LIFELONG LEARNING AND IMPROVING INFORMATION PROVISION

AGE FRIENDLY THEMES

SOCIAL PARTICIPATION AND COMMUNICATION AND INFORMATION

HEALTHY & POSITIVE AGEING INITIATIVE

NPAS GOALS AND OBJECTIVES

PARTICIPATION

Remove barriers to participation and provide more opportunities for the continued involvement of people as they age in all aspects of cultural, economic and social life in their communities according to their needs, preferences and capacities.

OBJECTIVE 1.2

Promote access (in terms of affordability, transport availability, accessibility of venue) to a wide range of opportunities for continued learning and education for older people.

CROSS-CUTTING OBJECTIVE: IMPROVING INFORMATION PROVISION

Ensure that older people can exercise choice and control over their own lives by being able to access user-friendly, up-to-date, comprehensive and coordinated information and advice in relation to entitlements, services, support and activities.

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

Education is linked to health and wellbeing through better economic conditions, social and psychological resources, and healthy lifestyle behaviours. These benefits are not only gained at school-going age, but through continued learning in adult life.

The Further Education and Training Strategy (2017) and National Skills Strategy (2017) promote lifelong learning for economic growth, 'smart ageing' and maintaining skills that are needed on a day-to-day basis. The NPAS places an additional emphasis on lifelong learning for health and wellbeing, and the World Health Organisation advocates for lifelong learning to foster solidarity between generations.

In the NPAS lifelong learning and improving information access are linked; improving information provision requires enhancing individual capacity to access and understand information through continued learning, as well as improving access, timeliness, and quality.

In Ireland many adults have low literacy and numeracy skills and ICT skills, and information provision can fall short of reaching those who are geographically or socially isolated. In particular, internet access and use is lower among older age groups.

This summary is a profile of participation in and barriers to lifelong learning, the social impact of not using the internet, and difficulties accessing local information.

Further reading on this topic:

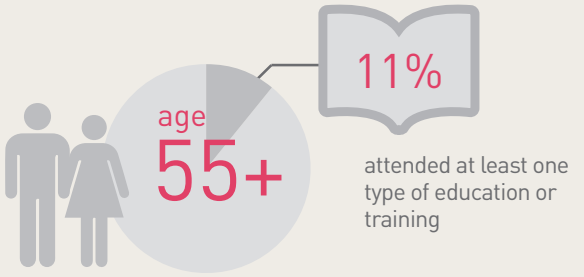
EDUCATION AND HEALTH
Hammond C. What is it about education that makes us healthy? Exploring the education-health connection. Int J Lifelong Educ. 2002; 21(6):551-571.

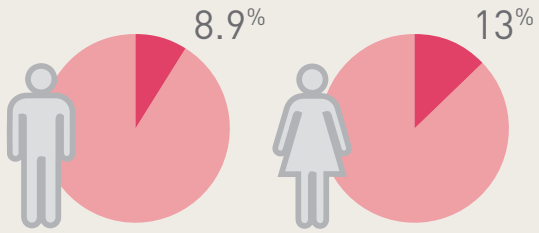
INTERNET AND SOCIAL PARTICIPATION
Norris P. Digital divide: Civic engagement, information poverty, and the Internet worldwide. Cambridge: Cambridge University Press; 2001.
Zhang F, Kaufman D. Social and emotional impacts of internet use on older adults. Eur Sci J. 2015;11(17).

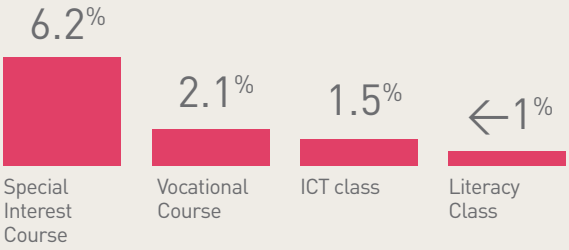
LIFELONG LEARNING REFERS TO ANY EDUCATION OR TRAINING THAT RESPONDENTS ATTENDED IN THE 12 MONTHS PRIOR TO INTERVIEW. RESPONDENTS WERE ASKED TO CHOOSE ALL TYPES OF TRAINING THAT THEY ATTENDED FROM THE FOLLOWING LIST OF OPTIONS.

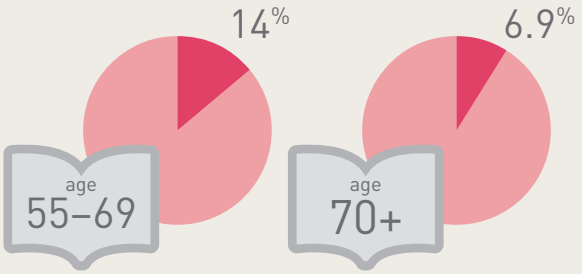
- Literacy classes (to help overcome reading/writing difficulties)
- ICT classes
- Junior or Leaving Certificate
- Special interest, for example, arts, crafts, cookery etc.
- Technical or vocational course, not leading to a formal qualification
- Diploma or degree
- Technical or vocational course, leading to a formal qualification

Barriers to lifelong learning; Respondents were also asked if they had been prevented from participating in education because of costs, lack of transport/distance to course, no suitable/interesting courses available, responsibilities in the home (eg. caring for spouse/other family member) or personal incapacity or ill health.









When all responses to each option were combined, there were three groups

11.4% participated in lifelong learning

18.1% did not participate – reported barriers

70.6% did not participate – did not report barriers

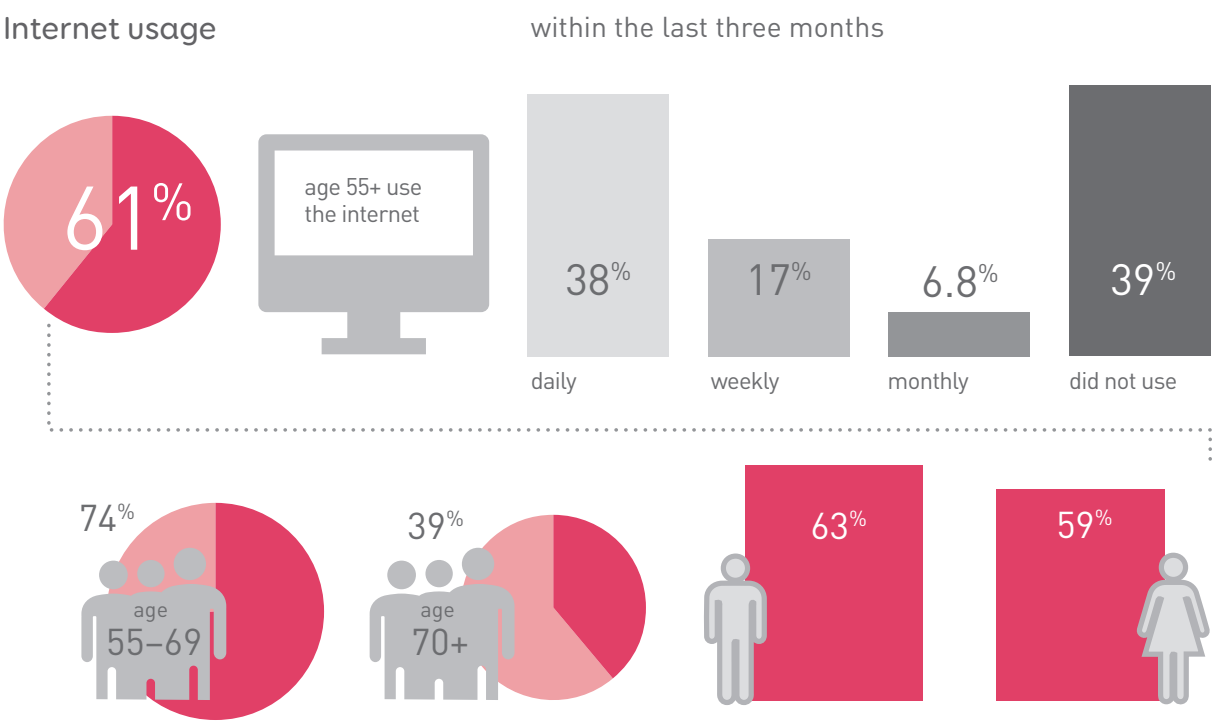
INTERNET ACCESS & USE

Respondents were asked how often they used the internet in the last three months.

Respondents were also asked if they had access to a household internet connection and if not was this because of cost or a different reason.

Respondents were also asked if they have difficulty accessing information on local events or activities, and information on health or social services.

In total 68% of respondents had access to a household internet connection and this was as low as 50% in one area and 87% in another.



Internet users were likely to be politically active, take part in community groups at least monthly, volunteer at least monthly, and feel less socially isolated. Reliance on internet-based resources were challenging for many:

> "I am very unhappy with the communication strategies of (council), too much depending on internet and less on paper and booklets".

Frequent internet use creates opportunities for social engagement, keeping people connected and up-to-date with local activities and events. Participation in online communities and forums can have important positive social, political, and cultural impacts on those who can and do access them.

PARTICIPATION IN LIFELONG LEARNING VARIED SUBSTANTIALLY ACROSS THE COUNTRY

MOST NON-PARTICIPANTS ALSO DID NOT IDENTIFY ANY OF THE BARRIERS THAT ARE TYPICALLY CONSIDERED IN RESEARCH STUDIES

71% were non-participants who did not report the barriers above. These adults were typically in poor health and had other family and caring commitments. Some respondents shared additional literacy issues and perceptions on age.

Overall, 11% participated in some form of lifelong learning in the past 12 months. This was as low as 5% in some Local Authorities, and as high as 19% in others.

"I have spelling issues"

"Can't read and write so...",

"Sure what could I do at my age, I'm too old aren't I?"

THERE WAS A DIFFERENCE BETWEEN MEN AND WOMEN

Participation was particularly low among adults aged 75 and older, those who were looking after the home or family, and those who do not drive. Importantly, women tended to make up the majority of these adults.

THERE ARE SOCIO-ECONOMIC DIFFERENCES

Participation rates were higher among those with higher levels of education attainment, and adults with higher incomes.

RESPONDENTS IDENTIFIED WITH ALL THE BARRIERS THAT WERE LISTED, BUT SOME BARRIERS WERE MORE COMMON THAN OTHERS

Among non-participants who reported barriers:

36.9%

access and provision barriers e.g. inconvenient time or venue;

32%

stated 'other' but did not explain further.

23.3%

personal barriers e.g. poor health;

7.7%

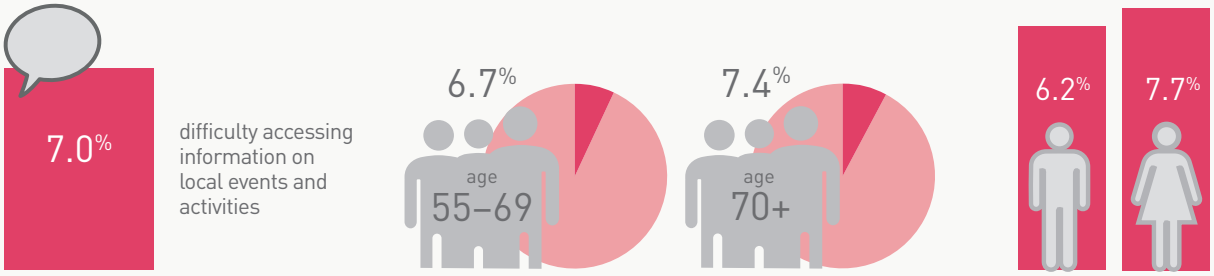
dispositional barriers e.g. place no value in lifelong learning;

THE MAJORITY OF OLDER ADULTS DO NOT PARTICIPATE AND DID NOT RELATE TO ANY OF THE BARRIERS THAT ARE TRADITIONALLY INCLUDED IN RESEARCH STUDIES

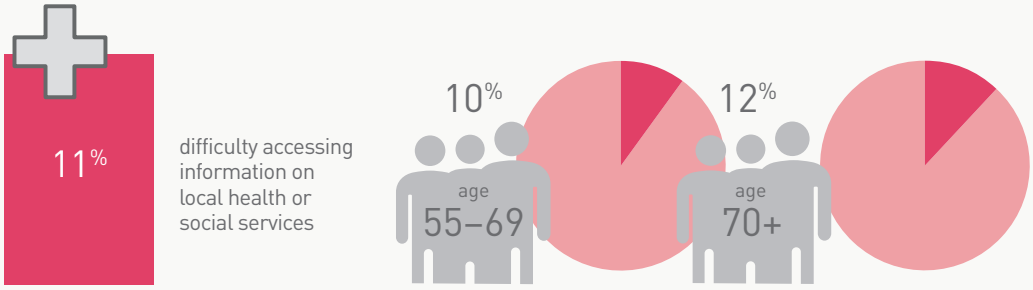
A large proportion of non-participants did not report a barrier (71%). Many of these reported poor health and other family commitments such as looking after grandchildren or older relatives. Some respondents shared their own perspective as to the barriers they face. These were often related to prior learning and education "I have spelling issues" Can't read and write so...", and transport "All at night and don't drive night", while others felt too old "Sure what could I do at my age, I'm too old aren't I?"

Some barriers were easily identified by participants themselves, including access, cost, no available courses, family care, and poor health. But these 'situational' barriers only paint part of the picture. The additional perspectives shared by respondents highlight the enduring impact of low literacy and negative age-perceptions. Increasing participation in lifelong learning will also require approaches to promote a culture of value and interest in lifelong learning, and increasing a persons' capacity to participate as they age.

Difficulty accessing information about local activities and events



Difficulty accessing information about health or social services



DIFFICULTIES WERE GREATER AMONG THOSE WHO DO NOT USE THE INTERNET:

30%
had difficulty accessing information on local health and social services

9.8%
had difficulty accessing information on local activities

Some respondents advocated for integrated local information provision

> "There is an issue of communicating what services, social activities are available in the area ... There needs to be an integrated approach"

Others described their difficulty accessing information on health care

> "Ideally would like a medical card but don't know if I am entitled to it",

and housing supports

> "We had to put in a wet room ourselves ... Don't know what we are entitled to or where to go to find out".

Equipping Citizens with skills to access information online and providing accessible forms of information for those who do not or cannot do so is important for modifying the risk of digital exclusion.

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.