







# LAOIS REPORT



**Laois County Council**  
Áras an Chontae, Portlaoise, Co Laois



Tús Áite do  
Shábháilteacht 1 Othar  
Patient Safety 1 First



The  
**ATLANTIC**  
Philanthropies

## 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

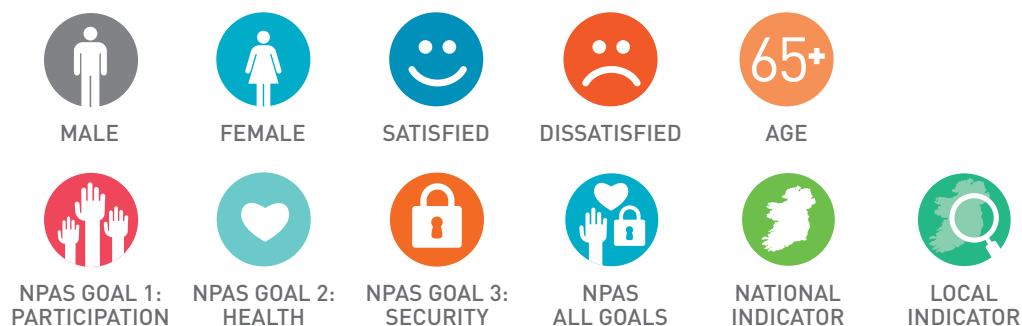
## ABBREVIATIONS

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<b>AFI</b>	Age Friendly Ireland
<b>AFCC</b>	Age Friendly Cities and Counties
<b>CSO</b>	Central Statistics Office
<b>DOH</b>	Department of Health
<b>EQLS</b>	European Quality of Life Survey
<b>EU</b>	European Union
<b>HaPAI</b>	Healthy and Positive Ageing Initiative
<b>HIPE</b>	Hospital InPatient Enquiry
<b>HSE</b>	Health Service Executive
<b>NPAS</b>	National Positive Ageing Strategy
<b>TILDA</b>	The Irish Longitudinal Study on Ageing
<b>WHO</b>	World Health Organisation

## KEY

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# FOREWORD

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For some time now, it has been known that physical environments that are Age-friendly can make the difference between independence and dependence, and that older people who live in an unsafe environment, or in areas with many physical barriers, are less likely to get out and therefore can be more prone to isolation, depression, reduced fitness and increased mobility problems (WHO 2002).

In 2014, with the signing of the Dublin Declaration on Age Friendly Cities & Communities, all 31 local authorities committed to developing themselves as places where older people can live full, active and healthy lives. To fulfil this commitment, local Age-friendly Alliances developed Strategies and actions aimed at creating the environment necessary to support active and positive ageing. In effect, this has meant that action is being taken at local level through the Age Friendly Cities and Counties project that supports the implementation of the National Positive Ageing Strategy and Healthy Ireland.

Policy makers need evidence to make projections of future need across all policy areas. The Healthy and Positive Ageing initiative seeks to provide the evidence about the determinants of health, wellbeing and quality of life and the relationships between them, in order to inform planning for an ageing population at national and local level. This report is the outcome of a unique collaboration between many of the Age Friendly City and County programmes and the Healthy and Positive Ageing Initiative (HaPAI). It provides evidence to support the development and monitoring of strategies and actions to help older people live healthy and active lives in supportive Age Friendly communities.

HaPAI is a national three-year programme of research, data translation, health promotion and dissemination led by the Department of Health with the HSE and Age Friendly Ireland as key partners. It has benefited, like so many other initiatives in the ageing field, from a significant financial contribution from the Atlantic Philanthropies, as well as the HSE and the Department of Health. Additional research funds, to support the collection of local data, were also provided by the participating local authorities on behalf of each of the relevant Age Friendly City and County programmes.

With the evidence provided by this survey Laois County Council will work with local stakeholders in the Age Friendly Alliance to make Laois a great place in which to grow old.

**Donal Brennan**

Director of Services and Chairperson of the Laois Alliance Group





## SECTION 1 : INTRODUCTION

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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 and local 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 Laois is presented.

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## 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).

ENSURING WE  
MAXIMISE THE  
POTENTIAL  
OF ALL OLDER  
PEOPLE IN OUR  
COMMUNITIES

## DEVELOPMENT OF NATIONAL INDICATORS

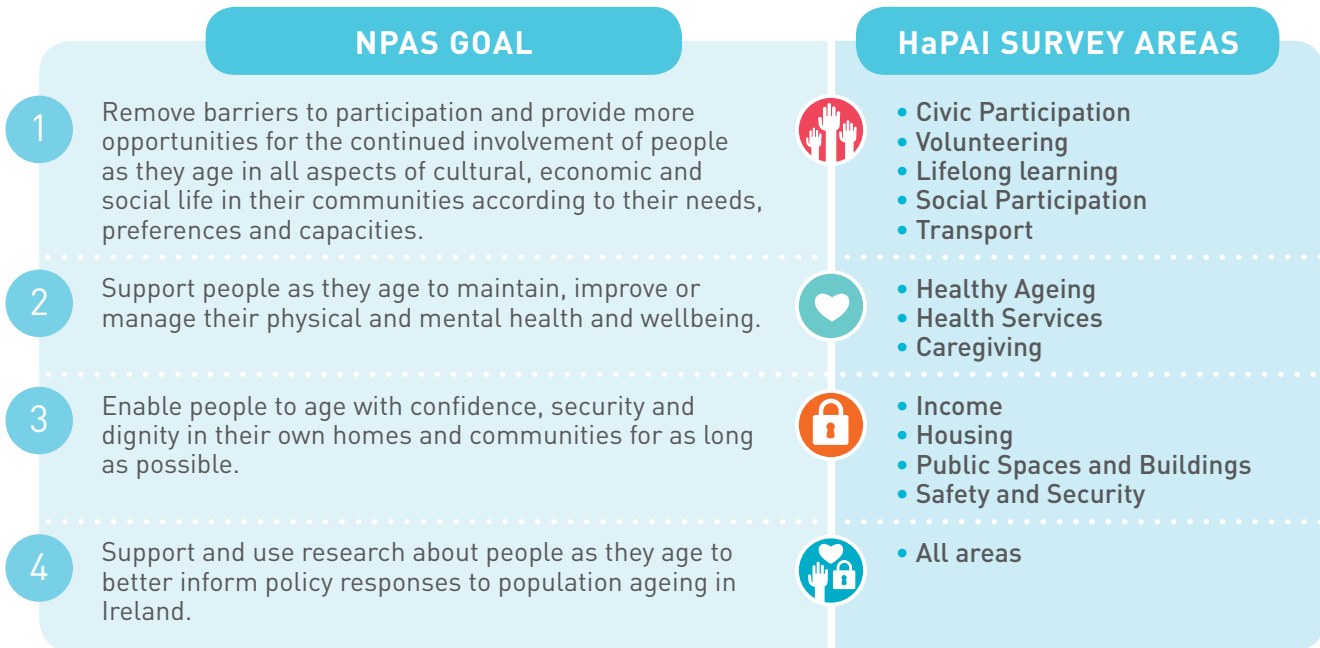
Indicators can play a vital role in the identification of trends and issues while contributing to the process of priority setting, policy formulation, and the evaluation and monitoring of progress. The Healthy and Positive Ageing Initiative has developed an indicators framework structured around the 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.



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 Laois area. A random sample survey of over five hundred people aged 55 and over was carried out in the area during 2016. 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 for those aged 55 and older in Laois represents approximately 154 people.

## 1.4 NATIONAL AND LOCAL DEMOGRAPHIC CONTEXT

The growth of the population age 65 and over affects many aspects of future planning for society, by health care providers, policy makers 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.

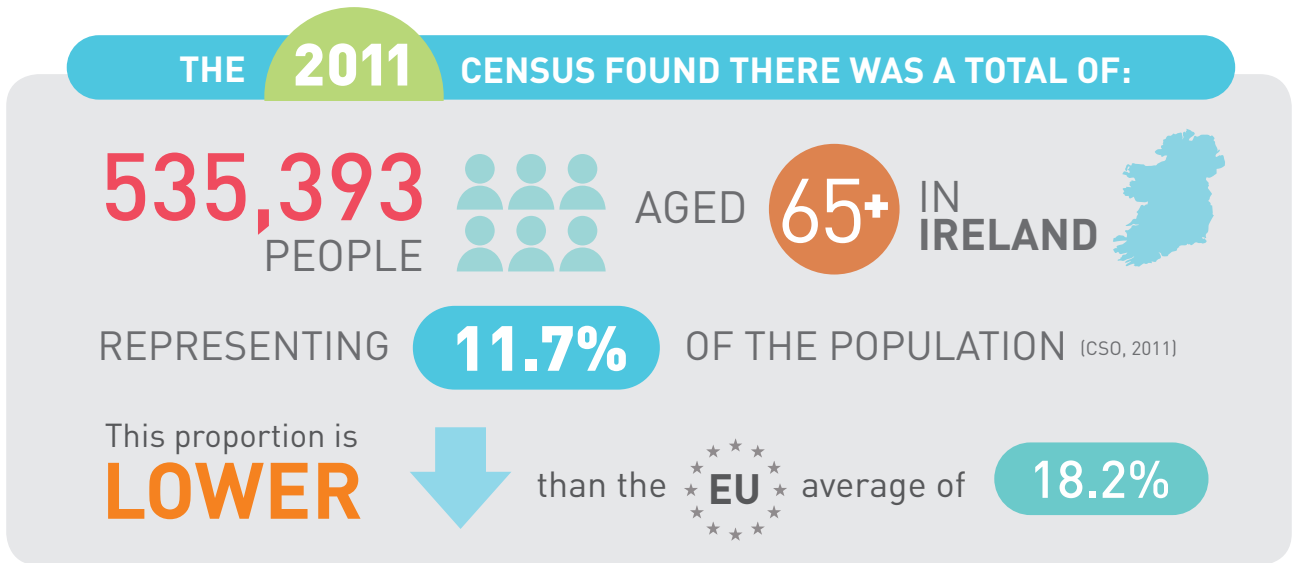
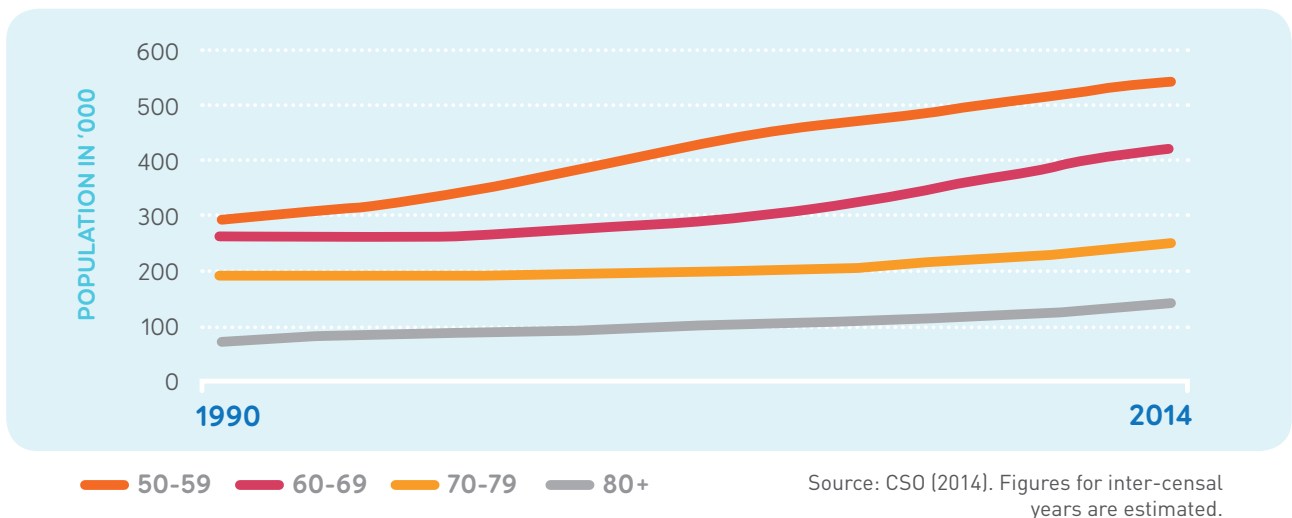


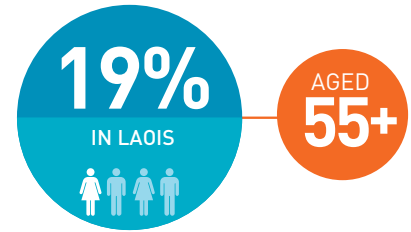
FIGURE 1.1 CURRENT POPULATION OF IRELAND AGED 50 AND OVER, BY AGE GROUP



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 11.7% of the population in 2011 (CSO, 2013). The total population aged 70 and over is set to double from approximately 359,000 to just over 705,000 in 2046.

## LAOIS LOCAL CONTEXT

The old-age dependency ratio indicates the total population aged 65+ as a percentage of the population aged 15-64 (the working age population). In 2002, the ratio was 16%; by 2011 it had risen to 20%; and it is projected to rise to 30% by 2031 (CSO, 2013).

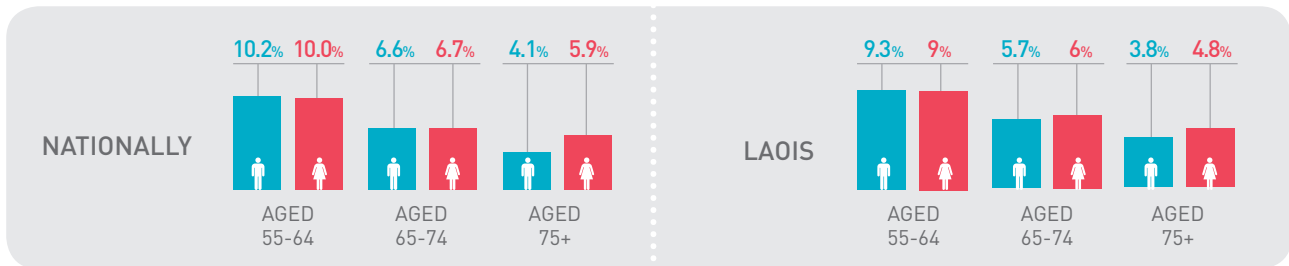


Just like other areas in Ireland, Laois is experiencing ageing in its population structure which will have effects into the future. According to the 2011 Census, there were 15,408 people aged 55 and older in Laois, which was 19% of the local population, slightly lower than the State average of 22%.

The age and gender profile of Laois is similar to the national average.

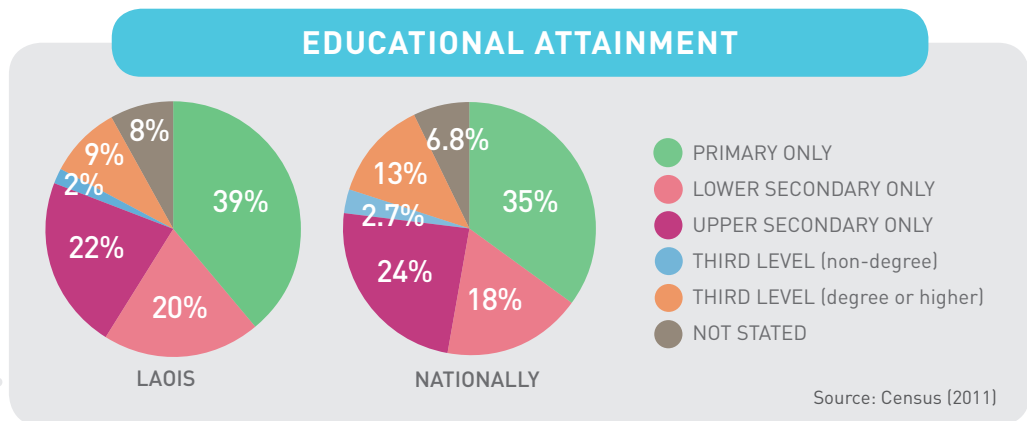
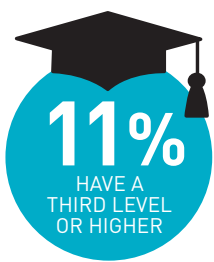
### AGE & GENDER PROFILE OF PEOPLE AGED 55+ IN LAOIS AND THE STATE

Source: Census (2011)



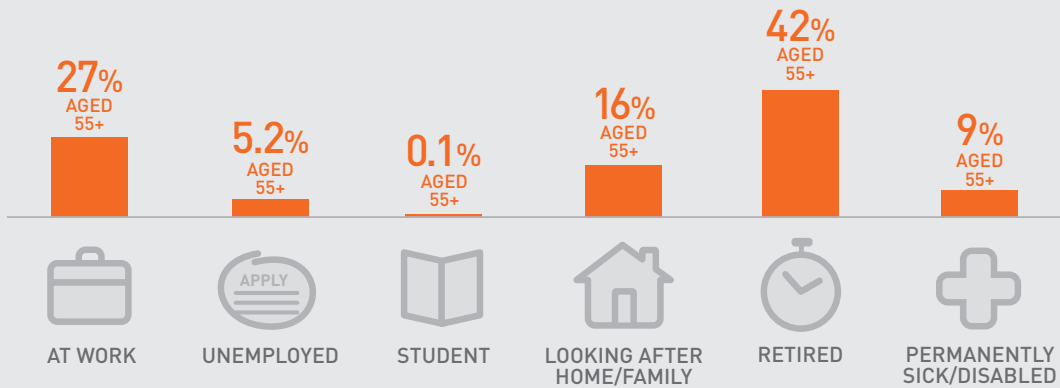
People in Laois have a lower level of educational attainment than the national average. In Laois 11% had third-level education (or higher) compared to the national average of 16%.

### EDUCATIONAL ATTAINMENT



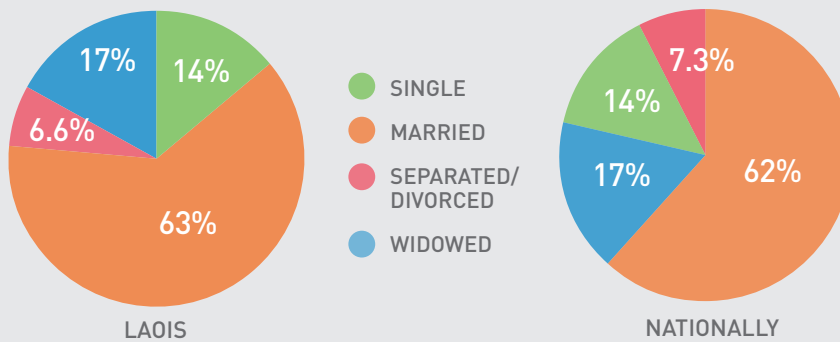
Source: Census (2011)

## EMPLOYMENT STATUS



Source: (Census 2011)

## MARITAL STATUS

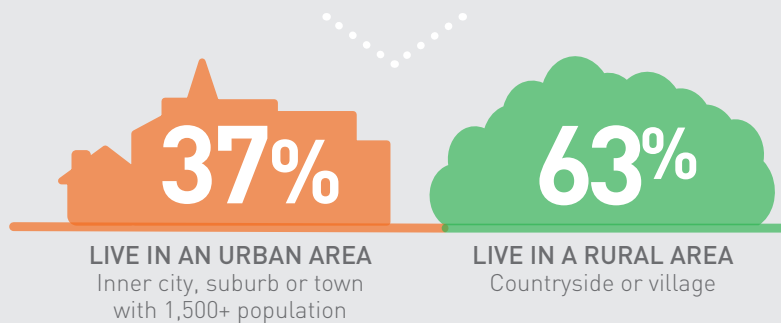


The proportion of persons separated/divorced in Laois (6.6%) is lower than the State average.

Source: (Census 2011)

## LOCATION OF HOME

LAOIS IS A LARGELY RURAL AREA WITH NEARLY 2 IN 3 LIVING IN THE OPEN COUNTRYSIDE OR RURAL AREAS



Source: (Census 2011)

County Laois is located in the South Midlands, it has strong working relationships with other midland counties (Offaly, Westmeath & Longford) and uses the midlandsireland.ie brand. It also has strong economic and institutional relationships with other nearby counties including Kildare, Dublin, Carlow, Kilkenny and Tipperary. Laois' and in particular PortLaoise' transport connectivity is notable. PortLaoise is the County's Principal Town with one in four Laois residents living in PortLaoise.

Laois was the fastest growing county in Ireland between 2006 and 2011. Strong population growth is a longstanding Laois trend; over the last 20 years, its population growth rate has been higher than the wider Midlands or the State. Further significant growth is anticipated. Laois has a balanced rural/urban population. It is becoming more urbanised but rural life & the rural economy remain important.



## LIVING CIRCUMSTANCES

OF THOSE AGED 55 AND OVER



LIVE IN A HOUSE

LIVE IN A FLAT APARTMENT OR BEDSIT



LIVING ALONE



24%  
MEN  
AGED 70+

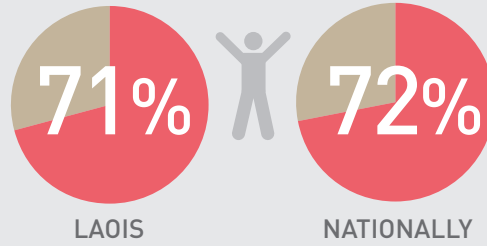


38%  
WOMEN  
AGED 70+

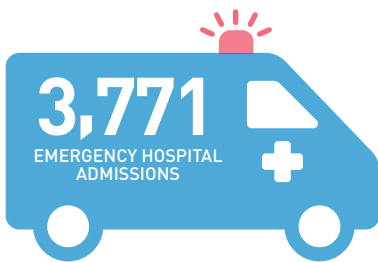
Source: (Census 2011)

## HEALTH AND WELLBEING

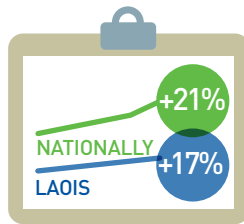
OLDER PEOPLE IN GOOD OR VERY GOOD HEALTH



Source: (Census 2011)



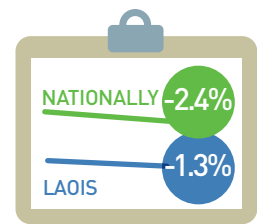
For over 55s living in Laois in 2014



An increase of 17% in Laois compared with 2011 versus a national increase of 21%



For over 55s living in Laois in 2014



A decrease of 1.3% in Laois since 2011 versus a national decrease of 2.4%


Source: HIPE, Healthcare Pricing Office (HPO), August 2015

# 2

## SECTION 2 : SURVEY RESULTS


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This section presents the main findings from the county survey for Laois under the following 10 categories:

 Public Spaces and Buildings

 Transportation

 Housing


 Safety and Security

 Healthy Ageing

 Social Participation

 Respect and Social Inclusion

 Civic Participation

 Information Access

 Caregiving

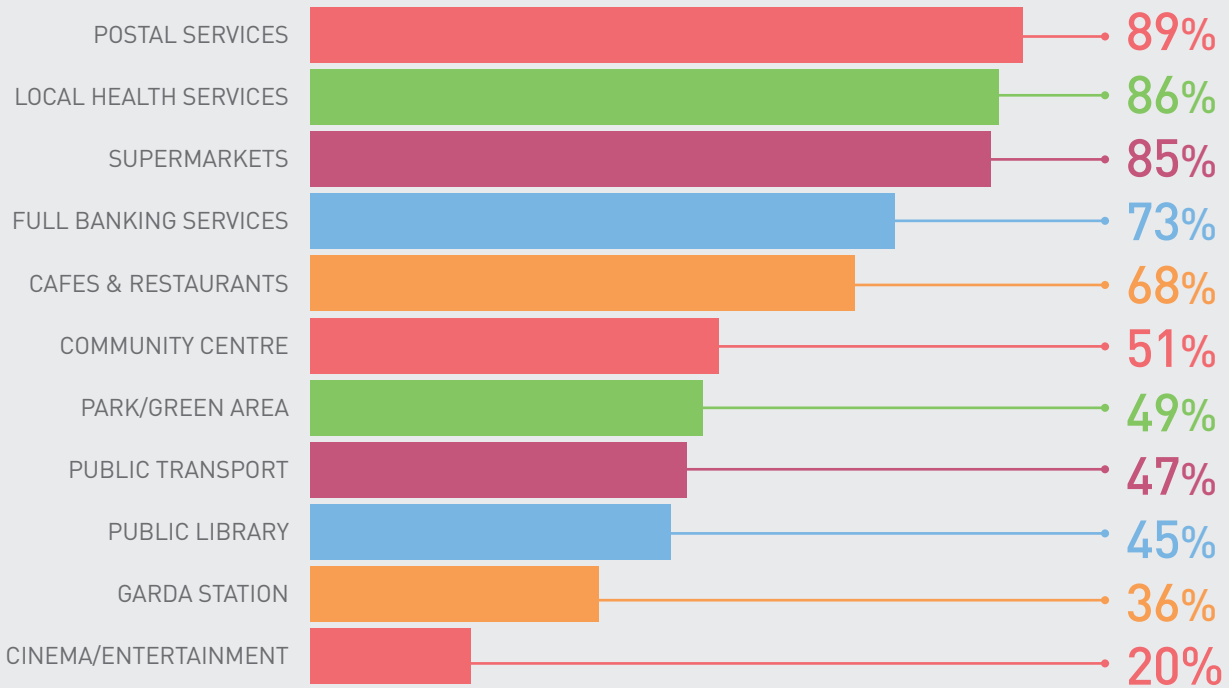
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ACCESS TO ESSENTIAL SERVICES



As Laois is a mostly rural area, many people in the survey reported that services were not available in their local area (10-15 minutes walk from their home). Postal services and local health services were most likely to be available. Local Gardaí/Garda station and a cinema or other entertainment was least likely to be available.



THE SERVICES THAT WERE MOST DIFFICULT TO ACCESS

Where services were available in the local area, some were reported as easier to access than others



ESSENTIAL SERVICES INCLUDE

- Postal services
- Banking
- Shops
- Local health services (Pharmacy/ GP etc)
- Garda station

SOCIAL & RECREATIONAL SERVICES INCLUDE

- Cinema/ Theatre/ Entertainment
- Park/ Green area
- Community centre/ Social venues
- Café/ Restaurants
- Public library





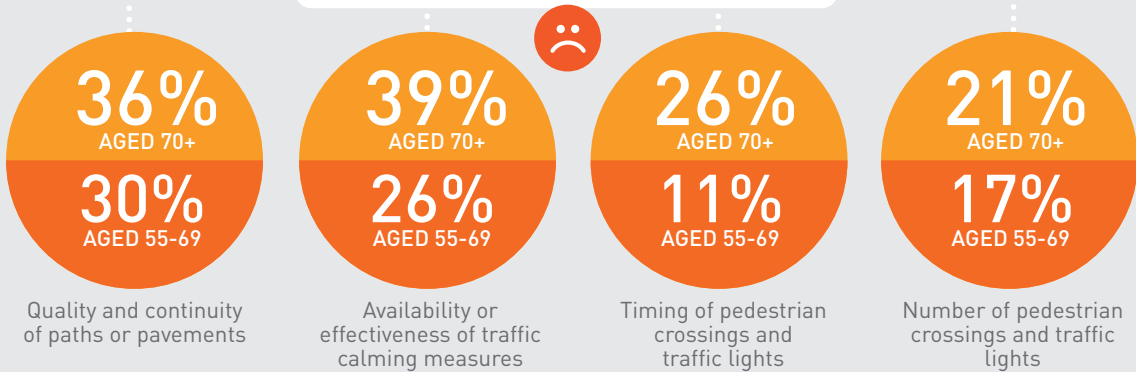
TRAFFIC MEASURES AND FOOTPATHS

WE ASKED PEOPLE HOW THEY FELT ABOUT DIFFERENT ASPECTS OF THE BUILT ENVIRONMENT

Most people who lived in the open countryside and villages felt that these aspects of the built environment did not apply to their local area. The rates of dissatisfaction below only include those who thought that each aspect was relevant to them

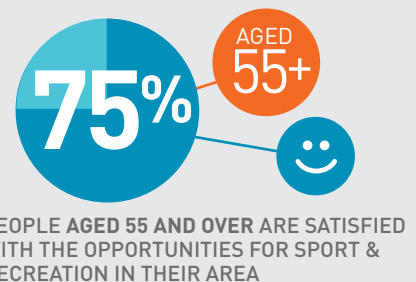
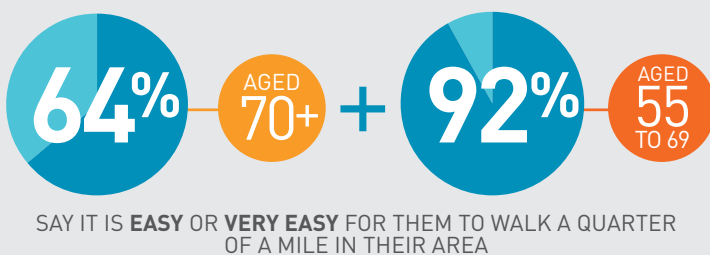
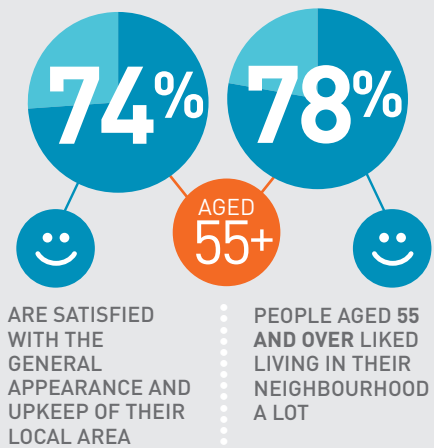
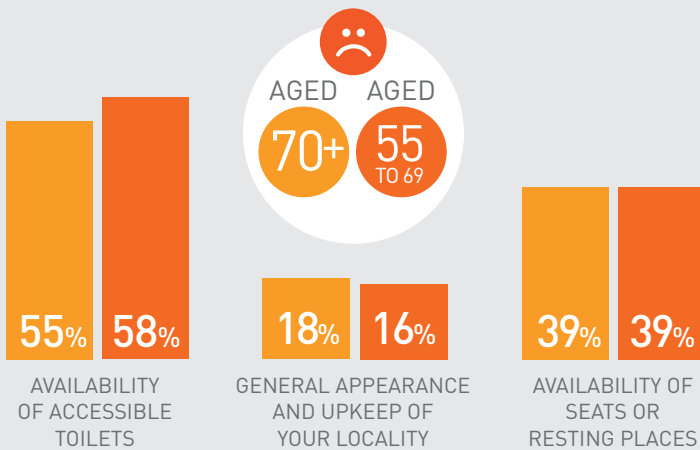
IN LAOIS THE YOUNGER COHORT ARE LESS SATISFIED WITH ASPECTS OF THE BUILT ENVIRONMENT SUCH AS THE QUALITY AND CONTINUITY OF PATHS AND PAVEMENTS AND THE TIMING OF PEDESTRIAN CROSSINGS AND TRAFFIC LIGHTS

RATES OF DISSATISFACTION



FACILITIES AND UPKEEP

RATES OF DISSATISFACTION





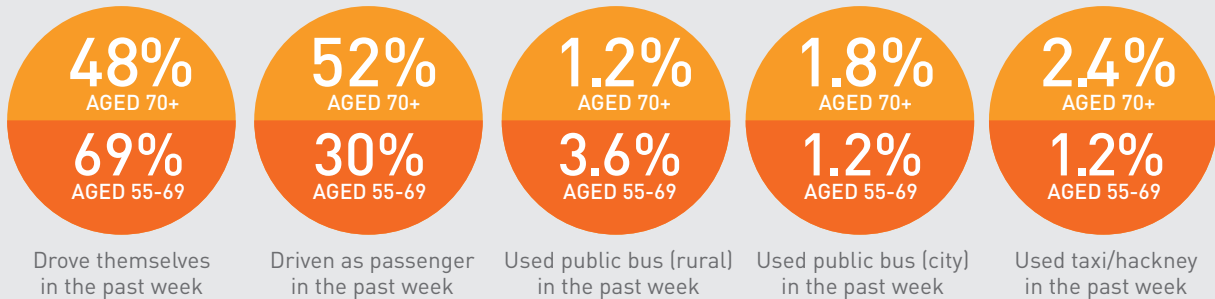
TRANSPORT USE IN THE PAST WEEK



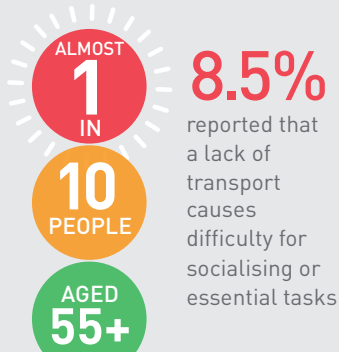
THE MAJORITY OF RESPONDENTS ARE CURRENT DRIVERS



DRIVE THEMSELVES IN THE PAST WEEK

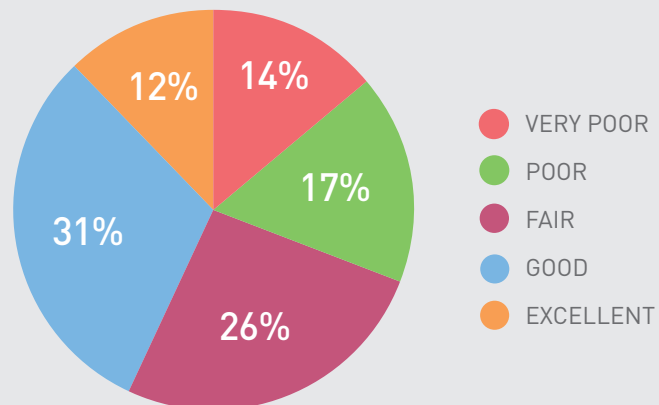


PUBLIC TRANSPORT



ONLY 31% RATED IT AS AS 'POOR' OR 'VERY POOR'

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



Almost 1 in 4 (23%) had difficulty in accessing public transport while 8% reported that there was no public transport available within 15 minutes walk of their house.



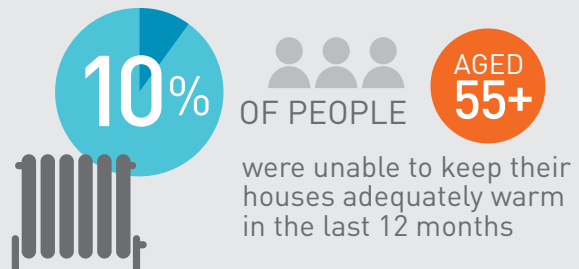
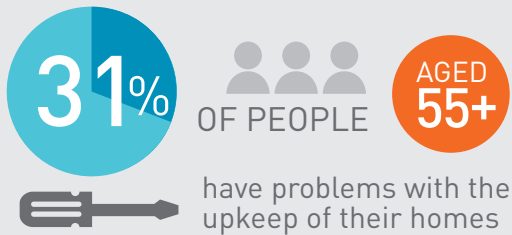
HOUSING CONDITIONS, FACILITIES AND UPKEEP



WE ASKED ABOUT HOUSING CONDITIONS, FACILITIES AND UPKEEP

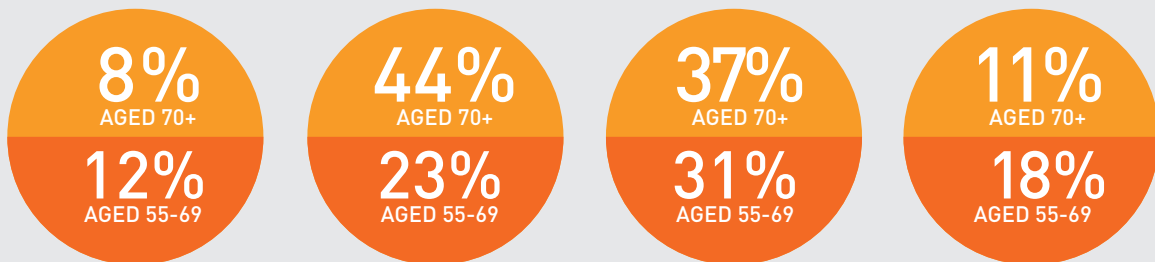


MOST HOMES ARE IN GOOD CONDITION, WITH **85%** OF PEOPLE REPORTING NO PROBLEMS



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

PROBLEMS WITH HOUSING FACILITIES



UNABLE TO KEEP HOUSE ADEQUATELY WARM

Includes: Inability to keep house warm for financial reasons

UPKEEP

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

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.

CONDITIONS

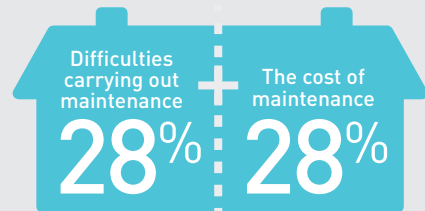
Includes: Rot in windows, door or floors, and damp or leak in walls or roof. Includes both cost of upkeep and maintenance

The most frequent problem people had with conditions was damp or leaks in walls or roof (13%)



REPORTED THAT THE MOST FREQUENT PROBLEM WAS A HOME TOO BIG FOR CURRENT NEEDS

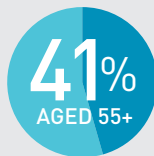
This was the most common problem people had with facilities



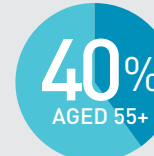
WERE REPORTED TO BE ALSO PROBLEMATIC



would like help with bills/upkeep for housing



would like help for adaptations or physical improvements to house



would like non-financial help with housing maintenance

### HOUSING PREFERENCES



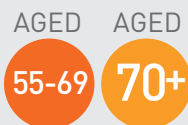
WE ASKED PEOPLE ABOUT THEIR PREFERENCES FOR HOUSING IF THEIR HOMES WERE NO LONGER SUITABLE FOR THEIR NEEDS



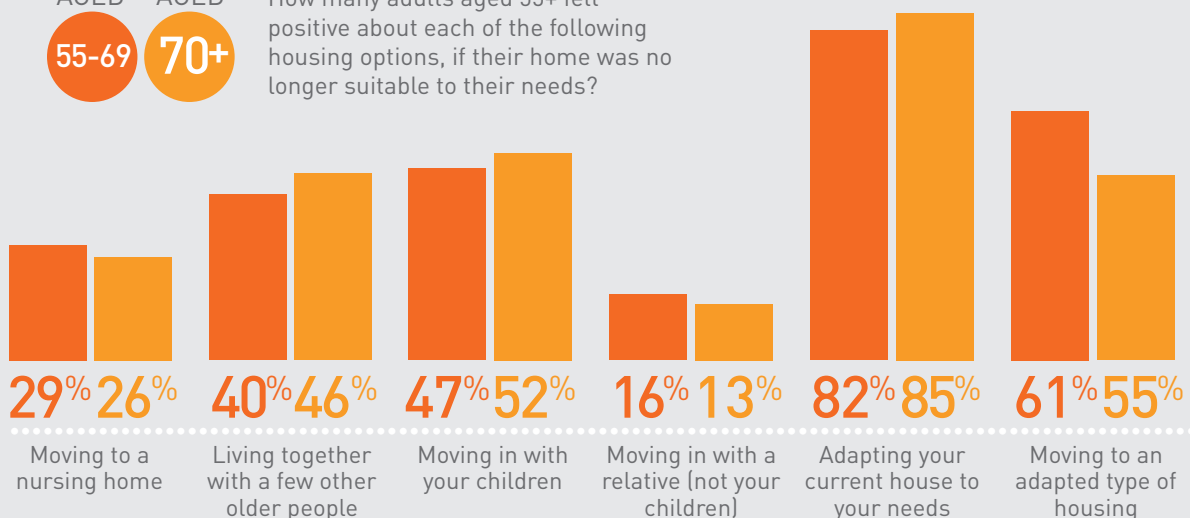
would consider moving to an **ADAPTED TYPE OF HOUSING**

#### ADULTS AGED 55 AND OVER

were most positive about adapting their house to their needs (83%) and were least positive about moving in with a relative other than their children (15%)



How many adults aged 55+ felt positive about each of the following housing options, if their home was no longer suitable to their needs?





## HOW SAFE DO PEOPLE FEEL?



WE ASKED HOW SAFE PEOPLE FEEL IN VARIOUS SITUATIONS



AGED 55+

IN LAOIS (12%) REPORTED AN EXPERIENCE THAT LEFT THEM CONCERNED FOR THEIR OWN SAFETY



MEN

12%



WOMEN

The same number of men and women had an experience that left them concerned for their safety.

## HOW FREQUENTLY DID THIS EXPERIENCE OCCUR?

ONCE

84%

MORE THAN ONCE

16%

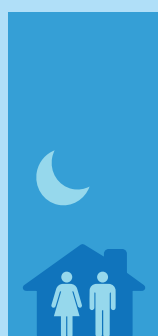
## THE MAJORITY OF PEOPLE FEEL VERY SAFE DURING THE DAYTIME



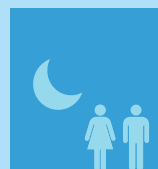
feel safe at home during the day



feel safe 'Out and About' during the day



feel safe at home at night



feel safe 'Out and About' at night



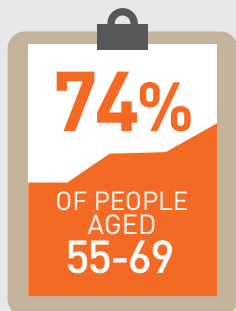
of women DO NOT feel safe 'Out and About' at night

FEELS SAFE

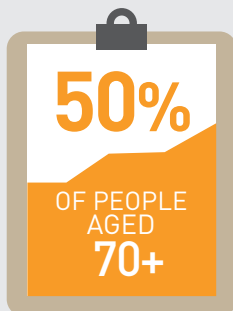
DOES NOT FEEL SAFE



STATE OF HEALTH



AND



SAY THEIR HEALTH IS GOOD OR VERY GOOD



18%  
OF PEOPLE

AGED 55+ CURRENTLY SMOKE DAILY

This is higher than the national average of 14% (TILDA, 2013).

35%  
OF PEOPLE

62%  
OF PEOPLE

AGED 55-69

have a long-standing illness or health problem

AGED 70+

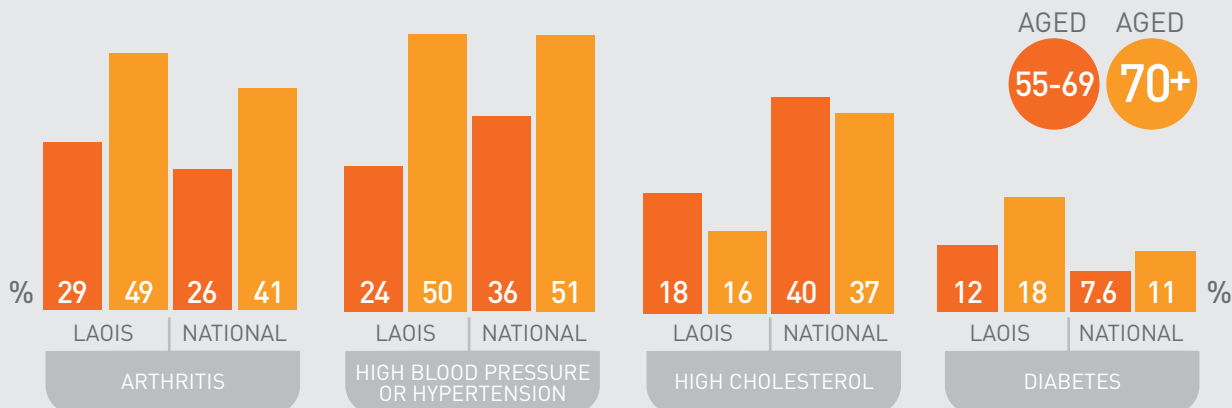
25%

of these people are severely limited in their everyday activities because of this health problem

MOST COMMON HEALTH CONDITIONS



THE FOUR MOST COMMON HEALTH CONDITIONS EXPERIENCED BY ADULTS AGED 55+ IN LAOIS AND NATIONALLY



While the four main health conditions reported were common across both genders, **osteoporosis is typically more common in women**. However only 16% of women reported a doctor diagnosis of osteoporosis in Laois. This was lower than the national percentage for women of 18% (TILDA, 2011)

16% LAOIS

NATIONALLY 18%

**55%** OF PEOPLE **AGED 70+** have 2 or more health conditions that have been diagnosed by a doctor

TILDA (2011) found that

**67%** of people aged 70 or over have 2 or more health conditions

**51%** OF ADULTS **AGED 55-69** AND **27%** OF ADULTS **AGED 70+** DO AT LEAST **150 MINS** 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

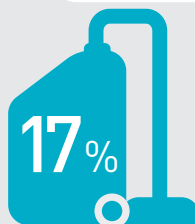
ASSISTANCE WITH ACTIVITIES IN THOSE **AGED 70+** IN LAOIS

### PERSONAL CARE



12% of over 70s need assistance with personal care and most **(96%) receive this assistance**

### HOUSEKEEPING



17% of over 70s need assistance with housekeeping and almost all **(92%) receive this assistance**

### MOBILITY



15% of over 70s need assistance with their personal mobility and most **(90%) receive this assistance**

AMONG THOSE IN LAOIS

**AGED 55-69**

**5.6%** need assistance with personal care

**7.8%** need assistance with housekeeping

**7.3%** need assistance with mobility

## HEALTH SERVICES

**AGED 55+**

REASONS WHY ADULTS IN LAOIS DID NOT RECEIVE SERVICES NEEDED IN THE LAST 12 MONTHS (eg medical, social or home care)

COST



**4%**

WAITING LIST



**8.8%**

DISTANCE/TRANSPORT PROBLEMS



**3.7%**

PREVENTIVE HEALTH SERVICES RECEIVED IN THE PAST **12 MONTHS**

**57%** Flu vaccination (in target group 65+)

**70%** Blood test for cholesterol (55+)

**76%** Blood pressure check (55+)

**41%** Mammogram or breast X-ray (women 55-64)

**12%** OF PEOPLE **AGED 55+** IN LAOIS ARE CURRENTLY ON A WAITING LIST FOR A HEALTH SERVICE

AMONG THESE **75%** have been on a waiting list for more than **1 MONTH**

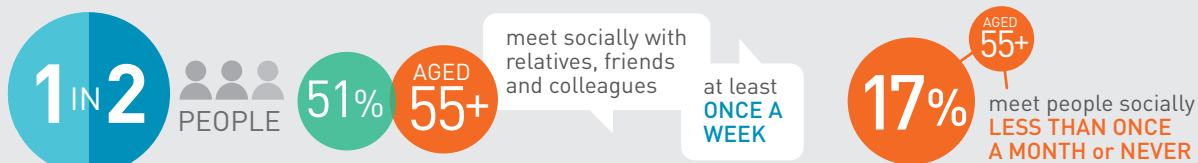
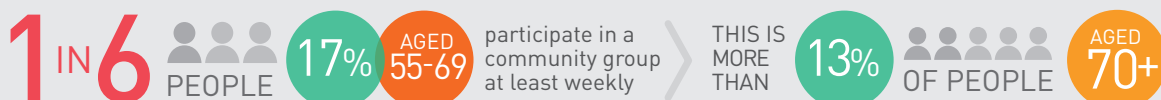
**93%** have been on a waiting list for more than **3 MONTHS**



HOW OFTEN DO PEOPLE SOCIALISE



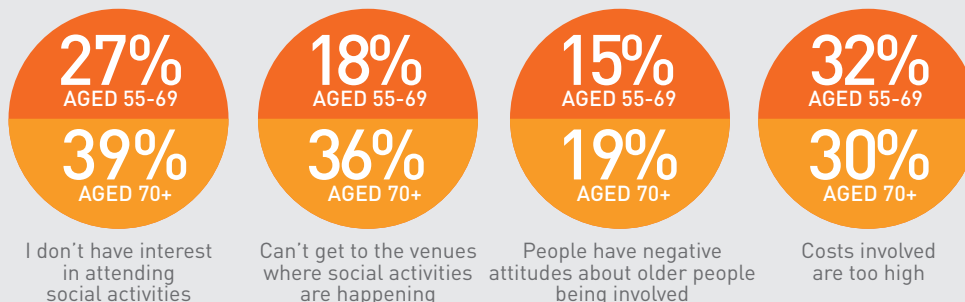
WE ASKED PEOPLE HOW OFTEN THEY SOCIALISE OR PARTICIPATE IN COMMUNITY GROUPS



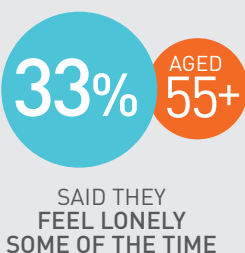
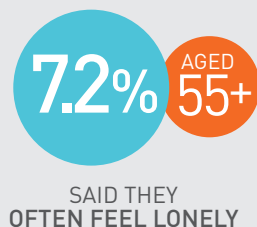
MAIN BARRIERS TO SOCIAL PARTICIPATION



2 IN 5 ADULTS (40%) AGED 70+ IN LAOIS SAID THAT THE SOCIAL ACTIVITIES AVAILABLE IN THEIR LOCAL AREA DON'T INTEREST THEM.

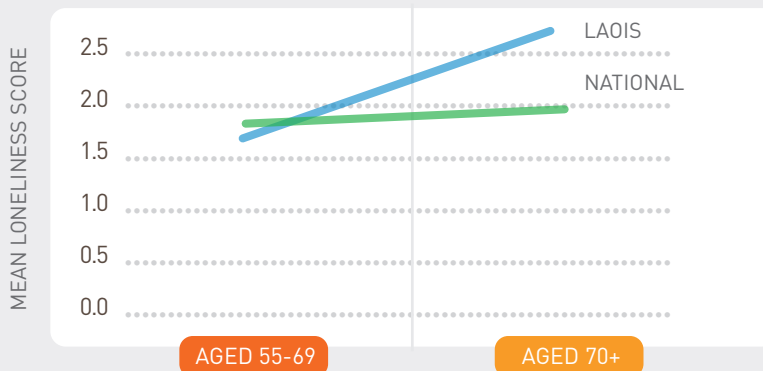


LONELINESS IN OLDER PEOPLE



MEAN LONELINESS SCORE BY AGE IN KILKENNY 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)



On average, people aged 55-69 in Laois are slightly less lonely than people the same age in the country as a whole, while people aged 70+ report a higher level of loneliness.

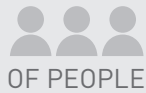




EDUCATIONAL ATTAINMENT



WE ASKED PEOPLE ABOUT THEIR PARTICIPATION IN LIFELONG LEARNING



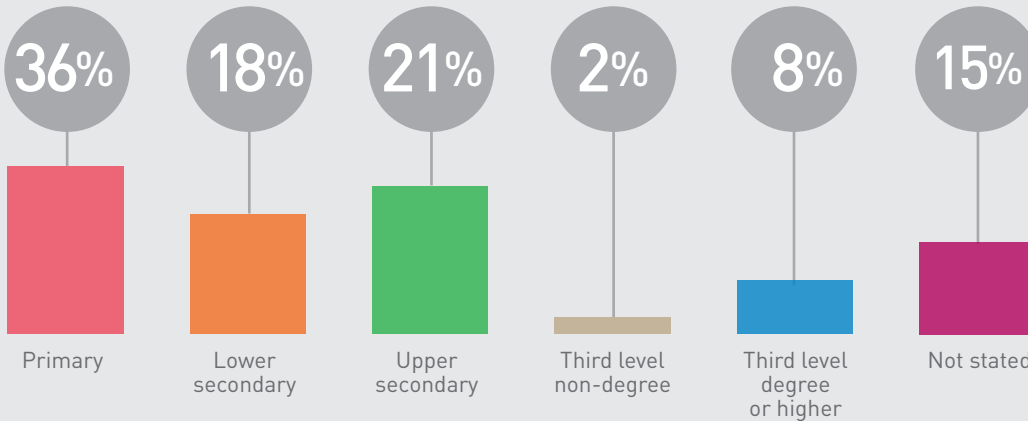
WERE IN **INFORMAL EDUCATION OR CLASSES**



PARTICIPATED IN TRAINING LEADING TO A **FORMAL QUALIFICATION**

HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT AMONG PEOPLE IN KILKENNY

AGED 55+



Source: Census 2011

BARRIERS TO PARTICIPATION IN LIFELONG LEARNING



1 IN 6



AGED 55+

IN LAOIS EXPERIENCED A BARRIER TO PARTICIPATION IN LIFELONG LEARNING

IN THE PAST 12 MONTHS



0.7%

COSTS ASSOCIATED WITH TAKING THE COURSE



0.3%

LACK OF TRANSPORT/DISTANCE TO THE COURSE



4.6%

NO SUITABLE OR INTERESTING COURSES AVAILABLE



0.6%

RESPONSIBILITIES IN THE HOME



1.0%

PERSONAL INCAPACITY OR ILL-HEALTH



4.8%

OTHER BARRIER



**PUBLIC ATTITUDES**



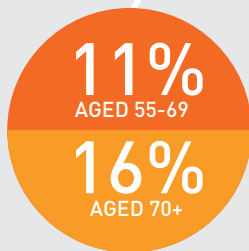
WE ASKED PEOPLE ABOUT ATTITUDES OR BEHAVIOURS TOWARDS THEM AS AN OLDER PERSON



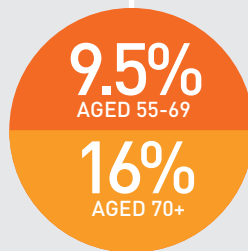
IN LAOIS SAID THEY EXPERIENCED NEGATIVE ATTITUDES OR BEHAVIOURS TOWARDS THEM AS AN OLDER PERSON



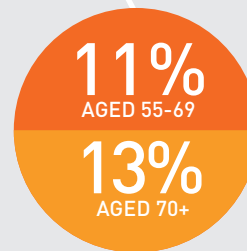
**TOP 3** SOURCES OF NEGATIVE ATTITUDES AND BEHAVIOURS EXPERIENCED BY PEOPLE



Younger people



Healthcare Providers



Those providing services in the financial sector

OVERALL THE **3** MOST COMMON SOURCES OF NEGATIVE ATTITUDES WERE FROM



YOUNGER PEOPLE



HEALTHCARE PROVIDERS



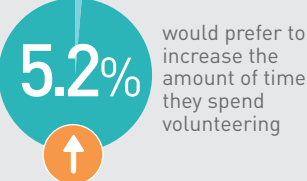
FINANCIAL SERVICES SECTOR



**VOLUNTEERING**



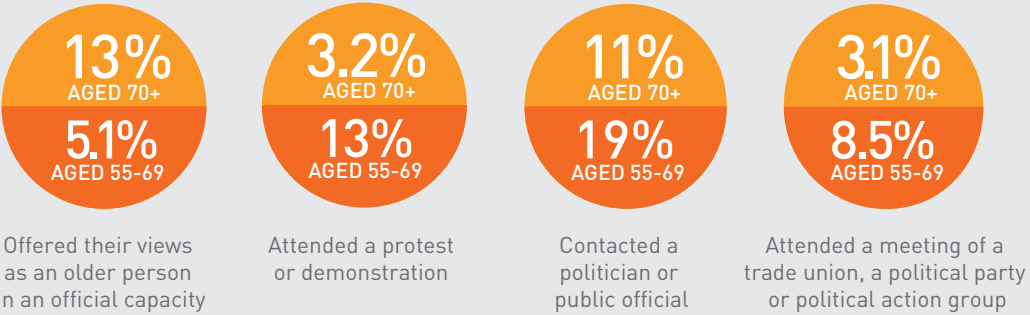
**OF THOSE AGED 55+ WHO VOLUNTEER AT LEAST OCCASIONALLY**



THE TYPES OF ORGANISATIONS THAT PEOPLE VOLUNTEER WITH ARE:



**POLITICAL ACTIVITIES**





SOURCES OF INFORMATION



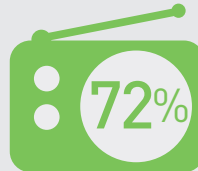
THE TOP THREE SOURCES OF INFORMATION FOR OVER 55s



WORD OF MOUTH

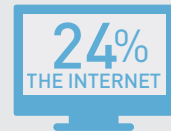


NATIONAL TV



LOCAL RADIO

Less than a quarter of people aged 55+ get information from the internet



FOR PEOPLE

AGED 55-69



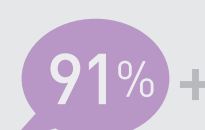
WORD OF MOUTH



NATIONAL TV & LOCAL RADIO

FOR PEOPLE

AGED 70+



WORD OF MOUTH



LOCAL RADIO

INTERNET USE

77%

LAOIS RESIDENTS

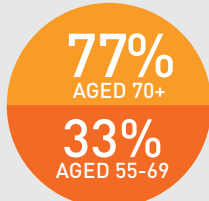
AGED 70+

DID NOT USE the internet in the past 3 MONTHS

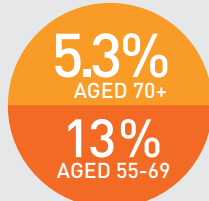
COMPARED TO

33%

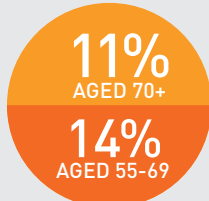
AGED 55-69



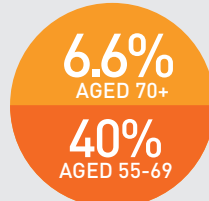
DO NOT USE



MORE THAN MONTHLY (but not every week)



MORE THAN WEEKLY (but not every day)



EVERY DAY OR ALMOST EVERY DAY

33% AGED 55-69

13% AGED 55-69

14% AGED 55-69

40% AGED 55-69

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

DIFFICULTY ACCESSING INFORMATION



NEARLY 1 IN 3

30%

PEOPLE

AGED 55+

HAVE DIFFICULTY ACCESSING INFORMATION ABOUT HEALTH OR SOCIAL CARE

DIFFICULTY GETTING INFORMATION ABOUT HEALTH OR SOCIAL CARE

35%

AGED 70+

26%

AGED 55-69

DIFFICULTY GETTING INFORMATION ABOUT LOCAL EVENTS AND ACTIVITIES

19%

14%



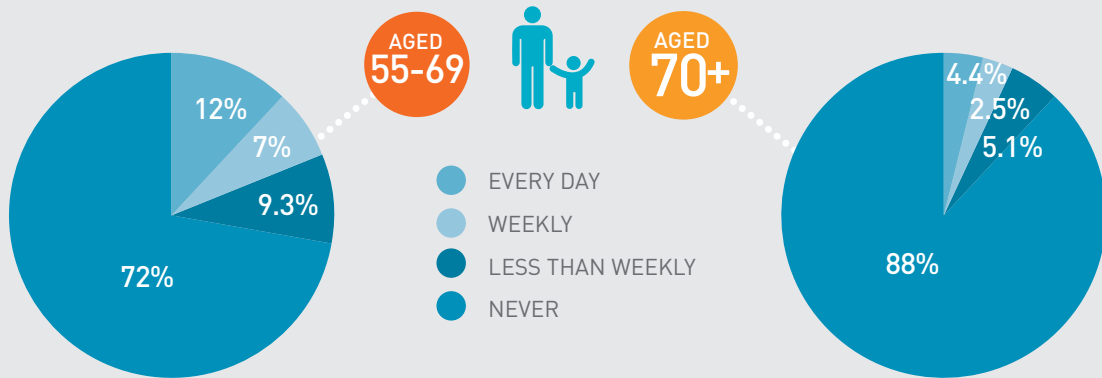
CARING FOR OTHERS



WE ASKED PEOPLE ABOUT HOW OFTEN THEY PROVIDE CARE TO OTHERS



CARE FOR CHILDREN OR GRANDCHILDREN EVERY DAY OR WEEKLY



THE PERCENTAGE OF PEOPLE IN LAOIS AGED 55 AND OLDER WHO ARE INVOLVED IN CARING FOR CHILDREN AND GRANDCHILDREN, LOWER THAN THE PERCENTAGES REPORTED IN THE EUROPEAN QUALITY OF LIFE SURVEY (EQLS) FOR IRELAND.



CAREGIVER STRAIN



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"



## SECTION 3 : METHODOLOGY

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The target population for this survey includes all community-dwelling members of the population aged 55 and older in Laois. 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.

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## STUDY POPULATION AND SAMPLE

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The target population for this survey includes all community-dwelling members of the population aged 55 and older in Laois. 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. This sampling approach involved several steps.

Firstly, a random sample of 50 District Electoral Divisions (DED) in Laois 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 501 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 626 eligible households where a person aged 55 and older was resident. A further 257 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 209 of these 257 would have contained a person who was eligible to participate. We included these households when calculating the response rate. A total of 501 interviews were completed from 835 households, with a response rate of 60%.

## DATA COLLECTION METHODS

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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 15% of participants were missing a response.

## PRESENTATION OF THE RESULTS

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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+).

### 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) and the European Quality of Life Survey (EQLS) and the Survey on 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 Laois was 60%. 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 Laois 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

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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 Laois, it does not include, and is not representative of, individuals who live in institutional settings.

## INTERPRETING DIFFERENCES BETWEEN GROUPS

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The data reported in this report is based on a random sample of individuals aged 55+ living in Laois. Any differences that we see between groups within the county (e.g. between men and women or between different age groups), or between Laois 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+

<b>HOW BIG IS THE DIFFERENCE?</b>	How confident can we be that it is a "real" difference? (i.e., not due to chance)	
<b>9% OR MORE</b> (percentage points)	<p>Can be reasonably confident differences are real</p> <p>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.</p>	
<b>5-8%</b> (percentage points)	<p>We need to be cautious with these differences.</p> <p>We can only be confident that they represent real differences if the percentages being compared are above or below a certain value.</p>	
	Are both values being compared ...	Minimum difference needed
	Less than 30% or greater than 70%?	8%
	Less than 20% or greater than 80%?	7%
	Less than 15% or greater than 85%?	6%
Less than 10% or greater than 90%?	5%	<p>Example: 20% of the over 70s compared with 28% of those aged 55-69 felt positive about moving into an adapted type of housing. Both values are below 30%, therefore we can be confident that this 8% difference is a real difference between these two age groups.</p>
<b>LESS THAN 5%</b> (percentage points)		
<p>Cannot be confident that these differences are real</p> <p>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.</p>		

**TABLE 2: COMPARING COUNTY DATA (250-500 people)  
AND NATIONAL DATA (>=1000 people)**

INCLUDES: COMPARISONS BETWEEN THE COUNTY AND NATIONAL DATA SOURCES  
(e.g. TILDA and EQLS)

<b>HOW BIG IS THE DIFFERENCE?</b>	How confident can we be that it is a “real” difference? (i.e., not due to chance)	
<b>7% OR MORE</b> (percentage points)	<p>Can be reasonably confident differences are real</p> <p>Example: 60% of people in the local authority area rated public transport as good or excellent, compared with 50% nationally. We can be confident that this 10% difference is not due to chance.</p>	
<b>4-6%</b> (percentage points)	<p>We need to be cautious with these differences.</p> <p>We can only be confident that they represent real differences if the percentages being compared are above or below a certain value.</p>	
	Are both values being compared ...	Minimum difference we can be confident is real
	Less than 25% or greater than 75%?	6%
	Less than 15% or greater than 85%?	5%
Less than 10% or greater than 90%?	4%	<p>Example: 62% of over 70s in the local authority area have multiple chronic conditions, compared with 67% nationally. Both values are between 15% and 85%, and therefore we cannot be confident that this 5% difference is real.</p>
<b>LESS THAN 4%</b> (percentage points)		
<p>Cannot be confident that these differences are real</p> <p>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.</p>		

## APPENDIX: 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.

## REFERENCES & DATA SOURCES

Central Statistics Office (CSO) (2013) **Population and Labour Force Projections 2016-2046**. Government Publications.

Department of Health (2013) **Healthy Ireland. A Framework for Improved Health and Wellbeing 2013-2025**. Dublin: Department of Health.

Department of Health (2013) **The National Positive Ageing Strategy**. Dublin: Department of Health.

World Health Organisation (WHO) (2002) **Active Ageing: A Policy Framework**. Available at [http://apps.who.int/iris/bitstream/10665/67215/1/WHO\\_NMH\\_NPH\\_02.8.pdf](http://apps.who.int/iris/bitstream/10665/67215/1/WHO_NMH_NPH_02.8.pdf)

DATA SOURCE	CENSUS
Reference period	2011
Data collection frequency	Five year intervals
Coverage	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
Method of data collection	Self-completed form
Data content	Demography
Relevant policy areas	Healthcare, health, carers education, employment, transport, housing and living arrangements
References	<p><a href="http://www.cso.ie/en/census/">http://www.cso.ie/en/census/</a></p> <p>Barrett A, Savva G, Timonen V, Kenny R. (2011) <i>Fifty Plus in Ireland 2011. First results from the Irish Longitudinal Study on Ageing (TILDA)</i>. Dublin: The Irish Longitudinal Study on Ageing.</p> <p>Nolan A, O' Regan C, Dooley C, Wallace D, Hever A, Cronin H, et al. (2014). <i>The Over 50s in a Changing Ireland</i>. Dublin: The Irish Longitudinal Study on Ageing.</p>
Sample size	4,581,269 (total population)

DATA SOURCE	EUROPEAN QUALITY OF LIFE SURVEY (EQLS)
Reference Period	2011
Data collection frequency	Every four years
Coverage	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.
Method of data collection	Face-to-face questionnaire
Data content	Employment, income, housing and environment, family, health, work-life balance, subjective wellbeing and social equality.
Relevant policy areas	Family life, housing, income, life satisfaction, subjective-wellbeing, trust and social solidarity, poverty and social inclusion.
References	<a href="http://www.eurofound.europa.eu/surveys/european-quality-of-life-surveys-eqls/european-quality-of-life-survey-2012">http://www.eurofound.europa.eu/surveys/european-quality-of-life-surveys-eqls/european-quality-of-life-survey-2012</a>
Sample size	1051

DATA SOURCE	THE IRISH LONGITUDINAL STUDY OF AGEING (TILDA)
Reference Period(s)	Wave 1 (2009-2011); Wave 2 (2012-2013)
Data collection frequency	Every two years, Wave 3 due to finish data collection in 2015
Coverage	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.
Method of data collection	Face-to-face Interviews in participants homes; self-completion questionnaire; nurse-led health assessment
Data content	Health, economic and social data
Relevant policy areas	Employment, Education and Lifelong Learning, Active Citizenship, Engagement in Activities, Transport, Healthy Ageing, Support and Care Services, Income, Homes, Ageism
References	TILDA data available from <a href="http://www.ucd.ie/issda/data/tilda/">http://www.ucd.ie/issda/data/tilda/</a>
Sample size	Wave 1: 8,175; Wave 2: 7,010

# NOTES





# NOTES

