



# CAVAN REPORT



**Cavan County Council**  
Comhairle Chontae an Chabháin



Tús Áite do  
Shábháilteacht 1 Othar  
Patient Safety 1 First



The  
**ATLANTIC**  
*Philanthropies*

## POSITIVE AGEING IN IRELAND

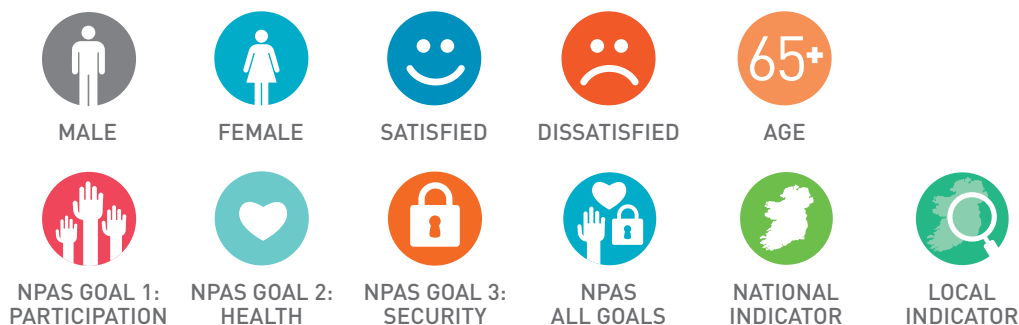
Headline findings of a survey carried out by the Age Friendly Cities and Counties Programme and the Healthy and Positive Ageing Initiative



## ABBREVIATIONS

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

## KEY



Copyright © Minister for Health 2016  
 Published by Department of Health and Cavan County Council, 2016  
 This report was produced by the Healthy and Positive Ageing Initiative,  
 which is jointly supported by The Atlantic Philanthropies,  
 the Department of Health, the HSE and Age Friendly Ireland.

The Healthy and Positive Ageing Initiative,  
 Department of Health,  
 Hawkins House,  
 Dublin 2  
[www.hapai.net](http://www.hapai.net)

Design: FUSE Graphic Design Ltd. [www.fuse.ie](http://www.fuse.ie)

# CONTENTS

---

<b>FOREWORD</b>	<b>1</b>
<b>SECTION 1 : INTRODUCTION</b>	<b>2</b>
1.1 Healthy and Positive Ageing Initiative	3
1.2 Development of National Indicators	3
1.3 Development of Local AFCC/HaPAI Indicators	4
1.4 County Cavan Local Context	5
<b>SECTION 2 : SURVEY RESULTS</b>	<b>10</b>
2.1 Public Spaces and Buildings	11
2.2 Transportation	13
2.3 Housing	14
2.4 Safety and Security	16
2.5 Healthy Ageing	17
2.6 Social Participation	19
2.7 Lifelong Learning	20
2.8 Respect & Social Inclusion	21
2.9 Civic Participation	22
2.10 Information Access	23
2.11 Caregiving	24
<b>SECTION 3 : METHODOLOGY</b>	<b>25</b>
<b>REFERENCES AND DATA SOURCES</b>	<b>33</b>

---

## FOREWORD

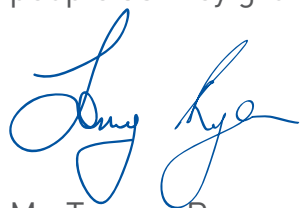
---

Age friendly in Cavan embodies all the principles of good community development, being driven by a community based agenda, involving local participation, and promoting equality. Through a process of collective action, the Cavan Age Friendly Programme has empowered older people to analyse the local context, articulate their needs and engage in decision making.

We are proud that Cavan has made such significant progress in this area since the Cavan Age Friendly Alliance was first established in 2012. The programme involves older people from all geographic areas of the county, working alongside public sector bodies and other relevant groups to improve services and quality of life for an ageing population. It is a partnership that can boast many successes, including an exemplary Older Person's Council with very active involvement, and a genuine commitment among agencies to provide local solutions to identified needs.

The importance of an evidence base to support this work has always been recognised in Cavan. Prior to developing our Age Friendly Strategy, we carried out widespread consultation with older people, using different formats and consultation techniques. We have constantly reviewed the work of our programme and rely on ongoing feedback from older people about its outputs. This recognition of the need for quality research motivated us to take part in the HaPAI study. 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 go to be fully inclusive of everyone across the lifecycle.

The HaPAI findings are particularly timely given that Cavan will be developing a new Age Friendly County Strategy in 2016. We will use the data to develop actions that are appropriate to the local context, and which build on the successes of the many projects delivered to date. The new strategy will bring us one step closer to achieving our age friendly ambition and planning for long term changes that support and respect people as they grow into older age.



Mr. Tommy Ryan,  
Chair of Cavan Age Friendly County Alliance





## 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 and local indicators of Healthy and Positive Ageing.

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

---



1.1

## HEALTHY AND POSITIVE AGEING INITIATIVE

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

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

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

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

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

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

1.2

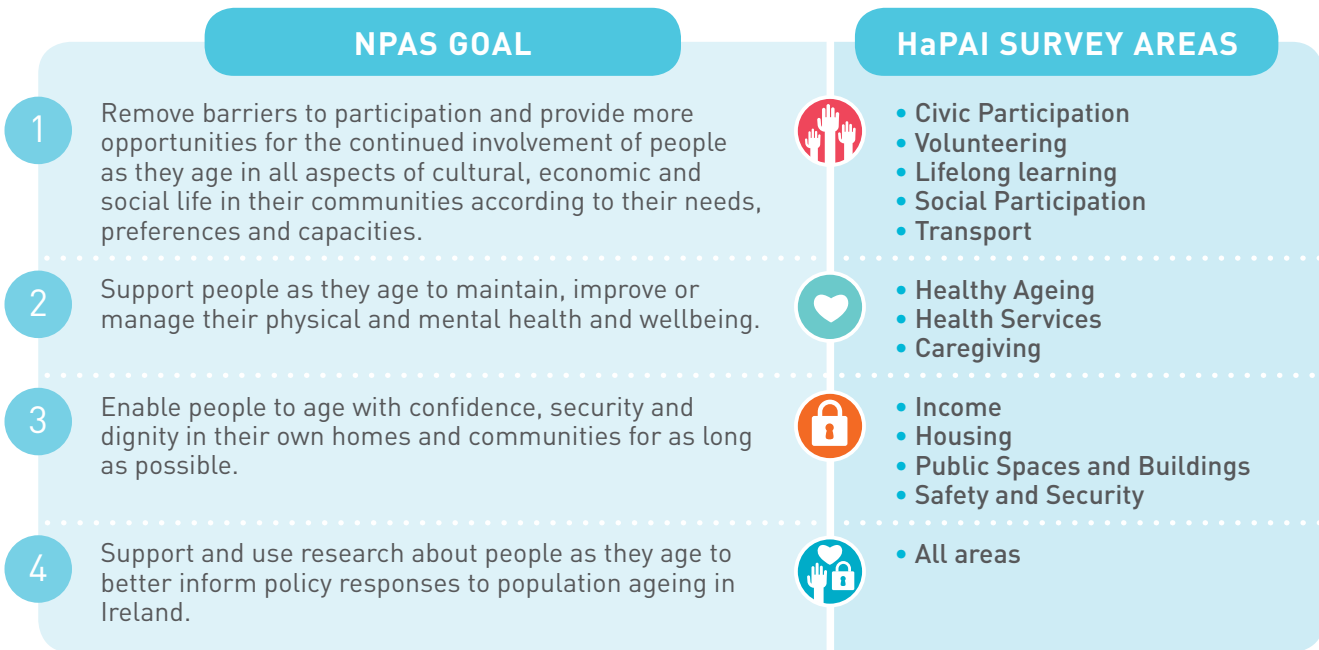
## DEVELOPMENT OF NATIONAL INDICATORS

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).

## 1.3 DEVELOPMENT OF LOCAL AFCC/HaPAI INDICATORS

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



Through the Age Friendly Cities and Counties (AFCC) programme, local authorities bring together diverse organisations such as An Garda Síochána, the HSE, Universities, key NGOs, transport and service providers to streamline their work, with the interests and needs of older people at their heart. The programme develops local multi-agency planning structures, which consult with older people to develop integrated city and county strategies to promote and advance older people’s health and wellbeing across Ireland.

The AFCC programme has been identified by the NPAS as being an important approach to improving the lives of older people throughout the country. In order to integrate the AFCC programme with the National Indicators programme, the HaPAI project is developing indicators that are relevant to both the implementation of the NPAS and the AFCC programme.

Many of the national data sources do not provide any information on the lives of older people on a county by county basis. To address this gap, the HaPAI project has carried out local research using a single random sample survey in a number of local authority areas. The results of these surveys will be used to inform policy development and service provision in participating Age Friendly City and County programmes.

This report sets out the headline findings of the survey carried out in the County Cavan 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. Further details of the methodological approach can be found in Section 3.

When reviewing the findings of this report it is useful to bear in mind that each 1% difference reported for those aged 55 and older in County Cavan represents approximately 163 people.

## 1.4 CAVAN LOCAL CONTEXT

The growth of the population age 65 and over affects many aspects of future planning for society, by health care providers, policy makers and others. In order to plan for and meet the needs of a larger older population it is important to have an accurate picture of recent trends and future predictions.

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

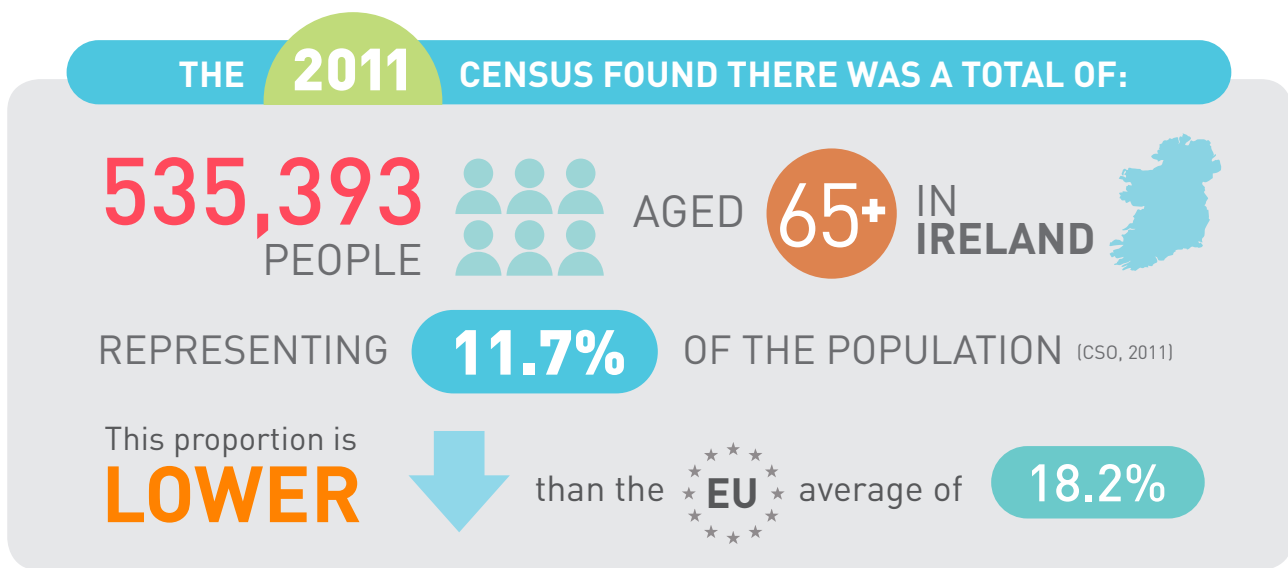
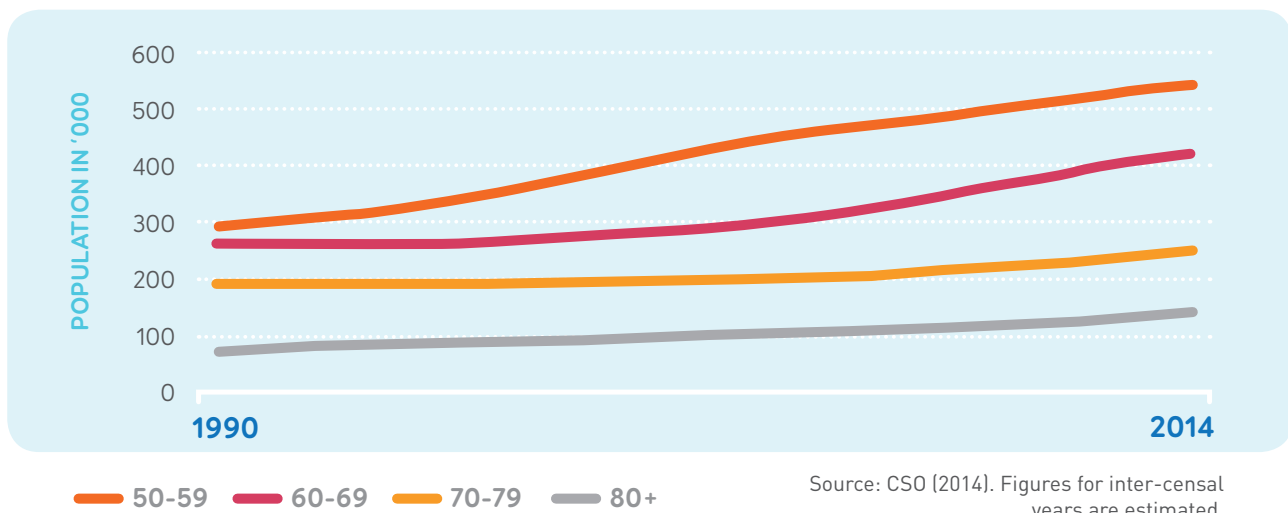


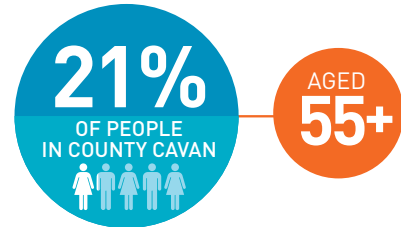
FIGURE 1.1 CURRENT POPULATION OF IRELAND AGED 50 AND OVER, BY AGE GROUP



By 2041, there will be 1.4 million in Ireland aged 65 and over - three times more than the older population now. This older group will make up 22% of the total population, compared to 11.7% of the population in 2011 (CSO, 2013). The total population aged 70 and over is set to double from approximately 359,000 to just over 705,000 in 2046.



The old-age dependency ratio indicates the total population aged 65+ as a percentage of the population aged 15-64 (the working age population). In 2002, the ratio was 16.4%; by 2011 it had risen to 17.3%; and it is projected to rise to 30% by 2031 (CSO, 2013).

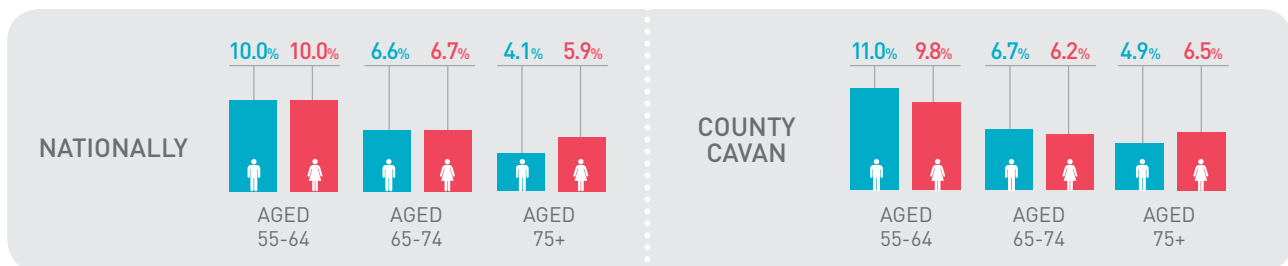


County Cavan has a higher age dependency rate than the Border region or the State. This high dependency rate of 55.4% points to the importance of providing services for the 0-14 and the over 65 age groups. Of relevance to age friendly work is the old age dependency rate which at 18.8% is higher than the national average (CSO, 2011).

Just like other areas in Ireland, County Cavan is experiencing ageing in its population structure which will have effects into the future. According to the 2011 Census, there were 16,340 people aged 55 and older in County Cavan, which was the same as the national proportion of people aged over 55 (22%).

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

AGE & GENDER PROFILE OF PEOPLE AGED 55+ NATIONALLY v COUNTY CAVAN Source: Census (2011)

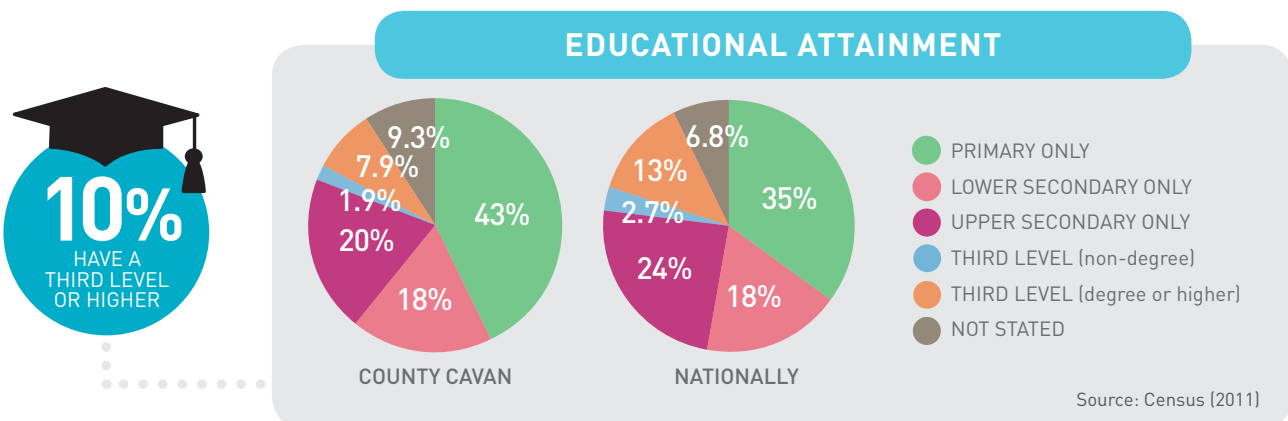


County Cavan has experienced an increasing ethnic mix with 12% of residents being of foreign national origin.

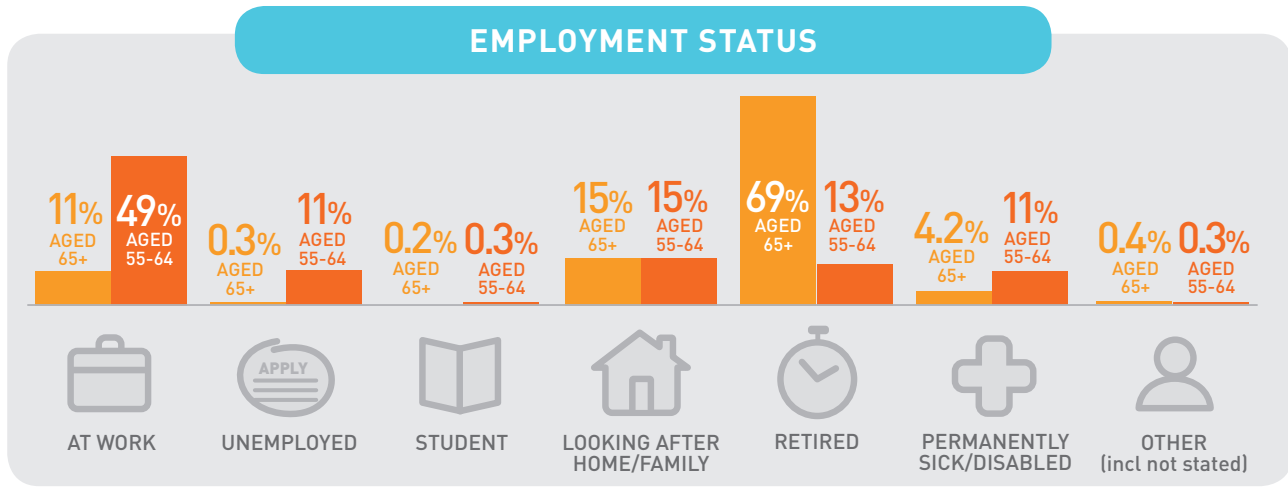


Source: (CSO 2011)

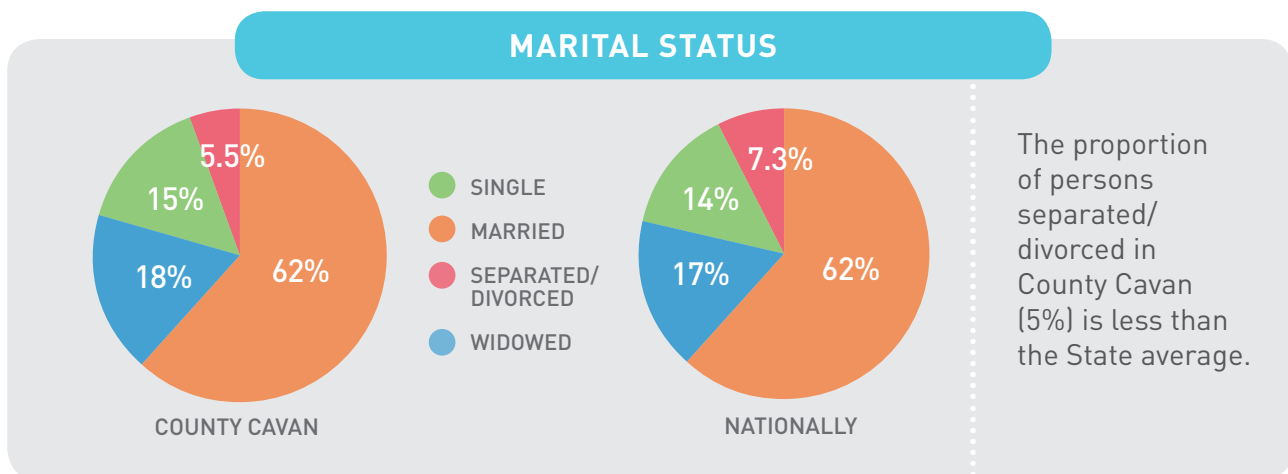
People aged 55+ in County Cavan have a lower level of educational attainment compared with the national average. In County Cavan, 10% had third-level education (or higher) compared to the national average of 16%.



There were 34,640 persons aged 15 years and over in the labour force and of these, 79% (27,309 persons) were at work.

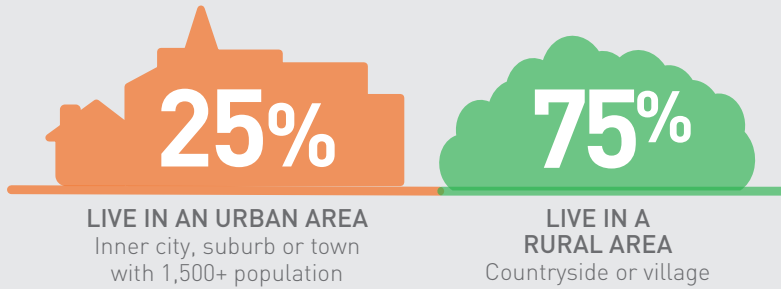


In County Cavan, Census (2011) highlighted that over 11,000 people are employed in the two largest sectors in the county (Professional services and Commerce and Trade). Cavan is highly reliant on employment in agriculture, forestry and fishing. According to the Census of Agriculture taken in 2010, there were 5,282 farms in County Cavan, with the largest numbers concentrating on specialist beef production followed by specialist dairying. Live register figures for County Cavan showed a significant drop (32%) from a peak of 7,988 in July 2010 to 5,458 in December 2015.



## LOCATION OF HOME

COUNTY CAVAN IS LARGELY A RURAL AREA



County Cavan is a largely rural area; three out of every four people aged 55+ in County Cavan live in open country side or in a small village. Transport options in rural areas are very limited, and some rural communities have no public transport options at all. This is an issue that is regularly identified at consultation sessions, along with problems accessing broadband.



## LIVING CIRCUMSTANCES

OF THOSE AGED 55 AND OVER



LIVING ALONE



24%  
MEN  
AGED 70+

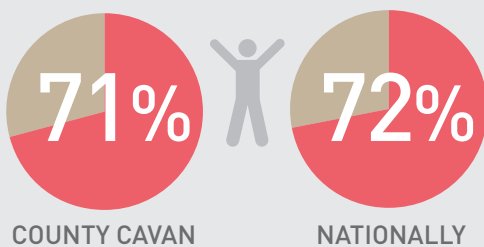
37%  
WOMEN  
AGED 70+



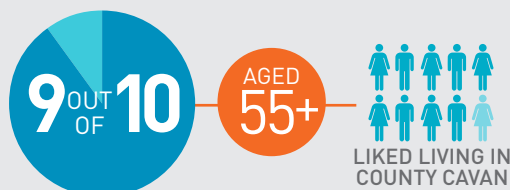
Source: (Census 2011)

## HEALTH AND WELLBEING

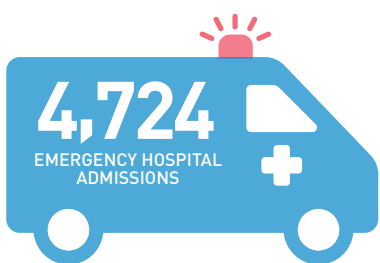
OLDER PEOPLE IN GOOD OR VERY GOOD HEALTH



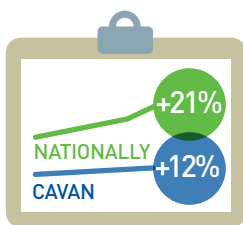
Source: [Census 2011]



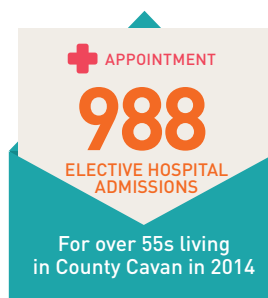
Source: Like living in County Cavan (AFCC Survey 2016)



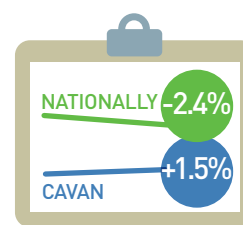
For over 55s living in County Cavan in 2014



An increase of 12% in County Cavan compared with 2011 versus a national increase of 21%



For over 55s living in County Cavan in 2014



An increase of 1.5% in County Cavan since 2011 versus a national decrease of 2.4%

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

## CAVAN AGE FRIENDLY PROGRAMME

The Age Friendly Programme started in Cavan in 2012 when the Cavan Age Friendly Alliance was established. Chaired by the County Council, it was very easy to get the buy in from other agencies when the Alliance was set up, as they recognised the value of being part of this initiative. The first Cavan Age Friendly County Strategy was published in 2013. Among its outputs, it has delivered a strong Older Person's Council, a Crime Prevention Ambassadors Programme and Older Person's Register through An Garda Síochána, an Age Friendly County Website ([www.cavanagefriendly.ie](http://www.cavanagefriendly.ie)), training for planners and housing staff, recreational space and a bowling green, an Age Friendly Business Recognition scheme, a pilot transport bus route around Cavan town, a number of research studies, Men's Sheds at different locations in the county, information technology training for older people, arts events and sporting activities, a Plain English campaign in the local authority, an Age friendly town planning process in Cavan Town and walkability audits in two other towns, and a HSE programme for the management of frail elderly people which has delivered a programme to reduce falls in residential units.

# 2

## SECTION 2 : SURVEY RESULTS

.....

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

-  Public Spaces and Buildings
  -  Transportation
  -  Housing
  -  Safety and Security
  -  Healthy Ageing
  -  Social Participation
  -  Respect and Social Inclusion
  -  Civic Participation
  -  Information Access
  -  Caregiving
- .....



ACCESS TO ESSENTIAL SERVICES



As County Cavan is a mostly rural area, many people in the survey reported that services were not available in their local area (10-15 minutes' walk from their home). Postal services, shops and local health services were most likely to be available. A cinema or theatre, public library and banking services were the least likely to be available.



THE SERVICES THAT WERE MOST DIFFICULT TO ACCESS

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



ESSENTIAL SERVICES INCLUDE



SOCIAL & RECREATIONAL SERVICES INCLUDE



# BUILT ENVIRONMENT



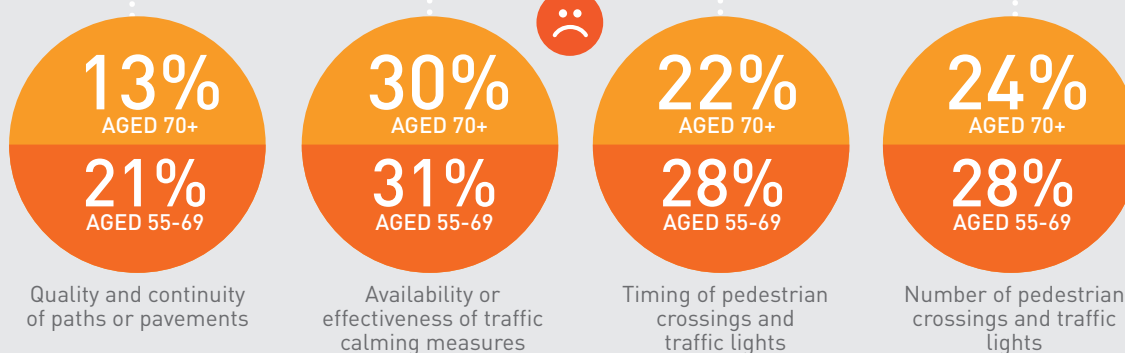
## TRAFFIC MEASURES AND FOOTPATHS

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

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

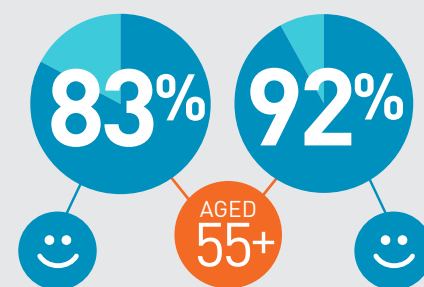
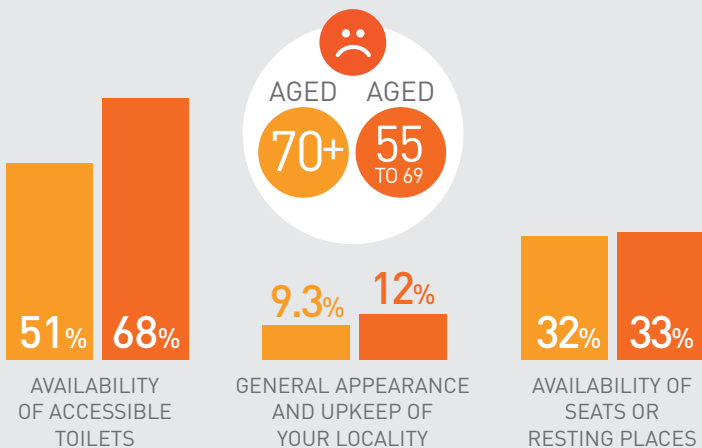
IN COUNTY CAVAN THE YOUNGER COHORT ARE LESS SATISFIED WITH ASPECTS OF THE BUILT ENVIRONMENT SUCH AS THE QUALITY AND CONTINUITY OF PATHS AND PAVEMENTS AND THE TIMING OF PEDESTRIAN CROSSINGS AND TRAFFIC LIGHTS

### RATES OF DISSATISFACTION



## FACILITIES AND UPKEEP

### RATES OF DISSATISFACTION

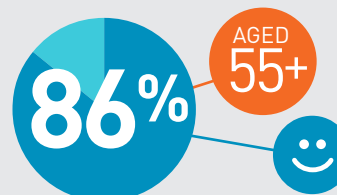


ARE SATISFIED WITH THE GENERAL APPEARANCE AND UPKEEP OF THEIR LOCAL AREA

PEOPLE AGED 55 AND OVER LIKED LIVING IN THEIR NEIGHBOURHOOD A LOT



SAY IT IS **EASY** OR **VERY EASY** FOR THEM TO WALK A QUARTER OF A MILE IN THEIR AREA



PEOPLE AGED 55 AND OVER ARE SATISFIED WITH THE OPPORTUNITIES FOR SPORT & RECREATION IN THEIR AREA

## 2.2 TRANSPORTATION



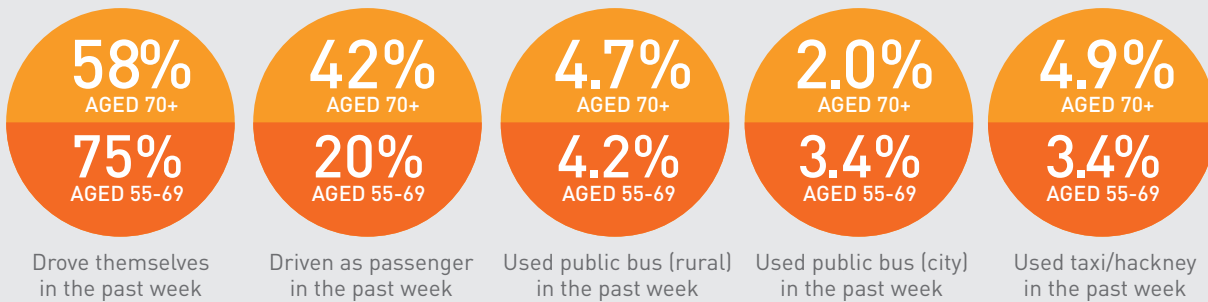
### TRANSPORT USE IN THE PAST WEEK



THE MAJORITY OF RESPONDENTS ARE CURRENT DRIVERS



DROVE THEMSELVES IN THE PAST WEEK



Drove themselves in the past week

Driven as passenger in the past week

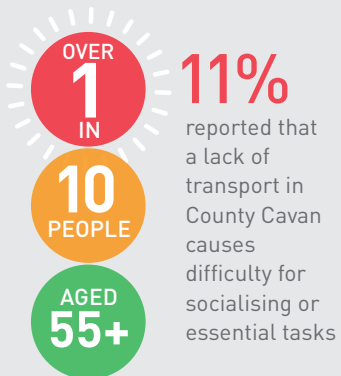
Used public bus (rural) in the past week

Used public bus (city) in the past week

Used taxi/hackney in the past week



### PUBLIC TRANSPORT

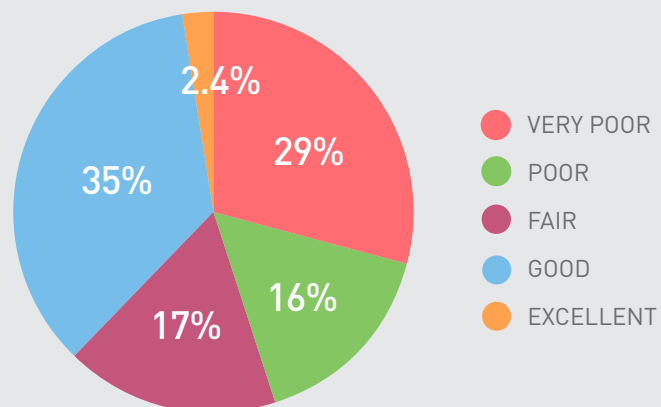


THIS RISES TO ALMOST



ONLY **38%** RATED IT AS AS 'GOOD' OR 'EXCELLENT'

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



Almost 1 in 5 (18%) reported that there was no public transport available within a 15 minute walk of their house, while a further 25% said that while it was available, it was difficult to access.



## 2.3 HOUSING



### HOUSING CONDITIONS, FACILITIES AND UPKEEP



WE ASKED ABOUT HOUSING CONDITIONS, FACILITIES AND UPKEEP



OF PEOPLE

AGED  
**55+**

in County Cavan live in a house or apartment\* and more than 4 in 5 (83%) have done so for 10 years or more

**83%**

**10**  
YEARS OR MORE

MOST HOMES ARE IN GOOD CONDITION, WITH **90%** OF PEOPLE REPORTING NO PROBLEMS

\*Only those living in houses or apartments were interviewed for this survey, it does not cover those living in nursing homes

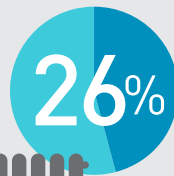


OF PEOPLE

AGED  
**55+**



have problems with the upkeep of their homes



OF PEOPLE

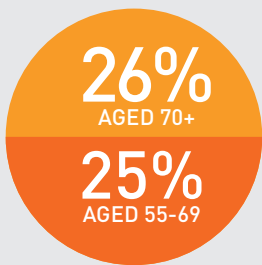
AGED  
**55+**



were unable to keep their houses adequately warm in the last 12 months

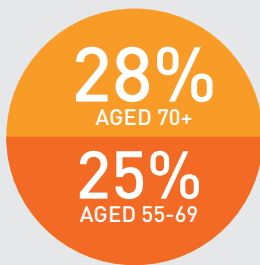
By comparison, the European Quality of Life survey (EQLS, 2012) found nationally that 5% of people were unable to afford to keep their house warm

### PROBLEMS WITH HOUSING FACILITIES



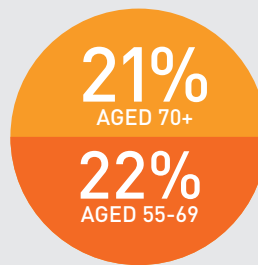
#### UNABLE TO KEEP HOUSE ADEQUATELY WARM

Includes:  
Inability to keep house warm for financial reasons



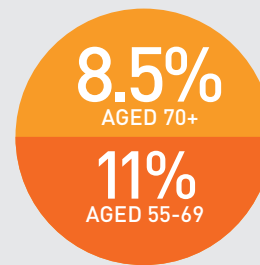
#### UPKEEP

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



#### FACILITIES

Includes:  
Shortage of space, home too big for current need, lack of indoor or downstairs flushing toilet, bath or shower and lack of outside space.

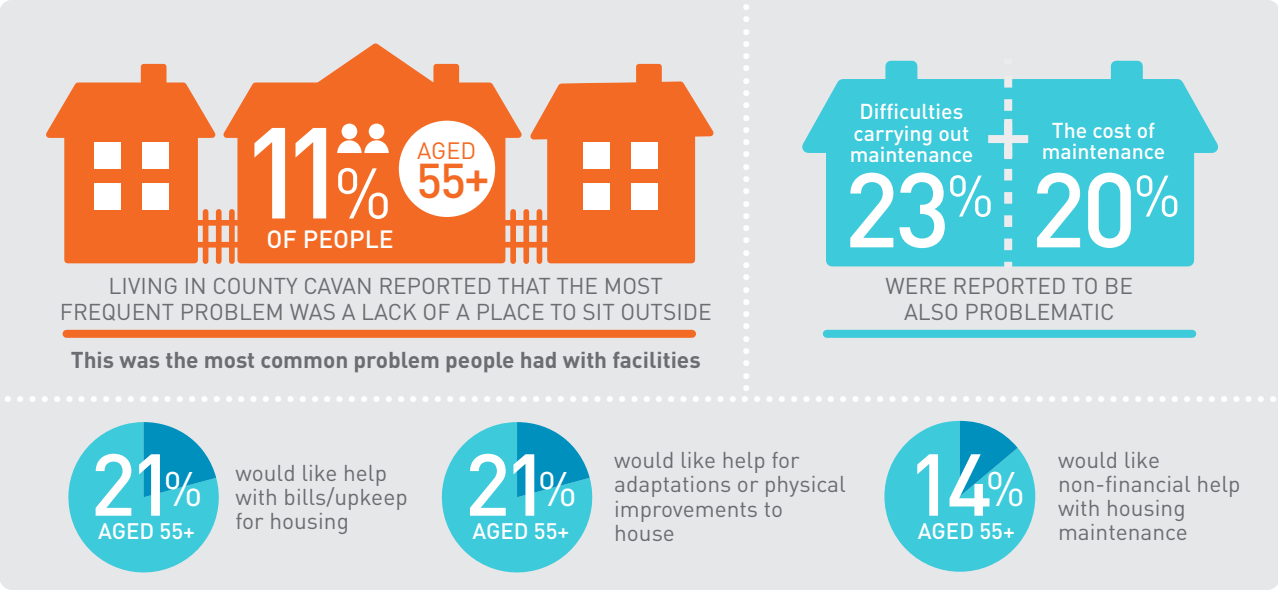


#### CONDITIONS

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

The most frequent problem people had with conditions was damp or leaks (8.4%)

## 2.3 HOUSING



## HOUSING PREFERENCES



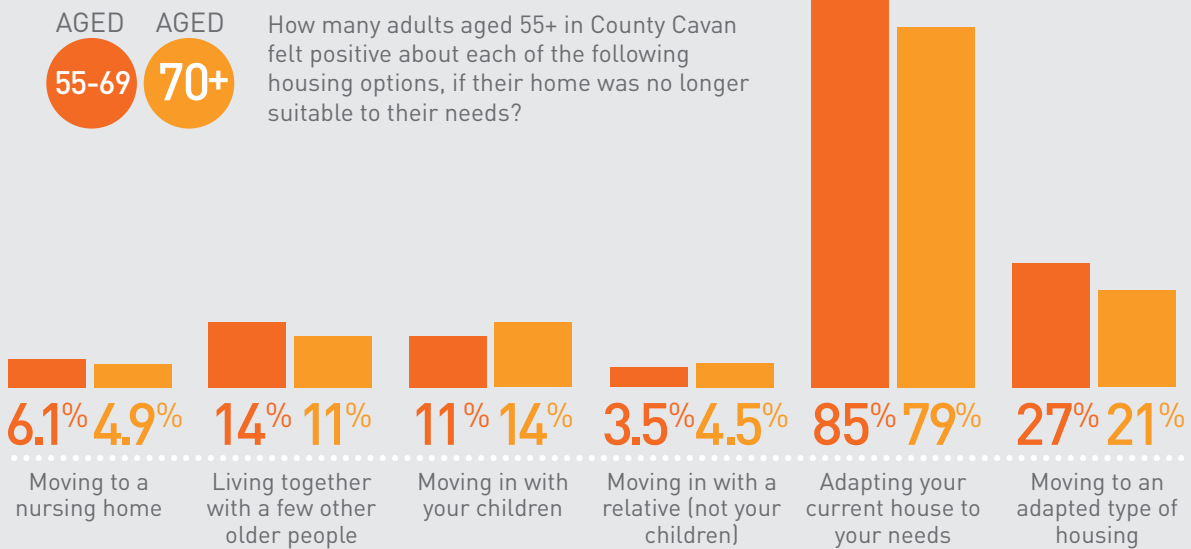
WE ASKED PEOPLE ABOUT THEIR PREFERENCES FOR HOUSING IF THEIR HOMES WERE NO LONGER SUITABLE FOR THEIR NEEDS

**24% OF PEOPLE AGED 55+**  
would consider moving to an **ADAPTED TYPE OF HOUSING**

### ADULTS AGED 55 AND OVER



in County Cavan were most positive about adapting their house to their needs (82%) and were least positive about moving in with a relative other than their children (3.9%)





## HOW SAFE DO PEOPLE FEEL?

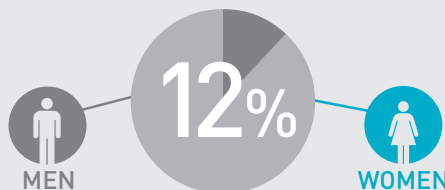


WE ASKED HOW SAFE PEOPLE FEEL IN VARIOUS SITUATIONS

JUST OVER  
**1 IN 10**  
PEOPLE

AGED  
**55+**

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

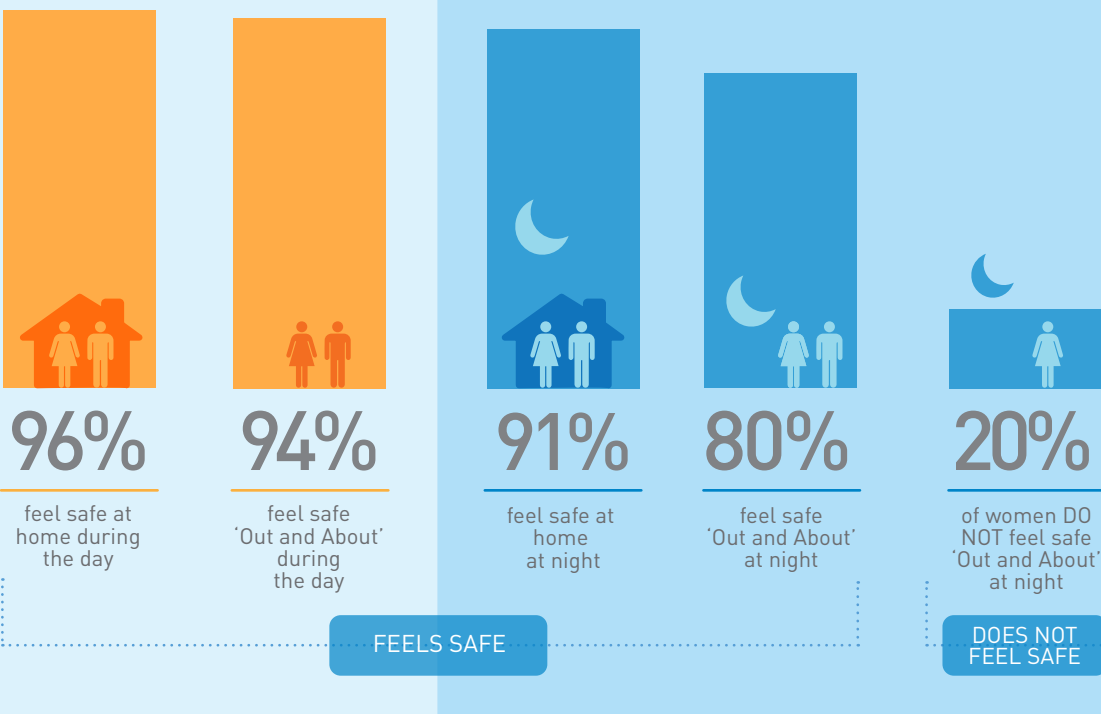


The percentage was the same for men and women

HOW FREQUENTLY DID THIS EXPERIENCE OCCUR?



## THE MAJORITY OF PEOPLE FEEL VERY SAFE



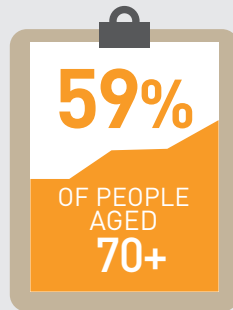
## 2.5 HEALTHY AGEING



### STATE OF HEALTH



AND



SAY THEIR HEALTH IS GOOD OR VERY GOOD



**11%**  
OF PEOPLE

AGED 55+ CURRENTLY SMOKE

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

**35%**  
OF PEOPLE

**56%**  
OF PEOPLE

AGED 55-69

in County Cavan have a long-standing illness or health problem

AGED 70+

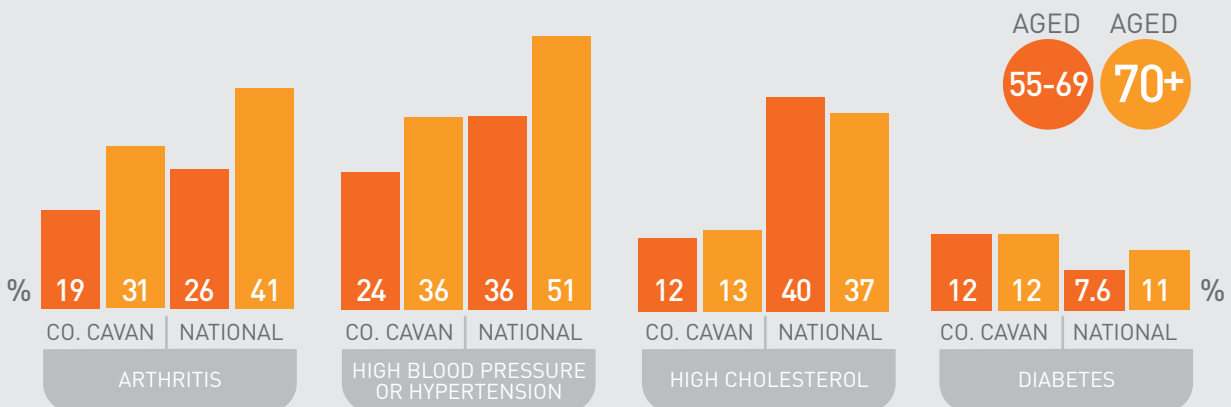
**15%**

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

### MOST COMMON HEALTH CONDITIONS



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



While the four main health conditions reported were common across both genders, **osteoporosis is typically more common in women**. However only 5.0% of women reported a doctor diagnosis of osteoporosis in County Cavan. This was lower than the national percentage for women of 18% (TILDA, 2011)

**5.0%** CO CAVAN | NATIONALLY **18%**

**39%** OF PEOPLE AGED **70+** have 2 or more health conditions that have been diagnosed by a doctor

TILDA (2011) found that

**75%** of people aged 70 or over have 2 or more health conditions

**68%** OF ADULTS AGED **55-69** AND **50%** 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 COUNTY CAVAN

### PERSONAL CARE



18% of over 70s need assistance with personal care and most **(93%)** receive this assistance

### HOUSEKEEPING



22% of over 70s need assistance with housekeeping and almost all **(92%)** receive this assistance

### MOBILITY



19% of over 70s need assistance with their personal mobility and most **(96%)** receive this assistance

AMONG THOSE IN CO. CAVAN

AGED **55-69**

**6.6%** need assistance with personal care

**6.6%** need assistance with housekeeping

**5.9%** need assistance with mobility

## HEALTH SERVICES

AGED **55+**

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

COST



**2.6%**

WAITING LIST



**5.1%**

DISTANCE/ TRANSPORT PROBLEMS



**2.7%**

PREVENTIVE HEALTH

SERVICES RECEIVED IN THE PAST **12 MONTHS**

**72%**

Flu vaccination (in target group 65+)

**78%**

Blood test for cholesterol (all ages)

**84%**

Blood pressure check (all ages)

**52%**

Mammogram or breast X-ray (women 55-64)

**7%** OF PEOPLE

AGED **55+**

IN COUNTY CAVAN ARE CURRENTLY ON A WAITING LIST FOR A HEALTH SERVICE

AMONG THESE

**95%**

have been on a waiting list for more than **1 MONTH**

**80%**

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

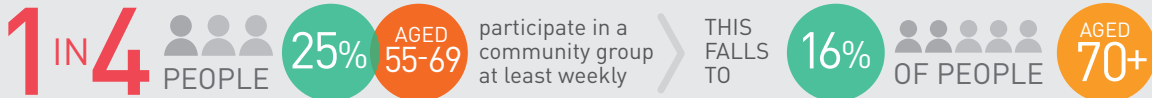
## 2.6 SOCIAL PARTICIPATION



### HOW OFTEN DO PEOPLE SOCIALISE



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



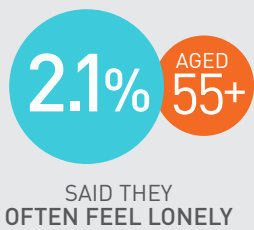
### MAIN BARRIERS TO SOCIAL PARTICIPATION



OVER 1 IN EVERY 3 ADULTS (36%) AGED 70+ IN COUNTY CAVAN SAID THAT THE SOCIAL ACTIVITIES AVAILABLE IN THEIR LOCAL AREA DON'T INTEREST THEM

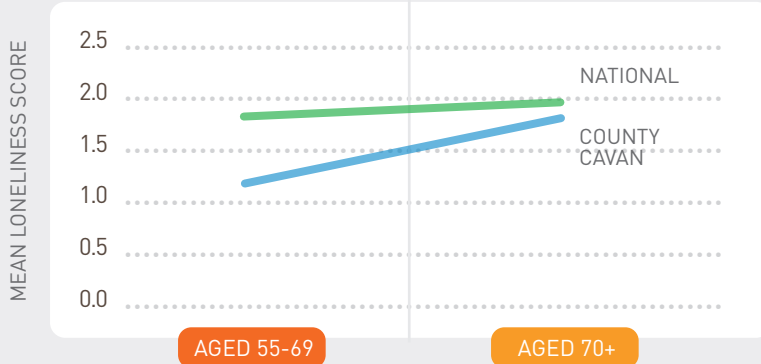


### LONELINESS IN OLDER PEOPLE



#### MEAN LONELINESS SCORE BY AGE IN COUNTY CAVAN 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)



People in County Cavan aged 55-69 are on average slightly less lonely than the national average - while people aged 70+ report a similar level of loneliness

## 2.7 LIFELONG LEARNING



### EDUCATIONAL ATTAINMENT



WE ASKED PEOPLE ABOUT THEIR PARTICIPATION IN LIFELONG LEARNING

6%



WERE IN **INFORMAL EDUCATION OR CLASSES**

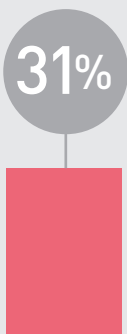
2%



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

HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT AMONG PEOPLE IN COUNTY CAVAN

AGED 55+



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



1 IN 5



PEOPLE

AGED 55+

IN COUNTY CAVAN EXPERIENCED A BARRIER TO PARTICIPATION IN LIFELONG LEARNING

IN THE PAST 12 MONTHS



0.3%

COSTS ASSOCIATED WITH TAKING THE COURSE



1.3%

LACK OF TRANSPORT/DISTANCE TO THE COURSE



10%

NO SUITABLE OR INTERESTING COURSES AVAILABLE



2.1%

RESPONSIBILITIES IN THE HOME



8%

PERSONAL INCAPACITY OR ILL-HEALTH



2.4%

OTHER BARRIER



## PUBLIC ATTITUDES



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



OF PEOPLE

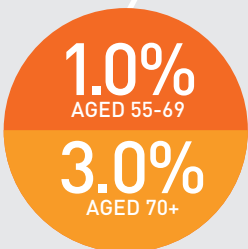
AGED 55+

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

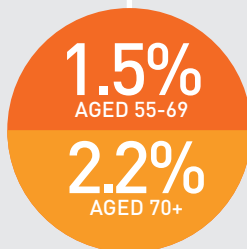


### TOP 3 SOURCES OF NEGATIVE ATTITUDES AND BEHAVIOURS EXPERIENCED BY PEOPLE

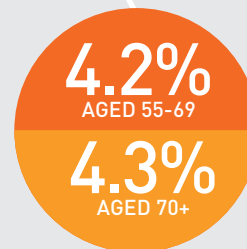
AGED 55+



Younger people

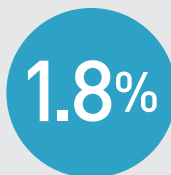


Family members



Those providing services in the financial sector

OVERALL THE 3 MOST COMMON SOURCES OF NEGATIVE ATTITUDES WERE FROM



YOUNGER PEOPLE



FAMILIES



FINANCIAL SERVICES SECTOR





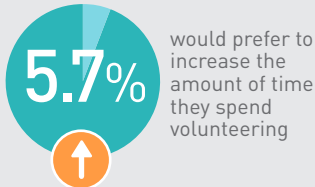
VOLUNTEERING



JUST OVER **1 IN 4** PEOPLE AGED 55-69 **28%** AND **1 IN 7** PEOPLE AGED 70+ **14%** VOLUNTEER AT LEAST ONCE A MONTH

**12%** OF THESE VOLUNTEER AT LEAST WEEKLY

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



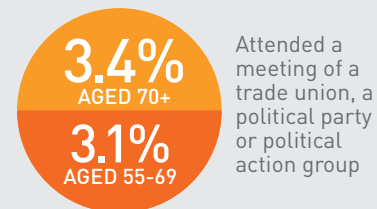
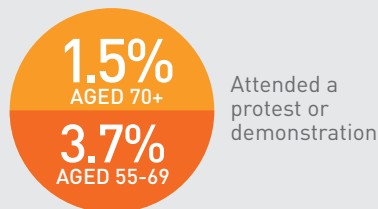
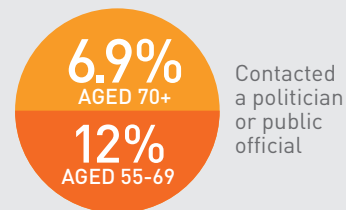
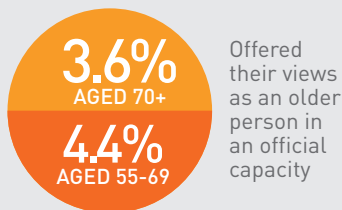
THE TYPES OF ORGANISATIONS THAT PEOPLE VOLUNTEER WITH ARE:



POLITICAL ACTIVITIES

**AGED 70+** PEOPLE were less likely to contact a politician or public official compared to those **AGED 55-69** but were just as likely to offer their views as an older person in an official capacity or

attend a meeting of a **TRADE UNION, POLITICAL PARTY or POLITICAL ACTION GROUP**





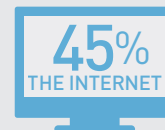
SOURCES OF INFORMATION



THE TOP THREE SOURCES OF INFORMATION FOR OVER 55s IN COUNTY CAVAN



Less than half of people aged 55 and over in County Cavan get information from the internet



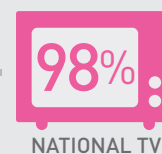
FOR PEOPLE

AGED 55-69



FOR PEOPLE

AGED 70+



INTERNET USE

72%

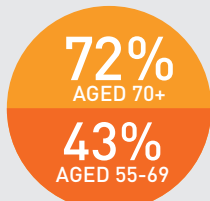
COUNTY CAVAN RESIDENTS

AGED 70+ DID NOT USE the internet in the past 3 MONTHS

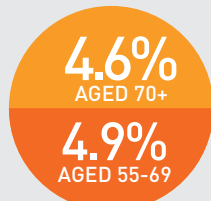
COMPARED TO

43%

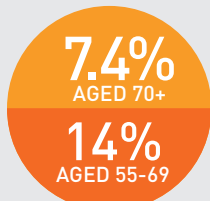
AGED 55-69



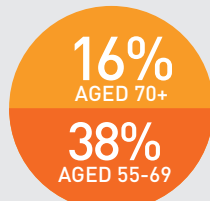
DO NOT USE



MORE THAN MONTHLY (but not every week)



MORE THAN WEEKLY (but not every day)



EVERY DAY OR ALMOST EVERY DAY

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

DIFFICULTY ACCESSING INFORMATION



ONLY 1 IN 10 PEOPLE

AGED 55+ HAVE DIFFICULTY ACCESSING INFORMATION ABOUT HEALTH OR SOCIAL CARE

DIFFICULTY GETTING INFORMATION ABOUT HEALTH OR SOCIAL CARE

8.9%

AGED 70+

9.8%

AGED 55-69

DIFFICULTY GETTING INFORMATION ABOUT LOCAL EVENTS AND ACTIVITIES

9.2%

9.6%

2.11 CAREGIVING



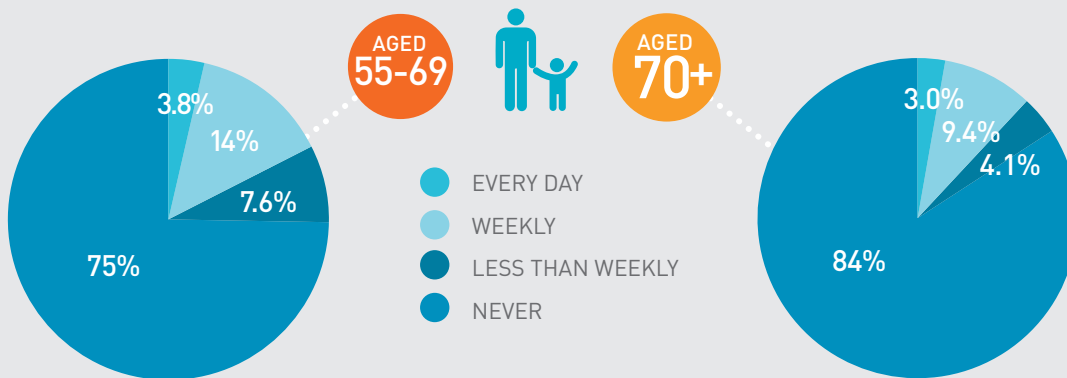
CARING FOR OTHERS



WE ASKED PEOPLE ABOUT HOW OFTEN THEY PROVIDE CARE TO OTHERS

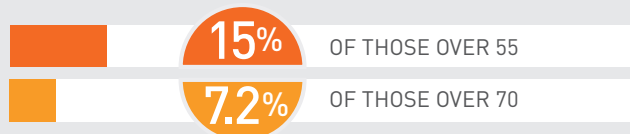


CARE FOR CHILDREN OR GRANDCHILDREN EVERY DAY OR WEEKLY

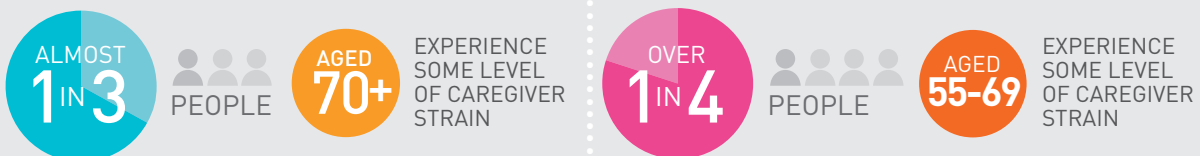


THE PERCENTAGE OF PEOPLE IN COUNTY CAVAN AGED 55 AND OLDER WHO ARE INVOLVED IN CARING FOR CHILDREN AND GRANDCHILDREN, AND WHO ARE INVOLVED IN CARING FOR ELDERLY OR DISABLED RELATIVES IS SLIGHTLY LOWER THAN THE PERCENTAGES REPORTED IN THE EUROPEAN QUALITY OF LIFE SURVEY (EQLS) FOR IRELAND.

IN THE EQLS - 15% OF OVER 55s AND 7.2% OF THE OVER 70s ARE INVOLVED IN CARING FOR CHILDREN OR GRANDCHILDREN EVERY DAY



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

Firstly, a random sample of 50 District Electoral Divisions (DED) in County Cavan 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 500 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 660 eligible households where a person aged 55 and older was resident. A further 220 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 182 of these 220 would have contained a person who was eligible to participate. We included these households when calculating the response rate. A total of 500 interviews were completed from 842 households, with a response rate of 59%.

## 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 15% 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+).

### NATIONAL BENCHMARKS

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

## WEIGHTING



The response rate for the CAPI in County Cavan was 59%. 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 County Cavan 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 County Cavan, it does not include, and is not representative of, individuals who live in institutional settings.

## INTERPRETING DIFFERENCES BETWEEN GROUPS

The data reported in this report is based on a random sample of individuals aged 55+ living in County Cavan. Any differences that we see between groups within the county (e.g. between men and women or between different age groups), or between County Cavan 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)	
<b>9% OR MORE</b> (percentage points)	<p>Can be reasonably confident differences are real</p> <p>Example: 74% of those in the 70+ age group and 64% of the 55-69 group are dissatisfied with the availability of accessible toilets. We can be confident that this 10% difference is not due to chance.</p>	
<b>5-8%</b> (percentage points)	<p>We need to be cautious with these differences.</p> <p>We can only be confident that they represent real differences if the percentages being compared are above or below a certain value.</p>	
	Are both values being compared ...	Minimum difference needed
	Less than 30% or greater than 70%?	8%
	Less than 20% or greater than 80%?	7%
	Less than 15% or greater than 85%?	6%
Less than 10% or greater than 90%?	5%	
<p>Example: 20% of the over 70s compared with 28% of those aged 55-69 felt positive about moving into an adapted type of housing. Both values are below 30%, therefore we can be confident that this 8% difference is a real difference between these two age groups.</p>		
<b>LESS THAN 5%</b> (percentage points)	<p>Cannot be confident that these differences are real</p> <p>Example: 21% of women had an experience that left them concerned for their personal safety, compared with 17% of men. We cannot be confident that this 4% difference is real. This difference could be due to chance.</p>	



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

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

**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  
  
Example: 60% of people in the local authority area rated public transport as good or excellent, compared with 50% nationally. We can be confident that this 10% difference is not due to chance.

**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 in the local authority area have multiple chronic conditions, compared with 67% nationally. Both values are between 15% and 85%, and therefore we cannot be confident that this 5% difference is real.

**LESS THAN 4%**  
(percentage points)

Cannot be confident that these differences are real  
  
Example: 14% of over 55s smoke, compared with 15% nationally. We cannot be confident that this 1% difference is real. This difference may be due to chance.

## APPENDIX: DETAILED DESCRIPTION OF IDENTIFYING ELIGIBLE HOUSEHOLDS

The steps taken by interviewers were as follows:

1. Within each district electoral division (DED) interviewers were given a starting address on (for example) Road 1. The interviewer called at this house and asked to speak to somebody aged 55 years or older. If there is an eligible occupant or if there was no response from the house, they made a note of the address and called back, up to four times.
2. To locate the next house, interviewers stood with their back to the front door, turned to their left and counted five doors along the road, and called at this fifth house on e.g. Road 1.
3. Interviewers continued in this manner, calling at every fifth house until they reached the end of the road; assuming they successfully identified an eligible occupant to complete an interview or noted non-responses.
4. At the end of Road 1 they turned Left on to Road 2, counted five houses from the last house visited on Road 1 and continued calling to every fifth house on Road 2 until the end of the road.
5. At the end of Road 2 interviewers turned Right on to Road 3 (counted five houses from the last house visited on Road 2), continued calling at every fifth house on Road 3 until the end of the road.
6. At the end of Road 3, the interviewer turned Left on to Road 4, and alternate right and left turns at the end of each road while keeping within the DED.

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

1. Interviewers stood with their backs to the front door, turned left and went to the next house. If they again met with an ineligible household or a refusal they continued next door to the left until they identified an eligible occupant or noted a non-response.
2. Once they obtained an interview or non-response interviewers reverted to the fifth house on the left rule (steps 2-6). This procedure was followed until the quota of 10 interviews was reached, up to a maximum of 50 households, within each assigned DED.
3. The address and outcome of each house visited was recorded (including refusals, ineligible, vacant/derelict, non-responses and completed interviews) on the response sheet by each interviewer.

### **APARTMENTS:**

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

### **RANDOM ROUTE RURAL AREA:**

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



### **HOUSEHOLD RESPONSE RATE:**

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

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



## REFERENCES & DATA SOURCES

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

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

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

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

DATA SOURCE	CENSUS
Reference period	2011
Data collection frequency	Five year intervals
Coverage	De facto population i.e. the population recorded for each area represents the total of all persons present within its boundaries on the night of the Census, together with all persons who arrived in that area on the morning of Monday 11 April 2011, not having been enumerated elsewhere
Method of data collection	Self-completed form
Data content	Demography
Relevant policy areas	Healthcare, health, carers education, employment, transport, housing and living arrangements
References	<p><a href="http://www.cso.ie/en/census/">http://www.cso.ie/en/census/</a></p> <p>Barrett A, Savva G, Timonen V, Kenny R. (2011) <i>Fifty Plus in Ireland 2011. First results from the Irish Longitudinal Study on Ageing (TILDA)</i>. Dublin: The Irish Longitudinal Study on Ageing.</p> <p>Nolan A, O' Regan C, Dooley C, Wallace D, Hever A, Cronin H, et al. (2014). <i>The Over 50s in a Changing Ireland</i>. Dublin: The Irish Longitudinal Study on Ageing.</p>
Sample size	4,581,269 (total population)

DATA SOURCE	EUROPEAN QUALITY OF LIFE SURVEY (EQLS)
Reference Period	2011
Data collection frequency	Every four years
Coverage	The target population is all residents aged 18 and older, and the target sample size ranges from 1,000 to 3,000. A multi-stage, stratified random sampling procedure is used.
Method of data collection	Face-to-face questionnaire
Data content	Employment, income, housing and environment, family, health, work-life balance, subjective wellbeing and social equality.
Relevant policy areas	Family life, housing, income, life satisfaction, subjective-wellbeing, trust and social solidarity, poverty and social inclusion.
References	<a href="http://www.eurofound.europa.eu/surveys/european-quality-of-life-surveys-eqls/european-quality-of-life-survey-2012">http://www.eurofound.europa.eu/surveys/european-quality-of-life-surveys-eqls/european-quality-of-life-survey-2012</a>
Sample size	1051

DATA SOURCE	THE IRISH LONGITUDINAL STUDY OF AGEING (TILDA)
Reference Period(s)	Wave 1 (2009-2011); Wave 2 (2012-2013)
Data collection frequency	Every two years, Wave 3 due to finish data collection in 2015
Coverage	Community-dwelling adults aged 50+ at Wave 1 and 52+ at Wave 2, living in the Republic of Ireland (ROI). A random, clustered, stratified sampling is used to ensure population representative sample.
Method of data collection	Face-to-face Interviews in participants homes; self-completion questionnaire; nurse-led health assessment
Data content	Health, economic and social data
Relevant policy areas	Employment, Education and Lifelong Learning, Active Citizenship, Engagement in Activities, Transport, Healthy Ageing, Support and Care Services, Income, Homes, Ageism
References	TILDA data available from <a href="http://www.ucd.ie/issda/data/tilda/">http://www.ucd.ie/issda/data/tilda/</a>
Sample size	Wave 1: 8,175; Wave 2: 7,010



# NOTES





# NOTES



