 

Age Friendly Communities Study

Newry and Mourne District Council

Promoting dignity and independence among mid-life and older adults

DRAFT REPORT

Report prepared by

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* Carers Matter
* Confederation of Community Groups
* City of Newry U3A (University of the Third Age)
* Citizens Advice Bureau
* South Armagh Women & Family Health Initiative
* South Down Family Health Initiative
* Alzheimers Society
* Senior Citizens Consortium
* Newry & Mourne Community Transport
* Volunteer Now

Executive Summary

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Introduction** 
   * The Newry and Mourne Age Friendly Study aimed to explore levels of age friendliness in the area, i.e. the extent to which people feel that their communities support them as they grow older.
   * 261 adults in mid- and later life gave their views in this survey. These people were recruited from South Down, Newry City and South Armagh. They also ranged in age from 50 to more than 80 years, and included people who were single, those who were married, those on good health, and those in less good health.
   * A range of professionals and organizations contributed to the project particularly by helping to distribute the survey and collect completed questionnaires.
   * A brief summary of findings is now given.
2. **Transportation**
   * 70% of the sample were car drivers, and 44% reported using buses, but only 23% of the sample said they walked frequently
   * most people taking part in the survey thought that bus drivers were friendly and helpful, but many people also reported concerns about not having easy access to transport (47%) not having enough transport (51%) or just having too many barriers to public transport (41%)
3. **Hospital and community services**
   * most people in the survey said that they were in good health, but 80% had worries about going into hospital and 50% reported difficulties in getting GP appointments
   * half the sample thought that there were not enough community supports to stay healthy and well; those in poorer health were most likely to have this concern.
4. **Outdoor spaces and buildings**
   * many people on the survey enjoyed living in or close to an area of outstanding beauty
   * however, 79% of the sample believed that more supports for people were needed when out and about. Those supports included having more seating in shops, and greater access to toilets.
5. **Communication and information**
   * 58% of the sample used computers, and 54% used e-mail, but many others wanted more computer training
   * almost 60% of the sample wanted a dedicated website which provided up to date information
   * almost 70% of the sample said that they did not feel informed about activities and events that were important to them.
6. **Home and housing**
   * 75% of the sample had worries about managing money, and staying or coping at home as the years passed
   * 87% of the sample worried about feeling safe at home and 80% worried about safety in the community
7. **Respect and social inclusion**
   * the majority of participants, 80%, did not feel respected and valued as community members and many people thought that the experience and contributions of older people were not appreciated enough
   * feeling invisible to others was a problem reported by 60% of the sample, a view held most strongly by those who did not drive, those living alone, and those with less good health
   * many participants commented on having excellent neighbors
8. **Social participation** 
   * those in less good health (49%) were more likely than others to agree that there were enough activities and events of interest
   * people valued living near family and friends, the friendliness and helpfulness of people, and a strong community spirit
9. **Civic participation and employment**
   * More than half the sample reported being able to volunteer their time and skills if they wished
   * Those more likely to have had this opportunity included car drivers, those in better health, and those under rather than over age 70 years, i.e. those not in these groups may be overlooked as potential volunteers
10. **Discussion and conclusion** 
    * These findings will help inform the development of changes that will make the Newry and Mourne District a more age-friendly and positive place to grow older.

### Introduction

The Newry and Mourne Age Friendly Study aims to understand levels of age-friendliness in the Newry and Mourne area, i.e. the extent to which people feel that their communities support them as they grow older. The study involved consultation processes with community based mid-life and older adults, and associated professionals with an interest or expertise on growing older. The study arises from the WHO (World Health Organization) study on age-friendliness. In this WHO study across 35 culturally diverse cities and towns in 22 countries (WHO, 2004) older adults and carers were asked about age-friendliness across eight main themes: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and hospital and community services. The current study builds on this work by exploring experiences and attitudes to age friendliness amongst mid-life and older adults in the Newry and Mourne area.

### The need for age-friendliness

People are living longer than ever before given achievements in medicine, health and social care. This century has seen an increase of thirty years in the average life expectancy at birth, from 47 years in 1900 to 77 years today, while the proportion of those in the 65+ age group in Ireland is expected to rise from 11% in 2008 to 25% in 2030 (CSO, 2007) with the greatest increases among the oldest old, those aged 85+ years. While the majority of adults will age well and be in good or relatively good health (McGee et al, 2004; Kirkwood, 1999), declines in functional ability associated with ageing can bring challenges, and there are likely to be significant increases are likely in the number of people living with chronic illnesses and disabilities.

Ageing-in-place refers to the ability of adults to remain living with dignity and comfort in their own homes and communities, through their later years, and not be compelled to move home in order to secure supports for changing needs. Ageing in place/at home is the preferred option for many older people (O’Hanlon et al, 2004; McGee et al, 2004). For instance, in a large study of over 2000 community-based adults aged 65+ living on the island of Ireland, older adults reported very strong preferences for remaining in their own homes (O’Hanlon et al, 2005). Linked to ageing at home are perceptions of greater independence, freedom, privacy and autonomy, and by association greater quality of life.

Communities which support the changing needs of members as they grow older are communities which are likely to do better socially, financially and economically. Communities which draw on the expertise, experience and company of adults in middle and later life are communities in which all generations thrive, including young people who can often benefit from the experience and perspective of older people**.** Older members of the community need to travel to social and community events, which in turn contribute to the financial and economic well-being of communities, through increased transportation, greater use of resources, and hence increase in turn over, business and jobs.

Communities that support their members as they grow older are also communities where people can remain at home and access health care when needed. Indeed a key concept underpinning the age-friendly cities movement is that cities or communities should seek to extend the amount of years people live independently in their own homes (Finkelstein et al, 2007). Furthermore, even when disability occurs, age-friendly communities will have supports in place to help members regain or maintain independence; these supports can include comprehensive social and health services, environmental adaptations such as well-maintained pavements, and doors that are easy to open and access. As such, age friendly communities are also likely to be communities in which people have better physical health and improved levels of psychological well-being.

Newry and Mourne District Council is very committed to making the Newry and Mourne District a positive and age-friendly community where older citizens thrive. Consequently, Newry and Mourne District Council work actively with a wide range of partners on initiatives to improve health and well-being of older people. Additionally, in 2012 the Council signed the Dublin Declaration which commits it to the World Health Organization’s Age Friendly Cities Initiative. Within this context, and under the direction of the Age Friendly Strategic Alliance[[1]](#footnote-1), the Council is undertaking consultation with older citizens to understand their experiences and priorities towards an Age Friendly Strategy. This consultation will inform the development of a Strategy Document to encourage and promote active ageing in the Newry and Mourne District by maximizing opportunities for health, participation and security.

### Current study

The aims of the current project were to examine perceptions of age-friendliness among mid-life and older adults in the Newry and Mourne District. Specifically:

* to examine perceptions of age friendliness around 8 themes identified from the World Health Organization study: transportation, hospital and community services, outdoor spaces and buildings, communication and information, home and housing, respect and social inclusion, social participation and civic participation and employment.
* to consider factors associated with age friendliness, namely to examine possible variations in perceptions as a consequence of either: living alone (Yes/No), health status, being a car driver (Yes/No), or geographical area (South Down, Newry City, or South Armagh).
* to inform a Strategy document which will encourage and promote active ageing by maximizing opportunities in the Newry and Mourne District for health, quality of life, participation, and security.

### Method

### Procedure

Members of the Strategic Alliance agreed the structure of this survey and Newry and Mourne District Council worked with the appropriate organization and bodies to distribute the survey. The study was advertised widely in local media to encourage participation and completion. Additionally, The Council worked closely with CAWT and The Southern Health Trust in terms of identifying key people within the community to facilitate distribution and completion of the survey.

### Participants

261 adults aged 50+ yearswere recruited from three geographical areas: Newry City, South Armagh and South Down. As can be seen in Table 1, the three samples did not differ on any demographic variable, other than whether or not they called their areas a rural area, a village, a town or a city.[[2]](#footnote-2)

### Measures

As described next, a range of measures were used including measures piloted and developed in research on age friendliness at the Netwell Centre, Dundalk Institute of Technology. A copy of the survey can be seen in Appendix 1.

- *Demographic variables*: participants were asked to indicate their gender, age, marital status, and geographical area (rural area, village small or large town, or city). Participants were also asked if they would describe their area as being mostly young families, older people or mixed age groups. Using a five point Likert-type scale, they were also asked the extent to which they felt a link or a sense of belonging to their communities (not at all linked - very strongly linked).

*Worried about bills / money:* Using a five-point Likert-type scale, participants were asked to indicate the extent they worried about money or about paying bills. Scale responses ranged from “strongly disagree” to “strongly agree”.

*Transport:* Participants were asked to indicate how frequently, if at all, they used the following modes of transport: buses, driving self, getting lifts with family, taking taxis, or walking. For each mode of transport, a five point Likert-type scale was used: “not at all”, “rarely”, “not sure”, “occasionally”, and “often”. Car drivers were identified as those who indicated they drove rarely, occasionally or often.

*Health:*  Using a five-point Likert-type scale, participants were asked to rate their health on a number of dimensions: whether they felt they took enough exercise /walked, and whether they ate healthily, held a positive attitude to growing older, were friendly or outgoing. Scale responses ranged from Strongly disagree to Strongly Agree.

*Age Friendliness:*

*- General Age Friendliness:* Using a five point Likert-type scale, participants were asked the extent to which they felt their community was a positive or supportive place to grow older (not at all supportive - very supportive).

*- Transportation:* Participants were asked to indicate the extent to which they experienced: barriers to public transport, sufficient public transport options available, and the level of convenience to access that transport. Participants were also asked to rate how friendly bus drivers were. All items were rated on a five-point scale from strongly agree to strongly disagree in the direction of more positive ratings.

*Hospital and health services:* participants were asked to rate whether they had any difficulties getting an appointment from GPs, whether they worried about going into hospital and whether they believed there were enough community sports to stay healthy and well. For each item, participants rated their agreement on a five point Likert type scale.

*Outdoor spaces and buildings*: Using the same five-point Likert-type scale, participants were asked to indicate their level of agreement with a number of statements: generally in my community… “there are too few places of interest, e.g. shops, or parks”; “more supports are needed e.g. more seating, or greater access to toilets”, and “there are many events and activities that suit my/our interests and needs”.

*Communication and information:* participants were asked to rate how informed they felt about things in their communities that were important to them for example events or supports in the community, or health information. Participants were also asked if they had a computer (yes/no), whether they could use e-mail, whether they were interested in computer training, and whether they were interested in using a dedicated website for information.

*Home and housing:* participants were asked to rate their level of worry about managing financially, staying or coping at home, feeling safe at home, and feeling safe in the community. For all items participants rated their view on a five-point Likert type scale.

*Respect and inclusion:* participants were asked to rate the extent to which they believed the contributions and experience of older people were appreciated. They were also asked to indicate the extent to which they, or older people in their immediate families, were isolated, or made to feel invisible. Again a five-point Likert type scale was used.

*Social participation:* participants were asked to indicate the extent to which they agreed that there were many events and activities that suited their interests and needs. Ratings occurred on a five-point scale from strongly disagree to strongly agree.

*Civic participation and employment:* to make this question more relevant older people, participants were asked to what extent they had/have the opportunity to participate in community life through volunteer work. They were also asked the extent to which they found government officials or public servants bureaucratic, as other pilot work indicated that responses to these questions predicted civic participation. As with other items ratings occurred on a five-point scale from strongly disagree to strongly agree.

### Data analyses

Data was analyzed using the Statistical Package for the Social Sciences (SPSS-v20) software. Typically, missing data was not a problem (less than 5%). One exception was for data around transport, when around 15-20% of data was missing. However, in these instances, those with missing data did not differ statistically from others on core measures.

Statistical significance indicates the probability that a difference exists between two groups rather than occurring by chance or mistake. In this report, a conservative stance is taken, i.e. only a 5 in 100 chance of an occurrence by chance or mistake is accepted to ensure that genuine differences only between groups are identified. The size of the risk is set by the probability level, or p value.

By setting the significance level at p < .05 or less, significant differences between groups in this report can be identified. Where group differences do not have a p value of .05 or less, this is usually because no group differences are present. Specifically, the fact that one group might score higher or lower than another, is not statistically relevant unless the probability or p value is less than or equal to .05. In this report, statistical group differences are indicated by an asterisk. The higher the statistical difference, the more asterisks are given. However, only one asterisk is needed to demonstrate a statistical difference between two groups greater than chance (p < .05), i.e. without an asterisks both groups are statistically the same on a given measure, even though one group may appear to have a higher score.

### Results [[3]](#footnote-3)

Information on those taking part in the survey can be seen in the first column of Table 1. Although the majority of respondents were female (75%), the sample was relatively evenly distributed across all marital status groups and all age groups (50-80+ years). The latter is especially important where surveys can often have an under representation from those in the oldest age groups. The survey was also relatively evenly distributed between the three geographical areas of South Down, Newry City and South Armagh. In addition, when reading down Column one of Table 1, it can be seen that the majority of the sample (94%) felt at least some minimal sense of belonging to their communities, and over half the sample believed very or quite strongly that their communities were positive places to grow older.

When reading down Column Two of Table 1, it can be seen that there is a statistical group difference between being a car driver and marital status, i.e. those who were married and non-widowed were statistically more likely to be drivers compared to other marital status groups. No statistical difference however was found between being a car driver, and geographical area, or whether or not the community was seen as a positive place to grow older. In contrast however, car drivers were statistically more likely than non-drivers to report a greater sense of belonging to their communities. Further analyses were carried out to consider whether this result was influenced by age or gender. Results indicated that there was no effect of gender, however, car drivers under 70 years were more likely than drivers aged 71+ years to report a strong sense of belonging to their communities.

Additionally, as can be seen in the remaining columns of Table 1, those who lived alone were significantly less likely than others to see their communities as positive places to grow older (38% vs 19%). Interestingly, there were no health or geographical area differences on this measure, i.e. people tended to rate their areas similarly positively as places to grow older, irrespective of the geographical area in which they lived, or their health status.

### Table 1: Descriptive information on the total sample, and by subgroup

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Measures** | **Total**  **sample**  **%** | **Car driver**  % | | **Live Alone**  % | | **Good health**  % | | **Area**  % | | |
| Yes  (n=159) | No  (n=62) | Yes  (n=95) | No  (n=155) | Yes  (n=149) | No  (n=101) | SD  (n=99) | NC  (n=71) | SA  (n=88) |
| 1) Marital status  - Single/Never married  - Married  - Widowed  - Separated/Divorced | 13  45  30  8 | \*\*  16  55  19  8 | 8  29  61  1 | \*\*\*  20  4  58  18 | 10  75  13  2 | 17  47  30  6 | 10  47  32  11 | 13  43  35  9 | 18  49  21  12 | 12  48  35  5 |
| 2) Gender  - Male  - Female | 25  75 | 29  71 | 18  82 | 23  77 | 28  71 | 27  73 | 24  76 | 26  74 | 30  70 | 21  79 |
| 3) Age  - 50-59  - 60-69  - 70-79  - 80+ | 16  32  31  18 | \*\*  21  41  31  7 | 7  15  33  15 | \*\*\*  7  32  35  26 | 21  35  32  11 | 20  33  28  19 | 11  31  38  20 | 16  30  34  20 | 21  42  25  12 | 13  32  34  21 |
| 4) Area  - South Down (SD)  - Newry City (NC)  - South Armagh (SA) | 38  27  34 | 36  31  33 | 31  27  42 | 39  25  36 | 36  29  35 | 42  28  30 | 35  24  41 |  |  |  |
| 5) Geography  - Rural  - Village  - Small town  - Large town / City | 38  20  14  27 | 38  23  14  25 | 47  21  6  26 | 31  23  18  28 | 42  20  13  25 | 39  20  15  26 | 40  23  14  23 | \*\*\*  46  20  23  11 | 11  1  12  75 | 54  37  7  2 |
| 6) Community mostly:  - Young families  - Older people  - Mixed ages | 3  15  81 | 3  15  82 | 2  21  77 | 4  16  80 | 2  12  86 | 3  16  81 | 3  15  82 | 4  24  72 | 1  13  26 | 2  10  88 |
| 7) Feel sense of belonging?  - Not at all  - Somewhat  - Unsure  - Quite strong  - Very strong | 6  26  10  38  18 | \*\*  6  21  8  45  20 | 5  39  13  23  19 | 8  30  9  37  16 | 5  22  11  41  21 | \*\*  7  23  7  45  18 | 4  34  13  30  19 | 8  26  12  36  18 | 7  31  8  41  13 | 4  24  9  41  22 |
| 8) Community as a positive place to grow older?  - Not at all  - Somewhat  - Unsure  - Quite strong  - Very strong | 8  18  21  37  14 | 8  18  20  41  13 | 8  16  25  38  13 | \*\*\*  11  27  12  37  13 | 7  12  27  39  15 | 8  15  20  41  16 | 8  23  24  35  16 | 8  15  19  41  17 | 7  24  21  35  13 | 9  19  23  38  11 |

\*\*p<.001; \*\*\*p<.005

### Age Friendliness: Transport

Of the total sample, 44% reported using buses occasionally or often (see Col 1, Table 2). In contrast, 70% of the sample reported driving occasionally/often, and despite its health benefits, only 23% of the sample reported frequent walking. Car drivers also walked more than did their non-driving counterparts. However, participants were statistically less likely to walk if they reported their health as being poor, and if they lived in the South Armagh area.

### Table 2: Transport for total sample, and by subgroup

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Measures** | **Total**  **Sample**  **%** | **Car driver** | | **Live Alone** | | **Good health** | | **Area** | | |
| Yes  (n=159) | No  (n=62) | Yes  (n=95) | No  (n=155) | Yes  (n=149) | No  (n=101) | SD  (n=99) | NC  (n=71) | SA  (n=88) |
| 1) Used busses?  - Not at all  - Rarely  - Occasionally  - Often | 39  17  24  20 | \*\*\*  19  26  28  27 | 55  13  25  7 | \*  41  14  15  30 | 39  17  29  15 | 37  14  27  22 | 43  19  21  17 | \*\*\*  27  13  34  26 | 40  17  21  22 | 54  20  15  11 |
| 2) Drive car?  - Not at all  - Rarely  - Occasionally  - Often | 28  2  6  64 |  |  | \*  37  2  8  53 | 22  1  5  72 | \*\*  21  2  6  71 | 39  1  6  54 | 25  2  9  64 | 25  1  6  68 | 33  1  2  64 |
| 3) Got lifts with family?  - Not at all  - Rarely  - Occasionally  - Often | 24  12  37  27 | \*\*\*  27  19  42  12 | 23  4  28  45 | 33  7  35  25 | 18  16  37  29 | 21  15  39  24 | 27  10  33  30 | 19  8  43  30 | 21  19  31  29 | 30  13  34  23 |
| 4) Took taxi  - Not at all  - Rarely  - Occasionally  - Often | 45  21  23  11 | \*\*\*  52  25  19  4 | 43  10  29  18 | 43  16  25  16 | 49  23  20  8 | 44  22  25  9 | 48  18  22  12 | \*\*  35  23  31  11 | 35  24  26  15 | 65  17  13  5 |
| 5) Walked  - Not at all  - Rarely  - Occasionally  - Often | 30  20  27  23 | \*\*\*  19  26  28  27 | 55  13  25  7 | 35  18  28  19 | 25  24  25  26 | \*\*\*  19  15  33  33 | 45  30  15  10 | \*  20  22  27  31 | 22  24  26  28 | 44  17  28  11 |

\* p<.05; \*\*p<.001; \*\*\*p<.005

The majority of the sample 67% thought that bus drivers were friendly, and group differences on this measure were not found between car drivers and others, those in good health or others, those living alone vs others, or by geographical area.

However, car drivers and those in better health, were statistically more likely than others to reject the statement that “there are too many barriers to using public transport” (see Table 3). Additionally, those from the South Armagh region were more likely than those from other geographical areas to agree that convenient access to transport was a problem.

### Table 3: Transport age friendliness for the total sample, and by subgroup

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Measures** | **Total**  **Sample**  **%** | **Car driver**  **%** | | **Live Alone**  **%** | | **Good health**  **%** | | **Area**  **%** | | |
| Yes  (n=159) | No  (n=62) | Yes  (n=95) | No  (n=155) | Yes  (n=149) | No  (n=101) | SD | NC | SA  (n=88) |
| 1) Bus drivers friendly  - Agree/strongly agree  - Disagree/strongly disagree | 67  33 | 66  34 | 61  39 | 74  26 | 66  34 | 70  30 | 62  38 | 75  25 | 67  33 | 55  45 |
| 2) No convenient access to transport  - Agree/strongly agree  - Disagree/strongly disagree | 47  53 | 43  57 | 56  44 | 44  56 | 50  50 | 42  58 | 56  44 | \*  40  60 | 42  58 | 57  33 |
| 3) Not sufficient public transport from home  - Agree/strongly agree  - Disagree/strongly disagree | 51  49 | 50  50 | 55  45 | 46  54 | 53  46 | 48  52 | 56  44 | 55  45 | 42  58 | 53  47 |
| 4) Too many barriers to using public transport  - Agree/strongly agree  - Disagree/strongly disagree | 41  59 | \*  37  63 | 50  50 | 43  57 | 38  62 | \*\*\*  34  66 | 54  46 | 45  55 | 35  64 | 42  58 |

\* p<.05; \*\*p<.001; \*\*\*p<.005

### Age Friendliness: Hospital and health services

As can be seen in the first column of Table 4, of the total sample, 60% reported that they had good health, 84% reported that they ate healthily and 94% saw themselves as being friendly and outgoing. However, 48% of the sample felt that they did not take enough exercise, and there were no gender or age differences in responses to this question. Additionally, while the majority of the sample reported having a positive attitude towards ageing (82%), 18% were quite or very negative about growing older. The latter is of concern when attitudes to ageing can have a significant adverse effect on health, quality of life and even mortality (see Coleman & O’Hanlon, in press; Levy et al, 2002). There were no gender or age differences in attitudes towards ageing, however, those in poorer health were less likely than others to have a positive attitude to ageing.

### Table 4: Health for the total sample, and by subgroup

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Measures** | **Total**  **Sample**  **%** | **Car driver** | | **Live Alone** | | **Good health** | | **Area** | | |
| Yes  % | No  % | Yes  % | No  % | Yes  % | No  % | SD  % | NC  % | SA  % |
| 1) Good physical health  - Yes  - No | 60  40 | \*\*\*  65  35 | 44  56 | 54  46 | 64  36 |  |  | 64  36 | 63  37 | 52  48 |
| 2) Take enough exercise  - Yes  - No | 48  52 | 51  49 | 41  59 | 48  52 | 47  53 | \*\*\*  65  35 | 22  78 | \*  59  41 | 46  54 | 37  63 |
| 3) Eat healthily  - Yes  - No | 84  16 | 83  17 | 90  10 | 85  15 | 83  17 | \*  89  11 | 78  22 | 82  18 | 85  15 | 85  15 |
| 4) Positive attitude to ageing  - Yes  - No | 82  18 | 83  17 | 82  29 | 84  16 | 82  18 | \*  86  14 | 76  24 | 82  18 | 88  12 | 76  24 |
| 5) Friendly and outgoing  - Yes  - No | 94  6 | 95  5 | 92  8 | 94  6 | 95  5 | \*\*\*  99  1 | 86  14 | 92  8 | 97  3 | 93  7 |

Yes = Agree or strongly agree; no = Disagree, strongly disagree, or unsure; \*\*\*p<.005

Those in poorer health were also less likely than others to report taking enough exercise, or eating healthily. Finally, those in South Down were significantly more likely than those in the South Armagh area to report taking enough exercise.

In terms of hospital and health services, 80% of the total sample reported worries about going into hospital, and half the sample indicated that there were not enough supports to stay healthy and well. Interestingly, those in poorer health, and those in the South Armagh area, were statistically more likely than others to report that there were not enough supports to stay healthy and well (see Table 5). No gender or age differences (above and below age 70 years) were found on this measure.

### Table 5: Health services for the total sample, and by subgroup

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Measures** | **Total**  **Sample**  **%** | **Car driver**  **%** | | **Live Alone**  **%** | | **Good health**  **%** | | **Area**  **%** | | |
| Yes | No | Yes | No | Yes | No | SD | NC | SA |
| 1) difficult to get an appointment from GPs  - Agree/strongly agree  - Disagree/strongly disagree | 50  50 | 54  46 | 48  52 | 55  45 | 49  51 | 47  53 | 56  44 | 43  57 | 52  47 | 57  43 |
| 2) people worry about going into hospitals  - Agree/strongly agree  - Disagree/strongly disagree | 80  20 | 82  18 | 79  21 | 81  19 | 80  20 | 77  23 | 85  15 | 74  26 | 86  14 | 81  19 |
| 3) not enough community supports to stay healthy and well  - Agree/strongly agree  - Disagree/strongly disagree | 49  51 | 45  55 | 56  44 | 56  44 | 45  55 | \*\*\*  42  58 | 60  40 | \*  46  54 | 38  62 | 61  39 |

Yes = Agree or strongly agree; no = Disagree, strongly disagree, or unsure

### Age Friendliness: Outdoor spaces and buildings

Almost 80% of the sample agreed that more supports were needed when out and about, including more seating and greater access to toilets (see Table 6). This view was particularly important to those in poorer health, who may be more likely to make use of such supports. In contrast however, those in better health were statistically more likely than others to report difficulties in accessing activities or events that were of interest. This finding was surprising, and could be explained by a number of factors, including higher expectations. No gender or age differences on this measure were found.

### Table 6: Outdoor spaces and buildings for the total sample, and by subgroup

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Measures** | **Total**  **Sample**  **%** | **Car driver**  **%** | | **Live Alone**  **%** | | **Good health**  **%** | | **Area**  **%** | | |
| Yes | No | Yes | No | Yes | No | SD | NC | SA |
| 1) more supports for people needed, e.g. seating or toilets  - Agree/strongly agree  - Disagree/strongly disagree | 79  21 | 80  20 | 81  19 | 79  21 | 80  20 | \*  75  25 | 85  15 | 83  17 | 78  22 | 79  21 |
| 2) few places of interest  - Agree/strongly agree  - Disagree/strongly disagree | 45  55 | 41  59 | 47  53 | 48  52 | 40  60 | \*  38  62 | 54  46 | 45  55 | 49  51 | 44  56 |

Yes = Agree or strongly agree; no = Disagree, strongly disagree, or unsure

### Age Friendliness: Information and communication

Just over half the total sample had a computer, with 54% also using email, rather than solely surfing (see Table 7). Additionally, almost 60% were interested in a dedicated website providing information about activities and events that might of interest. A highly significant effect for age was found with younger people in their fifties and sixties being statistically more likely than others to have a computer. Specifically, of all those under age 70 years, 77% had computers, in contrast to just 39% of those aged 71+ years (p < .0001). Men were also statistically more likely to have a computer than women (70% vs 54%, p < .001).

### Table 7: Computer use for the total sample, and by subgroup

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Measures** | **Total**  **Sample**  **%** | **Car driver**  **%** | | **Live Alone**  **%** | | **Good health**  **%** | | **Area**  **%** | | |
| Yes | No | Yes | No | Yes | No | SD | NC | SA |
| 1) Have a computer?  - Yes  - No | 58  42 | \*\*\*\*  72  28 | 27  73 | \*\*\*\*  39  61 | 73  27 | 68  32 | 46  54 | 60  40 | 66  34 | 48  52 |
| 2) Have email?  - Yes  - No | 54  46 | \*\*\*\*  67  33 | 24  76 | \*\*\*\*  36  64 | 67  33 | \*\*\*\*  62  38 | 45  55 | 53  47 | 65  35 | 46  54 |
| 3) Interested in computer training?  - Yes  - No | 40  60 | 45  55 | 29  71 | 37  63 | 43  57 | 41  59 | 37  63 | 44  56 | 45  59 | 35  65 |
| 4) Use dedicated website providing information?  - Yes  - No | 59  41 | \*\*\*\*  70  30 | 33  67 | \*\*\*\*  49  51 | 67  33 | 61  39 | 55  45 | 60  40 | 68  32 | 50  50 |
| 5) feel informed about things that are important  - Agree/strongly agree  - Disagree/strongly disagree | 32  68 | 33  67 | 29  71 | 33  67 | 30  70 | \*\*\*  22  78 | 44  56 | 32  67 | 36  64 | 27  73 |

\*\*\*\* p < .01;

Having a computer was also statistically associated with being a car driver, and living with others rather than alone. Additionally, those in the South Armagh area were less likely than those in the South Down area to report having a computer, but this difference only approached statistical significance (p = .06). Having a computer was also statistically associated with using email (p < .00001), wanting further training in computers (p < .0001), and using a dedicated website providing information (p < .0001).

Additionally, the majority of the sample, 68%, did not feel informed about events or activities in their communities. Level of information about events or activities was not statistically associated with being a car driver, living alone, or geographical area. It was associated however with having better health. Again these results are somewhat surprising, and may reflect higher expectations amongst this group and perhaps more disposable income. Alternatively, this finding may reflect a need for a more strategic, even multi-layered, approach to disseminate information to this group about local events and activities. Interestingly however, having a computer was not statistically associated with being more informed about events or activities. This finding may because there is no central website which provides local information.

### Figure 1: Those keen to have a dedicated website for information

### Age Friendliness: Home and housing

Three quarters of the sample had worries about managing financially, staying or coping at home as the years passed, and feeling safe at home and out in the community (see Table 8). Those living alone were statistically more likely than others to report worries about feeling safe, particularly when out in the community. In terms of age differences, those under age 70 years reported more concerns about remaining at home as the years went on, by comparison with those aged 71+ years although this difference only approached significance (p=.07). Gender differences on this measure were not found, nor was there any significant statistical effect for being a car driver, i.e. having the option of heading off in one’s car did not influence the level of worry people had about remaining in their own homes as the years passed.

### Table 8: Housing and home for the total sample, and by subgroup

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Measures** | **Total**  **Sample**  **%** | **Car driver**  **%** | | **Live Alone**  **%** | | **Good health**  **%** | | **Area**  **%** | | |
| Yes | No | Yes | No | Yes | No | SD | NC | SA |
| 1) Worry financially about how to manage  - Agree/strongly agree  - Disagree/strongly disagree | 78  22 | 81  19 | 75  25 | 79  21 | 78  22 | 76  24 | 82  18 | 80  20 | 77  23 | 77  23 |
| 2) worry about staying or coping at home  - Agree/strongly agree  - Disagree/strongly disagree | 76  24 | 76  24 | 79  21 | 83  17 | 73  27 | 73  27 | 80  20 | 78  22 | 74  26 | 75  25 |
| 3) worry about feeling safe at home  - Agree/strongly agree  - Disagree/strongly disagree | 87  13 | 90  10 | 85  15 | 91  9 | 86  14 | 86  14 | 88  12 | 86  14 | 88  12 | 88  12 |
| 4) worry about feeling safe in the community  - Agree/strongly agree  - Disagree/strongly disagree | 80  20 | 80  20 | 78  22 | \*  88  12 | 77  23 | 80  20 | 92  18 | 81  19 | 79  21 | 80  20 |

\* p < .05

### Age Friendliness: Respect and inclusion

The majority of the sample did not feel respected or valued as community members. Specifically, as can be seen in Table 9, 80% of the total sample did not believe that the experience and contributions of older people were appreciated. Age differences on this measure were not found, however women were more likely to agree with this statement than were men (82% vs 72%, p = .08). On a related note, 78% believed that older people were isolated, and 61% did not believe was enough informal support available. Gender differences on this measure were not found, however, those under age 70 years were more likely to endorse this statement than were those aged 71+ years (71% vs 52%, p = .003).

### Table 9: Respect and inclusion for the total sample, and by subgroup

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Measures** | **Total**  **Sample**  **%** | **Car driver**  **%** | | **Live Alone**  **%** | | **Good health**  **%** | | **Area**  **%** | | |
| Yes | No | Yes | No | Yes | No | SD | NC | SA |
| 1) Experience and contributions of older people appreciated  - Agree/strongly agree  - Disagree/strongly disagree | 20  80 | 20  80 | 21  79 | 23  77 | 19  82 | \*\*\*  13  87 | 28  72 | 19  81 | 28  73 | 16  84 |
| 2) older people made to feel invisible  - Agree/strongly agree  - Disagree/strongly disagree | 62  38 | \*  59  41 | 72  28 | \*  71  29 | 58  42 | \*\*\*  51  49 | 78  22 | 57  43 | 64  36 | 64  36 |
| 3) older people often isolated  - Agree/strongly agree  - Disagree/strongly disagree | 78  22 | 79  21 | 85  15 | 82  18 | 78  22 | \*  73  27 | 85  15 | 76  24 | 74  26 | 84  16 |
| 4) level of informal support can be an issue/problem  - Agree/strongly agree  - Disagree/strongly disagree | 63  39 | 61  39 | 62  38 | 65  35 | 61  39 | 59  41 | 65  35 | 63  37 | 67  33 | 55  45 |

\* p < .05; \*\*\* p < 001

Additionally, feeling invisible to others was a problem reported by 62% of the sample; those most strongly affected statistically were non-car drivers, those living alone, and those in less good health. No area differences on this measure were found indicating that this is a widespread problem. Interestingly however, those aged 50-70 years were statistically more likely to agree with this statement than were respondents aged 71+ years (70% vs 54%, p = .007). Women were also more likely to endorse this statement than men, however this difference did not quite reach statistical significance (64% vs 53%, p = .07).

### Age Friendliness: Social participation

A large proportion of the sample, 62%, indicated that there were not enough activities and events of interest to them. Surprisingly however responses on this measure did not differ/improve by being a car driver, by living with other people, or by geographical area. Those in better health however were more likely than others to endorse this view (see Table 10). Gender and age differences on this measure were not found, nor were such adults more likely to have a negative attitude towards growing older.

### Table 10: Social participation for the total sample, and by subgroup

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Measures** | **Total**  **Sample**  **%** | **Car driver**  **%** | | **Live Alone**  **%** | | **Good health**  **%** | | **Area**  **%** | | |
| Yes | No | Yes | No | Yes | No | SD | NC | SA |
| 1) in my areas, there are enough activities and events of interest  - Agree/strongly agree  - Disagree/strongly disagree | 38  62 | 36  64 | 46  54 | 43  57 | 33  66 | \*\*\*  28  72 | 49  51 | 40  60 | 39  61 | 34  66 |

### Age Friendliness: Civic participation and employment

Participants were asked whether they had had the opportunity to participate in community life through volunteering, and whether they found government officials or public servants bureaucratic. Half the sample thought public servants were bureaucratic, but no statistical variations were found on this measure by subgroup.

In contrast, more than half the sample reported having had the opportunity to volunteer if they wished (see Table 11). Car drivers, and those in better health, were statistically more likely than others to have had this opportunity. Gender differences on this measure were not found, however those aged under 70 years where statistically more likely than others to have had the opportunity to volunteer (60% vs 46%, p = .03).

### Table 11: Civic participation and employment for the total sample, and by subgroup

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Measures** | **Total**  **Sample**  **%** | **Car driver**  **%** | | **Live Alone**  **%** | | **Good health**  **%** | | **Area**  **%** | | |
| Yes | No | Yes | No | Yes | No | SD | NC | SA |
| 1) public servants are bureaucratic  - Agree/strongly agree  - Disagree/strongly disagree | 50  50 | 46  54 | 58  42 | 50  50 | 49  51 | 46  54 | 57  43 | 49  51 | 43  57 | 56  44 |
| 1) I have had the opportunity to volunteer  - Agree/strongly agree  - Disagree/strongly disagree | 54  46 | \*\*\*  62  38 | 37  63 | 49  51 | 58  42 | \*\*  61  39 | 44  56 | 49  51 | 64  36 | 51  49 |

\*\*\*p < 001; \*\* p < .007

### Answers to open-ended data

Participants were also asked for any comments on worries or concerns, the supports they were using, and the best and most challenging aspects of their communities. Findings were themed, and a summary of views are given next with recognition for the interconnections between themes.

### Any other worries or concerns?

* ***Transport***
* I worry that Craigavon hospital is difficult to access. There is no direct bus route to Craigavon. I would much rather go to hospital in Belfast as there is a bus service every half hour. i feel this is a major issue that needs to be addressed.
* The bus service from Belfast to Newry at night is not late enough to allow me to travel by public transport after a show!
* If I didn’t drive I would be very restricted; the bus stop near me is up a steep hill.
* it would be helpful if bus drivers could stop near my home instead of at the bus stop - especially when I need to carry items from the shops.
* motorists drive too quickly.
* my husband drives me around; Kilkeel needs a proper bus station for use of toilets and somewhere to sit in the warmth; also a bus shelter on the Newry road at the top of Scrogg Rd, Kilkeel.
* Need better facilities and parking at U3A.
* No parking despite being a blue badge holder.
* Access to own property is difficult when neighbour built a wall blocking access to my home. NIHE well aware of situation and was in contact with neighbour who bought green area fronting my property (from NIHE). Formal objections made and I got nowhere.
* When using public transport - having connecting bus services is important especially for hospital, or doctor appointments.
* When using public transport it would be helpful if a person could be dropped off at a convenient place near home, than have to walk with bags and things to their homes.
* lack of bus stops and bus services; it’s very costly to use taxis
* ***Hospital and community services / supports***
* I feel services are being cut - Monday night club closed which I was running myself; life I feel will be worse in the future for elderly people because of pain etc.
* I have access to extensive community supports.
* I worry that Craigavon hospital is difficult to access. There is no direct bus route to Craigavon. I would much rather go to hospital in Belfast as there is a bus service every half hour. i feel this is a major issue that needs to be addressed.
* Health problems or worries
  + loss of sight
  + mobility difficulties
  + generally being dependent on others.
  + I like my independence and do my own shoping
* Im just thankful to be alive
* ***Outdoor spaces and buildings***
* fear of not being able to drive or get about; also roads not gritted.
* footpaths not wide enough to accommodate mothers with pushchairs and children. too much overgrowth from gardens across footpaths.
* very few business providing chairs for elderly while waiting to be served.
* very safe neighbourhood with great neighbours.
* The roads are not gritted in frost and minor roads are in bad condition.
* There are no footpaths when out walking for exercise.
* Street lighting does not exist on our road despite repeated requests for same.
* Too many steps and no parks.
* No council local authority toilets in Newry city.
* challenge of the building community when planning authorities allow supermarkets, e.g. tescos, in what should be a residential area.
* ***Information and communication*** 
  + I would like more information about pension and benefits to older people.
  + I would not attend classes for computers because I have no computer of my own.
  + More communication from bodies helping elderly people in their homes.
* ***Home and housing***
* being unable to look after my husband and myself.
* coping financially if I go into a nursing home.
* future living as I get older - whether I can stay in my own home with some care. To lose my independence and to have to rely on government hospital care is my number 1 worry. Also, safety for myself on my own; my children live overseas.
* I am just concerned about not being able to look after myself in my home in the future.
* ***Respect and social inclusion***
* Loneliness and isolation are the biggest problems.
* Loneliness.
* Im still playing golf and bridge and enjoying crafts. Unsure though of services if mobility impaired in future.
* Very little or nothing for men to do
* ***Civic participation and employment***
* The raising of the state pension age forcing older people to remain in work while the young go jobless, and the constants government attacks on the NHS is driving healthcare towards privatisation.
* There are plenty of volunteer opportunities.

### What are the best things about your community?

* Lots of things
  + a friendly caring community, good access to shopping, GP services, local Daisy Hill hospital and vital services in the area. Excellent public transport. A variety of groups for the elderly.
  + convenient shopping; beautiful area; easy access to country side; not far from Belfast; good local services; friendly helpful people.
  + Fabulous environment, people etc.
  + Friendliness, beauty, and quiet
  + good neighbours, have the train station on our door stop, regular bus services, and also the community centre which caters for the young people of the area. Perhaps something could be organised for seniors of the area which would be an advantage.
  + A rural area; beautiful countryside; historical area; great community spirit; people are welcoming
  + It’s a small city with a good library; hospital close by; plenty of shops and restaurants and also a good cinema. The train station is close by. Good hotel.
  + we have a beautiful countryside; great views; easy access to Belfast and Dublin by public transport; friendly population
  + Newry and Mourne is first class locally - a law onto themselves
* ***Transport*** 
  + access to local services is generally good; transport, medical care, shops, etc
  + reasonable bus services
  + good bus service and taxi service
  + Bus pass
  + Like being so close to shops, but parking is just dreadful
  + plenty of places to visit if you have transport.
  + trying to access main roads during periods of heavy snow is very difficult. If road services were to grit a steep hill, this would greatly assist residents.
* ***Outdoor spaces and buildings*** 
  + the beauty of the countryside
    - the area is nice.
    - beautiful environment and local scenery
    - beautiful scenic area
    - really great scenery
    - an attractive rural environment
    - lovely views; lovely walks
    - lovely countryside; people are friendly
    - nice scenery
    - the beauty of the area
    - the fresh air and scenery;
    - the hill waling; scenery – just beautiful
    - The views, particularly from Donard mountain
    - The walks in Kilbrony Park, Rostrevor; within 25 minutes one can be at Cranfield or deep in the Mournes with its outstanding natural scenery
    - The whole area is a most pleasant and beautiful place to live.
    - peaceful and quiet rural landscape
    - pleasant surroundings; friendly people;
  + bins are collected on the days allocated; no street litter
    - good bin collection service
    - street lights response when light is out is very good; area is litter free.
  + geographical location
    - close to all local amenities, rail, bus, schools and within walking distance of town
    - close to family and friends
    - close to M1
    - close to town
    - close to town centre, seaside walks, shops and meeting up with people
    - conveniently located close to shops, border, M1
    - easy access to golf club, bridge blub and beautiful scenery to walk and enjoy
    - environment - close to mountains and sea
    - it is reasonably convenient to other places
    - Familiarity with surroundings; proximity to friends and ex-colleagues
    - Like rural area and close proximity to shops
    - Mayobridge is very central to most places. Good school. Good parish.
  + Mostly a good variety of shops; good environmental services
    - shops are easy to get to
    - the area is very convenient, but our area needs a shop
  + generally peaceful
    - things have been relatively peaceful and with a good community spirit
    - It’s a healthy environment for young and old.
* ***Social participation*** 
  + being near family and friends.
  + contact with people you know.
  + everybody very helpful and welcoming
  + everyone helps everyone else out. Neighbours are friendly and I am very happy to be living in my community
  + family and friends living locally; nice scenery
    - family have lived here for generations
    - family in area
  + feel part of it
  + happy and feel safe
    - feel safe
    - In the area I live I feel safe due to family living beside me
  + friendliness and helpfulness of people
    - everyone is very friendly.
    - everyone you meet in Newry and Mourne is very friendly and most helpful.
    - friendly and helpful; nice surroundings
    - friendly community
    - friendly people
    - friendly people; facilities for many matters
    - friendly people; good shopping places
    - friendly people; lovely scenery
    - generally friendly people
    - good friends
    - people are very friendly and kind, and eventually everyone get to know everyone else; good community spirit
    - people are friendly and helpful
    - people are friendly
    - people are welcoming , friendly and generally helpful
    - people say hello and make you feel welcome wherever you go and become friends
  + good community spirit - local neighbourhood
    - good community spirit; good areas to live; beautiful area
    - its where I grew up, and my family and friends are around me
    - knowing local people and shop keepers
  + Great neighbours
  + Good social activities; nice walks
  + I live in Rostrevor and drive to Warrenpoint; go on walks, meet up with friends for tea, coffee scones
  + I have lived in my rural area for over 30 years and know most of the locals but I only see them at mass on Sundays
  + in my area, everyone looks out for each other
* ***Respect and inclusion*** 
  + I think growing older, no matter where we live, is a challenge as life is geared towards the young.
  + Being retired, I welcome the friendliness received from most people.
  + Born and raised in area
    - brought up in area; never lived anywhere else
    - born and reared
  + Good community spirit; help if required
    - general friendliness and willingness of people to help
  + good neighbours
    - good neighbours, feel relatively safe
    - good neighbours; friendly people
    - good sense of community
    - lovely neighbours
  + Evening classes
  + good voluntary section especially in relation to arts and drama.
  + I know my local area and the people around me
  + I live in the townland of Faughilitra - this area mostly consists of families who have lived here for generations. There are few new families who have moved in recently but I feel that we can always be called-on if needed.
  + friendly and helpful neighbours
    - kind neighbours and family
  + it offers good facilities for all age groups
    - I am involved in a lot of things in the local community
    - libraries
    - local bus
    - local hospital
  + There are a reasonable amount of recreational activities for those who wish to be involved
  + Still good people prepared to help the unfortunate. Organisations such as Christian Union. St Vincent De Paul very necessary
  + Great local groups
    - Good support through the church groups.
    - Women For Health Initiative (WFHI) are so good and supporting - couldn't manage without them
    - being a member of U3A is just great; meeting each week with friendly faces and even friendlier staff.
    - U3A and the range of classes available
    - Participation in community organisations, parading organisations, fraternal and sporting groups
    - We have the friendship club in Warrenpoint, which is one of the best clubs ever. We meet every week. We also have the Womens group which we attend every month
  + We integrate very well and are happy to do so.

### Discussion

This study set out to explore levels of age friendliness among mid-life and older adults in the Newry and Mourne District with the expectation that this consultation would inform a Strategy Document on Age Friendliness. Results indicated that the majority of participants did feel a sense of belonging to their communities, and did report their areas as being positive places in which to grow older. However, while many age friendly themes were praised by participants, further questions and challenges are more evident.

### Age Friendliness: Transport

The majority of participants were car drivers (70%), but 44% of the sample reported using buses occasionally or often. Many participants reported that transport was good, but concerns were also raised about getting to places by relying purely on public transport (e.g. “plenty of places to visit if you have transport”).

* What is the best way to maximise opportunities for transport, while being as creative as possible to find effective solutions?
* When drivers report that there are few barriers to public transport, what other factors are influencing driver choices?
* Can initiatives be developed to encourage more people to walk? Given that half the sample reported walking “rarely” or “never”, and this single activity can be very effective in promoting improved physical and psychological well-being?

### Age Friendliness: Health and health services

Generally, participants reported having good health (60%), but about half the sample reported not taking enough exercise, and 18% held a negative attitude towards growing older.

* What is the best way to encourage more people to take exercise?
* What supports can be given to older people to help them stay healthy and well?
* What reassurance or supports can be given about the safety of hospitals given that 80% of the sample were worried about going there (re themselves or an immediate family member)?
* How can surgeries make getting appointments easier given that 50% are struggling to get GP appointments?

### Age Friendliness: Outdoor spaces

The beauty of the countryside was highlighted strongly by participants who enjoyed living in/near a beautiful scenic environment with associated walks and activities. However, a large proportion of respondents also reported that there were too few activities or events of interest, and too little supports (seating, toilets) when out and about. Potentially several interventions could address these difficulties:

* Introduce *Age Friendly Business schemes* with a sticker on a shop window, which indicates to older people that they can avail of these premises for supports such as access to toilets?
* Encourage businesses to have more seating for use by older people and others?
* Have a multi-layered information system so that people older people become more aware of activities and events that might be of interest, potentially including a social media website managed by older people for older people?
* Promote greater use of public and shared transport to access areas of outstanding beauty, and potentially to encourage more walking / activities given that activity is so crucial to health and well-being?

### Age Friendliness: Information and communication

Age friendly communities are those in which information is available to enable and empower people to make the best choices possible. Over half the sample reported having a computer, with almost 60% being interested in having a dedicated website to provide information.

* What form should this website take? And how can those not using computers be encouraged to do so if that's what they would like to do?
* What multilayered approach can be used to distribute information and facilitate communication to ensure that non-computer users are not forgotten? Or made to feel invisible?

### Age Friendliness: Home and housing

Age friendly communities are those which support older people in their own homes through their later years. However, three quarters of the sample had worries about staying at home as the years passed, and about feeling safe both at home and in the community.

* What effect do these worries have on general health and quality of life?
* What is the best way to support and help vulnerable older people remain in their own homes as they grow older? Befrienders visiting? More visible care in the community? Greater use of technology including personal alarms? Personal door-to-door transport?
* What is the best way to reassure, or support older people who are healthy or relatively independent?
* What can older people do themselves to stay safe?

### Age Friendliness: Respect and inclusion

Age friendly communities are those in which older people are respected and valued, yet 80% of the sample did not feel their experience or contributions were appreciated, and 60% of respondents reported that they were made to feel invisible.

* How feasible are educational interventions to train staff and businesses around the preferences of older people, and the potential of later life?
* To motivate and develop interest during a time of economic challenge, might it be possible have an annual award for the most age-friendly business which supports older people? As voted by older people?
* Can courses be run for older people in assertiveness training? So that they too can educate and inform others as needed about the potential of later life?
* Can more courses be run for older people more generally? So they too are informed about the potential of later life, and o they too can continue to develop their skills and interests?

### Age Friendliness: Social participation

An age friendly community is one in which older people areconnected with others for meaning and access to different types of support if needed. Participants typically reported good connections to others, and high expectations of friendliness within their local areas. However, loneliness and isolation also remain significant challenges, and these may be exacerbated by health or transport problems.

* How can older people be supported in being more socially active? Through electronic means? Through greater personalised supports including more access to seating, or toilets?
* More activities that are fun and interesting for this age group?

### Age Friendliness: civic participation and employment

Age friendly communities or those that respect the contributions and experience of older people, and enable the expression of that respect through volunteer or work opportunities as desired by the older person.

* What effect does volunteering and altruistic endeavors have on health and well-being?
* How can more mid-life and older people be encouraged and supported to volunteer their skills and experience to support others including younger generations? Particularly those in the older age groups? Or those who might be in less good health physically?
* Is flexible working an option for businesses?

### Conclusion

Facilitating and promoting age friendliness is a worthy aspiration, if challenging. However ongoing reflection, and creative thinking around challenges, can shape interventions towards the old age that all of us would like to enjoy. To have a context for making decisions about interventions, a number of current projects already in place in the region can be seen in Appendix 2.

**Appendix 1: Questionnaire**

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**Appendix 2: Summary informaton on initiatives already in place in the Newry and Mourne area** (thanks to Nikki Girvan for this information)

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* + 1. **Transport**

The Department for Regional Development is currently developing proposals for a pilot project in the Dungannon area that will consider the potential for a more joined up approach to the design and delivery of publicly funded transport services. The other organisations involved either fund or deliver public transport services and include the Department of Education, the Department of Health, Social Services and Public Safety, the Department of Agriculture and Rural Development, the Department of the Environment, Translink, the Southern Education and Library Board, the Southern Health and Social Care Board and Trust, Community Transport Operators and the Federation of Passenger Transport, representing private operators.

The initial focus of the pilot is on identifying opportunities to improve and rationalise passenger services. It is intended that the initial phase of the pilot project will be implemented later this year and that the project will run for twelve months. After this a full evaluation will be carried out to help assess the potential for making improvements to service delivery, achieving savings in the longer term and to consider whether there are benefits in a wider roll out.

* Also available is a scoping paper of current transport initiatives in the Newry & Mourne area.
* Translink have recently added a new bus service to Slieve Gullion Forest Park and the service runs 3 times per day.
* **Newry & Mourne Community Transport**

Newry & Mourne Community Transport operates three minibuses, two of which have the capacity to carry up to 15 members each or alternatively can transport 2 wheelchair users plus 10 other seated members. There is also a third 10-seated Minibus which can carry a single wheelchair user. Access to the service is via the completion of a Membership Application Form and NMCT are keen to provide services to as many members as possible. Both vehicles are fully accessible with wheelchair/passenger lifts fitted. Minibuses can be booked on a ‘without driver’ basis where the group provides their own MiDAS trained driver who will be included on the NMCT List of Approved Drivers. NMCT can also provide MiDAS training for any drivers aged 25 years and over, provided they also have a full D1 category licence.

Newry & Mourne Community Transport also provides Dial-A-Lift & Assisted Rural Travel transport services to members living in the rural areas of Newry and Mourne and who find it difficult using mainstream public transport or where public transport is not available. The dial-a-lift service can take you to your work, shopping, hairdresser, bank, doctor, visiting family or friends etc. Services are available to members only, with application forms and terms now available.

* + 1. **Health Promotion and Social Programmes**
* ***Reach*** is a health promotion project which includes older people and delivers initiatives as:
* 6 week health and wellbeing programmes
* 6 week walking programmes
* “Commit to be fit” health and wellbeing programme using outdoor gym at Slieve Gullion
* Family health and wellbeing day in conjunction with Action Mental Health
* Cook It Programme with older men
* 12 week programme “Change for Me” fitness and healthy lifestyle programme
* ***Five Ways to Wellbeing Events***

The Southern Health and Social Care Trust are implementing “Five Ways to Wellbeing” initiatives. The Five steps are:

* Connect
* Be Active
* Take Notice
* Keep Learning
* Give

**- CAWT Older People’s Project**

**(i)Social Support Projects (until December 2013)**

Being delivered in 2 wards of Newry City, South Down and the South Armagh areas of Newry & Mourne by 3 organisations – Confederation of Community Groups Newry, South Armagh Women and Family Health Inititiave and South Down Family Health Initiative.

* Home Visitation Schemes
* Volunteer visits
* Befriending visits
* Volunteer driver scheme for medical appointments (South Down only)
* Capacitar (stress/relaxation techniques)
* Health and Wellbeing Programmes
* Health Information Workshops

**(ii)Information Resource Pack**

An Information Resource Pack was developed for Southern Health and Social Care Trust staff which contains information on all available services for older people in the area, information on the CAWT Project, Living Your Life to the Full, and the Directory of Services. This Resource Pack is primarily for Trust staff and the information is also accessible on the Trust intranet site. The resource can also be used by community voluntary organisations, and older people.

**(iii)Speed Networking Events**

The first Speed Networking event for older people’s services was organised in October 2012. The event format was made up of information stands, networking at tables, and speed networking where each speaker was given 3 minutes to talk about their service, and how to access it. Speakers alternated between community voluntary sector and the Trust. The second Speed Networking event was held on 20 March 2013 in Cullyhanna Community Centre.

*Purpose of Event*

* To enhance engagement between Southern Health and Social Care Trust Primary Care staff and community voluntary services in the Newry & Mourne area for older people
* To share information on available services in the Newry & Mourne area to meet the needs of older people
* Opportunity for staff to meet with staff and volunteers from the community and voluntary organisations
* Opportunity to flag up any barriers, concerns, fears etc.
* Opportunity to highlight good models of practice.
* **Confederation of Community Groups**

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| 'The purpose of the Confederation of Community Groups is to support and encourage the development of voluntary action by communities and individuals and in so doing contribute to the creation of a powerful and inclusive community that will influence positive change' |

The Confederation of Community Groups is an umbrella organisation for voluntary and community groups in Northern Ireland in the Newry and Mourne area. It offers advice, practical support, services and training through a number of projects and services. Services for older people include:

* Good Morning Project
* Good Neighbour Project
* Home Safety Project – Gerry to provide details
* **Good Morning Service Newry & Mourne (Confederation of Community Groups)**

Good Morning is a free telephone service for older people who are feeling isolated, vulnerable or have recently been discharged from hospital. The service offers a telephone call, in the morning or afternoon, on a daily or weekly basis as required. Volunteers will ring for a friendly chat and to check that people are well and kept informed of other services and opportunities that are available to them. The service can also remind clients of hospital and doctors’ appointments if they so wish.

* **Good Neighbour Service Newry & Mourne (Confederation of Community Groups)**

This service recruits volunteers within local communities who provide a home visit on a regular basis to an older person. This provides a much needed social contact for older people to help them remain independent and less vulnerable.

* **Senior Citizens Consortium**

The Consortium provides a range of support services to its member groups (over 50 older peoples groups in the Newry & Mourne area) including capacity building, training, support to access funding and assistance to develop fundraising strategies. It also provides information and advice to member groups and lobbies extensively on behalf of senior citizen groups in the Newry & Mourne area.

* **University of the Third Age**

U3A stands for the University of the Third Age, which is a self-help organisation for people no longer in full time employment providing educational, creative and leisure opportunities in a friendly environment.  It consists of local U3As all over the UK, which are charities in their own right and are run entirely by volunteers

The U3A approach to learning is learning for pleasure.  There is no accreditation or validation and there are no assessments or qualifications to be gained. U3A membership is not related to a specific age but to a period in one’s life (the third age) after the second age of full-time employment and parental responsibility.  Anybody in their third age can join U3A and this includes people who are working part time. Some of the life-long learning programmes include:

* Language classes
* Wellbeing and Activity Programmes
* Arts and crafts
* Social outings
* Computer based classes
* **British Red Cross**

**The Red Cross provides valuable short-term support to vulnerable people through its integrated Health and Social care services to promote confidence and independence.**

**‘Care in the Home’** assists individuals following a Health and Social Care crisis – eg a short stay in hospital or a period of ill health at home, and prevents unnecessary hospital admissions by providing extra volunteer support. The support offered by volunteers can smooth the process of settling back into a normal routine and enable people to regain their confidence and independence. The service includes: rebuilding confidence, collecting prescriptions, offering companionship, assistance with shopping, signposting, therapeutic care, and wheelchair loan. (Accessed via referral by HSC Trust staff).

* **South Down Family Health Initiative**

SDFHI is a local charity with a vision to have: `A healthy and active local population in which individuals and families have access to services and opportunities to enable them to reach their full potential `

Mission statement -To work with local individuals and families to support and enable people to improve their health and well being

***Services currently provided for older people are:***

* Chair-based yoga
* Gentle Gym
* Core strength for men and women
* Circuits for men and women
* Gym sessions for carers of adults with a disability
* Comfort Zone
* Mara Project
* **South Armagh Women and Family Health Initiative**

Women and Family Health Initiative aim is to promote, develop and support community based health projects to counter the impact of deprivation, poverty, alienation and isolation of families in the South Armagh area. They do this by:

* Empowering people to influence local and regional policies that impact on their health and well-being.
* Promoting and supporting self-help groups and identity progression routes for these groups.
* Identify gaps in current provision and explore how these gaps can be filled.
* To use drama as an alternative means to highlight health issues in an innovative way

Work in partnership with statutory and voluntary bodies to ensure a social model of health is promoted and adopted. Current services for older people include:

* Art Classes
* Capacitar
* Health information workshops
* Health and Wellbeing Programmes
* Women Helping Women – Health Benefit Exercises for Body and Mind
* **Newry & Mourne Citizens Advice Bureau**

Newry and Mourne Citizens Advice provides Free Independent Confidential and Impartial Advice and Information to clients on their rights and responsibilities. It values diversity, promotes equality and challenges discrimination. Advice is provided on a wide range of issues ranging from Housing, Benefits, Tax, Employment, Immigration, Debt, and it also has a specialist service which provides support and representation to clients attending Appeal Tribunals. In the last Financial Year 2012/13 they dealt with over 17,500 issues and generated almost £2k million back into the local economy with successful benefit applications and appeals.

The service is delivered in the following ways:

* Telephone Advice
* Face to Face Contact
* rural outreach clinics
* E mail advice
* Ethnic support clinics
* Daisy Hill Hospital Outreach
* **Carers Matter**

Carers Matter were awarded a contract by the SHSCT in January 2012 to deliver services for carers living throughout the whole of the Southern Trust area. The new contract added Newry and Mourne to their existing services in Armagh and Dungannon and Craigavon and Banbridge areas where the organisation had been working for some time. Services which they offer are;

* Telephone support/Home visit - CM speak to the carer or go to the carers home for an initial conversation to provide a listening ear and assess their individual needs.
* Free Benefits Checks - CM ensure that carers receive a free and confidential benefits check to ensure that they are claiming proper entitlements.
* Outreach services – CM go out into the community through regular drop-in sessions in Health facilities and community organisations to support hard to reach or isolated carers who would otherwise remain ’hidden’.
* Support Groups - CM provide a series of monthly support groups in Warrenpoint, Mayobridge in Newry and Mourne).
* Training and Information - Carers are given practical and emotional information and advice on an individual basis and through support groups, which enables them to cope with their caring role. We run a number of training sessions for carers helping them to look after their physical and mental health and deal with stress. Volunteers also receive training on health and safety and first aid.
* A new free counselling service for carers has been established. This operates in 6 locations across the SHSCT area. Initial feedback from Carers shows that this has been invaluable to them.
* Carers Trips/Outings - CM provide a variety of social activities for carers to give them a break and go out and have some fun.
* Stakeholder Forum - CM work closely carers to provide a platform for raising awareness about issues that affect carers. CM participate at various forums and at a number of strategic meetings to champion carer's issues. We run two Southern Area Carers conferences a year in different locations in the Southern Trust.
* Awareness Raising Sessions - CM provide a regular input into local health and social services teams who work alongside carers. This raises the profile of carers and provides a mechanism for receiving new referrals. CM also host a series of public awareness sessions in Carers Week where we try to identify 'hidden carers'. CM also report back ‘unmet need’.
* Advocacy - CM provide an advocacy service to carers who require help or assistance with challenges they may face e.g. accompanying them to Care Review Meetings or speaking with health and other professionals on their behalf.
* Volunteers - CM have a team of dedicated volunteers who assist staff to carry out activities such as support groups, public collections and fundraising activities.
* **Alzheimer’s Society**

The Alzheimer's Society is the leading care and research organisation for people with all forms of Dementia, their families and carers. It provides information and education, advocacy and counseling, support for carers and quality day, home and respite care. It provides quality dementia training for healthcare professionals and promotes good practice in dementia care. It funds medical and scientific research and campaigns for improved health and social services and greater public understanding of dementia. The Outreach Service is based at Ballybot House in Newry and aims to provide support and information to people with dementia and their carers in the Newry / Mourne area and through direct contact visits in the family home. As well as providing this outreach service the local branch organises carer's outings, fundraising events, public meetings and provides presentations on dementia and the needs of carers to schools/colleges, Women's Groups, Nursing and Residential Homes on request.

* **Volunteer Now**

Volunteer Now works to promote, enhance and support volunteering across Northern Ireland. Volunteer Now is about **connecting** with individuals and organisations to **build** healthy communities and create positive **change**.

**Volunteer Now** enhances recognition for the contribution volunteers make, provides access to opportunities and encourages people to volunteer.

They provide training, information, guidance and support to volunteer-involving organisations on issues of good practice and policy regarding volunteering, volunteer management, child protection, safeguarding vulnerable adults and governance.

* **Newry & Mourne Men’s Shed**

Men About The Town (MATT) have set up a Men’s Shed for local men living in Newry & Mourne. This shed is open to men aged 40+ living in the Newry & Mourne area. There are currently 14 men from the MATT group who have joined the Shed and it is hoped to recruit 30 more men up to a maximum of 50 men in the first instance. It is envisaged that in the future the shed would be open every day between the hours of 10 am and 4pm. Men can come to the shed as often as they like depending on their individual needs. The shed will provide a safe place for men to come and get involved in activities or just to call in for a coffee and a chat with other men. However, due to lack of funding, the shed is currently open on Tuesday and Friday mornings between 10.00 and 2.00 pm however keyholders can come to the shed anytime they want or arrange for men to come anytime they want.

Programmes currently running in the shed are

* Walking
* Photography
* Yoga
* Cooking
* Computers
* Arts and crafts
* **AGE NI First Connect Service**

First Connect supports people in later life to access a range of services to improve quality of life and help maintain independence. This is a free service available to older people who need support at home or in the community to access local services. The First Connect Co-ordinator visits the older person at home or at an alternative suitable venue. They provide advice on local services and help to identify the services the person needs.

* **Positive Ageing Week Newry & Mourne**

# Through the CAWT Older People’s Project in 2012 Newry & Mourne hosted it’s first Positive Ageing Week and the current partnership are in the process of planning for 2013 in October. Positive Ageing is the term chosen to encapsulate all we are trying to do to make Ireland the best place in which to grow old. It means a society in which people of all ages enjoy the same status and rights. Positive Ageing Week is a festival which highlights the positive aspects of ageing and celebrates the contribution older people have made and continue to make to their communities. The central aim of Positive Ageing Week is to dispel the many negative perceptions that surround ageing and to transform attitudes towards ageing and older people. We need to celebrate the fact that we are living longer, that ageing is not a burden but an opportunity.

The purpose of Positive Ageing Week Newry & Mourne is as follows:

* To promote health and wellbeing programmes for over 50’s
* To promote volunteering
* To increase participation of older people in community life
* To get young people involved in activities with older people
* To promote a positive image of older people
* To offer a range of health and wellbeing activities and programmes for over 50’s to participate in

The central ethos to the week is to target individual older people who may be isolated/lonely/vulnerable to encourage them to try a new activity/get information on what goes in their local communities/meet new people.

* **Southern Health and Social Care Trust Access and Information Centre**

information to follow

* **Telecare Initiative through CAWT and Southern Health and Social Care Trust**

In September 2011 the Southern Trust through CAWT funding began to deliver a telecare service in the Newry & Mourne area (also in Armagh and Dungannon area). Referrals were made by health professionals for older people for various pieces of equipment to help them to remain independent in their own homes for longer. The project has now been suspended due to funding restrictions and the long-term sustainability of it. Currently there are 200 packages installed in the Newry & Mourne area.

1. Newry and Mourne District Council under the World Health Organisation Age Friendly Cities Initiative established an Age Friendly Strategic Alliance which is a cross sectorial strategic partnership consisting of key agencies with responsibility for improving outcomes for older citizens. The Strategic Alliance will focus on the development and implementation of an Age Friendly Strategy for Newry and Mourne by 2015. [↑](#footnote-ref-1)
2. Of those in Newry City area, it would be expected that all participants would call their area a town or city, but 11% of this group in fact labeled their area as being rural. It is possible that these participants live on the outskirts of the city, or in a green area such as by a park. [↑](#footnote-ref-2)
3. In each of the results sections to follow, general information is given about the sample, followed in the next paragraph by information about their ratings of age friendliness. [↑](#footnote-ref-3)