
45-54	16	14
55-64	14	16
65+	20	22

Work Status

	% wtd	% unwtd
Respondent is: Working full time (30hrs/wk+)	43	39
Working part time (8-29 hrs/wk)	11	10
Not working (<8 hrs) - housewife	9	10
Not working (<8 hrs) - retired	23	26
Not working (<8 hrs) - unemployed (registered)	2	4
Not working (<8 hrs) - unemployed (not registered but	1	1
Not working (<8 hrs) - student	8	6
Not working (<8 hrs) - other (incl	3	4

Social Grade Respondent is:

	% wtd	% unwtd
A	4	3
B	22	20
C1	29	30
C2	21	19
D	16	14
E	9	14

Marital Status

Respondent is:

	% wtd	% unwtd
Married	50	49
Living together	9	9
Single	24	23
Widowed	9	9
Divorced	6	7
Separated	2	2
Refused/Don't know	*	*

Qualifications

Using this card, please tell me which, if any, is the highest educational or professional qualification you have obtained. Just read out the letter or letters which apply.

		% wtd	% unwtd
A	GCSE/O-Level/CSE	20	19
B	Vocational qualifications	8	8
C	A-Level or equivalent	15	13
D	Bachelor Degree or	16	15
E	Masters/PhD or equivalent	6	5
F	Other	11	11
G	No formal qualifications	22	25
H	Still studying	7	6
	Don't know	*	1

Region

	% wtd	% unwtd
Scotland	9	9
North East	4	4
Merseyside	2	3
North West	9	10
Yorks & Humberside	8	8
East Midlands	7	6
West Midlands	9	10
Wales	5	4
South West	9	9
Eastern	9	7
London	12	12
South East	14	14
Northern Ireland	3	5

Housing Tenure

	% wtd	% unwtd
Being bought on a mortgage	40	36
Owned outright	33	35
Rented – from Local	11	13
Rented – Housing	6	6
Rented - private	9	8
Other	1	1
Refused/ Don't know	1	1

Household Income

	% wtd	% unwtd
Under £9,499	13	16
£9,500 - £17,499	17	17
£17,500 - £29,999	13	13
£30,000 - £39,999	7	7
£40,000 - £49,999	5	5
£50,000+	10	8
Refused	17	17
Don't know	19	18

Number of Children in Household

	% wtd	% unwtd
1	17	16
2	13	12
3	3	3
4	1	1
5	*	*
6	*	*
ANY	35	34
NONE	65	66