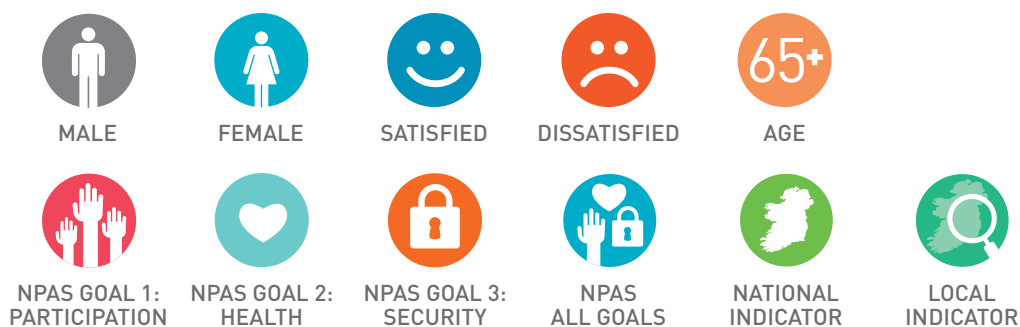FINGAL /
REPORT

# POSITIVE AGEING
# IN IRELAND

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

## ABBREVIATIONS

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

## KEY

| | |
|---|---|
| MALE | FEMALE |
| SATISFIED | DISSATISFIED |
| AGE | |
| NPAS GOAL 1: PARTICIPATION | NPAS GOAL 2: HEALTH |
| NPAS GOAL 3: SECURITY | NPAS ALL GOALS |
| NATIONAL INDICATOR | LOCAL INDICATOR |

# CONTENTS

# FOREWORD

Fingal is Ireland's fastest growing county having seen its population grow by 8.1 % in the last five years (2011 to 2016). It has almost doubled in the past 25 years, rising from 152,766 in 1991 to 296,214 in 2016. The preliminary results from the 2016 census shows, that Fingal has a population of 296,214 an increase of 22,223 since 2011. This 8.1 % increase is the highest of any county or city in the last five years and is over twice the national rate of increase.

While Fingal has the youngest population in the state this can sometimes obscure the fact that ageing is a long-term strategic challenge for the local population which will have consequences in the future. The Age Friendly Cities & Counties Programme has given Fingal County Council the opportunity to consider this trend and identify the challenges that will face our communities in the years ahead as an increased proportion of the local population are in the older and advanced age category.

Fingal County Council was the 1st Local Authority in Dublin to sign up to the Dublin Declaration on Age Friendly Cities & Communities. The newly established Fingal Age Friendly Alliance immediately embraced the World Health Organisation's 'Age Friendly' concept. The Alliance undertook to deliver a strategy for the county that was based on research and consultation with a diverse range of older people from all geographic areas of the county. In the years that followed, I am delighted to say our Age Friendly Alliance has delivered a plethora of highly successful actions including an innovative transport initiative 'Health Route' and an Age Friendly Town programme.

When the Fingal Age Friendly Alliance was invited to take part in the HaPAI study, members were eager to add to the research already undertaken to further develop their understanding of the needs of older people in Fingal. We are delighted to now have the results of this survey as they give us a picture of where we currently stand in relation to the inclusion of older people. Importantly, the findings will

also show us where we need to focus our energies and resources to be fully inclusive of everyone across the lifecycle.

The HaPAI findings are particularly timely for us in Fingal as we are about to embark on developing a new Age Friendly Framework for the county in 2016. We will use this data to support the development of actions that are appropriate in the local context.

**Nora Owen Chair**
Fingal Age Friendly Alliance

**Margaret Geraghty**
Director of Services,
Fingal County Council

# 1

## SECTION 1 : INTRODUCTION

This section provides the background and rationale for the Healthy and Positive Ageing Initiative (HaPAI) and summarises the approach that is being taken to develop national indicators of Healthy and Positive Ageing.

The conceptual framework, based on the goals and objectives of the National Positive Ageing Strategy (NPAS), is also outlined. The links between this strategy and the Age Friendly Cities and Counties programme is briefly discussed. Finally, some demographic data for Fingal is presented.

# HEALTHY AND POSITIVE AGEING INITIATIVE

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

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

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

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

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

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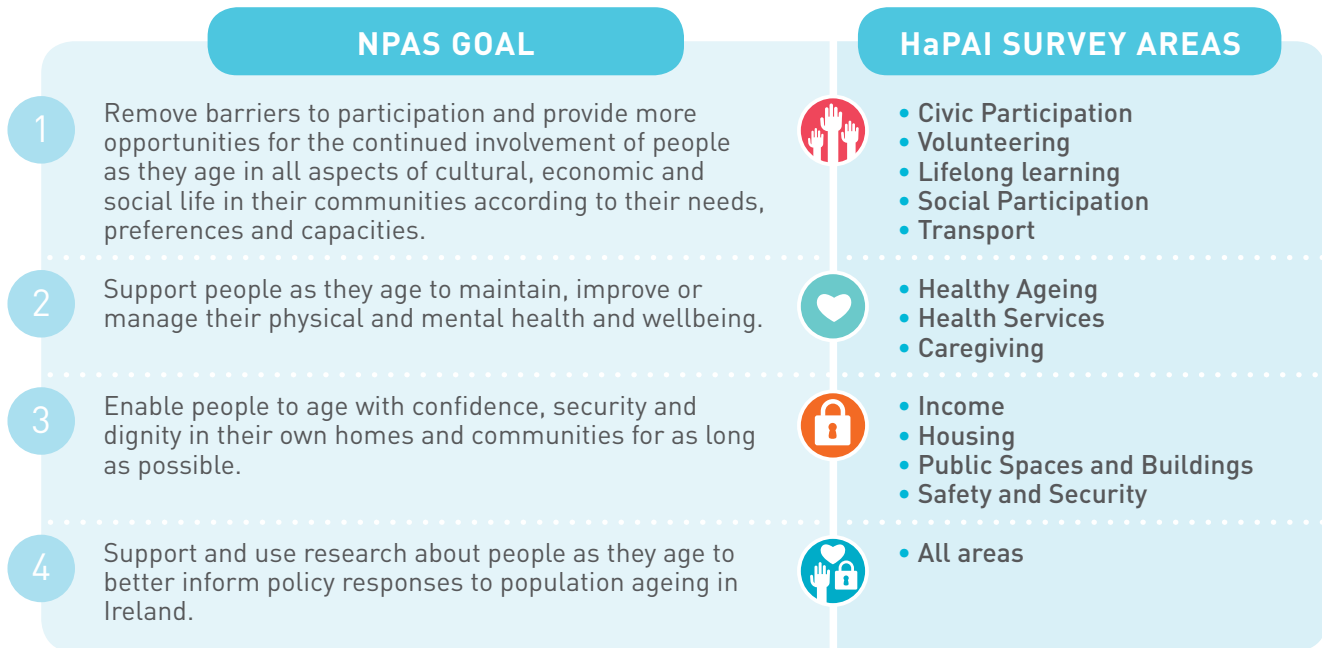
# DEVELOPMENT OF NATIONAL INDICATORS

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

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

# DEVELOPMENT OF LOCAL AFCC/HaPAI INDICATORS

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

| NPAS GOAL | HaPAI SURVEY AREAS |
|---|---|
| 1. Remove barriers to participation and provide more opportunities for the continued involvement of people as they age in all aspects of cultural, economic and social life in their communities according to their needs, preferences and capacities. | • Civic Participation<br>• Volunteering<br>• Lifelong learning<br>• Social Participation<br>• Transport |
| 2. Support people as they age to maintain, improve or manage their physical and mental health and wellbeing. | • Healthy Ageing<br>• Health Services<br>• Caregiving |
| 3. Enable people to age with confidence, security and dignity in their own homes and communities for as long as possible. | • Income<br>• Housing<br>• Public Spaces and Buildings<br>• Safety and Security |
| 4. Support and use research about people as they age to better inform policy responses to population ageing in Ireland. | • All areas |

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 Fingal local authority area. A random sample survey of over five hundred people aged 55 and over was carried out in the area between July and October 2015, and further details of the methodological approach can be found in Section 3.

When reviewing the findings of this report it is useful to bear in mind that each 1% difference reported, represents just over 500 older people.

# 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, policymakers and others. In order to plan for and meet the needs of a larger older population it is important to have an accurate picture of recent trends and future predictions.

The 2011 Census found there was a total of 535,393 people aged 65 and over in Ireland, representing 11.7% of the population (CSO, 2011). This proportion is lower than the EU average of 18.2% (Eurostat 2013). In contrast, Italy and Germany have nearly a fifth of their population aged 65 and over.
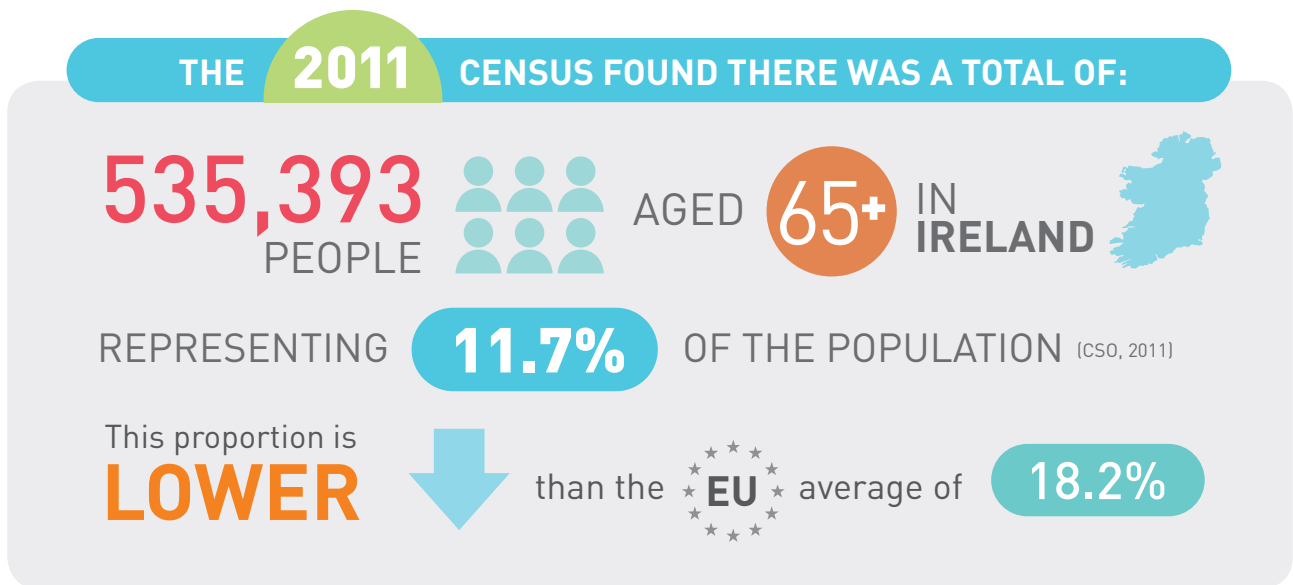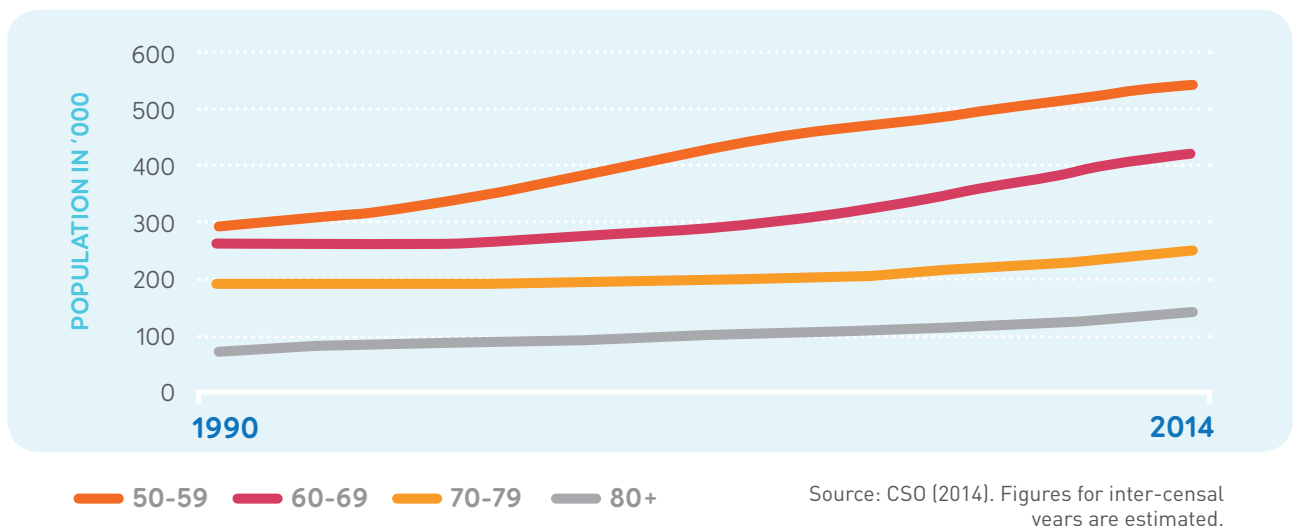
**THE 2011 CENSUS FOUND THERE WAS A TOTAL OF:**

**535,393** PEOPLE AGED **65+** IN **IRELAND**

REPRESENTING **11.7%** OF THE POPULATION (CSO, 2011)

This proportion is **LOWER** than the ★ **EU** ★ average of **18.2%**

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



POPULATION IN '000

**1990**                                    **2014**

— 50-59   — 60-69   — 70-79   — 80+

Source: CSO (2014). Figures for inter-censal years are estimated.

By 2041, there will be 1.4 million in Ireland aged 65 and over - three times more than the older population now. This older group will make up 22% of the total population, compared to 11.6% of the population in 2011 (CSO, 2013). The total population aged 70 and over is set to treble from approximately 359,000 to just over 1,064,694 in 2046.
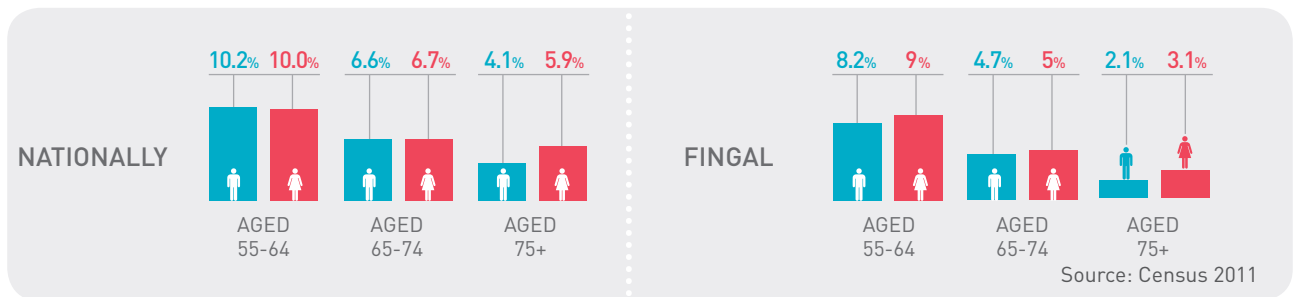
The old-age dependency ratio indicates the total population aged 65 and over as a percentage of the population aged 15-64 (the working age population). In 2002, the ratio was 16.4%; by 2011 it had risen to 17.3%; and it is projected to rise to 30.0% by 2031 (CSO, 2013).
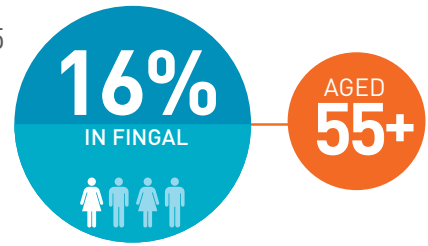
Just like other areas in Ireland, Fingal is experiencing ageing in its population structure which will have effects into the future. According to the 2011 Census, there were 42,804 people aged 55 and older in Fingal, which was 15.6% of the local population, lower than the State average of 22%.

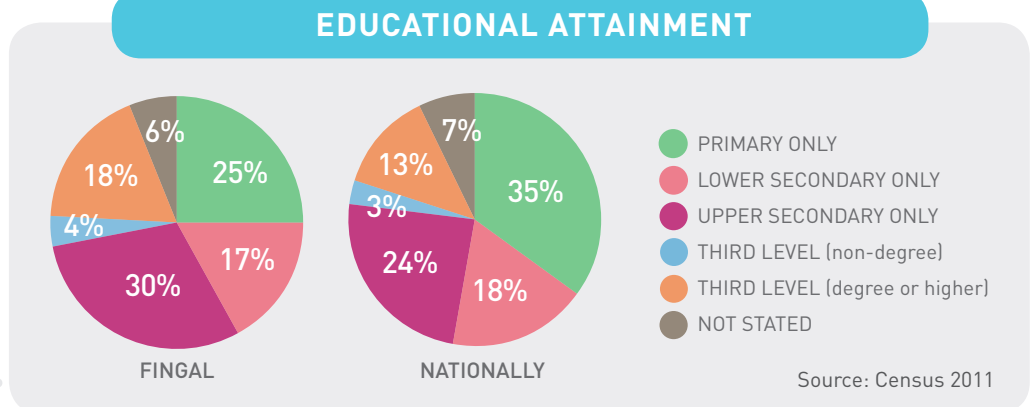The age and gender profile of Fingal is different to the national average[1].

**16%**
IN FINGAL

AGED **55+**

### AGE & GENDER PROFILE OF PEOPLE AGED 55+ NATIONALLY v FINGAL



NATIONALLY

| 10.2% | 10.0% | 6.6% | 6.7% | 4.1% | 5.9% |

AGED 55-64    AGED 65-74    AGED 75+

FINGAL

| 8.2% | 9% | 4.7% | 5% | 2.1% | 3.1% |

AGED 55-64    AGED 65-74    AGED 75+

Source: Census 2011

The proportion of people with primary school only in Fingal has fallen from 27.0 percent in 1991, to 10.8% in 2006 and 9.5% in 2011. This is a reduction of 17.5 %points (compared to -20.7 percentage points nationally), resulting in Fingal having the second lowest rate (after Dun Laoghaire/Rathdown with 8.3 percent) for any county.
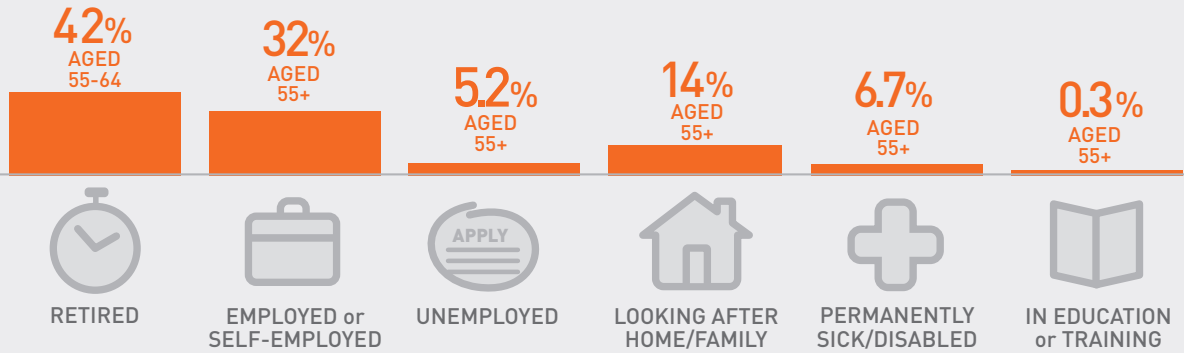
People in Fingal have a higher level of educational attainment to the national average. In Fingal 22% of people aged over 55 years had third-level education (or higher) compared to the national average of 16%. In the overall population, the proportion of Fingal's population with third-level education has grown from 17% in 1991, to 37.9 percent in 2011. This 20-year growth is slightly higher than that which has occurred nationally (21 percentage points compared to 17.6 percentage points nationally).

### EDUCATIONAL ATTAINMENT



**22%**
HAVE A THIRD LEVEL OR HIGHER

FINGAL: 6%, 25%, 17%, 30%, 4%, 18%

NATIONALLY: 7%, 35%, 18%, 24%, 3%, 13%

- PRIMARY ONLY
- LOWER SECONDARY ONLY
- UPPER SECONDARY ONLY
- THIRD LEVEL (non-degree)
- THIRD LEVEL (degree or higher)
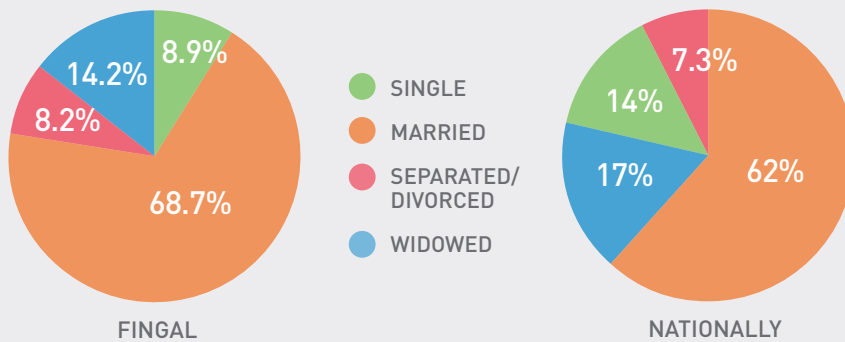- NOT STATED

Source: Census 2011

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1    When reviewing the findings of this report it is useful to bear in mind that each 1% difference reported, represents nearly 428 older people.
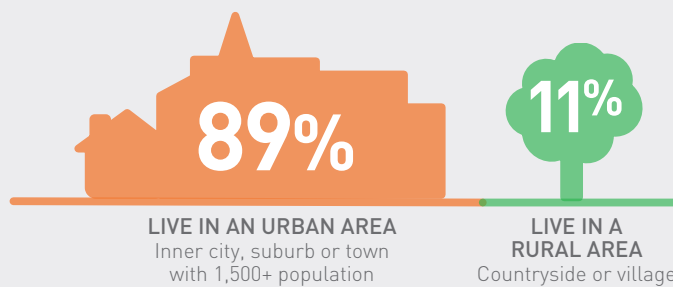
## EMPLOYMENT STATUS

**42%** AGED 55-64
RETIRED

**32%** AGED 55+
EMPLOYED or SELF-EMPLOYED

**5.2%** AGED 55+
UNEMPLOYED

**14%** AGED 55+
LOOKING AFTER HOME/FAMILY

**6.7%** AGED 55+
PERMANENTLY SICK/DISABLED

**0.3%** AGED 55+
IN EDUCATION or TRAINING

Source: AFCC 2015

## MARITAL STATUS

**FINGAL**
- 8.9%
- 68.7%
- 8.2%
- 14.2%

Legend:
- SINGLE
- MARRIED
- SEPARATED/DIVORCED
- WIDOWED

**NATIONALLY**
- 7.3%
- 62%
- 17%
- 14%

Source: Census 2011

Fingal is a largely urban area; Almost 9 out of 10 people aged 55+ in Fingal lives in an urban area.

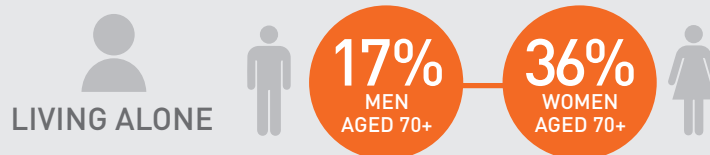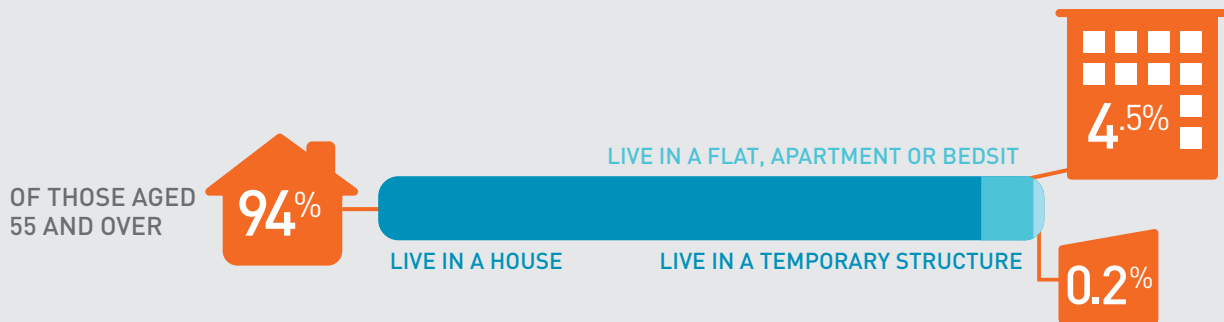## LOCATION OF HOME

**FINGAL IS LARGELY AN URBAN AREA**

Source: AFCC 2015

**89%**
LIVE IN AN URBAN AREA
Inner city, suburb or town with 1,500+ population

**11%**
LIVE IN A RURAL AREA
Countryside or village

Fingal County covers 450 square kilometres and stretches from the River Liffey and the Dublin City boundary in the south to the Meath boundary north of Balbriggan, and from the coast in the east to the Meath and Kildare boundaries in the west.

The area is defined by the diversity of its landscape, with rural, urban and suburban dimensions. There is 88km of coastline stretching from Howth to north of Balbriggan, three large protected estuaries and salt marsh habitats with 13 major beaches. Fingal has major economic assets, including Dublin Airport, proximity to Dublin City & the Dublin Port Tunnel, road and rail infrastructure and a prime location on the Dublin-Belfast Economic corridor. Dublin Airport provides a significant economic hub for the County.
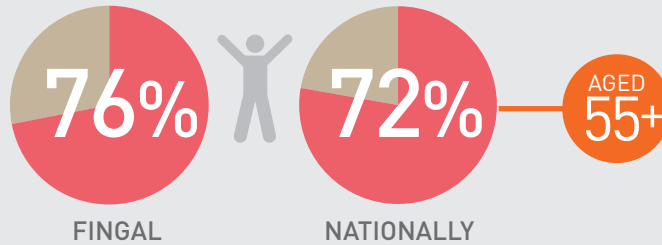
**BALBRIGGAN**

**SKERRIES**

**SWORDS**

**PORTMARNOCK**

## LIVING CIRCUMSTANCES

OF THOSE AGED 55 AND OVER

**94**%

LIVE IN A HOUSE

LIVE IN A FLAT, APARTMENT OR BEDSIT

**4**.5%

LIVE IN A TEMPORARY STRUCTURE

**0.2**%

LIVING ALONE

**17%** MEN AGED 70+

**36%** WOMEN AGED 70+

Source: (Census 2011)

# HEALTH AND WELLBEING

## OLDER PEOPLE IN GOOD OR VERY GOOD HEALTH
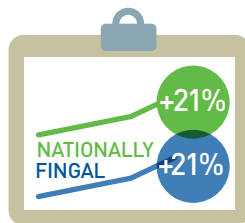
**76%** FINGAL

**72%** NATIONALLY

AGED 55+

Source: (Census 2011)

In the 2011 census, 90.5% of all people in Fingal stated they were in very good or good health. This compares to 88.3 percent of total persons nationally. Only 1.1% stated that they were in bad or very bad health, compared with 1.5% of total persons nationally.
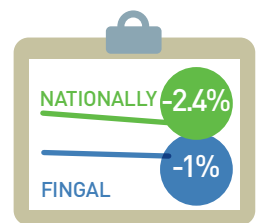
**6,581** EMERGENCY HOSPITAL ADMISSIONS

For over 55s living in Fingal in 2014

+21% NATIONALLY
FINGAL +21%
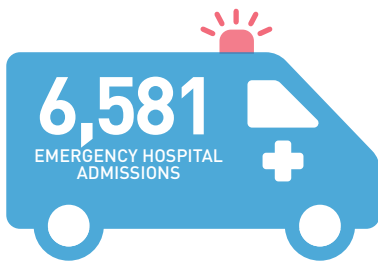
An increase of 21% in Fingal in 2011 is the same as the national increase.

✚ APPOINTMENT
**2,063** ELECTIVE HOSPITAL ADMISSIONS

For over 55s living in Fingal in 2014

NATIONALLY -2.4%
FINGAL -1%

A decrease of 1% in Fingal since 2011 versus a national decrease of 2.4%

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

# 2

## SECTION 2 : SURVEY RESULTS

This section presents the headline findings from the survey of over five hundred people aged 55 and over living in Fingal. Key findings are presented on:

- Public Spaces and Buildings
- Transport
- Housing
- Safety and Security
- Healthy Ageing
- Social Participation

- Lifelong Learning
- Respect and Social Inclusion
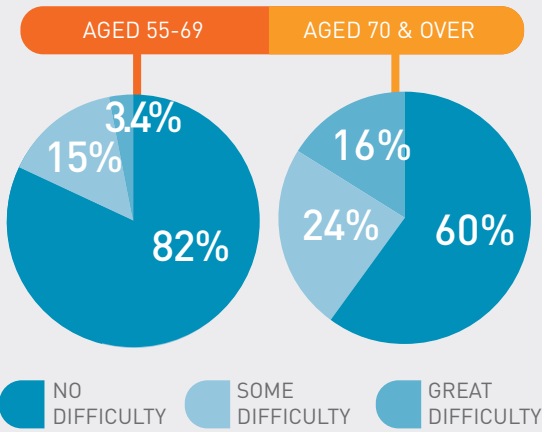- Civic Participation
- Information Access
- Caregiving

## ACCESS TO ESSENTIAL SERVICES

**Difficulty accessing services increase with age**

## 3.4% OF PEOPLE

AGED 55-69

have great difficulty accessing **ESSENTIAL SERVICES**

THIS INCREASES TO **16%** OF THOSE AGED 70+

| AGED 55-69 | AGED 70 & OVER |
|---|---|

AGED 55-69:
- 3.4%
- 15%
- 82%

AGED 70 & OVER:
- 16%
- 24%
- 60%

- NO DIFFICULTY
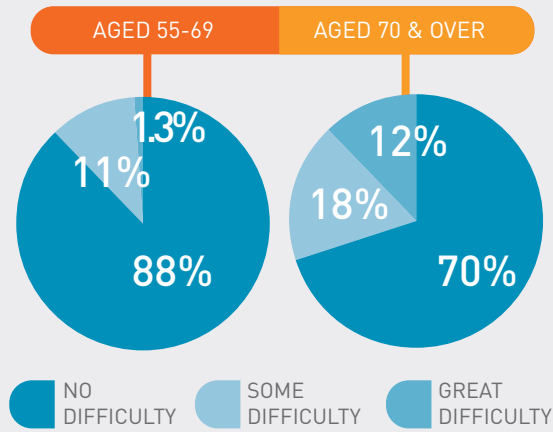- SOME DIFFICULTY
- GREAT DIFFICULTY

### ESSENTIAL SERVICES INCLUDE

Postal services · Banking · Public transport · Shops · Local health services · Garda station

## ACCESS TO SOCIAL & RECREATIONAL SERVICES

## 1.3% OF PEOPLE

AGED 55-69

have great difficulty accessing **SOCIAL AND RECREATIONAL SERVICES**

THIS INCREASES TO **12%** OF THOSE AGED 70+

| AGED 55-69 | AGED 70 & OVER |
|---|---|

AGED 55-69:
- 1.3%
- 11%
- 88%

AGED 70 & OVER:
- 12%
- 18%
- 70%

- NO DIFFICULTY
- SOME DIFFICULTY
- GREAT DIFFICULTY

### SOCIAL & RECREATIONAL SERVICES INCLUDE

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

## THE SERVICES THAT WERE MOST DIFFICULT TO ACCESS

**GARDAÍ** · **CINEMA/ENTERTAINMENT** · **PUBLIC LIBRARY**

Most difficult to access ← → Easiest to access
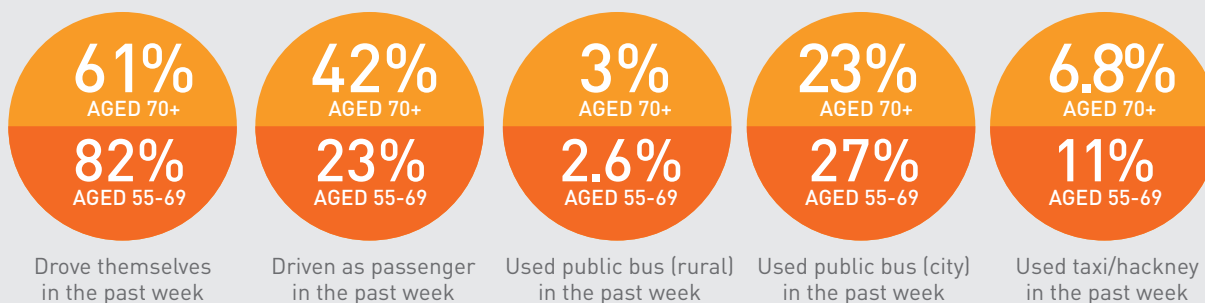
94%

**POSTAL SERVICES**

## TRANSPORT USE IN THE PAST WEEK

### THE MAJORITY OF RESPONDENTS ARE CURRENT DRIVERS

**82%** OF PEOPLE — AGED 55-69 — AND **61%** OF PEOPLE — AGED 70+

#### DROVE THEMSELVES IN THE PAST WEEK

**61%** AGED 70+
**82%** AGED 55-69
Drove themselves in the past week

**42%** AGED 70+
**23%** AGED 55-69
Driven as passenger in the past week

**3%** AGED 70+
**2.6%** AGED 55-69
Used public bus (rural) in the past week

**23%** AGED 70+
**27%** AGED 55-69
Used public bus (city) in the past week

**6.8%** AGED 70+
**11%** AGED 55-69
Used taxi/hackney in the past week

## PUBLIC TRANSPORT

ALMOST **1 IN 5 PEOPLE** AGED **55+**

**19%** reported that a lack of transport causes difficulty for socialising or essential tasks

**THIS RISES TO**

**1 IN 5 PEOPLE** AGED **55+**

**20%** for those who are not current drivers and **22%** for those with walking difficulties

**60%** OF PEOPLE — AGED 55+ — RATED PUBLIC TRANSPORT OPTIONS AS 'GOOD' OR 'EXCELLENT'

ONLY **12%** 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'

7.2%
4.6%
8.2%
27%
51.9%

- VERY POOR
- POOR
- FAIR
- GOOD
- EXCELLENT
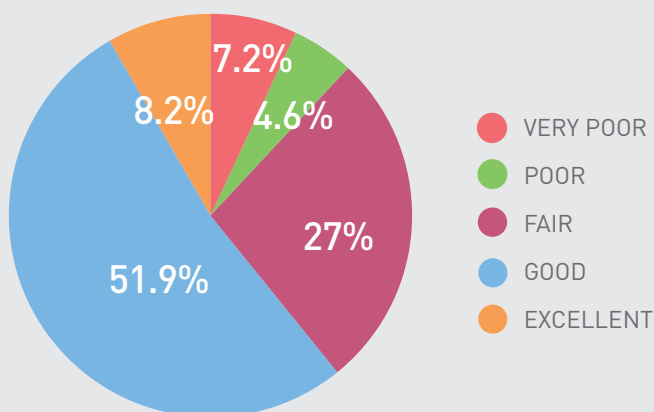
No participants (0%) reported that there was no public transport available within a 15 minute walk of their house, but 7.4% said that while it was available, it was difficult to access.

## HOUSING CONDITIONS, FACILITIES AND UPKEEP

**WE ASKED ABOUT HOUSING CONDITIONS, FACILITIES AND UPKEEP**

**OVER 6 IN 7 PEOPLE** **AGED 55+** in Fingal live in a house and have done so for 10 years or more **10 YEARS OR MORE**

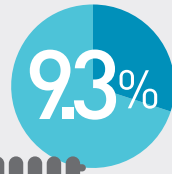MOST HOMES ARE IN GOOD CONDITION **11%** OF PEOPLE REPORTED NO PROBLEMS

**20%** OF PEOPLE **AGED 70+** have problems with the upkeep of their homes

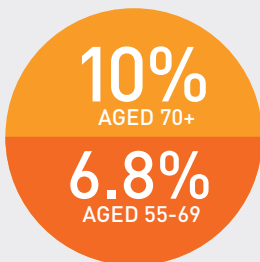**9.3%** OF PEOPLE **AGED 55+** were unable to keep their houses adequately warm in the last 12 months

By comparison, the European Quality of Life survey (EQLS, 2012) found nationally that 5% of people were unable to afford to keep their house warm
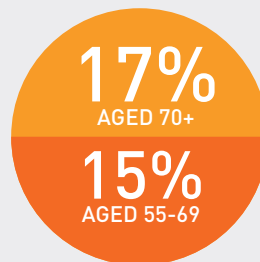
**10% AGED 70+**
**6.8% AGED 55-69**

**UNABLE TO KEEP HOUSE ADEQUATELY WARM**

Includes: Inability to keep house warm for financial reasons

**15% AGED 70+**
**20% AGED 55-69**
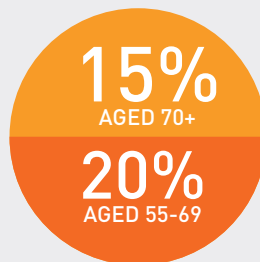
**UPKEEP**

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

**17% AGED 70+**
**15% AGED 55-69**

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.

**9.8% AGED 70+**
**11% AGED 55-69**
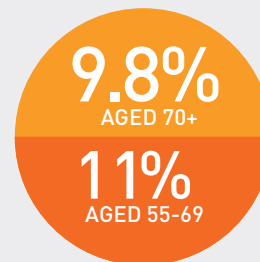
**CONDITIONS**

Includes: Rot in windows, door or floors, and damp or leak in walls or roof.

**The most frequent problem people had with conditions was rot in windows, doors or floors (8.2%).**
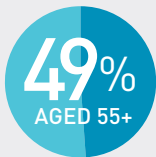
# 10% OF PEOPLE AGED 55+

LIVING IN FINGAL REPORTED A LACK OF DOWNSTAIRS TOILET/BATHROOM FACILITIES

**This was the most common problem people had with facilities**

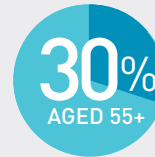Difficulties carrying out maintenance **12%** + The cost of maintenance **15%**
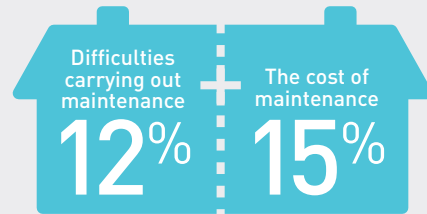
WERE REPORTED TO BE EQUALLY PROBLEMATIC

**49%** AGED 55+ would like help with bills/upkeep for housing
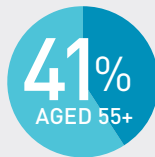
**41%** AGED 55+ would like help for adaptations or physical improvements to house

**30%** AGED 55+ 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

**15% OF PEOPLE** AGED 55-69 would consider moving to an **ADAPTED TYPE OF HOUSING**

**ADULTS AGED 55 AND OVER** in Fingal were most positive about adapting their house to their needs and were least positive about moving in with a relative other than their children

AGED 55-69    AGED 70+
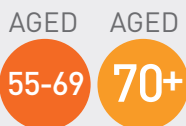
How many adults aged 55+ in Fingal felt positive about each of the following housing options, if their home was no longer suitable to their needs?

| | Moving to a nursing home | Living together with a few other older people | Moving in with your children | Moving to an adapted type of housing | Adapting your current house to your needs |
|---|---|---|---|---|---|
| AGED 55-69 | 13% | 7.6% | 14% | 15% | 91% |
| AGED 70+ | 11% | 13% | 24% | 16% | 85% |

# SAFETY AND SECURITY
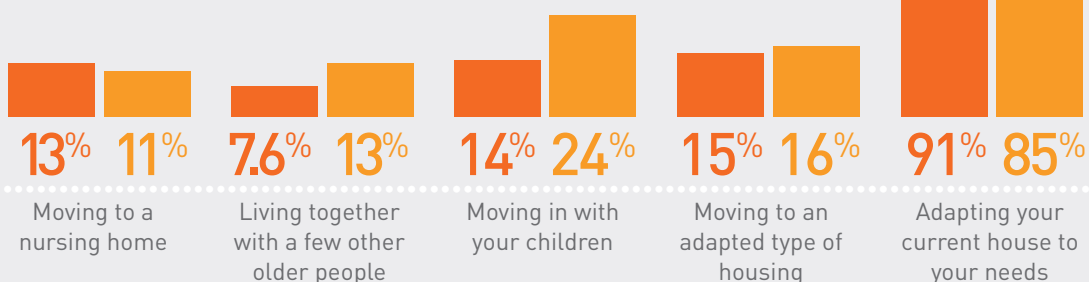
## HOW SAFE DO PEOPLE FEEL?

WE ASKED HOW SAFE PEOPLE FEEL IN VARIOUS SITUATIONS

**1 IN 7 PEOPLE**

AGED 55+

REPORTED AN EXPERIENCE THAT LEFT THEM CONCERNED FOR THEIR OWN SAFETY

**12%** MEN

**15%** WOMEN

### HOW FREQUENTLY DID THIS EXPERIENCE OCCUR?

ONCE | MORE THAN ONCE

**58%** | **42%**

### THE MAJORITY OF PEOPLE FEEL VERY SAFE

**92%** feel safe at home during the day

**88%** feel safe at home during the night

**89%** feel safe out and about at night

**18%** of women DO NOT feel safe when out and about at night

# HEALTHY AGEING

## STATE OF HEALTH

**80%**
OF PEOPLE
AGED
**55-69**

AND

**64%**
OF PEOPLE
AGED
**70+**

SAY THEIR HEALTH IS GOOD OR VERY GOOD

**17%**
OF PEOPLE

AGED 55+ | CURRENTLY SMOKE

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

**26%**
OF PEOPLE
AGED
**55-69**

**64%**
OF PEOPLE
AGED
**70+**

have a long-standing illness or health problem

**9%** of these people are severely limited in their everyday activities because of their health problems
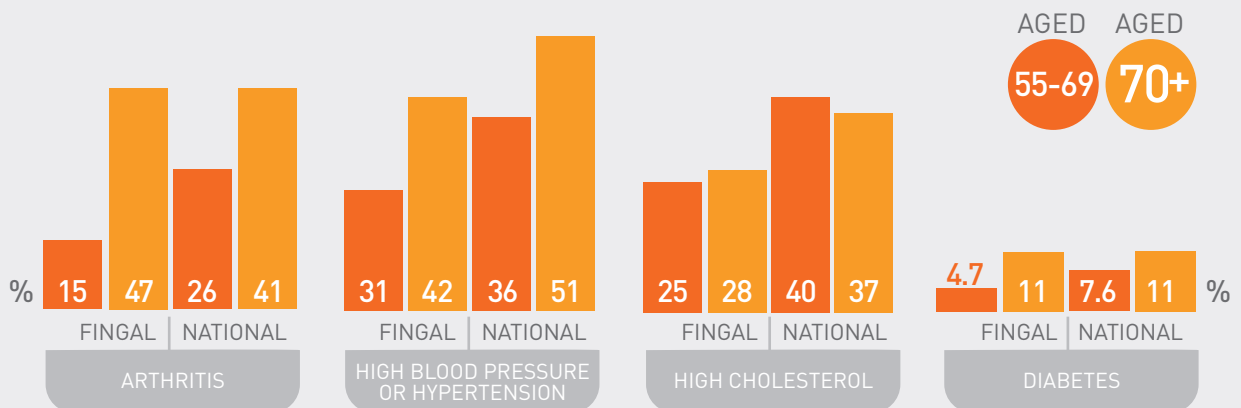
OLDER PEOPLE IN FINGAL HAVE FEWER PROBLEMS WITH ARTHRITIS OR DIABETES BUT THOSE AGED 70+ HAVE MORE PROBLEMS WITH HIGH BLOOD PRESSURE OR HYPERTENSION.

ARTHRITIS | DIABETES | HIGH BLOOD PRESSURE

AGED 55+ | AGED 70+

## MOST COMMON HEALTH CONDITIONS

THE 4 MOST COMMON HEALTH CONDITIONS EXPERIENCED BY ADULTS IN FINGAL AND NATIONALLY

AGED **55-69** | AGED **70+**

| % | ARTHRITIS | | | | HIGH BLOOD PRESSURE OR HYPERTENSION | | | | HIGH CHOLESTEROL | | | | DIABETES | | | | % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 15 | 47 | 26 | 41 | 31 | 42 | 36 | 51 | 25 | 28 | 40 | 37 | 4.7 | 11 | 7.6 | 11 | |
| | FINGAL | | NATIONAL | | FINGAL | | NATIONAL | | FINGAL | | NATIONAL | | FINGAL | | NATIONAL | | |

While the four main health conditions reported were common across both genders, **osteoporosis was very common among women only.** 23% reported a doctor diagnosis of osteoporosis in Fingal. This was lower than the national percentage for women of 18% (TILDA, 2011)

**13%** FINGAL | NATIONALLY **18%**

**60%** OF PEOPLE | AGED **70+** — have 2 or more health conditions that have been diagnosed by a doctor

TILDA (2011) found that **67%** have 2 or more health conditions

**58%** OF ADULTS | AGED **55-69** AND **43%** 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 FINGAL

### PERSONAL CARE

**19%**

19% of over 70s need assistance with personal care and **86% receive this assistance**

### HOUSEKEEPING

**24%**

24% of over 70s need assistance with housekeeping and **86% receive this assistance**

### MOBILITY

**17%**

17% of over 70s need assistance with their personal mobility and **91% receive this assistance**

AMONG THOSE | AGED **55-69** | **0.4%** need assistance with personal care | **1.4%** need assistance with houdekeeping | **1.1%** need assistance with mobility

## HEALTH SERVICES

AGED **55+** REASONS WHY THESE ADULTS IN FINGAL DID NOT RECEIVE SERVICES NEEDED IN THE LAST 12 MONTHS (eg medical, social or home care)

| COST | €€€ | **1.2%** |
| WAITING LIST | | **1.2%** |
| DISTANCE/ TRANSPORT PROBLEMS | | **0.2%** |

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

**73%** Flu vaccination (65+)

**71%** Blood test for cholesterol

**76%** Blood pressure check

**44%** Mammogram or breast X-ray (women 55-64)

**7%** OF PEOPLE | AGED **70+** IN FINGAL ARE CURRENTLY ON A WAITING LIST

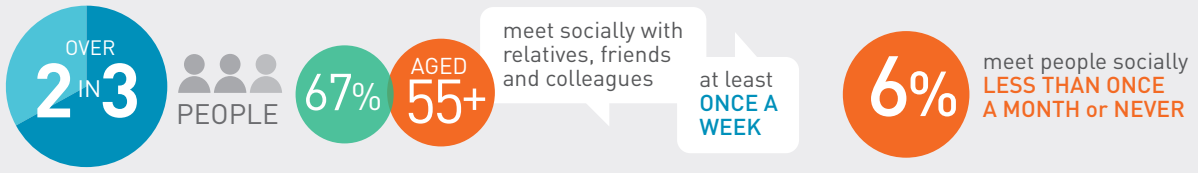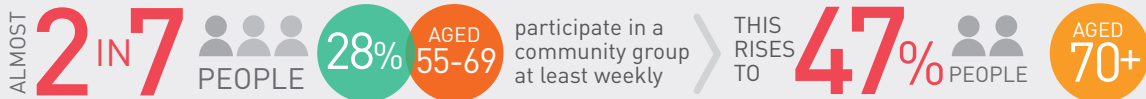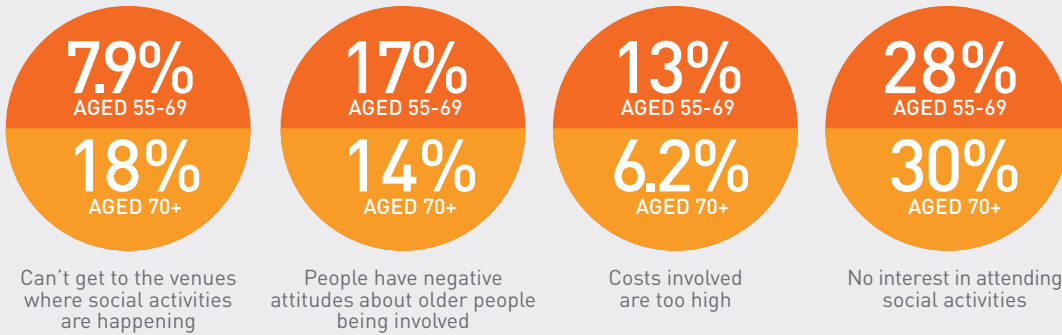AMONG THESE **40%** have been on a waiting list for more than **1** MONTH

# SOCIAL PARTICIPATION

## HOW OFTEN DO PEOPLE SOCIALISE

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

ALMOST **2 IN 7** PEOPLE **28%** AGED 55-69 participate in a community group at least weekly > THIS RISES TO **47%** PEOPLE AGED 70+

OVER **2 IN 3** PEOPLE **67%** AGED 55+ meet socially with relatives, friends and colleagues at least ONCE A WEEK

**6%** meet people socially LESS THAN ONCE A MONTH or NEVER

## MAIN BARRIERS TO SOCIAL PARTICIPATION

**7.9%** AGED 55-69
**18%** AGED 70+
Can't get to the venues where social activities are happening

**17%** AGED 55-69
**14%** AGED 70+
People have negative attitudes about older people being involved

**13%** AGED 55-69
**6.2%** AGED 70+
Costs involved are too high

**28%** AGED 55-69
**30%** AGED 70+
No interest in attending social activities

## LONELINESS IN OLDER PEOPLE

**2.4%** AGED 55+
SAID THEY OFTEN FEEL LONELY

**26%** AGED 55+
SAID THEY FEEL LONELY SOME OF THE TIME
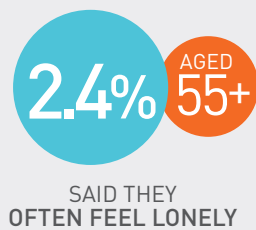
### MEAN LONELINESS SCORE BY AGE IN FINGAL COMPARED WITH TILDA NATIONAL AVERAGE

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)

MEAN LONELINESS SCORE

2.5
2.0 — NATIONAL
1.5 — FINGAL
1.0
0.5
0.0

AGED 55-69 | AGED 70+
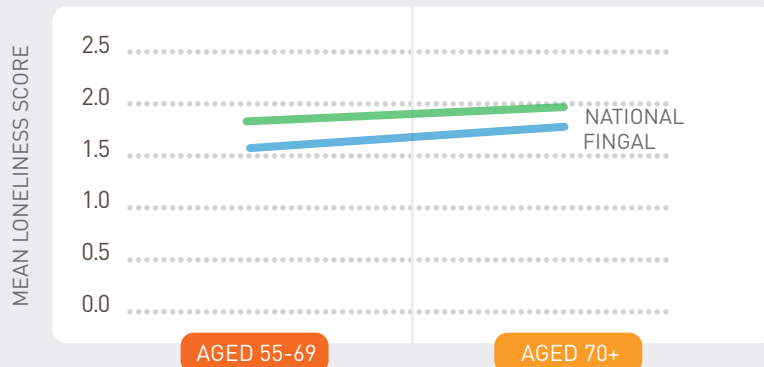
PEOPLE IN FINGAL AGED 70+ ARE ON AVERAGE SLIGHTLY LESS LONELY THAN THE NATIONAL AVERAGE
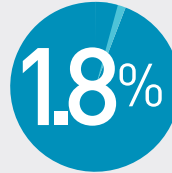
## EDUCATIONAL ATTAINMENT

**WE ASKED PEOPLE ABOUT THEIR PARTICIPATION IN LIFELONG LEARNING**

**14%** OF PEOPLE WERE IN **INFORMAL EDUCATION OR CLASSES**

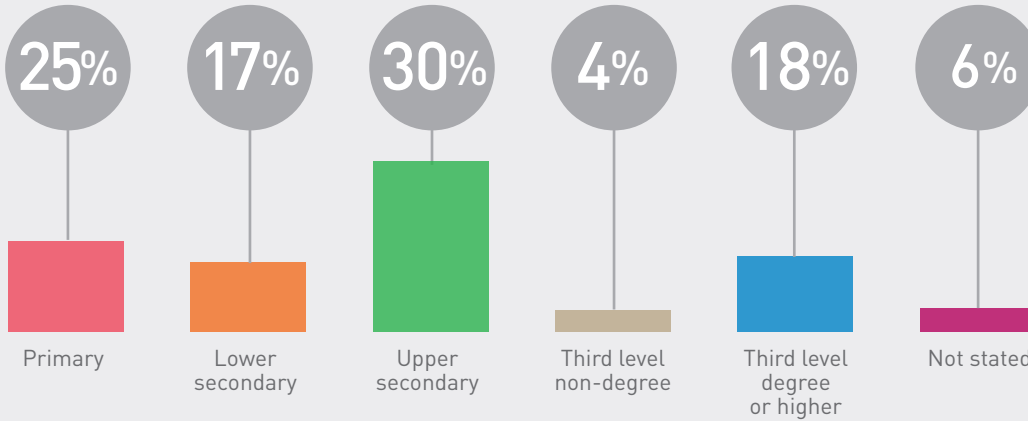**1.8%** OF PEOPLE PARTICIPATED IN TRAINING LEADING TO **A FORMAL EDUCATION**

**HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT AMONG PEOPLE IN FINGAL**

AGED 55+

| 25% | 17% | 30% | 4% | 18% | 6% |
|-----|-----|-----|-----|-----|-----|
| Primary | Lower secondary | Upper secondary | Third level non-degree | Third level degree or higher | Not stated |

Source: Census 2011

## BARRIERS TO PARTICIPATION IN LIFELONG LEARNING

ALMOST **1 IN 4** PEOPLE AGED **55+** IN FINGAL EXPERIENCED A BARRIER TO PARTICIPATION IN LIFELONG LEARNING **IN THE PAST 12 MONTHS**

**2%** COSTS ASSOCIATED WITH TAKING THE COURSE

**3%** LACK OF TRANSPORT/ DISTANCE TO THE COURSE

**2.2%** NO SUITABLE OR INTERESTING COURSES AVAILABLE

**1.4%** RESPONSIBILITIES IN THE HOME

# RESPECT AND SOCIAL INCLUSION

## PUBLIC ATTITUDES

WE ASKED PEOPLE ABOUT ATTITUDES OR BEHAVIOURS TOWARDS THEM AS PEOPLE
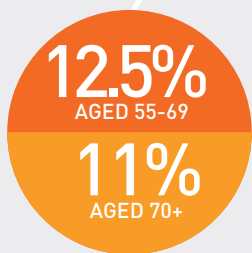
**17**% OF PEOPLE — AGED 55+ — IN **FINGAL** SAID THEY EXPERIENCED NEGATIVE ATTITUDES OR BEHAVIOURS TOWARDS THEM AS A PERSON

TOP **3** SOURCES OF NEGATIVE ATTITUDES AND BEHAVIOURS EXPERIENCED BY PEOPLE AGED 55+

**12.5%** AGED 55-69
**11%** AGED 70+
Those providing services in the financial sector
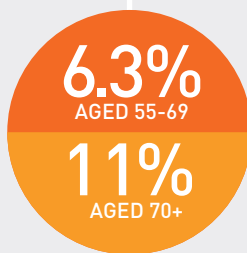
**6.3%** AGED 55-69
**11%** AGED 70+
Healthcare professionals providing a service

**6.7%** AGED 55-69
**7.7%** AGED 70+
Younger People

# CIVIC PARTICIPATION
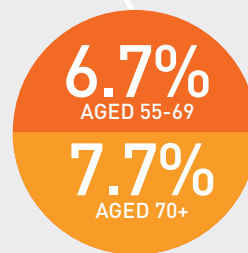
## VOLUNTEERING

**1** IN **5** PEOPLE AGED 55-69 AND **1** IN **5** PEOPLE AGED 70+ VOLUNTEER AT LEAST **ONCE A MONTH**
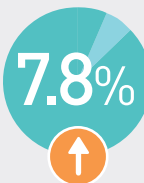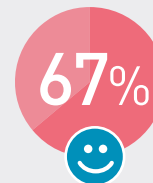
**11%** OF THESE VOLUNTEER AT LEAST WEEKLY

OF THOSE WHO VOLUNTEER AT LEAST OCCASIONALLY

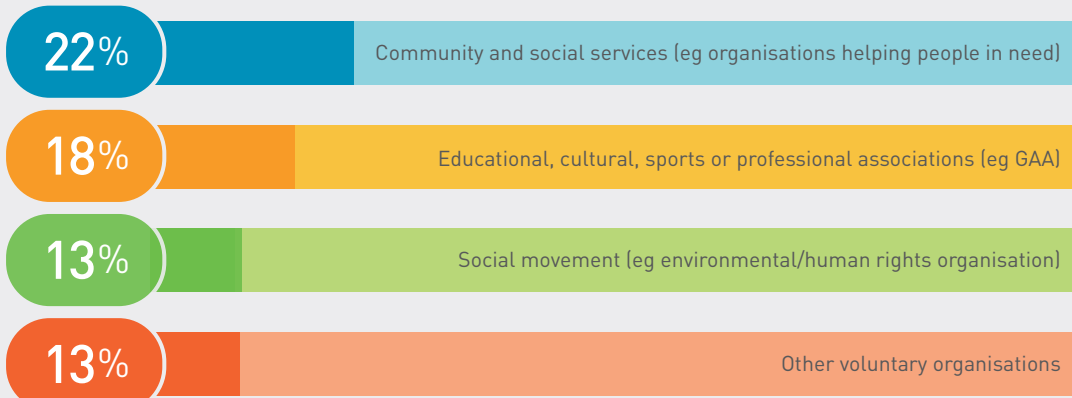**83%** are satisfied with the amount of time they spend volunteering

**7.8%** would like to increase the amount of time they spend volunteering

**67%** are satisfied with the range of volunteering options on offer

### THE TYPES OF ORGANISATIONS THAT PEOPLE VOLUNTEER WITH ARE:

**22%** Community and social services (eg organisations helping people in need)

**18%** Educational, cultural, sports or professional associations (eg GAA)

**13%** Social movement (eg environmental/human rights organisation)

**13%** Other voluntary organisations
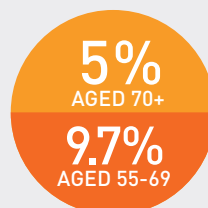
## POLITICAL ACTIVITIES

PEOPLE AGED **70+** were as likely to contact a public official compared with those aged 55-69 but were **more likely** to offer their views as an older person in an official capacity or attend a meeting of a trade union, etc.
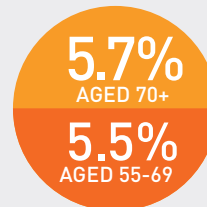
The EQLS (2012) found that **17%** OF PEOPLE AGED **55-69** contacted a politician or public official and only **5%** attended a protest
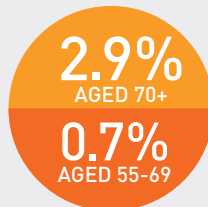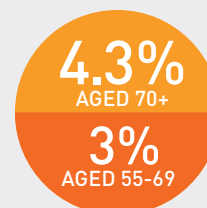
**2.9%** AGED 70+
**0.7%** AGED 55-69
Offered their views as an older person in an official capacity

**5.7%** AGED 70+
**5.5%** AGED 55-69
Contacted a politician or public official

**5%** AGED 70+
**9.7%** AGED 55-69
Attended a protest or demonstration

**4.3%** AGED 70+
**3%** AGED 55-69
Attended a meeting of a trade union, a political party or political action group
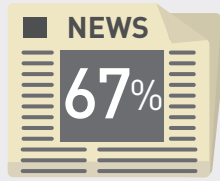
# INFORMATION ACCESS

## SOURCES OF INFORMATION

WE ASKED PEOPLE WHERE THEY GET THEIR INFORMATION FROM

**80%** TELEVISION

**NEWS 67%** NEWSPAPER
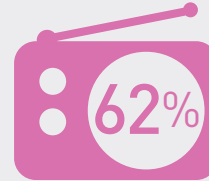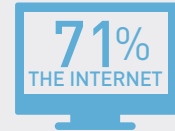
**62%** NATIONAL RADIO

More than half of people aged 55+ get information from the internet

**71%** THE INTERNET

FOR PEOPLE AGED 55-69
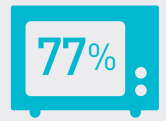
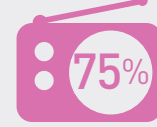**77%** NATIONAL TELEVISION + **64%** NEWSPAPER

are frequently used sources of information

FOR PEOPLE AGED 70+

**87%** NATIONAL TELEVISION + **75%** NATIONAL RADIO

are important sources of information

## INTERNET USE

**52%** FINGAL RESIDENTS AGED 70+ DID NOT USE the internet in the past **3 MONTHS** COMPARED TO **17%** PEOPLE AGED 55-69

**52%** AGED 70+
**17%** AGED 55-69
DO NOT USE

**3.5%** AGED 70+
**4.5%** AGED 55-69
MONTHLY

**11.2%** AGED 70+
**20.6%** AGED 55-69
WEEKLY
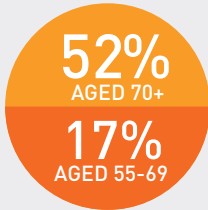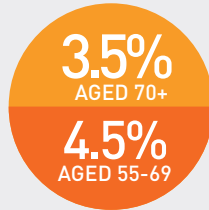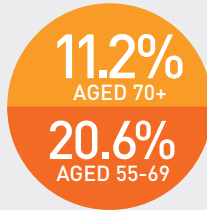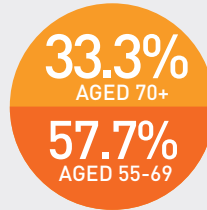
**33.3%** AGED 70+
**57.7%** AGED 55-69
EVERY DAY OR ALMOST EVERY DAY

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

## DIFFICULTY ACCESSING INFORMATION

MORE THAN **1 IN 10** PEOPLE AGED 55+ HAVE DIFFICULTY ACCESSING INFORMATION ABOUT HEALTH SERVICES AND LOCAL EVENTS

DIFFICULTY GETTING INFORMATION ABOUT HEALTH OR SOCIAL CARE

**17%** AGED 70+
**10%** AGED 55-69

DIFFICULTY GETTING INFORMATION ABOUT LOCAL EVENTS AND ACTIVITIES

**12%**
**8.6%**

## CARING FOR OTHERS

WE ASKED PEOPLE ABOUT HOW OFTEN THEY PROVIDE CARE TO OTHERS

**2 IN 5** PEOPLE **AGED 55-69** AND **1 IN 3** PEOPLE **AGED 70+** CARE FOR CHILDREN OR GRANDCHILDREN EVERY DAY OR WEEKLY

THE PERCENTAGE OF PEOPLE IN FINGAL AGED 55 AND OLDER WHO ARE INVOLVED IN CARING FOR CHILDREN AND GRANDCHILDREN, AND WHO ARE INVOLVED IN CARING FOR ELDERLY OR DISABLED RELATIVES IS SLIGHTLY HIGHER IN THE EQLS - 15% OF THE OVER 55S AND 7.2% OF THE OVER 70S ARE INVOLVED IN CARING FOR CHILDREN OR GRANDCHILDREN EVERY DAY.

## CAREGIVER STRAIN

**7 OUT OF 8** PEOPLE **AGED 70+** DO NOT EXPERIENCE CAREGIVER STRAIN

**1 OUT OF 5** PEOPLE **AGED 55-69** EXPERIENCE SOME LEVEL OF 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"

# 3

## SECTION 3 : METHODOLOGY

The target population for this survey includes all community-dwelling members of the population aged 55 and older in Fingal. This sample did not include people aged 55 and older who were in long-term care or living in an institution at the time of survey. A multistage random-route sampling strategy was used to generate a sample of this population.

## STUDY POPULATION
## AND SAMPLE

• • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • •

The sampling approach involved several steps.

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

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

## FIELDWORK AND
## RESPONSE RATE

• • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • •

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

The response rate is the proportion of selected households that included an eligible participant who completed an interview. Interviewers visited a total of 671 eligible households where a person aged 55 and older was resident.  A further 254 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 207 of these 254 would have contained a person who was eligible to participate. We included these households when calculating the response rate.  A total of 502 interviewers were completed from 878 households, with a response rate of 57%.

## DATA COLLECTION
## METHODS

• • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • •

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

## ANALYTIC STRATEGY

· · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · ·

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

## PRESENTATION OF
## THE RESULTS

· · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · ·

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

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

## NATIONAL BENCHMARKS

· · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · ·

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

## WEIGHTING

· · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · ·

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

All analysis was conducted using Stata Version 13.

# LIMITATIONS OF THIS REPORT
# AND FUTURE ANALYSIS

· · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · ·

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

# APPENDIX 1 : DETAILED DESCRIPTION OF IDENTIFYING ELIGIBLE HOUSEHOLDS

The steps taken by interviewers were as follows:

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

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

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

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

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

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

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

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

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

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

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

## RANDOM ROUTE RURAL AREA:
In a rural area where houses are more spread-out interviewers are supplied with a map of each relevant DED and given the address to call at within each DED.

**HOUSEHOLD RESPONSE RATE:**

In order to calculate the response rate it is important to identify which houses are excluded because they are ineligible (nobody age 55 years or older), households that could not be contacted (non-response) and which households were eligible (person aged 55 years or older) but which either co-operated or refused to participate in the survey. Interviewers record each address  called at and the outcome using codes for refusals, ineligibles, vacant/derelict and non-contacts.

In relation to 'non-response' interviewers record the time called at, and the times at which they called back (up to 4 times on different days and times). They also record the final outcome after the 4 attempts i.e. not eligible due to age, refused, interview completed, or could not contact after 4 attempts. 10%-20% of interviews and adherence to random route are validated.

# APPENDIX 2 : INTEPRETING DIFFERENCES BETWEEN GROUPS

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

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

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

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

## TABLE 1: COMPARING SMALL GROUPS (of about 250 individuals)

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

| | |
|---|---|
| **HOW BIG IS THE DIFFERENCE?** | How confident can we be that it is a "real" difference? (i.e., not due to chance) |
| **9% OR MORE** (percentage points) | Can be reasonably confident differences are real<br><br>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. |
| **5-8%** (percentage points) | We need to be cautious with these differences.<br><br>We can only be confident that they represent real differences if the percentages being compared are above or below a certain value. |

| Are both values being compared ... | Minimum difference needed | 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. |
|---|---|---|
| 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% | |

| | |
|---|---|
| **LESS THAN 5%** (percentage points) | Cannot be confident that these differences are real<br><br>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. |

## 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)

| **HOW BIG IS THE DIFFERENCE?** | How confident can we be that it is a "real" difference? (i.e., not due to chance) |
|---|---|
| **7% OR MORE** (percentage points) | Can be reasonably confident differences are real<br><br>Example: 60% of people rated public transport as good or excellent, compared with 50% nationally. We can be confident that this 10% difference is not due to chance. |

**4-6%** (percentage points)

We need to be cautious with these differences.

We can only be confident that they represent real differences if the percentages being compared are above or below a certain value.

| 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% |

Example: 62% of over 70s 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.

| **LESS THAN 4%** (percentage points) | Cannot be confident that these differences are real<br><br>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. |
|---|---|

# 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

| 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 | http://www.cso.ie/en/census/<br><br>Barrett A, Savva G, Timonen V, Kenny R. (2011) Fifty Plus in Ireland 2011. First results from the Irish Longitudinal Study on Ageing (TILDA). Dublin: The Irish Longitudinal Study onAgeing.<br><br>Nolan A, O' Regan C, Dooley C, Wallace D, Hever A, Cronin H, et al. (2014). The Over 50s in a Changing Ireland. Dublin: The Irish Longitudinal Study on Ageing. |
| 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 | http://www.eurofound.europa.eu/surveys/european-quality-of-life-surveys-eqls/european-quality-of-life-survey-2012 |
| 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 http://www.ucd.ie/issda/data/tilda/ |
| Sample size | Wave 1: 8,175; Wave 2: 7,010 |