POSITIVE AGEING IN IRELAND

Headline findings of a survey carried out by the Age Friendly Cities and Counties Programme and the Healthy and Positive Ageing Initiative
ABBREVIATIONS

AFI  Age Friendly Ireland
AFCC  Age Friendly Cities and Counties
CSO  Central Statistics Office
DLR  Dún Laoghaire-Rathdown
DOH  Department of Health
EQLS  European Quality of Life Survey
EU  European Union
HaPAI  Healthy and Positive Ageing Initiative
HSE  Health Service Executive
NPAS  National Positive Ageing Strategy
TILDA  The Irish Longitudinal Study on Ageing
WHO  World Health Organisation

KEY

MALE  FEMALE  SATISFIED  DISSATISFIED  65+
NPAS GOAL 1: PARTICIPATION  NPAS GOAL 2: HEALTH  NPAS GOAL 3: SECURITY  NPAS ALL GOALS  NATIONAL INDICATOR  LOCAL INDICATOR

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Dún Laoghaire–Rathdown County is a great place to live, work and visit; it is steeped in heritage and renowned for its scenic mountains and stunning coastline. Our aim is to ensure that the county is also a great place in which to spend all of your life, regardless of your age. With a population of some 200,000, we have a higher than national average of people aged over 65 at 14.7%. This unique profile, brings a responsibility for us to engage with our older communities and their wealth of experience and knowledge to help in shaping the future well-being for everyone in the county.

I welcome the publication of this Healthy and Positive Ageing Initiative Survey. Its publication is timely, as Dún Laoghaire–Rathdown (DLR) and our Age Friendly Alliance partners are now moving into the implementation phase of the DLR Age Friendly Strategy. The HaPAI survey data will serve to support and inform our work as partners, and help in identifying priority areas for attention. I am especially pleased that the survey shows that the vast majority of those surveyed, almost 80% of our residents, like living in DLR. The DLR Age Friendly Strategy aims to improve this even further and for the county to become more age friendly in the provision of services, and planning and infrastructure.

Finally, I wish to thank all of the people who contributed and worked on the research and prepared this important report. In particular, I want to thank the 500 respondents who gave both their time and feedback so generously and courteously. This has helped us gain a better understanding of the issues, and will help Dún Laoghaire-Rathdown County Council and our partners in planning the development of county services to make it a better place in which to grow older.

Philomena Poole,
Chief Executive,
Dún Laoghaire-Rathdown County Council.
This section provides the background and rationale for the Healthy and Positive Ageing Initiative (HaPAI) and summarises the approach that is being taken to develop national indicators of Healthy and Positive Ageing.

The conceptual framework, based on the goals and objectives of the National Positive Ageing Strategy (NPAS), is also outlined. The links between this strategy and the Age Friendly Cities and Counties programme is briefly discussed. Finally, some demographic data for Dún Laoghaire-Rathdown is presented.
HEALTHY AND POSITIVE AGEING INITIATIVE

As we enter a period of rapid population ageing, it is becoming increasingly important to develop evidence about the health and wellbeing of older people in order to inform policy at national and local level. Such evidence can alert us to possible difficulties, facilitate greater long-term planning, and ensure that we maximise the potential of all older people in our communities.

The National Positive Ageing Strategy (NPAS) was developed following extensive consultation with older people and their representatives. Published in 2013, it sets out a vision for Ireland as:

“...a society for all ages that celebrates and prepares properly for individual and population ageing. It will enable and support all ages and older people to enjoy physical and mental health and wellbeing to their full potential. It will promote and respect older people’s engagement in economic, social, cultural, community and family life, and foster better solidarity between generations”.

The strategy takes the WHO’s Active Ageing – A Policy Framework (2002) as a ‘theoretical underpinning’ and calls for action on three fronts by defining active ageing as “a process of optimising opportunities for participation, health and security” (NPAS, 2013).

Arising from the publication of the National Positive Ageing Strategy and Healthy Ireland, the Department of Health (DOH) is leading a joint national programme with the Health Service Executive (HSE) and Age Friendly Ireland (AFI) - the Healthy and Positive Ageing Initiative (HaPAI).

DEVELOPMENT OF NATIONAL INDICATORS

Indicators can play a vital role in the identification of trends and issues while contributing to the process of priority setting, policy formulation, and the evaluation and monitoring of progress. The Healthy and Positive Ageing Initiative has developed an indicators framework structured around the three goal areas of Participation, Health, and Security. A number of objectives have been identified within each goal area, each of which will be associated with an indicator(s) where possible. The NPAS also identifies two cross-cutting objectives relating to ageism and information provision.

Healthy Ireland, the national framework to improve the health and wellbeing of the population, has identified four high level goals and 64 actions grouped under six broad themes. Implementation of the NPAS is an essential part of the vision for creating a society in which “every individual and sector of society can play their part in achieving a healthy Ireland” (Healthy Ireland Goal 4).
## DEVELOPMENT OF LOCAL AFCC/HaPAI INDICATORS

Under the three pillars of the National Positive Ageing Strategy (NPAS), four goals have been identified (see below). The HaPAI/AFCC survey asks people for their views on many of the key action areas identified in the NPAS under each of the four goals.

<table>
<thead>
<tr>
<th>NPAS GOAL</th>
<th>HaPAI SURVEY AREAS</th>
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| Remove barriers to participation and provide more opportunities for the continued involvement of people as they age in all aspects of cultural, economic and social life in their communities according to their needs, preferences and capacities. | • Civic Participation  
• Volunteering  
• Lifelong learning  
• Social Participation  
• Transport |
| Support people as they age to maintain, improve or manage their physical and mental health and wellbeing. | • Healthy Ageing  
• Health Services  
• Caregiving |
| Enable people to age with confidence, security and dignity in their own homes and communities for as long as possible. | • Income  
• Housing  
• Public Spaces and Buildings  
• Safety and Security  
• All areas |
| Support and use research about people as they age to better inform policy responses to population ageing in Ireland. | |

Through the Age Friendly Cities and Counties (AFCC) programme, local authorities bring together diverse organisations such as An Garda Síochána, the HSE, Universities, key NGOs, transport and service providers to streamline their work, with the interests and needs of older people at their heart. The programme develops local multi-agency planning structures, which consult with older people to develop integrated city and county strategies to promote and advance older people’s health and wellbeing across Ireland.

The AFCC programme has been identified by the NPAS as being an important approach to improving the lives of older people throughout the country. In order to integrate the AFCC programme with the National Indicators programme, the HaPAI project is developing indicators that are relevant to both the implementation of the NPAS and the AFCC programme.

Many of the national data sources do not provide any information on the lives of older people on a county by county basis. To address this gap, the HaPAI project has carried out local research using a single random sample survey in a number of local authority areas. The results of these surveys will be used to inform policy development and service provision in participating Age Friendly City and County programmes.

This report sets out the headline findings of the survey carried out in the Dún Laoghaire-Rathdown local authority area. A random sample survey of over five hundred people aged 55 and over was carried out in the area between July and October 2015, and further details of the methodological approach can be found in Section 3.

When reviewing the findings of this report it is useful to bear in mind that each 1% difference reported, represents just over 500 older people.
The growth of the population age 65 and over affects many aspects of future planning for society, by health care providers, policymakers and others. In order to plan for and meet the needs of a larger older population it is important to have an accurate picture of recent trends and future predictions.

The 2011 Census found there was a total of 535,393 people aged 65 and over in Ireland, representing 11.7% of the population (CSO, 2011). This proportion is lower than the EU average of 18.2% (Eurostat 2013). In contrast, Italy and Germany have nearly a fifth of their population aged 65 and over.
By 2041, there will be 1.4 million in Ireland aged 65 and over – three times more than the older population now. This older group will make up 22% of the total population, compared to 11.6% of the population in 2011 (CSO, 2013). The total population aged 70 and over is set to treble from approximately 359,000 to just over 1,064,694 in 2046.

The old-age dependency ratio indicates the total population aged 65 and over as a percentage of the population aged 15-64 (the working age population). In 2002, the ratio was 16.4%; by 2011 it had risen to 17.3%; and it is projected to rise to 30.0% by 2031 (CSO, 2013).

Although Dún Laoghaire-Rathdown (DLR) is spatially the smallest county in Ireland covering 125km², it has the sixth highest population of all local authorities with 206,261 persons in 2011 (representing a population increase of 6.3% since 2006).

According to the 2011 Census, there were 51,525 people aged 55 and over in Dún Laoghaire-Rathdown, which was one quarter of the local population. This was higher than the State average of 22%.

There are more women aged 65 and over living in Dún Laoghaire-Rathdown than the national average.

Dún Laoghaire-Rathdown has quite a diverse population, with 11% of residents identifying as non-Irish nationals.

The county also has one of the highest levels of educational attainment of any county in the State.
Employment in Dún Laoghaire-Rathdown is predominantly in the professional, technical, managerial, government, and commercial sectors. Some 11,000 people were registered in the county as unemployed in 2015.

Dún Laoghaire-Rathdown is a thriving and distinctive county of contrasts, with both small areas of significant affluence and of disadvantage. The county generally has good accessibility, particularly along the coastline and links to and from the City and key centres with a good public transport network including the DART, LUAS and Bus network.

**LOCATION OF HOME**

**DÚN LAOGHAIRE-RATHDOWN IS LARGELY AN URBAN AREA**

- **93%** LIVE IN AN URBAN AREA
  - Inner city, suburb or town with 1,500+ population
- **7%** LIVE IN A RURAL AREA
  - Countryside or village

Source: AFCC 2015

**EMPLOYMENT STATUS**

- **81%** AGED 65+
  - RETIRED
- **15%** AGED 55-64
  - EMPLOYED or SELF-EMPLOYED
- **51%** AGED 55-64
  - UNEMPLOYED
- **17%** AGED 55-64
  - LOOKING AFTER HOME/FAMILY
- **14%** MEN 55+
  - PERMANENTLY SICK/DISABLED
- **4.2%** WOMEN 55+
  - IN EDUCATION or TRAINING

Source: AFCC 2015

**MARITAL STATUS**

- **64%** SINGLE
- **17%** MARRIED
- **7.3%** SEPARATED/ DIVORCED
- **17%** WIDOWED

DÚN LAOGHAIRE-RATHDOWN

NATIONALLY

Source: Census 2011
Economic activity is focused on key business districts including Dundrum, Sandyford and Dún Laoghaire, along with local centres such as Blackrock, Stillorgan and Cherrywood. Cherrywood represents the county’s largest development zone which is expected to be developed during the next decade.

The county is renowned for its array of natural and cultural assets, from the 17 kilometres of spectacular coastline to upland areas of outstanding natural beauty including the Dublin Mountains.
This section presents the headline findings from the survey of over five hundred people aged 55 and over living in Dún Laoghaire-Rathdown. Key findings are presented on:

- Public Spaces and Buildings
- Transport
- Housing
- Safety and Security
- Healthy Ageing
- Social Participation
- Lifelong Learning
- Respect and Social Inclusion
- Civic Participation
- Information Access
- Caregiving
2.1 Public Spaces and Buildings

Access to Essential Services

Difficulty accessing services increase with age

- **11%** of people aged 55-69 have great difficulty accessing essential services.
- This increases to **29%** of those aged 70+

Access to Social & Recreational Services

- **7%** of people aged 55-69 have great difficulty accessing social and recreational services.
- This increases to **31%** of those aged 70+

The services that were most difficult to access:

- **37%** Garádaí
- **31%** Cinema/Entertainment
- **29%** Banking Services

The services that were easiest to access:
- **86%** Local Health Services

Essential Services Include:
- Postal services
- Banking services
- Public transport
- Shops
- Local health services
- Garda station

Social & Recreational Services Include:
- Cinema/Theatre/Entertainment
- Park/Green area
- Community centre/Social venues
- Café/Restaurants
- Public library
WE ASKED PEOPLE HOW THEY FEEL ABOUT DIFFERENT ASPECTS OF THE BUILT ENVIRONMENT

AS THEY AGE, PEOPLE ARE LESS SATISFIED WITH ASPECTS OF THE BUILT ENVIRONMENT SUCH AS PAVEMENTS AND TRAFFIC CALMING MEASURES

**RATES OF DISSATISFACTION**

- **Quality and continuity of paths or pavements:**
  - 24% aged 70+
  - 12% aged 55-69

- **Availability or effectiveness of traffic calming measures:**
  - 30% aged 70+
  - 24% aged 55-69

- **Timing of pedestrian crossings and traffic lights:**
  - 18% aged 70+
  - 15% aged 55-69

- **Number of pedestrian crossings and traffic lights:**
  - 20% aged 70+
  - 13% aged 55-69

**FACILITIES AND UPKEEP**

- **Availability of accessible toilets:**
  - 74% aged 70+
  - 64% aged 55-69

- **General appearance and upkeep of your locality:**
  - 8.3% aged 70+
  - 9.9% aged 55-69

- **Availability of seats or resting places:**
  - Almost 4 out of 5 aged 55+
  - Almost 3 out of 4 aged 55+

- **Availability of seats or resting places:**
  - 52% of people aged 70+
  - More than 50% of people aged 55+

**PEOPLE AGED 55 AND OVER LIKED LIVING IN THEIR NEIGHBOURHOOD A LOT - THIS IS HIGHEST IN ADULTS AGED 70+ AT ALMOST 90%**

**PEOPLE AGED 55 AND OVER ARE SATISFIED WITH THE OPPORTUNITIES FOR SPORT & RECREATION IN THEIR AREA**
TRANSPORT USE IN THE PAST WEEK

THE MAJORITY OF RESPONDENTS ARE CURRENT DRIVERS

88% OF PEOPLE AGED 55-69 AND 74% OF PEOPLE AGED 70+

DROVE THEMSELVES IN THE PAST WEEK

PUBLIC TRANSPORT

RATED PUBLIC TRANSPORT IN THE AREA AS ‘GOOD’ OR ‘EXCELLENT’

By comparison, TILDA (2011) found that 50% of people rated public transport in the area as ‘good’ or ‘excellent’

1 IN 7 PEOPLE AGED 55+ reported that a lack of transport causes difficulty for socialising or essential tasks.

This rises to 1 IN 4 PEOPLE AGED 55+ for those who are not current drivers.

27% and for those with walking difficulties 26%
2.3 HOUSING

HOUSING CONDITIONS, FACILITIES AND UPKEEP

WE ASKED ABOUT HOUSING CONDITIONS, FACILITIES AND UPKEEP

JUST OVER 90% OF PEOPLE AGED 55+ in Dún Laoghaire-Rathdown live in a house and have done so for 10 years or more.

MOST HOMES ARE IN GOOD CONDITION, FEWER THAN 5% OF PEOPLE REPORTED PROBLEMS

30% OF PEOPLE AGED 70+ have problems with the upkeep of their homes.

18% OF PEOPLE AGED 55+ were unable to keep their houses adequately warm in the last 12 months.

By comparison, the European Quality of Life survey (EQLS, 2012) found nationally that 5% of people were unable to afford to keep their house warm.

17% AGED 70+
30% AGED 70+
25% AGED 70+
3% AGED 70+

UNABLE TO KEEP HOUSE ADEQUATELY WARM
Includes: Inability to keep house warm for financial reasons

18% AGED 55-69
21% AGED 55-69
23% AGED 55-69
6% AGED 55-69

UPKEEP
Includes: Difficulty carrying out the maintenance or upkeep yourself or with the cost of upkeep.

30% AGED 55-69
21% AGED 55-69
23% AGED 55-69

FACILITIES
Includes: Shortage of space, home too big for current need, lack of indoor or downstairs flushing toilet, bath or shower and lack of outside space.

25% AGED 55-69

CONDITIONS
Includes: Rot in windows, door or floors, and damp or leak in walls or roof.
How many adults aged 55+ in Dún Laoghaire-Rathdown felt positive about each of the following housing options, if their home was no longer suitable to their needs?

- **Moving to a nursing home**
  - Aged 55-69: 15%
  - Aged 70+: 12%

- **Living together with a few other older people**
  - Aged 55-69: 18%
  - Aged 70+: 19%

- **Moving in with your children**
  - Aged 55-69: 21%
  - Aged 70+: 15%

- **Moving to an adapted type of housing**
  - Aged 55-69: 28%
  - Aged 70+: 20%

- **Adapting your current house to your needs**
  - Aged 55-69: 76%
  - Aged 70+: 89%
2.4 SAFETY AND SECURITY

HOW SAFE DO PEOPLE FEEL?

We asked how safe people feel in various situations.

1 in 5 people aged 55+ reported an experience that left them concerned for their own safety.

MEN: 17%
WOMEN: 21%

HOW FREQUENTLY DID THIS EXPERIENCE OCCUR?

Once: 47%
More than once: 40%
Ongoing: 13%

The majority of people feel very safe.

91% feel safe at home during the day.
87% feel safe at home during the night.
62% feel safe out and about at night.
17% of women do not feel safe when out and about at night.
2.5 HEALTHY AGEING

STATE OF HEALTH

- **74%** of people aged 55–69 and **68%** of people aged 70+ say their health is good or very good.

- **27%** of people aged 55–69 have a long-standing illness or health problem.
- **57%** of people aged 70+ have a long-standing illness or health problem.
- **18%** of these people are severely limited in their everyday activities because of their health problems.

- **15%** of people aged 55+ currently smoke. This is similar to the national average of 14% (TILDA, 2013).

- Older people in Dún Laoghaire-Rathdown have fewer problems with blood pressure or cholesterol, but those aged 55–69 have more problems with diabetes.

- **74%** of people aged 70+.

MOST COMMON HEALTH CONDITIONS

The 4 most common health conditions experienced by adults in Dún Laoghaire-Rathdown and nationally:

- **Arthritis**: 25% (DLR), 41% (National), 26% (DLR), 41% (National).
- **High blood pressure or hypertension**: 22% (DLR), 40% (National), 36% (DLR), 51% (National).
- **High cholesterol**: 15% (DLR), 24% (National), 40% (DLR), 37% (National).
- **Diabetes**: 13% (DLR), 7.1% (National), 7.6% (DLR), 11% (National).

While the four main health conditions reported were common across both genders, osteoporosis was very common among women only. 23% reported a doctor diagnosis of osteoporosis in Dún Laoghaire–Rathdown. This was slightly higher than the national percentage for women of 18% (TILDA, 2011).
62% of people have 2 or more health conditions that have been diagnosed by a doctor.

TILDA (2011) found that 67% of people have 2 or more health conditions.

57% of adults aged 55-69 and 45% of adults aged 70+ do at least 150 minutes of moderate physical activity per week.

TILDA (2013) found that 45% of people aged 55+ do at least 150 minutes of moderate exercise every week.

ASSISTANCE WITH ACTIVITIES

ASSISTANCE WITH ACTIVITIES IN THOSE AGED 70+ IN DÚN LAOGHAIRE-RATHDOWN

**PERSONAL CARE**

11% of over 70s need assistance with personal care and 93% receive this assistance.

**HOUSEKEEPING**

22% of over 70s need assistance with housekeeping and 91% receive this assistance.

**MOBILITY**

14% of over 70s need assistance with their personal mobility and 68% receive this assistance.

AMONG THOSE AGED 55-69:

- 2.3% need assistance with personal care
- 4.7% need assistance with housekeeping
- 1.4% need assistance with mobility

HEALTH SERVICES

REASONS WHY THESE ADULTS IN DÚN LAOGHAIRE-RATHDOWN DID NOT RECEIVE SERVICES NEEDED IN THE LAST 12 MONTHS (eg medical, social or home care)

- Flu vaccination (65+)
- Blood test for cholesterol
- Blood pressure check
- Mammogram or breast X-ray (women 55-64)

COST

- 3.6%

WAITING LIST

- 4.4%

DISTANCE/TRANSPORT PROBLEMS

- 0.9%

PREVENTIVE HEALTH SERVICES RECEIVED IN THE PAST 12 MONTHS

- 46%
- 60%
- 65%
- 46%

9% of people aged 55+ in Dún Laoghaire-Rathdown are currently on a waiting list.

AMONG THOSE AGED 55+:

- 73% have been on a waiting list for more than 3 months.
HOW OFTEN DO PEOPLE SOCIALISE

WE ASKED PEOPLE HOW OFTEN THEY SOCIALISE OR PARTICIPATE IN COMMUNITY GROUPS

1 IN 3 PEOPLE 33% AGED 55-69 participate in a community group at least weekly

THIS RISES TO 1 IN 2 PEOPLE 46% AGED 70+

APPROX 2 OUT OF 3 PEOPLE 63% AGED 55+ meet socially with relatives, friends and colleagues at least ONCE A WEEK

7% meet people socially LESS THAN ONCE A MONTH or NEVER

MAIN BARRIERS TO SOCIAL PARTICIPATION

15% AGED 55-69

18% AGED 55-69

23% AGED 55-69

35% AGED 55-69

Can’t get to the venues where social activities are happening

People have negative attitudes about older people being involved

Costs involved are too high

Available activities don’t interest me

LONELINESS IN OLDER PEOPLE

6% AGED 55+

SAID THEY OFTEN FEEL LONELY

25% AGED 55+

SAID THEY FEEL LONELY SOME OF THE TIME

MEAN LONELINESS SCORE BY AGE IN DÚN LAOGHAIRE-RATHDOWN COMPARED WITH TILDA NATIONAL AVERAGE

This is a modified version of the UCLA Loneliness scale. Scores range from 0 (not lonely) to 10 (extremely lonely). Source for National data: TILDA (2014)
LIFELONG LEARNING

EDUCATIONAL ATTAINMENT

WE ASKED PEOPLE ABOUT THEIR PARTICIPATION IN LIFELONG LEARNING

15% OF PEOPLE WERE IN INFORMAL EDUCATION OR CLASSES
6% OF PEOPLE PARTICIPATED IN TRAINING LEADING TO A FORMAL EDUCATION

HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT AMONG PEOPLE IN DÚN LAOGHAIRE-RATHDOWN

17% Primary
13% Lower secondary
32% Upper secondary
4% Third level non-degree
30% Third level degree or higher
4.4% Not stated

WE ASKED PEOPLE ABOUT THEIR PARTICIPATION IN LIFELONG LEARNING

BARRIERS TO PARTICIPATION IN LIFELONG LEARNING

1 IN 3 PEOPLE AGED 55+ IN DÚN LAOGHAIRE-RATHDOWN EXPERIENCED A BARRIER TO PARTICIPATION IN LIFELONG LEARNING IN THE PAST 12 MONTHS

3.0% COSTS ASSOCIATED WITH TAKING THE COURSE
2.5% LACK OF TRANSPORT / DISTANCE TO THE COURSE
4.0% NO SUITABLE OR INTERESTING COURSES AVAILABLE
2.8% RESPONSIBILITIES IN THE HOME
3.6% PERSONAL INCAPACITY OR ILL-HEALTH
13% OTHER BARRIER

Source: Census 2011
## Public Attitudes

We asked people about attitudes or behaviours towards them as people of people in Dún Laoghaire-Rathdown said they experienced negative attitudes or behaviours towards them as a person.

- **16%** of people aged 55+.

### Top 3 Sources of Negative Attitudes and Behaviours Experienced by People

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<th>Source</th>
<th>Percentage</th>
<th>Age Group</th>
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<tr>
<td>Those providing services in the financial sector</td>
<td>8%</td>
<td>55-69</td>
</tr>
<tr>
<td>Younger people</td>
<td>8%</td>
<td>55-69</td>
</tr>
<tr>
<td>In places like shops, pubs or restaurants</td>
<td>5.2%</td>
<td>55-69</td>
</tr>
<tr>
<td>Younger people</td>
<td>4%</td>
<td>70+</td>
</tr>
<tr>
<td>In places like shops, pubs or restaurants</td>
<td>3.2%</td>
<td>70+</td>
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**Overall**, the most common sources were from younger people (5.8%) and people providing financial services (6.7%).
2.9 CIVIC PARTICIPATION

VOLUNTEERING

1 in 3 people aged 55-69 and 1 in 5 people aged 70+ volunteer at least once a month.

56% of those who volunteer at least occasionally are satisfied with the amount of time they spend volunteering.

13% would like to increase the amount of time they spend volunteering.

63% are satisfied with the range of volunteering options on offer.

THE TYPES OF ORGANISATIONS THAT PEOPLE VOLUNTEER WITH ARE:

- 21.8% Community and social services (eg organisations helping people in need)
- 15.5% Educational, cultural, sports or professional associations (eg GAA)
- 9.0% Social movement (eg environmental/human rights organisation)
- 9.6% Other voluntary organisations

POLITICAL ACTIVITIES

- 70% of people aged 70+ were nearly 5 times less likely to take part in a protest or demonstration compared with those aged 55-69, but were just as likely to contact a politician or public official.

The EQLS (2012) found that 17% of people aged 55-69 contacted a politician or public official, and only 5% attended a protest.

- 3.3% offered their views as an older person in an official capacity.
- 6.4% attended a protest or demonstration.
- 3.1% attended a meeting of a trade union, a political party or political action group.
- 4.8% contacted a politician or public official.
- 8.6% attended a meeting of a trade union, a political party or political action group.
2.10 INFORMATION ACCESS

SOURCES OF INFORMATION

WE ASKED PEOPLE WHERE THEY GET THEIR INFORMATION FROM

FOR PEOPLE

AGED 55-69

59% THE INTERNET

are frequently used sources of information

51% WORD OF MOUTH

FOR PEOPLE

AGED 70+

48% LANDLINE PHONE

are important sources of information

INTERNET USE

4 IN 10 DÚN LAOGHAIRE-RATHDOWN RESIDENTS

AGED 70+

DID NOT USE the internet in the past 3 MONTHS

1 IN 10 PEOPLE

AGED 55-69

THE EQLS FOUND THAT

44% AGED 55-69

USED THE INTERNET (OTHER THAN FOR WORK) AT LEAST ONCE A WEEK

NOTE: ‘DO NOT USE’ defined as those who said ‘NOT APPLICABLE’ to question about internet use

DIFFICULTY ACCESSING INFORMATION

ONLY 1 IN 10 PEOPLE

AGED 55+

HAVE DIFFICULTY ACCESSING INFORMATION ABOUT HEALTH SERVICES AND LOCAL EVENTS

DIFFICULTY GETTING INFORMATION ABOUT HEALTH OR SOCIAL CARE

8% AGED 70+

10.6% AGED 55-69

DIFFICULTY GETTING INFORMATION ABOUT LOCAL EVENTS AND ACTIVITIES

6.5% AGED 70+

9.9% AGED 55-69
WE ASKED PEOPLE ABOUT HOW OFTEN THEY PROVIDE CARE TO OTHERS

4 IN 10 PEOPLE AGED 55-69 AND 1 IN 4 PEOPLE AGED 70+ CARE FOR CHILDREN OR GRANDCHILDREN EVERY DAY OR WEEKLY

IN THE EQLS - 19% OF OVER 55s AND 5% OF THE OVER 70s ARE INVOLVED IN CARING FOR CHILDREN OR GRANDCHILDREN

MORE PEOPLE AGED 70+ IN DÚN LAOGHAIRE-RATHDOWN WERE INVOLVED IN CARING FOR AN ELDERLY OR DISABLED RELATIVE THAN THOSE AGED 55-69 (TREND IS SIMILAR TO EQLS)

NOTE: INCLUDES PEOPLE WHO SAID THEY ARE INVOLVED IN CARING AT LEAST SOME OF THE TIME

DÚN LAOGHAIRE-RATHDOWN / SURVEY RESULTS
CAREGIVER STRAIN is measured using the question "Has your own lifestyle been affected by the caring that you provide in any of the following ways?" There are 12 different items such as "Sleep disturbed" and "It is a financial strain."
The target population for this survey includes all community-dwelling members of the population aged 55 and older in Dún Laoghaire-Rathdown. This sample did not include people aged 55 and older who were in long-term care or living in an institution at the time of survey. A multistage random-route sampling strategy was used to generate a sample of this population.
STUDY POPULATION AND SAMPLE

The sampling approach involved several steps.

Firstly, a random sample of 50 District Electoral Divisions (DED) in Dún Laoghaire-Rathdown was selected as the primary sampling units (PSUs). Within each selected DED a starting address was selected at random. Beginning with this address a total of 10 interviews were to be completed in each of the 50 areas.

Detailed information on the approach that interviewers took to identify eligible households within each area for the survey is provided in Appendix 1. In summary, from their starting address, interviewers called to every fifth house. The interviewer asked to speak to a person aged 55 years or older in the household. One person aged 55 or older per household was invited to complete the interview. If there were two or more older people in the household then the interviewer applied the ‘next birthday’ rule to select one participant.

FIELDWORK AND RESPONSE RATE

A total of 502 interviews were conducted with participants aged 55 and older. Interviews were conducted in 2015.

The response rate is the proportion of selected households that included an eligible participant who completed an interview. Interviewers visited a total of 691 eligible households where a person aged 55 and older was resident. A further 220 households were visited but eligibility to participate in the survey was not determined. Based on the proportion of eligible households identified from the number of households visited, we calculated that 190 of these 220 would have contained a person who was eligible to participate. We included these households when calculating the response rate. A total of 502 interviews were completed from 881 households, with a response rate of 57%.

DATA COLLECTION METHODS

Each participant completed a structured Computer-Assisted Personal Interview (CAPI) in their own home with a trained interviewer from Amárach Research. The interview contained questions on: age-friendly public spaces; experiences of discrimination; housing; safety and security; healthy ageing; health and social services utilisation; participation in education and lifelong learning; active citizenship and volunteering; social and cultural participation; transport; and access to information. Participants were also invited to complete an additional, separate, paper-based survey on potentially sensitive topics. This included emotional wellbeing and elder abuse. This data will be available at the end of 2016.
ANALYTIC STRATEGY

This report presents descriptive data from the survey, including percentages and average values. In general, the results focus on the percentage of people aged 55+ who can be classified into a certain group, for example, those who report difficulty accessing specific services, or who volunteer. In a small number of cases participants did not respond to a survey item. These participants are excluded from the results for that survey question. Across all survey questions, no more than 10% of participants were missing a response.

PRESENTATION OF THE RESULTS

Throughout the report results are reported for different age groups and gender in order to illustrate key differences between groups in the population aged 55 and older. Results are, in the main, reported for two different age groups: 55-69; and 70+. Other age groups are reported where relevant. For example, uptake of the flu vaccine is reported for the target age group (age 65+).

Appendix 2 provides further details on interpreting differences between groups in this report.

NATIONAL BENCHMARKS

There are a number of national studies which collect data that is similar to this study. These include the Census, The Irish Longitudinal Study on Ageing (TILDA), the European Quality of Life Survey (EQLS) and the Survey of Income and Living Conditions. Where applicable, we have reported this national data as a comparison or benchmark for the local data.

WEIGHTING

The response rate for the CAPI in Dún Laoghaire-Rathdown was 57%. Response rates typically vary among different groups within a given population such as different age groups or levels of education. This variation can lead to biased estimates when reporting results. This analysis included the application of sample weights which corresponded to the number of people in the population of Dún Laoghaire-Rathdown that were represented by each survey participant. Weights which were applied to the survey sample were estimated using the Census (2011). The characteristics compared were age, gender, educational attainment (primary/secondary/third level) and marital status (married/not married).

All analysis was conducted using Stata Version 13.
LIMITATIONS OF THIS REPORT AND FUTURE ANALYSIS

The results reported here are broadly descriptive and associations between responses to the different survey items are not explored in detail. Further work will be undertaken to explore complex associations between the different variables recorded in the survey. In addition, future publications will compare results across counties. It is also important to note that while the data is broadly representative of the population aged 55+ in the community in Dún Laoghaire-Rathdown, it does not include, and is not representative of, individuals who live in institutional settings.
APPENDIX 1: DETAILED DESCRIPTION OF IDENTIFYING ELIGIBLE HOUSEHOLDS

The steps taken by interviewers were as follows:

1. Within each district electoral division (DED) interviewers were given a starting address on [for example] Road 1. The interviewer called at this house and asked to speak to somebody aged 55 years or older. If there is an eligible occupant or if there was no response from the house, they made a note of the address and called back, up to four times.

2. To locate the next house, interviewers stood with their back to the front door, turned to their left and counted five doors along the road, and called at this fifth house on E.g. Road 1.

3. Interviewers continued in this manner, calling at every fifth house until they reached the end of the road; assuming they successfully identified an eligible occupant to complete an interview or noted non-responses.

4. At the end of Road 1 they turned Left on to Road 2, counted five houses from the last house visited on Road 1 and continued calling to every fifth house on Road 2 until the end of the road.

5. At the end of Road 2 interviewers turned Right on to Road 3 [counted five houses from the last house visited on Road 2], continued calling at every fifth house on Road 3 until the end of the road.

6. At the end of Road 3, the interviewer turned Left on to Road 4, and alternate right and left turns at the end of each road while keeping within the DED.

If a household was ineligible due to age of more than 55 years or the household refused to participate, was vacant or derelict, interviewers used the following procedure to locate the next house:

1. Interviewers stood with their backs to the front door, turned left and went to the next house. If they again met with an ineligible household or a refusal they continued next door to the left until they identified an eligible occupant or noted a non-response.

2. Once they obtained an interview or non-response interviewers reverted to the fifth house on the left rule [steps 2-6]. This procedure was followed until the quota of 10 interviews was reached, up to a maximum of 50 households, within each assigned DED.

3. The address and outcome of each house visited was recorded [including refusals, ineligible, vacant/derelict, non-responses and completed interviews] on the response sheet by each interviewer.

APARTMENTS:
Interviewers are given a sheet with the total number of residential addresses in the first column and the target apartment or flat in the second column. If apartments are not numbered, and there are doorbells, they count the bells from top left to bottom right. If apartments are not numbered and there are no separate doorbells, they count the apartments from top left to bottom right as you face the main door of the building from the street.

RANDOM ROUTE RURAL AREA:
In a rural area where houses are more spread-out interviewers are supplied with a map of each relevant DED and given the address to call at within each DED.
HOUSEHOLD RESPONSE RATE:
In order to calculate the response rate it is important to identify which houses are excluded because they are ineligible (nobody age 55 years or older), households that could not be contacted (non-response) and which households were eligible (person aged 55 years or older) but which either co-operated or refused to participate in the survey. Interviewers record each address called at and the outcome using codes for refusals, ineligibles, vacant/derelict and non-contacts.
In relation to ‘non-response’ interviewers record the time called at, and the times at which they called back (up to 4 times on different days and times). They also record the final outcome after the 4 attempts i.e. not eligible due to age, refused, interview completed, or could not contact after 4 attempts. 10%-20% of interviews and adherence to random route are validated.
APPENDIX 2: INTERPRETING DIFFERENCES BETWEEN GROUPS

The data reported in this report is based on a random sample of individuals aged 55+ living in Dún Laoghaire-Rathdown. Any differences that we see between groups within the county (e.g. between men and women or between different age groups), or between Dún Laoghaire-Rathdown and national figures, could reflect a real difference in the population as a whole, or could be due to random chance.

The size of a difference that is likely to be real rather than due to random chance depends on two issues:

1. The size of the groups we are comparing, and
2. How low or high the percentages that we are comparing are.

The Tables on the following pages provide a guide to how big the differences need to be for us to be confident that they are real differences. Table 1 should be referred to when comparing small groups, of about 250 individuals. In this report, this applies when we are comparing men versus women, and comparing age groups 55-69 versus age 70+. Table 2 should be referred to when comparing groups of 250-500 individuals (an age group in a county, or the whole county) to a national figure. In this report, this applies to comparisons between the county itself, and national data sources such as TILDA or EQLS.
## TABLE 1: COMPARING SMALL GROUPS (of about 250 individuals)

### INCLUDES: MEN COMPARED WITH WOMEN / AGE 55-69 COMPARED WITH 70+

<table>
<thead>
<tr>
<th>HOW BIG IS THE DIFFERENCE?</th>
<th>How confident can we be that it is a “real” difference? (i.e., not due to chance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9% OR MORE (percentage points)</td>
<td>Can be reasonably confident differences are real</td>
</tr>
<tr>
<td></td>
<td>Example: 74% of those in the 70+ age group and 64% of the 55-69 group are dissatisfied with the availability of accessible toilets. We can be confident that this 10% difference is not due to chance.</td>
</tr>
<tr>
<td>5-8% (percentage points)</td>
<td>We need to be cautious with these differences. We can only be confident that they represent real differences if the percentages being compared are above or below a certain value.</td>
</tr>
<tr>
<td></td>
<td>Are both values being compared ...</td>
</tr>
<tr>
<td></td>
<td>Less than 30% or greater than 70%?</td>
</tr>
<tr>
<td></td>
<td>Less than 20% or greater than 80%?</td>
</tr>
<tr>
<td></td>
<td>Less than 15% or greater than 85%?</td>
</tr>
<tr>
<td></td>
<td>Less than 10% or greater than 90%?</td>
</tr>
<tr>
<td>LESS THAN 5% (percentage points)</td>
<td>Cannot be confident that these differences are real</td>
</tr>
<tr>
<td></td>
<td>Example: 21% of women had an experience that left them concerned for their personal safety, compared with 17% of men. We cannot be confident that this 4% difference is real. This difference could be due to chance.</td>
</tr>
<tr>
<td>HOW BIG IS THE DIFFERENCE?</td>
<td>How confident can we be that it is a “real” difference? (i.e., not due to chance)</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>7% OR MORE (percentage points)</td>
<td>Can be reasonably confident differences are real</td>
</tr>
<tr>
<td></td>
<td>Example: 60% of people rated public transport as good or excellent, compared with 50% nationally. We can be confident that this 10% difference is not due to chance.</td>
</tr>
<tr>
<td>4-6% (percentage points)</td>
<td>We need to be cautious with these differences.</td>
</tr>
<tr>
<td></td>
<td>We can only be confident that they represent real differences if the percentages being compared are above or below a certain value.</td>
</tr>
<tr>
<td></td>
<td>Are both values being compared ...</td>
</tr>
<tr>
<td></td>
<td>Less than 25% or greater than 75%?</td>
</tr>
<tr>
<td></td>
<td>Less than 15% or greater than 85%?</td>
</tr>
<tr>
<td></td>
<td>Less than 10% or greater than 90%?</td>
</tr>
<tr>
<td>LESS THAN 4% (percentage points)</td>
<td>Cannot be confident that these differences are real</td>
</tr>
<tr>
<td></td>
<td>Example: 14% of over 55s smoke, compared with 15% nationally. We cannot be confident that this 1% difference is real. This difference may to be due to chance.</td>
</tr>
</tbody>
</table>


### REFERENCES & DATA SOURCES

<table>
<thead>
<tr>
<th>DATA SOURCE</th>
<th>CENSUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference period</td>
<td>2011</td>
</tr>
<tr>
<td>Data collection frequency</td>
<td>Five year intervals</td>
</tr>
<tr>
<td>Coverage</td>
<td>De facto population i.e. the population recorded for each area represents the total of all persons present within its boundaries on the night of the Census, together with all persons who arrived in that area on the morning of Monday 11 April 2011, not having been enumerated elsewhere</td>
</tr>
<tr>
<td>Method of data collection</td>
<td>Self-completed form</td>
</tr>
<tr>
<td>Data content</td>
<td>Demography</td>
</tr>
<tr>
<td>Relevant policy areas</td>
<td>Healthcare, health, carers education, employment, transport, housing and living arrangements</td>
</tr>
<tr>
<td>References</td>
<td><a href="http://www.cso.ie/en/census/">http://www.cso.ie/en/census/</a></td>
</tr>
<tr>
<td>Sample size</td>
<td>4,581,269 (total population)</td>
</tr>
<tr>
<td>DATA SOURCE</td>
<td>EUROPEAN QUALITY OF LIFE SURVEY (EQLS)</td>
</tr>
<tr>
<td>-------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Reference Period</td>
<td>2011</td>
</tr>
<tr>
<td>Data collection frequency</td>
<td>Every four years</td>
</tr>
<tr>
<td>Coverage</td>
<td>The target population is all residents aged 18 and older, and the target sample size ranges from 1,000 to 3,000. A multi-stage, stratified random sampling procedure is used.</td>
</tr>
<tr>
<td>Method of data collection</td>
<td>Face-to-face questionnaire</td>
</tr>
<tr>
<td>Data content</td>
<td>Employment, income, housing and environment, family, health, work-life balance, subjective wellbeing and social equality.</td>
</tr>
<tr>
<td>Relevant policy areas</td>
<td>Family life, housing, income, life satisfaction, subjective-wellbeing, trust and social solidarity, poverty and social inclusion.</td>
</tr>
<tr>
<td>Sample size</td>
<td>1051</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATA SOURCE</th>
<th>THE IRISH LONGITUDINAL STUDY OF AGEING (TILDA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data collection frequency</td>
<td>Every two years, Wave 3 due to finish data collection in 2015</td>
</tr>
<tr>
<td>Coverage</td>
<td>Community-dwelling adults aged 50+ at Wave 1 and 52+ at Wave 2, living in the Republic of Ireland (ROI). A random, clustered, stratified sampling is used to ensure population representative sample.</td>
</tr>
<tr>
<td>Method of data collection</td>
<td>Face-to-face Interviews in participants homes; self-completion questionnaire; nurse-led health assessment</td>
</tr>
<tr>
<td>Data content</td>
<td>Health, economic and social data</td>
</tr>
<tr>
<td>Relevant policy areas</td>
<td>Employment, Education and Lifelong Learning, Active Citizenship, Engagement in Activities, Transport, Healthy Ageing, Support and Care Services, Income, Homes, Ageism</td>
</tr>
<tr>
<td>References</td>
<td>TILDA data available from <a href="http://www.ucd.ie/issda/data/tilda/">http://www.ucd.ie/issda/data/tilda/</a></td>
</tr>
<tr>
<td>Sample size</td>
<td>Wave 1: 8,175; Wave 2: 7,010</td>
</tr>
</tbody>
</table>