AGE FRIENDLY THEMES

CIVIC AND SOCIAL PARTICIPATION

HEALTHY & POSITIVE AGEING INITIATIVE

NPAS GOALS AND OBJECTIVES

Promote the concept of active citizenship and the value of volunteering, and encourage people of all ages to become more involved in and to contribute to their own communities.

Promote the development of opportunities for engagement and participation of people of all ages in a range of arts, cultural, spiritual, leisure, learning and physical activities in their local communities.

INTRODUCTION

The National Positive Ageing Strategy (NPAS) of Ireland (2013) identifies four national goals and two cross-cutting objectives. The goals aim to; support the greater participation of older people in all aspects of community life; maintain, improve and manage their health and wellbeing; enable them to age with security and dignity in their homes and communities and to use research to better inform policy responses. The cross-cutting objectives seek to combat ageism and improve information provision.

The Healthy and Positive Ageing Initiative was established in 2014 with the aim of increasing knowledge around the factors contributing to the health and wellbeing of older people. The Initiative seeks to provide partners in wider government and society with a framework to help prioritise actions and to translate the goals of the NPAS and *Healthy Ireland* in order to stimulate local action by stakeholders in Age Friendly Counties.

The work of the Initiative helps to achieve Goal 4 of the National Positive Ageing Strategy and it is also aligned with the goals and actions of *Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025.*

The Initiative is jointly funded by the Department of Health, the HSE, and The Atlantic Philanthropies. It is operational in three main areas of activity:

- National Indicators of Positive Ageing, leading to the 2016 publication of the first biennial report on the health and wellbeing of older people in Ireland.
- Local indicators - using data from a survey of older people collected locally.
- Research - additional research to fill data gaps relating to indicators or to the design or configuration of future services and supports for older people.

BACKGROUND

Older people are involved in a wide variety of voluntary and productive activities. In addition to formal volunteering, many older people make substantial unpaid contributions within the family in both caring for grandchildren and providing long term care to their spouse or other older person[1].

There has been a long tradition of voluntary activity and charitable service in the civic, social and economic life of communities in Ireland and perhaps as a consequence, we have a higher than average rate of participation in unpaid voluntary work among EU countries. Volunteering offers wide-ranging benefits to communities and to individuals. For the community, voluntary activity increases social capital, creates shared values and understandings in society, develops trust among individuals and provides important local and community services at low or no cost[2].

A sense of social inclusion or feeling part of a network of family, friends and community plays an important part in promoting health and wellbeing. Volunteering provides opportunities for social interaction[3,4], the development of social ties[5], and a greater personal sense of community[6]. It has also been linked to greater life satisfaction particularly among those who volunteer seven or more hours per week (compared to non-volunteers).

The positive impacts of social connections and social networks are well known, and several international reports have shown that all people, regardless of age, who have active social networks tend to feel happier about their lives. Promoting social participation and community involvement has been found to help foster empowerment which is linked to a range of health indicators. Research has found that a higher level of social participation is associated with higher activity levels and better overall health and conversely that the health risks associated with lower levels of social integration are comparable to those of other known risks such as smoking, high blood pressure and obesity[7].

This summary presents the findings of the Healthy and Positive Ageing Survey on social and civic participation including volunteering.

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THE VALUE OF VOLUNTEERING

In addition to health benefits, volunteering offers many benefits for the individual. It can increase social interaction, enhance social support networks, increase social status, and reinforce knowledge and skills. Volunteering is also said to provide a role identity and sense of purpose for those retired from paid work and can help develop more socially positive attitudes among volunteers[8].

Cooperative action, by definition involves working with other people in the community which helps to develop stronger social ties within the community and build trust and social capital. The involvement of older people in community life can potentially create positive changes in overall participation and in social capital. The non-profit sector increasingly relies on volunteers to manage and deliver social services.

For further reading on the many benefits of volunteering see Hinterlong, J.E; Williamson, A. (2006) The Effects of Civic Engagement of Current and Future Cohorts of Older Adults. Generations, 30(4).

SURVEY QUESTION - VOLUNTEERING

We asked respondents how often in the past 12 months they did unpaid voluntary work (measured as: weekly, monthly but not weekly, less often/never) in each of the following areas:

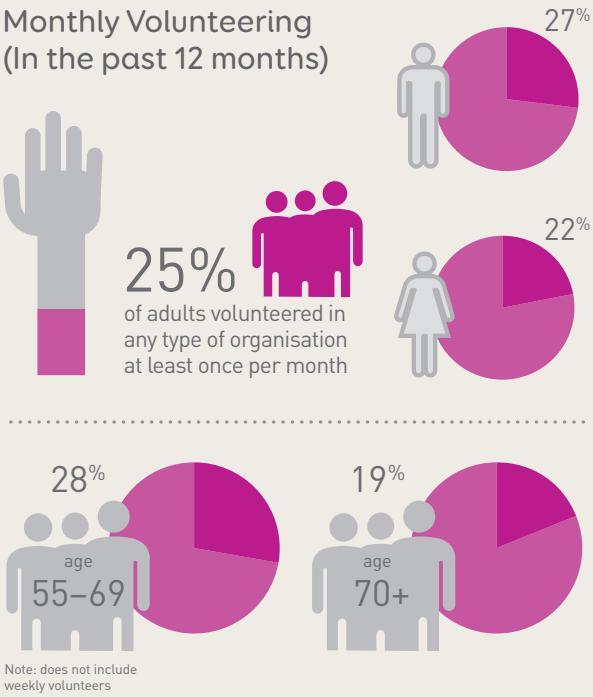
1. Community and social services
2. Educational, cultural, sports or professional associations
3. Social movements
4. Other voluntary organisations

We asked about their satisfaction with time spent volunteering. Responses included: satisfied; would prefer to increase time; would prefer to decrease time.

We also asked about satisfaction with the range of volunteering opportunities. Responses included: yes; no; or don't know.

KEY FINDINGS

Monthly Volunteering (In the past 12 months)



WEEKLY OR MONTHLY

BARRIERS AND ENABLERS TO VOLUNTEERING

Research has found that the most common reason for volunteering among older people is the social aspect of volunteering and the desire to make a contribution to their community or society. Recruitment and retention strategies in voluntary organisations need to be based on an understanding of what people are seeking from their volunteer activities as well as what might be preventing them from volunteering.

The most common barriers to recruitment of potential older volunteers are health problems, work commitments, full schedule, and lack of time[9]. There is evidence to suggest that better social integration may also provide greater opportunities to volunteer and several studies have shown that volunteers tend to be recruited by friends, neighbours and acquaintances, demonstrating the importance of having contacts in the community and outside the family[10,11].

A community group to call to the house in the evening for an hour for company

Love to see more community spirit, nervous about being left alone as you're getting older

ACTIVE CITIZENSHIP AND POLITICAL ACTIVITY

PREVIOUS RESEARCH

Political participation can take the form of membership of a political party, campaigning for a political party, joining a social movement[12]. Political engagement acts as a channel which connects an individual to the decision making bodies of the country[13] in order to improve the positive ageing experiences of Citizens. It is important to note that political activity is just one form of active citizenship which involves the interrelated concepts of citizenship, social capital and community development[14].

There is a great deal of evidence highlighting the benefits associated with political participation as a component of civic engagement such as the strengthening of the quality of decision making by means of the democratic process as well a subsequent sense of belonging within the community. Being politically active is a means to participation in the decision making process of issues which affect oneself and others[15].

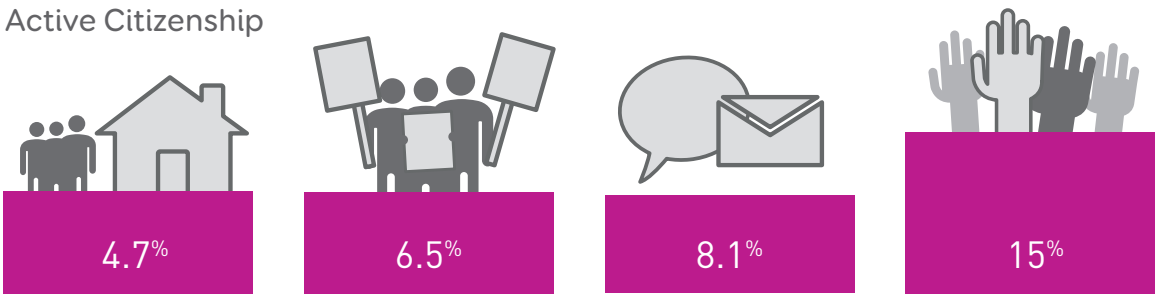
SURVEY QUESTION

Political activity was measured by combining yes responses to at least one of the following four questions: Over the last 12 months have you...

1. Attended a meeting of a trade union, a political party or political action group?
2. Attended a protest or demonstration?
3. Contacted a politician or public official?
4. Offered your views as an older person in an official capacity?

KEY FINDINGS

Active Citizenship

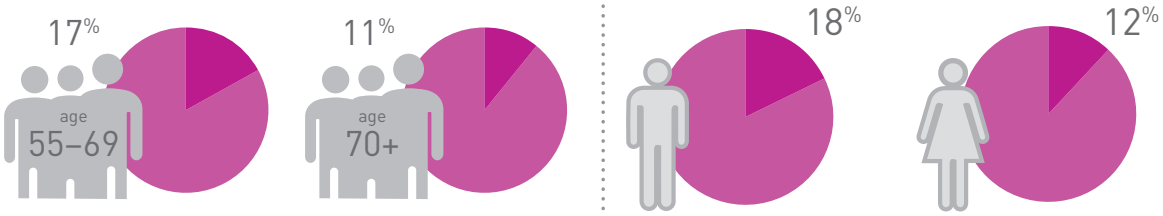


attended a meeting

attended a protest or demonstration

contacted a politician or public official

engaged in at least one of these three activities



SOCIAL PARTICIPATION

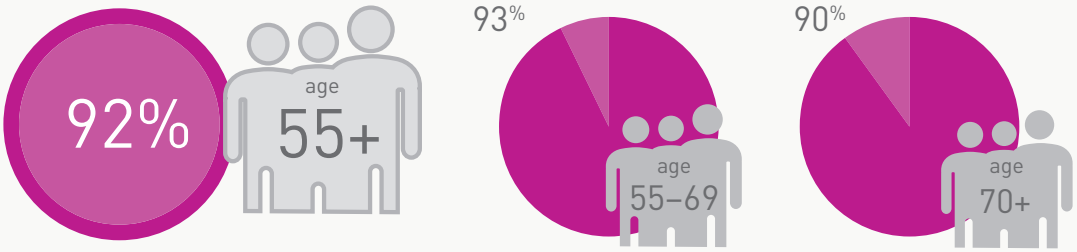
PREVIOUS RESEARCH

Numerous studies have found links between participation in social activities and positive health and wellbeing outcomes. Glass and colleagues showed that social activities (e.g., church attendance, recreation, and group activities), productive activities (e.g., gardening, preparing meals, and shopping), and fitness activities were associated with reduced mortality risk, even after other factors such as history of several diseases were controlled for[19]. Other studies found links between engagement in hobbies and recreation and health benefits such as delayed mortality and evidence has even been found that simply leaving the house every day can be beneficial.[20] Finally, there is evidence that poor social connections, infrequent participation in social activities, increases the risk of cognitive decline. This risk was lower for both men and women with a high frequency of visual contact with relatives and community social integration. Engagement with friends seemed to be protective for cognitive decline in women but not in men.[21]

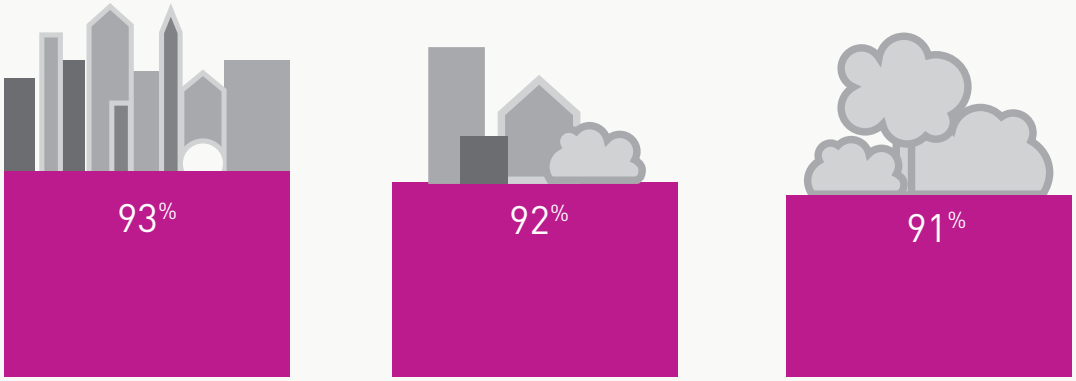
KEY FINDINGS – SOCIAL PARTICIPATION - SOCIALISED AT LEAST ONCE A MONTH

We also asked respondents how often they meet socially with friends, relatives, or colleagues. Responses were combined to measure whether respondents met with friends, relatives and colleagues once a month or less than monthly/never.

Socialised at least once a month



both men and women socialised regularly in almost equal measure



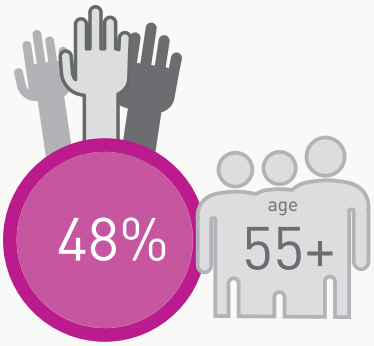
inner cities and suburbs | in towns | in villages & open countryside

PARTICIPATION IN COMMUNITY ACTIVITIES

We asked respondents how often they participated in any groups such as a sports or social club, a church connected group, a self-help or charitable body or other community group or a day centre? Responses were combined to measure participation at least once a month or less.

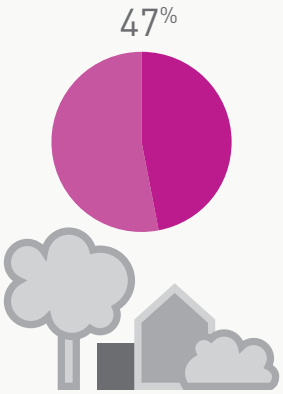
KEY FINDINGS

Participation in Community Activities (at least once a month)

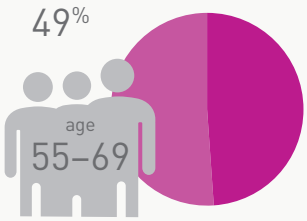


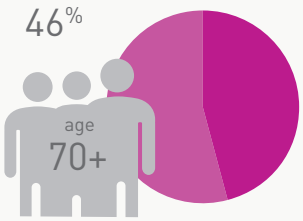
48% participated in community activities at least once a month

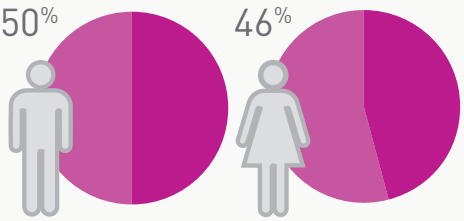
48% cities or towns



47% countryside or village





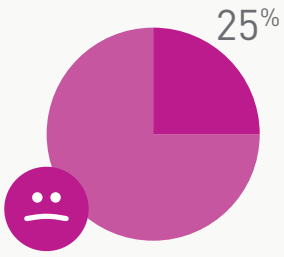


BARRIERS TO PARTICIPATION

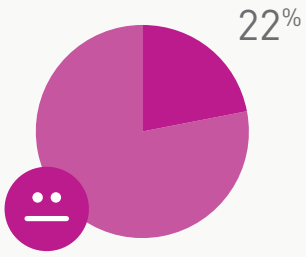
We asked respondents to identify the barriers to participation in community and social activity. The choices offered included; the social activities available don't interest me; the costs involved are too high; people have negative attitudes about older people being involved in the activities; I can't get to the venues where the social activities are happening or I don't have any interest in attending social activities.

> A community centre needs to be up and running ASAP. It is vital for this community, there is no meeting place for young and old

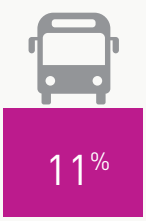
Individual Barriers to participation



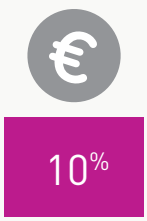
25% the activities available don't interest them



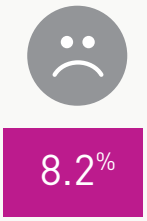
22% don't have any interest in attending activities



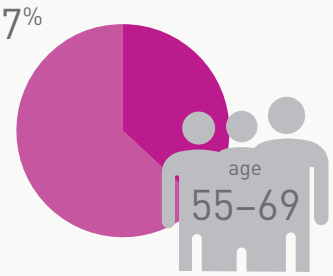
11% cannot get to the venue

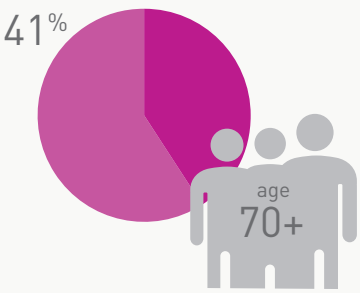


10% costs were too high



8.2% people have negative attitudes towards older people being involved





experienced one or more barriers

The HaPAI survey is a random-sample survey of community-dwelling people aged 55 and older, living in 21 local authority areas: Dublin City; South Dublin; Dublin Fingal; Dún Laoghaire-Rathdown; Galway City; Galway County; Clare; Limerick City; Limerick County; Kildare; Kilkenny; Laois; Louth; Meath; Wexford; Wicklow; Cavan; Cork City; Cork County; Mayo; and Tipperary.

The questionnaire was developed from a survey framework which mapped the WHO Age Friendly domains to the objectives of the NPAS. Several data and literature sources were reviewed (national/ international surveys, research literature, and the WHO Age Friendly Indicators – A Guide) to identify survey questions that were; reliable, valid, have an explicit evidence base, support national and international comparison, are sensitive to change over time, and align directly with the NPAS and Age Friendly Ireland Programme goals.

Older people in two different public consultation sites were invited to comment on the draft questionnaire. In the first session 150 participants attended and gave feedback. Their comments and the gaps identified were addressed prior to the second consultation which involved a group of 30 participants who completed the survey individually. Overall, feedback focused on the overall clarity and accessibility of each question and substantive survey gaps.

Fourteen survey areas were included: outdoor spaces and buildings; transport; housing; safety; social participation; education and lifelong learning; respect and social inclusion; civic participation and employment; communication and information; health status and health behaviours; carers; health services; psychological wellbeing, and personal safety (elder abuse). Questions on socio-economic status and geographic location were also included to support further analysis of the survey data.

Data was collected between 2015 and 2016 and a multi-stage random-route sampling strategy was used to generate a sample of this population. A random sample of 50 District Electoral Divisions (DED) in each local authority, were the primary sampling units (PSUs). Within each DED a starting address was selected and interviewers then called to every fifth house in order to complete the 10 interviews required in each of the 50 areas. Where two or more older people lived at an address, the interviewer applied the 'next birthday' rule to select one participant.

Each participant completed a Computer-Assisted Personal Interview (CAPI) in their own home with a trained interviewer from Amárach Research. A total of 10,540 interviews were completed. The overall response rate was 56%, and this ranged from 51% to 63% across the areas. Survey response rates typically vary for different groups within a given population and this can lead to biased estimates when reporting results. Therefore, sample weights based on the Census (2011) were applied to the survey data to adjust for differences in participation rates by age, gender, education, and marital status and ensure that the survey results are representative of this population.

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