



HEALTHY & POSITIVE
AGEING INITIATIVE

**Civic engagement: results from the HaPAI
survey**

2018

The Healthy and Positive Ageing Initiative (HaPAI) is a joint research programme led by the Department of Health with the Health Service Executive, the Age-friendly Ireland Programme, and The Atlantic Philanthropies.

ACKNOWLEDGEMENTS

This report presents information collected by the HaPAI Age-friendly Cities and Counties Survey, a study involving adults aged 55 and older in 21 Local Authorities in Ireland.

The study was conducted by the HaPAI research team:

Sinead Shannon, Programme Manager

Sarah Gibney, Programme Analyst

Eithne Sexton, HaPAI/TILDA Research Fellow

Mark Ward, HaPAI/TILDA Research Fellow

Tara Moore, Research Assistant

Niamh Moran, Research Assistant

The team would like to thank all survey respondents who generously gave their time to share their views, circumstances, and experiences, and thank the following Local Authorities for taking part and co-funding the survey in their area. The team would also like to acknowledge the support of our funders, The Atlantic Philanthropies, the HSE and the Department of Health and to thank the members of the HaPAI Steering Group and the HaPAI Oversight Group for their guidance throughout the project.

The following citation is suggested for this report:

Gibney S, Ward M, Moran N, Moore T, Shannon S. *Civic Engagement: results from the HaPAI survey*. Dublin: HaPAI; 2018.



PREFACE

This report was completed by the Healthy and Positive Ageing Initiative (HaPAI) which is a research programme led by the Department of Health in association with the Health Service Executive, the Age-Friendly Ireland Programme, and The Atlantic Philanthropies. The HaPAI was established in order to achieve Goal 4 of the National Positive Ageing Strategy (1): *Support and use research about people as they age to better inform policy responses to population ageing in Ireland.*

Goal 4 of NPAS has two objectives:

- Continue to employ an evidence-informed approach to decision-making at all levels of planning; and
- Promote the development of a comprehensive framework for gathering data in relation to all aspects of ageing and older people to underpin evidence-informed policy making.

The HaPAI is also aligned with several goals and actions of *Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025* (2), the national framework for the improvement of population health and wellbeing, and the *WHO's Active Ageing: A Policy Framework* (3) which provides key policy proposals for enabling active ageing in our societies. The HaPAI commenced in 2015 and is operational in a number of different areas of activity:

- The development of national indicators of older people's health and wellbeing, leading to the 2016 publication of a biennial report on the health and wellbeing of older people in Ireland;
- The establishment of a research fund to commission targeted additional research to fill identified data gaps required to cover all indicators, relevant to the design or configuration of future services and supports for older people; and
- At a local level, the development of indicators using either national data broken down to the county level where possible, or additional data collected locally and published in a series of county reports in selected counties.

EXECUTIVE SUMMARY

Positive ageing strategies have been established globally to enhance the wellbeing, health and quality of life of older people. The promotion of civic engagement is an objective of the National Positive Ageing Strategy (NPAS) and a core element of the World Health Organisation's Age-Friendly Cities- a Guide.

Supporting evidence-informed strategies and programmes

The purpose of this study is to provide up-to-date evidence about civic engagement, volunteering, and political activity among older people in Ireland and to identify factors that may explain differences between individuals and groups in civic engagement. For the first time in Ireland this information is reported at a local level in order to support healthy and positive ageing programmes and schemes in local areas. Data is from the Healthy and Positive Ageing Initiative Age-friendly Cities and Counties Survey which involved 10,500 adults aged 55 and older in 21 Local Authority areas.

Volunteering

- Four-in-ten respondents (40%) volunteered in the previous 12 months. Moreover, almost one in seven (15%) respondents report volunteering on a weekly basis.
- Volunteering was more common among males, younger respondents, those living with a spouse/partner, and those with a third level education.
- The majority of older adults who volunteered either weekly or monthly were satisfied with the amount of time they spend volunteering, with less than one-in-ten preferring to increase the amount of time they spend volunteering.

Political activity

- Almost one in six respondents (16%) had engaged in some form of political activity over the past 12 months.
- Political activity was more common among adults aged 55+ with higher levels of education.
- Respondents aged 75 and above, women, adults with poorer health and adults who did not use the internet were less likely to be politically active.
- Political activity was also associated with higher levels of social activity more generally.

Strategy pointer

There are socio-economic (e.g. education) and structural (e.g. availability) barriers to volunteering, and political engagement. As highlighted in the NPAS, an analysis of community support infrastructures would identify areas to consolidate and strengthen, and further enable older people to volunteer and engage in political processes in their communities.

CONTENTS

ACKNOWLEDGEMENTS	i
PREFACE	ii
EXECUTIVE SUMMARY	iii
TABLES LIST	v
FIGURES LIST	v
1. INTRODUCTION	8
IRELAND'S AGEING POPULATION.....	8
POSITIVE AGEING	8
2. BACKGROUND	13
VOLUNTEERING	13
POLITICAL ACTIVITIES.....	17
3. METHODS.....	21
DATA AND SAMPLE	21
FIELDWORK AND DATA COLLECTION	21
RESPONSE RATES AND SAMPLE WEIGHTS	21
MEASURES.....	23
ANALYSIS	26
SAMPLE CHARACTERISTICS	26
4.1 RESULTS: VOLUNTEERING	29
VOLUNTEERING AMONG ADULTS AGED 55+ IN IRELAND	29
CHARACTERISTICS OF VOLUNTEERS.....	30
GEOGRAPHIC DIFFERENCES IN VOLUNTEERING	33
SATISFACTION WITH TIME SPENT VOLUNTEERING AND VOLUNTEERING OPPORTUNITIES IN LOCAL AREAS	35
FACTORS ASSOCIATED WITH FREQUENCY OF VOLUNTEERING	36
4.2 RESULTS: POLITICAL ACTIVITY	40
GEOGRAPHIC DIFFERENCES IN POLITICAL ACTIVITY	43
FACTORS ASSOCIATED WITH POLITICAL ACTIVITY	44
6. CONCLUSIONS	50
REFERENCES	52

TABLES LIST

TABLE 1 NUMBER OF PARTICIPANTS AND RESPONSE RATE IN EACH LOCAL AUTHORITY	22
TABLE 2 VOLUNTEERING AND POLITICAL ACTIVITY MEASURES.....	23
TABLE 3 DEMOGRAPHIC, SOCIO-ECONOMIC, SOCIAL AND HEALTH MEASURES..	25
TABLE 4 RESPONDENT CHARACTERISTICS	27
TABLE 5 VOLUNTEERING IN LAST 12 MONTHS, BY TYPE	29
TABLE 6 VOLUNTEERING FREQUENCY BY RESPONDENT CHARACTERISTICS.....	31
TABLE 7 SATISFACTION WITH TIME SPENT VOLUNTEERING	35
TABLE 8 SATISFACTION WITH VOLUNTEERING OPPORTUNITIES IN THEIR LOCAL AREA.....	35
TABLE 9 RESULTS FOR A MULTINOMIAL REGRESSION OF VOLUNTEERING	37
TABLE 10 POLITICAL ACTIVITY IN THE PAST 12 MONTHS, BY TYPE	40
TABLE 11 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF POLITICALLY ACTIVE RESPONDENTS	40
TABLE 12 SOCIO-ECONOMIC CHARACTERISTICS OF POLITICALLY ACTIVE RESPONDENTS	41
TABLE 13 HEALTH CHARACTERISTICS POLITICALLY ACTIVE RESPONDENTS.....	41
TABLE 14 LOCATION AND SOCIAL CHARACTERISTICS OF POLITICAL ACTIVE RESPONDENTS	42
TABLE 15 RESULTS FOR A LOGISTIC REGRESSION OF POLITICAL ACTIVITY	45

FIGURES LIST

FIGURE 1 NATIONAL POSITIVE AGEING STRATEGY GOALS ALIGNED WITH AGE-FRIENDLY CORE DOMAINS.....	10
FIGURE 2 ADULTS AGED 55+ WHO VOLUNTEERED WEEKLY	33
FIGURE 3 ADULTS AGED 55+ WHO VOLUNTEERED MONTHLY	34
FIGURE 4 POLITICALLY ACTIVE IN THE LAST 12 MONTHS, BY LOCAL AUTHORITY AREA.....	43



CHAPTER ONE

INTRODUCTION

Positive ageing and age-friendly environments

1. INTRODUCTION

IRELAND'S AGEING POPULATION

Demographic change has the potential to create opportunities and challenges for communities of the future. The demographics of Ireland are changing rapidly and according to a 2017 report from the Economic and Social Research Institute (ESRI) between 2016 and 2030 the population share of people aged 65 and over will increase from 13% to between 17% and 19 % and the number of people aged 65 and over is projected to increase by between 58% and 63% during this time (4).

Demographic ageing represents a triumph in development, as people are living longer lives due to better food, health care, sanitation, education and economic wellbeing (5). However, demographic ageing also has implications for public policies and strategies, service provision, long-term planning, and society as a whole in areas as diverse as housing, transport, education, employment, tourism, business development, and civic and social engagement.

Older adults contribute to both their extended families and the wider community in a variety of ways including financial support, family care or other supports and through active citizenship in their communities. Importantly, these relationships are often reciprocal, with older adults benefitting in terms of improved quality of life and psychological wellbeing. Far from being reliant on familial and social support, older members of society are in many instances net contributors to their extended family and communities. As such, it is important that we continue to move away from a predominantly health and medical focus on the ageing population towards a more holistic approach that also includes broader social and economic characteristics (6).

POSITIVE AGEING

Strategies and plans such as the National Positive Ageing Strategy (NPAS) (1) and Healthy Ireland – *A Framework for Improved Health and Wellbeing 2013-2025* (2), have recognised this new reality and have sought to take a different approach to planning for this new Ireland. There has been a shift in the perception of ageing towards the more positive perspective, conceptualising later life as a period of continued growth and development for older people. This view is central to the vision set out in the NPAS and is consistent with international developments in relation to ageing, and in particular the WHO's *Active Ageing: A Policy Framework* (3).

The NPAS set 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".

This vision translated into four goals:

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.
2. Support people as they age to maintain, improve or manage their physical and mental health and wellbeing.
3. Enable people to age with confidence, security and dignity in their own homes and communities for as long as possible.
4. Support and use research about people as they age to better inform policy responses to population ageing in Ireland

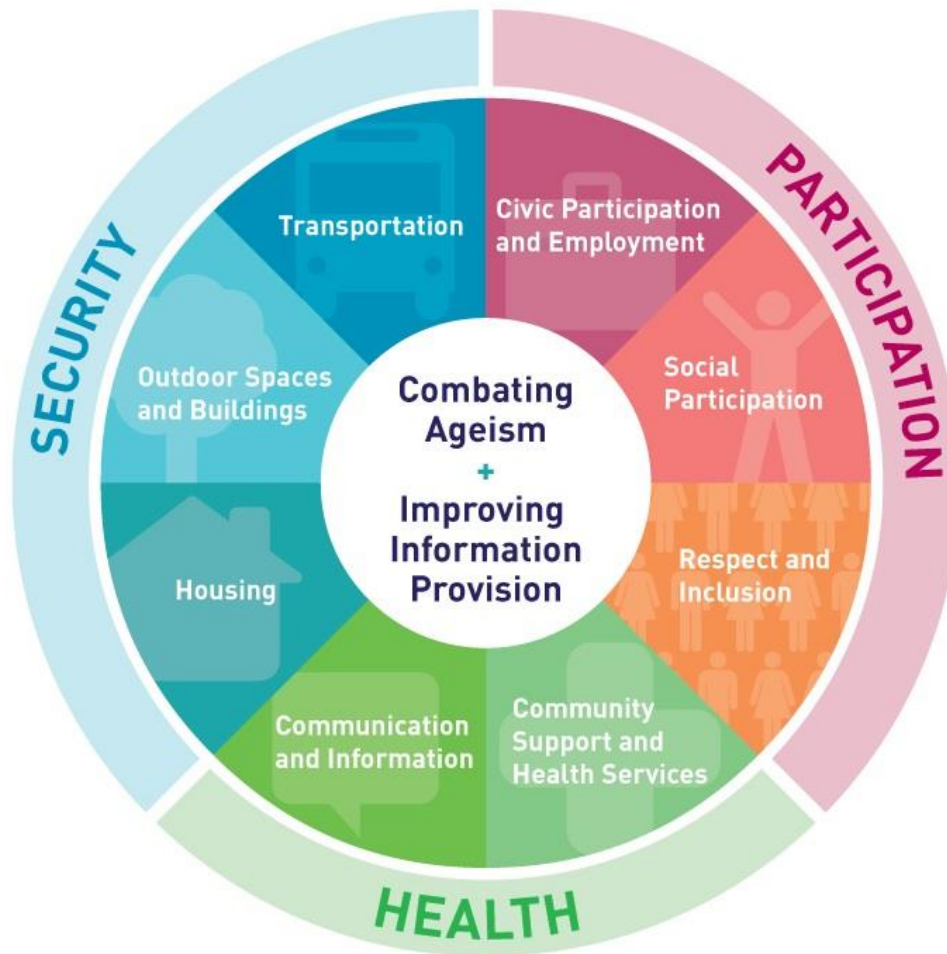
From the outset it was intended that implementation of the NPAS would require a 'whole of government' response, and be framed within the implementation of Healthy Ireland (2). At local level, the WHO Age Friendly Cities and Counties (AFCC) programme was identified in the National Positive Ageing Strategy (1) as being an important approach to improving the lives of older people throughout the country.

The concept of 'age-friendliness' is linked to an initiative started by the WHO in 2007 called the WHO Global Age-Friendly Cities project (7) . In an age-friendly community, policies, services and structures related to the physical and social environment are designed to support and enable older people to "age actively" – that is, to live in security, enjoy good health and continue to participate fully in society. Public and commercial settings and services are made accessible to accommodate varying levels of ability, to recognise the great diversity among older persons and to promote their inclusion and contribution in all areas of community life.

The Age Friendly Cities and Counties programme was built on the understanding that the wide-ranging change and planning required to prepare for demographic ageing called for a collaborative approach. In each local authority, the Age Friendly Cities and Counties programme provides a mechanism for the relevant local agencies and stakeholders, working under the aegis of the Local Authorities, to ensure that their combined resources are used optimally, delivering necessary services to older people within their own local communities. These stakeholders include agencies from local governments, non-profit organisations, advocacy groups, older people themselves and the broader community.

Each Local Authority in Ireland has committed to developing an Age Friendly Programme based on the World Health Organisation (WHO) Age-Friendly Cities Framework and Guidelines (7). An age-friendly environment fosters health and wellbeing by focusing on and nurturing eight domains which are closely aligned with the goals of the NPAS as illustrated in Figure 1.

FIGURE 1 NATIONAL POSITIVE AGEING STRATEGY GOALS ALIGNED WITH AGE-FRIENDLY CORE DOMAINS



In an age-friendly community, policies, services and structures related to the physical and social environment are designed to support and enable older people to “age actively” – that is, to live in security, enjoy good health and continue to participate fully in society. Public and commercial settings and services are made accessible to accommodate varying levels of ability. Age-friendly service providers, public official and community leaders recognise the great diversity among older persons, promote their inclusion and contribution in all areas of community life, respect their decisions and lifestyle choices, and anticipate and respond flexibly to ageing-related needs and preferences. To achieve this vision each Local Authority in Ireland has committed to developing an Age Friendly Programme based on the World Health Organisation (WHO) Age-Friendly Cities Framework and Guidelines (WHO, 2007). The Age Friendly Cities and Counties Programme embraces the challenges and opportunities presented by population ageing by providing a structure and the necessary supports to allow Local Authorities to take the lead on changing perceptions of ageing, and changing the planning and delivery of services.

This report addresses two of the WHO Age-friendly core domains. Political activity falls within the *'civic participation'* domain while volunteering is a part of *'social participation'*. These are also aligned with Goal 1 of the NPAS that aims to *"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"*. This report has four aims:

Aim 1: Provide a profile of volunteering in the past 12 months.

Aim 2: Identify factors associated with volunteering.

Aim 3: Provide a profile of political engagement in the past 12 months.

Aim 4: Identify factors associated with political engagement.

This report is organised as follows: Chapter 2 presents relevant literature and recent research on volunteering and political activity. Chapter 3 outlines the methods used in this study. The fourth Chapter presents the results of volunteering activity among adults aged 55+ in Ireland, focusing on weekly, monthly and less often/never. This section also describes satisfaction with time spent volunteering and volunteering opportunities in local areas. This section then examines factors associated with volunteering once a week or volunteering less than monthly or never volunteering compared to volunteering monthly. Chapter 5 focuses on the results for political activity, in later life and provides a profile of political activity among adults aged 55+ in Ireland and an examination of factors associated with political activity. Chapter 6 concludes the report.



CHAPTER TWO

BACKGROUND

Civic engagement among older adults

2. BACKGROUND

Active citizenship means being aware of, and caring about, the welfare of fellow citizens, recognising that we live as members of communities and therefore depend on others in our daily lives (8). As such, Active citizenship is a broad term that encompasses several concepts and practices that are dealt with in this study. While the NPAS refers to active citizenship, the term civic engagement is also commonly used to describe various expressions and actions that constitute active citizenship and civic engagement is the term that is used in the WHO Age-friendly Cities – A Guide (7). In this study we focus on two forms of civic engagement: volunteering and political activity.

VOLUNTEERING

In Ireland, volunteering was defined in official documentation for the first time in the Government's White Paper 'Supporting Voluntary Activity' (9) as *'the commitment of time and energy, for the benefit of society, local communities, and individuals outside the immediate family, the environment or other causes. Voluntary activities are undertaken of a person's own free will, without payment (except for the reimbursement of out-of-pocket expenses)'*. There has been a long tradition of voluntary activity and charitable service in Ireland that has been shaped by religious, political and economic developments (10). As such opportunities to volunteer at all ages are widely promoted.

The rate of participation among older people in unpaid voluntary work in Ireland is among the highest in Europe, and similar to Austria in Sweden (11). According to the Central Statistics Office (CSO)(12), 40% of all volunteers in Ireland are aged 55+ and in terms of time spent volunteering, these adults provided approximately 93.4 million hours of unpaid volunteer work per year¹. Volunteers play an important role in the civic, social and economic life of communities in Ireland (11). Among volunteers of all ages in Ireland, 'making a useful contribution to the community' has been cited as their main motivation (13).

Volunteering is one of the clearest examples of productive, active and positive ageing (14,15) and a great deal of enthusiasm surrounding volunteering at all ages brings focus to the mutual benefits to the recipient and the volunteer. Volunteering through organisations or groups offers wide ranging benefits to communities including an increase in social capital shared values and understandings in society that allows individuals and groups to trust each other and work together efficiently, and in turn substantially increases economic benefits (16). Formal volunteering also allows older adults to assist others and in turn provides volunteers with essential constructive and productive roles (17). Furthermore, volunteering itself provides important local and community services, often through face-to-face contact that

¹ Estimates are based on a 12 month period spanning 2012-2013, collected as part of the QNHS module on Volunteering (CSO, 2013).

are otherwise resource intensive and costly. Volunteers therefore have an important role to play in the economic wellbeing of their communities and the State.

From the volunteer perspective, there are numerous empirical studies that have demonstrated a positive association between volunteering and social integration and increased social interaction (18,19), more social ties (20), and a greater personal sense of community (21). In terms of psychological wellbeing, volunteering has also been linked to greater life satisfaction and positive affect (22) and this was thought to be due to greater social interaction and availability of social support from friends and family among volunteers, compared to non-volunteers. This was particularly apparent in the case of high intensity volunteering (measured as seven or more hours per week) (22).

Volunteering can also play an important positive role at particular times and junctures during the life course. In terms of adverse life events, helping behaviour amongst older adults has been found to support accelerated recovery from depressive symptoms and reduce mortality risk following the loss of a spouse (23).

There are many theories that have been used to explain the positive effects that volunteering has on health and wellbeing, and healthy ageing. Stemming from evolutionary theory, Brown and colleagues (24) posit that helping behaviour enhances the psychological wellbeing and physical health of the person helping, and assisting another person helps to enhance relationship satisfaction and also improves stress regulation.

Interactional role theory has also been used as a framework for analysis and as a means to explain the volunteering-wellbeing link. This theory posits that a role identity is formed when a person internalises the behaviours and expectations that are tied to a particular social position in society. In practice, people occupy multiple social positions and therefore, multiple role-identities. Collectively, these form one's sense of self (25). In terms of wellbeing, role performance is a process through which people validate their self of gain esteem (26). Roles also provide meaning, guidance, direction, and purpose to people in their everyday life (27). Furthermore, social roles influence how individuals act, are treated by and relate to others (28). In keeping with interactional role theory, volunteering has been found to provide a sense of purpose in later life among older adults who are experiencing major role-identity absences (e.g. lack of partner, employment or parenthood), which is an important component of psychological wellbeing (29).

The theory of generativity (30) has also been coupled with role-identity theory in order to understand how volunteering (and altruistic behaviour more broadly) may enhance wellbeing in later life (31). Generativity refers to sustained acts of responsibility that contribute to the growth and wellbeing of others, including future generations (32) and involves the ability to guide and care for others in old age without any expectation of reciprocity, but creates intrinsic rewards (33). Through activities such as volunteering, older adults can model their values for future generations (34) and the effort of caring and volunteering renews themselves as well as their communities (31).

Volunteering and healthy and positive aging

Even though causal relationships are difficult to identify, several longitudinal studies have also demonstrated a link between voluntary work and health and well-being outcomes over time (18,19,35–37), including self-health ratings (38), increased levels of contentment (39), an increase in life satisfaction (19), reduced mortality (18) and lower levels of functional dependence and depressive symptomatology (40).

Volunteering also provides a role identity and sense of purpose for those retired from paid work (41) and can lead to gains in physical and mental health and can promote social cohesion (42). Indeed older persons can integrate socially better when they find structures for volunteering, for instance in intergenerational settings (43).

Barriers and enablers to volunteering

It is worth noting that the relative importance attributed to the benefits of volunteering, as well as the resources essential for volunteering, vary across the life course (19,44). As mentioned previously, pivotal life events such as retirement or health shocks (18,45) which are mediated through a change in social roles, are important for understanding volunteering trajectories. Retirement is often viewed as one of the most extreme transitions in later life (46). The majority of the understanding surrounding the link between retirement and voluntary engagement has been directed by role theory (47), as discussed previously.

Compared to younger cohorts, older adults are more susceptible to change in terms of marital and parental statuses (29). Although there is conflicting evidence pertaining to widowhood and volunteering, marital disruption by means of divorce or separation has the propensity to affect wider social engagement by generating emotional or financial stress and increasing negative social exchanges (48). Multiple constraints on resources, such as poor health and widowhood, have the propensity to impact on individual resources, social opportunity structures and motivational factors which may reduce the likelihood of volunteering. In relation to role changes, despite a lack of research surrounding the effects of adult children on volunteering in later life (49,50), children leaving the home is known to lead to change in the role identities of parents (29). Such changes may lead to reduced levels of salience for existing roles, some which may have involved volunteer activity.

Other resources such as education, household income and good health status act as assets which make volunteering possible (44,51). Amongst older adults, physical limitations become more common (52) and have the potential to restrict volunteer engagement (14,53). The Health and Retirement study highlights that the onset of functional limitations actually increases the possibility of an individual ceasing to volunteer (54).

Many theorists have posited that an inclination to strengthen and expand social relationships is a key motivation for volunteering (55,56). This is a form of social capital building, and the relationship between social integration and volunteering is

likely to be bi-directional: better social integration may also provide greater opportunities to volunteer. There is evidence that older people who have maintained a wide range of informal social ties are more likely to volunteer than those who have not (22,57–59) and several studies have shown that volunteers tend to be recruited by friends, neighbours and acquaintances, demonstrating the importance of having contacts in the community and outside the family (44,60).

At the societal level, a person's social environment also plays an important role. Countries that have higher levels of social and economic inequalities also tend to have lower national rates of volunteering and countries that have higher levels of income equality also tend to have lower levels societal trust and civic engagement vis-à-vis volunteering (61).

At present, the majority of research surrounding voluntary engagement amongst older people focuses on individual determinants of volunteering (41,44,60). In contrast, there are fewer studies that consider the context of the social and physical environment (24), despite some evidence that volunteering and an individual's environment are strongly related (62). According to Choi (62) the decision and capacity to volunteer is a product of an interaction between social roles, lifestyle, and resources in the local environment (15). Lawton (63,64) also emphasised that the physical, social, organisational and cultural environment are thoroughly interwoven. Indeed older individuals who feel a sense of belongingness to a particular location, generally their own neighbourhood, have been found to be more likely to volunteer (21). As volunteering typically constitutes local roles (51) the age-friendliness of the local environment and community is likely to be a particularly relevant context to investigate factors associated with volunteering in later life.

In 2003, Choi (62) put forward a conceptual framework for understanding volunteerism in later life which focused on how environmental factors, such as locality, and social-structural factors, such as gender, determine social roles, such as work, and resources, such as health, which, when paired with lifestyle factors, have the propensity to determine volunteer decisions (65).

A great deal of empirical studies have demonstrated a positive association between unpaid voluntary work and rates of informal social interaction (18,19), amount of social ties (20), and a person's sense of community (21). Social integration factors are important as they work in a circular fashion with many volunteers engaging in unpaid work as a result of the social contacts they have. There is existing evidence which demonstrates that older people who have maintained a wide range of informal social ties are more likely to volunteer than those who have not (22,57–59). A number of studies detailing the link between social ties and recruitment have outlined that volunteers tend to be recruited by friends, neighbours and acquaintances, demonstrating the importance of having contacts outside the family (44,60). Essentially, in terms of positive and healthy ageing, volunteering can enhance social support networks, increase social status, and reinforce knowledge and skills.

The NPAS seeks to enhance support for communities in Ireland and the voluntary sector to provide services as and to remove barriers to participation and is supported by extensive evidence surrounding the positive benefits to psycho-social wellbeing of involvement in volunteering (66–68). This echoes recommendations made by the UN in the Madrid Action Plan on Active Ageing to Member States to promote the contribution that older people make to society and should facilitate older people to engage in mutual self-help and volunteering and promote opportunities to realise their full potential (69).

However, a sole focus on volunteering has the propensity to devalue and detract from the importance of other forms of civic engagement such as attending local meetings of political movements or organisations (70) and in this report we also focus on different forms of political activity in order to take a more comprehensive approach to civic engagement (60). Political participation can take the form of membership of a political party, campaigning for a political party, joining a social movement (71). Political engagement acts as a channel which connects an individual to the decision making bodies of the country (72) in order to improve the positive ageing experiences of Citizens.

POLITICAL ACTIVITIES

In cases where civic engagement is reduced to volunteer activities alone, other integrated civic activities are overlooked such as voting, engaging in community activism and attending meetings of a political party or association. Theiss-Morse and Hibbing (70) posit that *“Volunteering in a soup kitchen will help hungry individuals in a town but will do nothing to address broader problems of homelessness and poverty”* (pp. 237–238). In Chapter 5 we present a profile of participation in political activities among older adults in Ireland and investigate socio-demographic, socio-economic and other factors that are associated with political activity. To begin, we briefly discuss relevant literature surrounding political activity among older adults and its role in healthy and positive ageing.

Political activity and healthy and positive ageing

Active citizenship is one of the clearest examples of productive ageing activity (14,15). It is important to note that political activity is just one form of active citizenship which involves the interrelated concepts of citizenship, social capital and community development (73). There is a great deal of evidence highlighting the benefits associated with political participation as a component of civic engagement such as the strengthening of the quality of decision making by means of the democratic process as well a subsequent sense of belonging within the community. It is also important to consider the heterogeneity of political activities. While a British survey analysis found that the propensity for collective action was lowest amongst the retired population (74,75) it is well-established in many countries that voter turn-out is highest among older cohorts. Being politically active is a means to participation in the decision making process of issues which affect oneself and others (8).

Barriers and enablers to political activity across the life course

In considering challenges to being politically active, the process of retirement is thought to also function as a process of political exclusion as older people become simultaneously removed from paid work along with their main sources of political awareness and means of representation by way of trade union membership (76). Several commentators have suggested that common perceptions of older people as being politically inactive in turn enhances negative stereotypes of older people as being passive and indifferent in terms of social and political participation (76,77). However, retirement need not signal a withdrawal from political participation and research from across Europe has shown that increased free-time and capacity associated with retirement is a key factor in enabling participation (72).

Even though political participation involves an element of autonomous choice, it is important to acknowledge that these choices are structured by a range of social, economic and situational factors that are often historically embedded and are diverse. For example, lower education, deprivation and poverty are related to low skills development in areas that are relevant to political participation along with fewer opportunities to initiate participation over time (78). Furthermore, Individuals with higher levels of educational attainment and who were actively involved in the community have been found to be more likely to hold political opinions compared to individuals with lower levels of education and who are not otherwise involved in their community (78).

Conversely, Barrow and Smith (79) argue that social movements in particular are the result of an accumulation of negative social, economic and historical events. Individuals who are negatively impacted by such events tend to join together to change the situation pressing for their rights and highlighting injustices of the current fixtures, and this is somewhat different to the regular pathway between educational advantage and political activity and engagement (78).

In terms of other forms of civic engagement, political activity and volunteering are closely related and there is strong empirical evidence that has demonstrated that civic skills that are developed and fostered by voluntary organisations are linked to and political participation in the community (80,81). There is also long-established evidence from Europe, the United States, and Great Britain that voluntary associations induce political activity among their members (82). This relationship is generally considered to be due to the fact that involvement in social organisations yield returns to human capital in the form of personal skills and capacities that enable action (83). Voluntary associations have been described as a 'school in democracy' and provide an experience that becomes an asset when taking political action outside the organisation environment (80,84).

Finally, civic and political society is technology rich and the European Union actively promotes the concept and practice of digital citizenship (the ability to participate in society online) and digital democracy more broadly (85). Internet use and various forms of digital media have the potential to promote democracy and economic growth, and digital citizenship can promote and create new forms social inclusion (86). Evidence from the U.S. has shown that internet use is associated with

increases in civic engagement and voting (86) and recent research from Ireland has demonstrated the potential positive social returns (increased volunteering, social trust and perceived political efficacy) to increasing IT skills among adults with the lowest level of IT skills proficiency in technology rich environments (87). However, it has been suggested that certain characteristics of the information age, specifically the internet, connect the connected more than the peripheral (88) and this 'digital divide' may perpetuate pre-existing forms of social and political exclusion.

In summary, in the research literature reviewed political activity is presented as a form of active citizenship and as a key component of healthy and positive ageing. Pathways and barriers to political activity have also been identified in several studies which are worth exploring in this Irish context.



CHAPTER THREE

METHODS

Data, fieldwork, study measures, analysis,
and study sample overview

3. METHODS

DATA AND SAMPLE

Data is from the Healthy and Positive Ageing Initiative (HaPAI) survey. This was a random-sample, population representative survey of people aged 55 and older, living in 21 Local Authority areas in 2015-2016. The following Local Authorities participated in the survey: Dublin City; South Dublin; Fingal; Dun Laoghaire-Rathdown; Galway City; Galway County; Clare; Limerick City; Limerick County; Kildare; Kilkenny; Laois; Louth; Meath; Wexford; Wicklow; Cavan; Cork City; Cork County; Mayo; and Tipperary. Data was collected between 2015 and 2016.

The target population for this survey includes all community-dwelling members of the population aged 55 and older in each Local Authority. 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 multi-stage 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 each Local Authority 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 described below. 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 the interviewer applied the 'next birthday' rule to select one participant.

FIELDWORK AND DATA COLLECTION

A total of 10,540 interviews were conducted in Ireland between 2015 and 2016. Each participant completed a structured Computer-Assisted Personal Interview (CAPI) in their own home with a trained interviewer from Amárach Research. Participants were also invited to complete an additional, separate, paper-based survey which included subjective wellbeing (depressive mood and quality of life) and experience of elder abuse.

RESPONSE RATES AND SAMPLE WEIGHTS

The response rate is the proportion of selected households that included an eligible participant who completed an interview. A total of 10,540 surveys were completed.

The overall response rate was 56%, and this ranged from 51% to 63% across the Local Authority areas. This includes an estimate of the households who are likely to contain an eligible household member, but for which eligibility was not determined.

The response rate and number of respondents within each Local Authority area are reported in Table 1 below.

Response rates typically vary among different groups within a given population such as different age groups or level of education. This variation can lead to biased estimates when reporting results. In order to adjust for this, sample weights have been applied to the survey data. The sample weights corresponded to the number of people, with a given set of characteristics, in the population 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).

TABLE 1 NUMBER OF PARTICIPANTS AND RESPONSE RATE IN EACH LOCAL AUTHORITY

Area	Sample (n value)	Response Rate (%)
Clare	500	59
Cork County	501	58
Cork City	501	56
Cavan	500	56
Dublin City	502	57
Dublin Fingal	502	50
Dun Laoghaire-Rathdown	502	51
Dublin South	501	57
Galway County	518	55
Galway City	504	63
Kildare	500	62
Kilkenny	500	55
Laois	501	60
Limerick City	501	59
Limerick County	502	59
Louth	500	53
Meath	500	56
Mayo	502	51
Tipperary	502	54
Wicklow	500	57
Wexford	501	51
Total	10,540	56

MEASURES

The specific questions that respondents were asked regarding political and volunteer engagement in the past 12 months are shown in Table 2.

TABLE 2 VOLUNTEERING AND POLITICAL ACTIVITY MEASURES

Survey Questions	
Volunteering	<p>Volunteer was measured as: weekly, monthly but not weekly, less often/never in response to the following questions:</p> <ol style="list-style-type: none">1. How often did you do unpaid voluntary work through community and social services in the last 12 months?2. How often did you do unpaid voluntary work through educational, cultural, sports or professional associations in the last 12 months?3. How often did you do unpaid voluntary work through social movements in the last 12 months?4. How often did you do unpaid voluntary work through other voluntary organisations in the last 12 months? <p>Non-volunteering combined reports of non-participation for each of the aforementioned volunteer categories.</p> <p>Satisfaction with time spent volunteering was measured with the question “Are you satisfied with the amount of time you spend volunteering?”</p> <p>Response included: satisfied; would prefer to increase time; would prefer to decrease time.</p> <p>Satisfaction with volunteering opportunities was measured with the question “Are you satisfied with the range of volunteering opportunities in your area?”</p> <p>Responses included: yes; no; or don’t know.</p>

Political Activity

Political activity was measured by combining yes responses to at least one of the following four questions:

1. Over the last 12 months, have you attended a meeting of a trade union, a political party or political action group?
2. Over the last 12 months, have you attended a protest or demonstration?
3. Over the last 12 months, have you contacted a politician or public official?
4. Over the last 12 months, have you offered your views as an older person in an official capacity?

A list of the indicators included in the analysis in this report is provided in Table 3 below. As shown we have included a wide range of important demographic characteristics and socio-economic status indicators.

TABLE 3 DEMOGRAPHIC, SOCIO-ECONOMIC, SOCIAL AND HEALTH MEASURES

Measures	Description
Gender	Male or female
Age	Age group categories used in this study: 55+, 55-64, 55-69, 65+, 65-74, 70+ and 75+
Marital status	Married/living with a partner as married, single (never married) divorced/separated, or widowed
Occupation	Retired, employed (employed/self-employed), out of work (unemployed, in education or training, permanently sick or disabled), or looking after home/family
Household composition	Living alone, living with spouse/partner, or living with family/non-family (without or without spouse/partner)
Material Deprivation	Responding 'no' to two or more items from a list of 11 items about the household E.g. Does the household replace any worn out furniture.
Income	Income bands: €501 up to €1,000; €1,001 up to €1,500; €1,501 up to €2,500; €2,501 or more. A missing category is also included due to missing information (32.4%).
Urban	Open countryside, village, or town, city or city suburb
Education	Primary or no education, secondary education, or third level education
Self-rated health	How is your health in general? Very good or good, fair, or bad or very bad
Long-standing illness or condition that limits everyday activities	No long-standing illness/condition; yes, not limiting; yes, limiting; yes, severely limiting.
Place attachment	How much do you like living in your neighbourhood? Like it a lot, like it a little, neither like nor dislike it, dislike it a little, dislike it a lot.
Driving	Within the past week, did you drive yourself? Yes, no.
Difficulty accessing transport	Do you have difficulty accessing transport most or all of the time? Yes, no.
Internet use	Within the past three months, how often have you used the internet? Every day, weekly, monthly, not at all. Respondents who answered either daily, weekly or monthly were coded as 'internet users'.
Meets Socially	Do you meet with friends, relatives or colleagues weekly, monthly but less than weekly or less than monthly or not at all.

ANALYSIS

All descriptive statistics were calculated using Stata (Version 14) and percentages are reported with 95% confidence intervals (95% CI). In Sections 4 and 5 we report the results of a series of mixed effects logistic regression analyses. The aim of these analyses is to identify the socio-demographic, socio-economic, health, and environmental factors associated with volunteer engagement and political activity in the previous 12 months

A multilevel approach was taken to account for the two-stage sampling strategy employed that involved respondents (level 2) being sampled from within Local Authority Areas (level 1).

Results are presented as Relative Risk Ratios (RRRs) or Odds Ratios (ORs) as appropriate. RRRs show the likelihood of being in a comparison group (e.g. volunteered weekly or volunteered less often/never) compared to being in a pre-defined reference group (volunteered monthly) increases or decreases with a predictor of interest e.g. age. A RRR of >1 indicates that the likelihood of being in a comparison group relative to being in the reference group increases as the predictor changes. For the purpose of interpretation, this means that the comparison group outcome is more likely. A RRR <1 indicates that the likelihood of being in the comparison group relative to being in a reference group decreases as a variable changes. Therefore the comparison group outcome is less likely than the reference group. Similarly, ORs show the odds that a given group is more or less likely than the reference group to participate in political activity and an odds ratio greater than one represents an increased likelihood, whereas an odds ratio less than one represents a decreased likelihood. So, values above one mean that the particular group was more likely to be politically active while values below one mean that they were less likely to be politically active. For each estimate, 95% confidence intervals are reported which provide an estimate of the accuracy of the parameter estimate, that is, the OR. Also, if a value of 1.00 does not fall between the confidence interval we can say that there is a statistically significant difference between the groups being compared.

SAMPLE CHARACTERISTICS

Key demographic and socio-economic characteristics of the survey respondents are presented in Table 4 below. Just over half the respondents were women (52.7%) and almost half were aged less than 65 years (46.5%). Two-thirds were married and 10.1% were single/never married. More than half lived with a spouse or partner while 27.4% lived alone. Almost one-in-five had a third level education. Half of the sample was retired (50.9%) and a further 25.0% were in paid employment. Almost one-in-ten respondents were considered to be materially deprived (7.9%). One fifth (20.8%) had a household income of between €1,501 and €2,500.

TABLE 4 RESPONDENT CHARACTERISTICS

Characteristics		%	(95% CI)
Gender	Male	47.3	(46.0-48.5)
	Female	52.7	(51.5-54.0)
Age	55-64	46.5	(44.9-48.1)
	65-74	31.5	(30.3-32.7)
	75+	22.0	(20.7-23.3)
Marital status	Married/living with a partner	65.0	(63.5-66.5)
	Single (never married)	10.1	(9.3-11.0)
	Separated/divorced	6.2	(5.5-6.9)
	Widowed	18.7	(17.8-19.8)
Education	Primary or less	34.4	(32.3-36.4)
	Secondary	47.8	(46.1-49.5)
	Third Level	17.9	(16.6-19.2)
Employment Status	Retired	50.9	(49.2-52.6)
	Employed/self-employed	25.0	(23.7-26.4)
	Looking after home/family	14.2	(13.1-15.4)
	Other	9.9	(9.0-10.8)
Material deprivation	No	92.1	(91.2-93.0)
	Yes	7.9	(7.0-8.8)
Income	€501 up to €1,000	15.1	(13.6-16.6)
	€1,001 up to €1,500	14.3	(13.0-15.6)
	€1,501 up to €2,500	20.8	(19.3-22.5)
	€2,501 or more	17.4	(15.7-19.3)
	Missing	32.4	(29.8-35.1)



CHAPTER FOUR

RESULTS

Volunteering among the over 55s in Ireland

4.1 RESULTS: VOLUNTEERING

VOLUNTEERING AMONG ADULTS AGED 55+ IN IRELAND

Table 5 below provides a summary of the profile of volunteers by the type of volunteering activity and frequency of volunteering. Four-in-ten (39.5%) older adults reported that they volunteered in the last 12 months, with 14.6% volunteering at least weekly and a further 10.1% volunteering monthly. Participation in unpaid voluntary work was higher and more frequent within community and social services; and educational, cultural, sports and professional associations.

TABLE 5 VOLUNTEERING IN LAST 12 MONTHS, BY TYPE

		%	95%CI
Volunteered in the last 12 months	Yes	39.5	(37.5,41.5)
Volunteering frequency (any type)	Weekly	14.6	(13.5,15.7)
	Monthly	10.1	(9.1,11.1)
	Less often/never	75.4	(73.8,76.8)
How often did you do unpaid voluntary work through ...			
<i>Community and social services in the last 12 months?</i>	Weekly	8.0	(7.3,8.7)
	Monthly	5.6	(5.0,6.3)
	Less often/never	86.4	(85.3,87.4)
<i>Educational, cultural, sports or professional associations in the last 12 months?</i>	Weekly	7.4	(6.5,8.4)
	Monthly	5.7	(5.0,6.6)
	Less often/never	86.9	(85.6,88.1)
<i>Social movements in the last 12 months?</i>	Weekly	2.7	(2.2,3.2)
	Monthly	4.1	(3.6,4.8)
	Less often/never	93.2	(92.4,93.9)
<i>Other voluntary organisations in the last 12 months?</i>	Weekly	3.7	(3.2,4.3)
	Monthly	3.3	(2.9,3.9)
	Less often/never	93.0	(92.1,93.7)

CHARACTERISTICS OF VOLUNTEERS

Table 6 below presents the total sample characteristics and demographic, socio-economic and health characteristics of the sample in terms of frequency of volunteering.

TABLE 6 VOLUNTEERING FREQUENCY BY RESPONDENT CHARACTERISTICS

Characteristics		Weekly volunteers		Monthly		Less often/never	
		%	95% CI	%	95% CI	%	95% CI
Gender	Male	15.7	(14.2,17.4)	11.5	(10.1,12.9)	72.8	(70.8,74.8)
	Female	13.5	(12.3,14.8)	8.8	(7.8,9.9)	77.7	(75.9,79.3)
Age	55-64	16.2	(14.5,18.1)	12.1	(10.6,13.8)	71.7	(69.3,73.9)
	65-74	15.4	(13.8,17.0)	10.1	(9.0,11.5)	74.5	(72.5,76.4)
	75+	9.9	(8.4,11.6)	5.7	(4.4,7.2)	84.4	(82.2,86.4)
Marital Status	Married	15.9	(14.5,17.4)	12.5	(11.2,13.9)	71.7	(69.7,73.5)
	Single (never married)	14.7	(11.6,18.4)	6.2	(4.4,8.5)	79.1	(75.1,82.6)
	Separated or divorced	11.3	(8.5,14.8)	6.4	(4.6,8.9)	82.3	(78.0,85.9)
	Widowed	11.0	(9.3,13.0)	5.0	(4.0,6.2)	84.0	(81.8,86.0)
Household composition	Living Alone	12.0	(10.5,13.8)	5.8	(4.8,7.0)	82.2	(80.0,84.1)
	Living with spouse/ partner	15.6	(14.1,17.2)	12.8	(11.4,14.3)	71.6	(69.5,73.6)
	Living with spouse or others	15.1	(12.8,17.8)	8.5	(6.9,10.3)	76.4	(73.4,79.1)
Education	Primary School	8.6	(7.2,10.1)	7.3	(5.9,9.1)	84.1	(81.8,86.1)
	Secondary School	15.9	(14.4,17.5)	9.9	(8.7,11.2)	74.2	(72.2,76.1)
	Third Level	22.4	(20.0,25.1)	15.8	(13.9,17.9)	61.7	(58.8,64.6)
Occupational Status	Employed	14.7	(13.4,16.0)	8.7	(7.8,9.8)	76.6	(75.0,78.2)
	Retired	16.6	(14.4,19.0)	15.5	(13.3,17.9)	67.9	(64.9,70.9)
	Out of work	12.0	(9.2,15.4)	7.6	(5.4,10.6)	80.4	(76.2,84.0)
	Looking after home/family	12.4	(10.2,15.0)	7.1	(5.5,9.1)	80.5	(77.2,83.4)
Income	501 up to 1,000	8.9	(7.1,11.0)	4.1	(2.9,5.7)	87.0	(84.4,89.3)
	1,001 up to 1,500	14.3	(11.9,17.0)	7.2	(5.7,9.0)	78.6	(75.4,81.4)
	1,501 up to 2,500	16.3	(14.3,18.6)	12.3	(10.3,14.7)	71.3	(68.4,74.1)
	2,501 or more	19.1	(16.2,22.4)	15.5	(12.9,18.4)	65.4	(61.6,69.1)
	Missing	13.7	(12.0,15.6)	9.8	(8.4,11.4)	76.5	(74.0,78.8)

Material Deprivation	No	15.4	(14.2,16.6)	10.6	(9.6,11.7)	74.0	(72.4,75.5)
	Yes	5.7	(4.0,8.1)	3.7	(2.4,5.5)	90.6	(87.8,92.9)
Health status	Very Good	22.5	(20.3,24.9)	10.6	(9.0,12.4)	66.9	(64.1,69.6)
	Good	15.1	(13.6,16.8)	11.9	(10.4,13.5)	73.0	(70.8,75.0)
	Less than good	6.9	(5.9,8.2)	6.8	(5.5,8.3)	86.3	(84.4,88.0)
Limiting illness	No limiting illness	15.8	(14.4,17.3)	11.7	(10.5,13.1)	72.5	(70.5,74.4)
	Not limited by illness	21.8	(18.6,25.4)	10.5	(8.4,12.9)	67.8	(64.0,71.3)
	Limited by illness	9.2	(7.9,10.6)	6.3	(5.1,7.8)	84.5	(82.6,86.3)
Location of home	Open countryside	16.2	(13.8,19.0)	11.0	(9.1,13.3)	72.8	(69.5,75.8)
	Village	13.3	(11.1,15.8)	11.8	(9.7,14.2)	75.0	(71.4,78.2)
	Town, city or city suburb	14.3	(12.9,15.7)	9.2	(8.0,10.4)	76.6	(74.7,78.4)
Place Attachment	Like it a lot/a little	14.8	(13.7,16.0)	10.0	(9.0,11.0)	75.3	(73.7,76.7)
	Neither like nor dislike	9.9	(5.8,16.2)	14.6	(9.4,21.9)	75.6	(67.3,82.3)
	Dislike it a lot/a little	8.5	(3.9,17.8)	7.0	(3.3,14.2)	84.5	(71.7,92.1)
Drove themselves in the past week	No	7.8	(6.5,9.4)	4.9	(3.9,6.1)	87.3	(85.4,88.9)
	Yes	17.6	(16.3,19.1)	12.4	(11.2,13.8)	69.9	(68.1,71.7)
Difficulties with transport	No	15.1	(13.9,16.4)	10.4	(9.4,11.5)	74.5	(72.8,76.0)
	Yes	9.1	(7.0,11.7)	6.9	(5.2,9.2)	84.0	(80.5,86.9)
Internet user	Yes	18.1	(16.6,19.7)	13.4	(12.1,14.9)	68.5	(72.8,76.0)
	No	9.9	(8.6,11.3)	5.6	(4.6,6.8)	84.5	(80.5,86.9)
Total		14.6	(13.5,15.7)	10.1	(9.1,11.1)	75.4	(73.8,76.8)

GEOGRAPHIC DIFFERENCES IN VOLUNTEERING

Figure 2 shows the proportion of adults within each of the 21 Local Authority areas who volunteered weekly in the previous 12 months.

FIGURE 2 ADULTS AGED 55+ WHO VOLUNTEERED WEEKLY

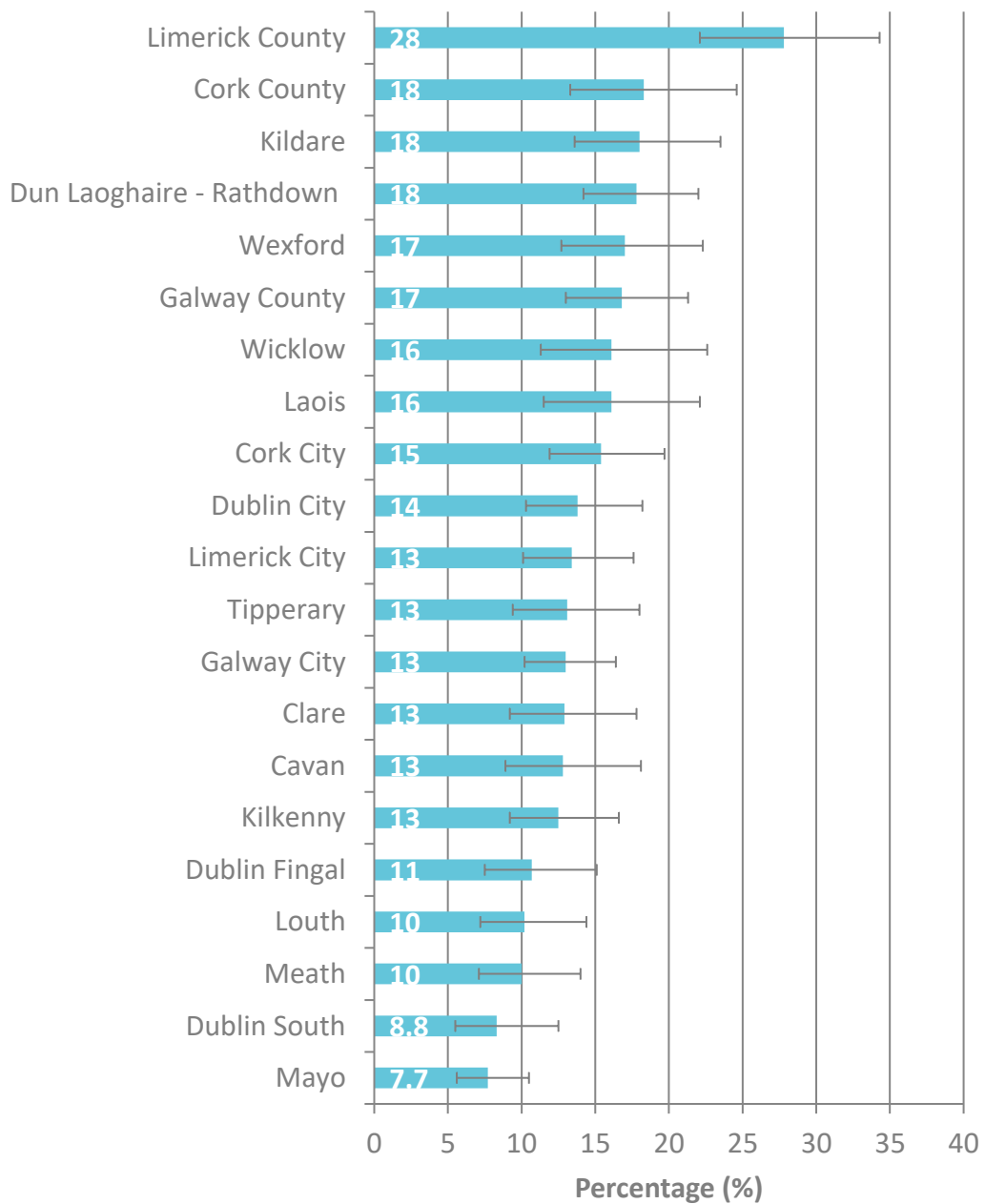
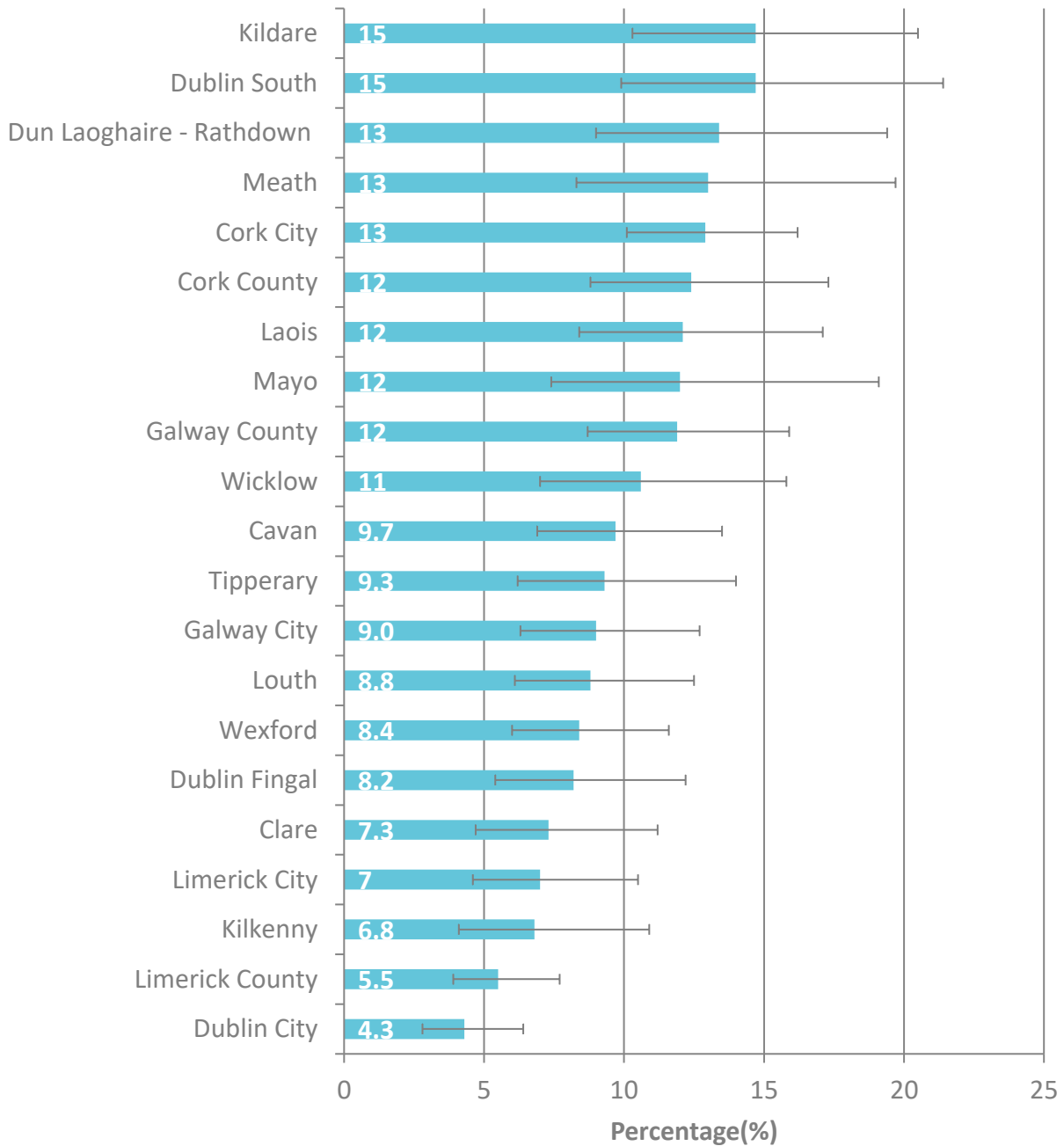


Figure 3 shows the proportion of adults within each of the 21 Local Authority areas who volunteered monthly.

FIGURE 3 ADULTS AGED 55+ WHO VOLUNTEERED MONTHLY



SATISFACTION WITH TIME SPENT VOLUNTEERING AND VOLUNTEERING OPPORTUNITIES IN LOCAL AREAS

Table 7 below shows the proportion of volunteers who are satisfied with the amount of time they spend volunteering. The majority of older adults who volunteered either weekly or monthly were satisfied with the amount of time they spend volunteering. There was no variation in satisfaction ratings across the range of volunteering activities considered in this report.

TABLE 7 SATISFACTION WITH TIME SPENT VOLUNTEERING

Volunteering frequency and activities	Satisfied		Would prefer to increase		Would prefer to decrease	
	%	95%CI	%	95%CI	%	95%CI
Weekly volunteering	89.7	(87.2,91.8)	6.8	(5.0,9.1)	3.5	(2.5,4.8)
Monthly volunteering	89.5	(87.5,91.2)	7.7	(6.2,9.5)	2.8	(2.1,3.7)
Volunteer activity						
<i>Community and social services</i>	89.0	(86.6,90.9)	8.5	(6.6,10.7)	2.6	(1.9,3.6)
<i>Educational, cultural, sports or professional associations</i>	89.6	(86.9,91.9)	7.6	(5.6,10.3)	2.8	(2.0,3.8)
<i>Social movements</i>	89.3	(86.4,91.6)	8.4	(6.3,11.2)	2.3	(1.6,3.5)
<i>Other voluntary</i>	89.0	(86.0,91.5)	8.1	(5.9,11.2)	2.8	(2.0,4.0)
Total	89.6	(87.7,91.2)	8.2	(6.7,9.9)	2.3	(1.7,3.0)

Table 8 below shows the proportion of volunteers who were satisfied with the volunteering opportunities available in their local area. While the majority was satisfied with the volunteering opportunities in their local area, 6.2% of weekly volunteers, 14.3% of monthly volunteers and 9.9% of those who volunteered less than monthly or never were dissatisfied with the range of volunteering opportunities in their area, and an even greater number were unsure (29.7%), suggesting a lack of awareness of the available opportunities.

TABLE 8 SATISFACTION WITH VOLUNTEERING OPPORTUNITIES IN THEIR LOCAL AREA

Volunteering frequency	Satisfied		Dissatisfied		Don't know	
	%	95%CI	%	95%CI	%	95%CI
Weekly	87.5	(85.0,89.7)	6.2	(4.6,8.3)	6.3	(4.9,8.2)
Monthly	78.8	(74.8,82.3)	14.3	(11.2,18.0)	6.9	(5.1,9.3)
Less often/never	60.3	(58.0,62.6)	9.9	(8.6,11.5)	29.7	(27.6,31.9)
Total	66.9	(65.0,68.8)	9.8	(8.6,11.2)	23.3	(21.6,25.0)

Factors associated with frequency of volunteering

Volunteering rates among older adults in Ireland are the second highest in Europe. Therefore it is worthwhile investigating the profile and characteristic of those who do not volunteer in order to identify barriers. In this section we report the results of a multinomial logistic regression analyses to explain some of the differences we have described in volunteering frequency. The aim of this analysis is to identify the socio-demographic, socio-economic, health, and environmental factors associated with 1) volunteering weekly in comparison to volunteering monthly 2) volunteering less often/never compared to volunteering monthly. The results of this analysis are presented in Table 9. Results are presented as Relative Risk Ratios (RRRs).

As shown in Table 9, when other factors were controlled for, adults aged 65 to 74 years were 21% more likely than adults aged between 55 to 64 years to volunteer on a weekly basis. There was a clear education gradient with the likelihood of volunteering either weekly or monthly increasing with education with older adults with third level education the most likely to volunteer regularly. Lower household income was associated with a decreased likelihood of volunteering. Furthermore, those who reported material deprivation were also significantly less likely to volunteer. Better health as indicated by self-reported health status and the absence of limiting illness were associated with regular volunteering. Being a car driver increased the likelihood of volunteering regularly while respondents who did not use the internet were one third less likely to report volunteering regularly.

TABLE 9 RESULTS FOR A MULTINOMIAL REGRESSION OF VOLUNTEERING

Comparison group: Less than monthly/never		Weekly		Monthly	
Characteristics		RRR (95% CI)		RRR (95% CI)	
Age	55-64	Reference			
	65-74	1.21	(1.03-1.42)	1.02	(0.85-1.22)
	75+	0.87	(0.71-1.08)	0.68	(0.53-0.87)
Gender	Male	Reference			
	Female	0.93	(0.82-1.05)	0.96	(0.84-1.11)
Marital Status	Married	Reference			
	Single	1.09	(0.80-1.49)	0.79	(0.53-1.17)
	Separated/ divorced	0.94	(0.67-1.31)	0.87	(0.58-1.30)
	Widowed	1.07	(0.79-1.43)	0.86	(0.60-1.24)
Household Composition	Living Alone	Reference			
	Living with spouse	0.93	(0.70-1.25)	1.06	(0.74-1.51)
	Living with spouse / others	0.94	(0.74-1.20)	0.86	(0.63-1.17)
Educational Attainment	Primary	Reference			
	Secondary	1.53	(1.29-1.82)	1.27	(1.04-1.56)
	Third Level	2.06	(1.70-2.50)	1.91	(1.53-2.38)
Occupational Status	Retired	Reference			
	Employed	0.87	(0.74-1.04)	1.08	(0.90-1.30)
	Out of work	1.06	(0.81-1.40)	0.86	(0.62-1.19)
	Looking after home/family	0.92	(0.75-1.14)	0.78	(0.60-1.00)
Income (in bands)	>€2,500	Reference			
	€1,501 up to €2,500	1.03	(0.86-1.22)	0.94	(0.78-1.15)
	€1,001 up to €1,500	1.04	(0.85-1.29)	0.90	(0.70-1.15)
	€501 up to €1,000	0.71	(0.56-0.90)	0.51	(0.37-0.70)
	Missing	0.83	(0.70-0.98)	0.96	(0.81-1.15)
Material Deprivation	No	Reference			
	Yes	0.68	(0.50-0.93)	0.69	(0.48-0.99)
Health Status	Very good	Reference			
	Good	0.61	(0.54-0.70)	1.08	(0.93-1.27)
	Less than good	0.32	(0.26-0.40)	0.94	(0.75-1.18)
Limiting Illness	No Illness	Reference			
	Not limited by illness	1.75	(1.49-2.06)	1.00	(0.82-1.22)
	Limited by illness	1.46	(1.23-1.74)	0.85	(0.69-1.05)
Place attachment	Like neighbourhood	Reference			
	Dislike neighbourhood	0.73	(0.53-1.00)	1.17	(0.90-1.52)
Location	Village	Reference			
	Open countryside	1.18	(0.98-1.41)	0.87	(0.71-1.07)
	Town, city or city suburb	1.07	(0.91-1.25)	0.87	(0.74-1.03)
Driven in last week	No	Reference			
	Yes	1.51	(1.27-1.79)	1.51	(1.24-1.85)
Transport Difficulties	Yes	Reference			
	No	1.04	(0.82-1.32)	1.30	(1.00-1.69)
Internet Use	Yes	Reference			
	No	0.64	(0.55-0.74)	0.65	(0.55-0.78)

DISCUSSION

Our findings suggest that a range of, socio-economic, health and environmental factors have an impact on the likelihood of older adults engaging in regular volunteering.

Higher education was associated with volunteering such that those with a secondary and a third level education more likely to report volunteering. Likewise, income and material deprivation were associated with volunteering such that older adults with lower income bands and material deprivation were significantly less likely to volunteer. Education and income have previously been identified as important resources for volunteer engagement, whereby higher levels of education and household income have been linked with a greater likelihood of volunteering (44,51). Previous research has shown that entering retirement has a positive effect on engagement in volunteering activities (45,47) however we found no significant association between occupation and volunteering. However, we did find that respondents who were responsible for looking after the home were more likely to report volunteering less often/never which may suggest that multiple roles have the propensity to impinge on volunteer behaviour.

Poor health can lead to a reduction in engagement in volunteering activities as it affects individual resources, social opportunity structures and motivational factors. Our findings support this statement as we found that less than good self-rated health status was associated with a decreased likelihood of volunteering at least once a week compared to volunteering monthly. Additionally, previous research has shown that the onset of functional limitations can either restrict or inhibit engagement in volunteering activity (60,75). Unexpectedly, we found that respondents who were limited by an illness were more likely to volunteer at least once a week.

It is suggested that the environment may play a large role in volunteering behaviour (51) as a result of the intertwining of social engagement, the availability of volunteering opportunities in the local area, culture, and feelings of belongingness in the local community (51,63). However, we found no differences in volunteering frequency according to where respondents lived or how much they say they like living in their area. It is worth noting that there was very little variation in responses to this question; almost all respondents (over 90%) said that they liked living in their area 'a lot'.

Driving plays a large role in volunteering as older adults who drive themselves are more likely to report volunteering regularly. We also found that adults who use the internet are more likely to report volunteering. This finding would suggest that having access to information online may allow for an awareness of voluntary opportunities thus effecting volunteer engagement. In addition, a higher proportion of those who volunteered less often/never reported not knowing whether they were satisfied with the volunteering opportunities in their local area which adds weight to the association between accessible information surrounding volunteer opportunities and volunteer engagement. Accessible information is important for enabling older people to continue participating in all aspects of life including

community participation and volunteering. Furthermore, as both volunteering and internet use decrease with age, the impact of non-internet use on voluntary participation may be augmented for the oldest age group.

4.2 RESULTS: POLITICAL ACTIVITY

As shown in Table 10 below, almost one-in-six (15.6%) older adults participated in at least one political activity. The most common political activity was contacting a politician or public official (8.7%). This was followed by attending a protest or demonstration (6.5%) and attending a meeting of a trade union, a political party or political action group (4.7%), and the lowest rates of political activity took the form of offering views as an older person in an official capacity (3.1%).

TABLE 10 POLITICAL ACTIVITY IN THE PAST 12 MONTHS, BY TYPE

	Yes (%)	95%CI
Attended a meeting of a trade union, a political party or political action group	4.7	(4.1,5.4)
Attended a protest or demonstration	6.5	(5.6,7.4)
Contacted a politician or public official	8.7	(7.9,9.7)
Offered your views as an older person in an official capacity	3.1	(2.6,3.6)
Engaged in at least one political activity in the last 12 months	15.6	(14.5,17.0)

Table 11 below shows the distribution of political activities in the last 12 months according to the socio-demographic characteristics of the sample. The groups most likely to report engaging in at least one political activity in the last 12 months were men (19.2%), aged 55-64 years (17.9%), separated or divorced (18.5%), living with a spouse/partner and others (18.1%).

TABLE 11 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF POLITICALLY ACTIVE RESPONDENTS

Characteristic	Active		Not active		
	%	95% CI	%	95% CI	
Gender	Male	19.2	(17.5,21.0)	80.8	(79.0,82.5)
	Female	12.3	(11.1,13.7)	87.7	(86.3,88.9)
Age	55-64	17.9	(16.2,19.7)	82.1	(80.3,83.8)
	65-74	16.3	(14.6,18.0)	83.7	(82.0,85.4)
	75+	9.7	(8.2,11.5)	90.3	(88.5,91.8)
Marital Status	Married	17.0	(15.5,18.6)	83.0	(81.4,84.5)
	Single (never married)	14.4	(11.8,17.5)	85.6	(82.5,88.2)
	Separated or divorced	18.5	(14.9,22.8)	81.5	(77.2,85.1)
	Widowed	10.2	(8.5,12.3)	89.8	(87.7,91.5)
Household composition	Living Alone	12.4	(10.7,14.3)	87.6	(85.7,89.3)
	Living with spouse/partner	16.3	(14.8,18.0)	83.7	(82.0,85.2)
	Living with spouse and others	18.1	(15.6,21.0)	81.9	(79.0,84.4)

Table 12 shows the socio-economic characteristics respondents who were politically active in the past 12 months.

TABLE 12 SOCIO-ECONOMIC CHARACTERISTICS OF POLITICALLY ACTIVE RESPONDENTS

Characteristic		Active		Not active	
		%	95% CI	%	95% CI
Education	Primary School	13.4	(11.6,15.4)	86.6	(84.6,88.4)
	Secondary School	15.2	(13.7,16.8)	84.8	(83.2,86.3)
	Third Level	20.8	(18.4,23.4)	79.2	(76.6,81.6)
Occupational Status	Employed	14.7	(13.3,16.2)	85.3	(83.8,86.7)
	Retired	19.9	(17.6,22.4)	80.1	(77.6,82.4)
	Out of work	15.8	(13.0,19.2)	84.2	(80.8,87.0)
		11.0	(8.8,13.7)	89.0	(86.3,91.2)
Income	€501 up to €1,000	12.6	(10.5,15.0)	87.4	(85.0,89.5)
	€1,001 up to €1,500	14.9	(12.3,17.9)	85.1	(82.1,87.7)
	€1,501 up to €2,500	17.0	(14.6,19.7)	83.0	(80.3,85.4)
	€2,501 or more	17.5	(15.1,20.3)	82.5	(79.7,84.9)
	Missing	15.3	(13.3,17.5)	84.7	(82.5,86.7)
Material Deprivation	No	15.5	(14.3,16.8)	84.5	(83.2,85.7)
	Yes	17.0	(13.6,20.9)	83.0	(79.1,86.4)

Table 13 below shows the percentage of respondents who engaged in political activities in the last 12 months according to their health related characteristics.

TABLE 13 HEALTH CHARACTERISTICS POLITICALLY ACTIVE RESPONDENTS

Characteristic		Active		Not active	
		%	95% CI	%	95% CI
Health status	Very Good	18.7	(16.7,20.9)	81.3	(79.1,83.3)
	Good	15.1	(13.5,16.9)	84.9	(83.1,86.5)
	Less than Good	13.7	(12.1,15.5)	86.3	(84.5,87.9)
Limiting Illness	No limiting illness	14.7	(13.3,16.3)	85.3	(83.7,86.7)
	Not limited by illness	19.0	(16.3,22.2)	81.0	(77.8,83.7)
	Limited by illness	15.7	(13.9,17.6)	84.3	(82.4,86.1)

Table 14 shows the percentage of older adults who engaged in political activities in the last 12 months, their location, transport, and social engagement.

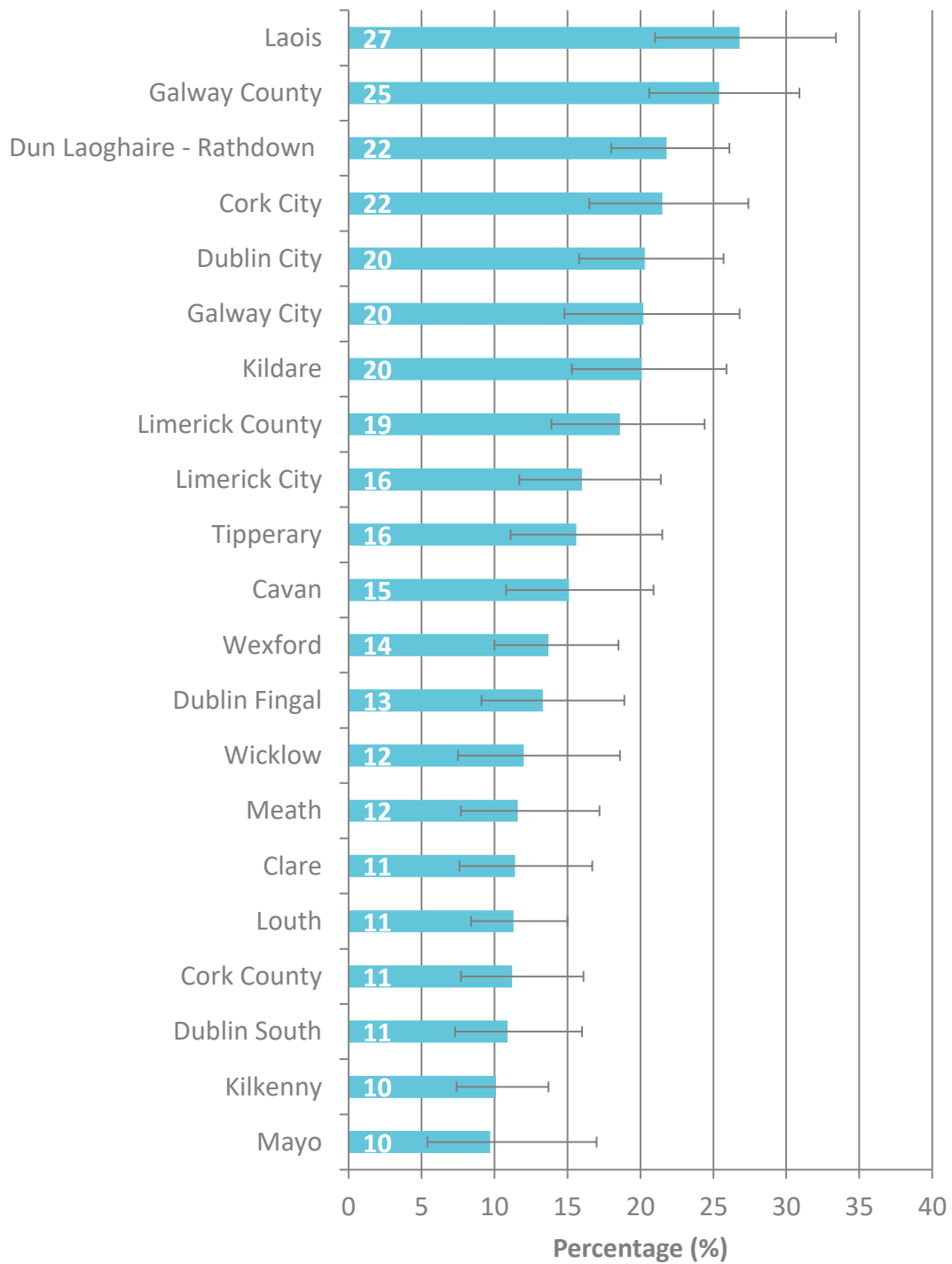
TABLE 14 LOCATION AND SOCIAL CHARACTERISTICS OF POLITICAL ACTIVE RESPONDENTS

Characteristic	Active		Not active		
	%	95% CI			
Location of home	Open countryside	15.0	(12.9,17.4)	85.0	(82.6,87.1)
	Village	11.4	[9.4,13.7)	88.6	(86.3,90.6)
	Town, city or city suburb	17.1	(15.5,18.8)	82.9	(81.2,84.5)
Place attachment (like living in the area)	Like it	15.5	(14.3,16.8)	84.5	(83.2,85.7)
	Neither like nor dislike	18.0	(12.9,24.4)	82.0	(75.6,87.1)
	Don't like it	17.4	(10.5,27.5)	82.6	(72.5,89.5)
Drove themselves in the past week	Yes	12.5	(10.8,14.4)	87.5	(85.6,89.2)
	No	17.0	(15.6,18.4)	83.0	(81.6,84.4)
Difficulties with transport most or all of the time	Yes	13.8	(11.1,17.0)	86.2	(83.0,88.9)
	No	15.8	(14.5,17.1)	84.2	(82.9,85.5)
Internet user	Yes	18.3	(16.7,19.9)	81.7	(80.1,83.3)
	No	11.9	(10.4,13.5)	88.1	(86.5,89.6)
Meets Socially with friends, relatives or colleagues	Weekly	16.6	(15.2,18.0)	83.4	(82.0,84.8)
	Monthly but less than weekly	14.3	(12.4,16.6)	85.7	(83.4,87.6)
	Less than monthly or never	11.8	(8.8,15.6)	88.2	(84.4,91.2)
Volunteered in the past 12 months	Yes	20.4	(18.5,22.4)	79.6	(77.6,81.5)
	No	12.4	(11.1,13.8)	87.6	(86.2,88.9)

GEOGRAPHIC DIFFERENCES IN POLITICAL ACTIVITY

Figure 4 below shows the proportion of adults within each of the 21 Local Authority areas who engaged in at least one political activity in the last 12 months.

FIGURE 4 POLITICALLY ACTIVE IN THE LAST 12 MONTHS, BY LOCAL AUTHORITY AREA



FACTORS ASSOCIATED WITH POLITICAL ACTIVITY AMONG ADULTS AGED 55+ IN IRELAND

In this section we report the results of a mixed effects logistic regression analysis to try to explain some of the differences we have described in political activity. The regression model shows factors that are associated with an increased or decreased likelihood of being politically active in the past 12 months. The results of the regression model is presented in Table 15 below and described here.

There was a significant association between marital status and political activity such that separated or divorced older adults were 38% more likely to engage in political activities compared to married older adults. In terms of occupational respondents who were employed were 18% more likely than their retired counterparts to be politically active. While there was no association between household income and political activity, respondents who were materially deprived were 42% more likely to have been politically active. Better health status as indicated by self-reported health and the absence of a limiting illness was associated with an increased likelihood of engagement. Older adults who lived in more densely populated areas were also more likely to have engaged in political activity.

Older adults who do not volunteer were 46% less likely than those who do volunteer to engage in at least one political activity in the last 12 months. Furthermore, the less someone meets socially with a friend, relative or colleague, the less likely they are to engage in political activities. Compared to older adults who meet socially with friends, relatives or colleagues at least weekly, those who meet socially less than weekly but more than monthly were 14% less likely to engage politically, whereas those who meet socially less than monthly or never were 26% less likely to engage politically.

TABLE 15 RESULTS FOR A LOGISTIC REGRESSION OF POLITICAL ACTIVITY

Characteristics		OR	(95% CI)
Age	55-64		Reference
	65-74	0.99	(0.84-1.16)
	75+	0.66	(0.54-0.82)
Gender	Male		Reference
	Female	0.64	(0.56-0.72)
Marital Status	Married		Reference
	Never married	0.92	(0.68-1.24)
	Separated/ divorced	1.38	(1.02-1.87)
	Widowed	0.89	(0.67-1.19)
Household Composition	Living Alone		Reference
	Living with spouse	1.05	(0.80-1.39)
	Living with spouse / others	1.22	(0.97-1.54)
Educational Attainment	Primary		Reference
	Secondary	1.00	(0.85-1.16)
	Third Level	1.02	(0.85-1.23)
Occupational Status	Retired		Reference
	Employed	1.18	(1.00-1.39)
	Out of work	0.91	(0.72-1.17)
	Looking after home/family	0.89	(0.72-1.10)
Income (in bands)	>€2,500		Reference
	€1,501 up to €2,500	1.09	(0.91-1.31)
	€1,001 up to €1,500	1.12	(0.90-1.40)
	€501 up to €1,000	1.11	(0.88-1.40)
	Refusal	1.06	(0.89-1.25)
Material Deprivation	No		Reference
	Yes	1.42	(1.13-1.78)
Health Status	Very good		Reference
	Good	0.81	(0.70-0.93)
	Less than good	0.64	(0.52-0.77)
Limiting Illness	No Illness		Reference
	Not limited by illness	1.65	(1.40-1.95)
	Limited by illness	1.91	(1.62-2.26)
Place attachment	Like neighbourhood		Reference
	Neither like nor dislike	1.50	(1.08-2.09)
	Dislike neighbourhood	1.24	(0.71-2.16)
Location	Village		Reference
	Open countryside	1.37	(1.12-1.68)
	Town, city or city suburb	1.67	(1.40-1.99)
Driven in the last week	No		Reference
	Yes	1.03	(0.88-1.21)
Transport Difficulties	No		Reference
	Yes	1.05	(0.84-1.29)
Internet Use	Yes		Reference
	No	0.75	(0.65-0.87)
Meets Socially with	Weekly		Reference

Characteristics		OR	(95% CI)
friends, relatives colleagues	Monthly, but less than weekly	0.86	(0.75-0.99)
	Less than monthly or never	0.74	(0.58-0.94)
Volunteered in the past 12 months	Yes		Reference
	No	0.54	(0.47-0.61)

DISCUSSION

Our findings show that a range of demographic, socio-economic, health and environmental factors have an impact on the likelihood of older adults engaging in at least one political activity in- the last 12 months.

We found that older age groups and females were less likely to report being politically active in the last 12 months. We also found that those in employment were more likely to report being politically active compared to retired respondents.. This finding is similar to those reported in previous research inform the UK that has shown that political activity is lowest amongst retirees (74). Although older adults who are out of the workforce may have the capability to meet the time demands associated with political participation (72), our findings suggest that older adults in this position are not utilising their time to engage in political activity. Political activity may be lower amongst older age groups, retirees and those out of work as they may no longer be members of a trade union. One of the main channels of political influence amongst the general population in Ireland takes the form of trade union membership and so when adults enter retirement, they become excluded from this form of political activity, awareness and representation (76).

There was a strong association between material deprivation and political activity such that materially deprived older adults were more likely to report political activity. Although employment may lead to political activity through trade union membership, older adults of a lower socio-economic status may engage in social movements, which according to Barrow and Smith (79) arise as a result of an accumulation of negative social, economic and historical events. Older adults in a socially disadvantaged position may become drawn to these social movements which typically highlight injustices and civil rights issues as a result of these negative social, economic and historical events.

The health status of older adults also plays a role in the likelihood of being politically active as those with poorer self-reported health were less likely to report taking part in these forms of political activities. This association is likely explained, at least in part, by the low political participation rates among the oldest age group and those who are not in employment. Unexpectedly, we found that older adults who have an illness that either limits/does not limit them in their everyday activities were more likely to engage in political activity compared to older adults without an illness.

Compared to older adults living in villages, those living in the open countryside and those living in larger urban areas, were more likely to engage in political activities. Social integration may play a role in this relationship as older adults who are more socially connected with their local community may become involved politically involved. Furthermore, older adults who neither like nor dislike their neighbourhood were more likely to engage in political activities. Similar to the association between material deprivation and political activity, those who neither dislike nor like their neighbourhood may become politically involved in community or local issues due to satisfaction with the local area.

Internet use plays a role in political activity; older adults who use the internet were significantly more likely to engage in at least one political activity in the last 12 months. These findings are similar to McNeal and colleagues (2007) (86) who found that internet use can lead to increases in political activity, as well as voting.

As suggested in the literature, we found an association between social and voluntary engagement and participation in political activities in the last 12 months such that volunteering in the last 12 months and more frequent social engagement is associated with a greater likelihood of being politically active. Previous research has shown that engagement in voluntary associations leads to an increase in political activity among volunteering members (82) and there is evidence to suggest that civic skills that an individual acquires through involvement in voluntary associations are associated with political activity in the larger community (80,84). It is suggested that participation in social and voluntary organisations yield returns to human capital in the form of personal skills and capacities that enable action (91).



CHAPTER SIX

CONCLUSIONS

6. CONCLUSIONS

Ireland has a comparatively high rate of volunteering at all ages, including among older adults, and the third highest rate of volunteering among European Member States. Volunteering is one of the many ways that older people make an important social and economic contribution. Volunteering also benefits the volunteer by providing essential constructive and productive roles and can enhance and maintain positive health and wellbeing.

The results of this report add weight to existing literature describing factors that promote or impede volunteering in later life; demographic factors, social roles and resources paired with lifestyle factors have the propensity to determine volunteer engagement, at local levels. The study highlights barriers to volunteering in the form of lower levels of formal education, place-attachment, material deprivation, disability, access, and provision. Importantly, many of these barriers are modifiable.

The current report also found that one's social environment was strongly associated with volunteer engagement, and previous studies have suggested that the 'personal ask' is the most effective method of volunteer recruitment. As volunteering rates are lower among the oldest age groups, co-designing initiatives within voluntary sectors which encourage and support the involvement of older volunteers is a positive step.

From an access and provision perspective, difficulty with transport was also related to non-participation. Furthermore, dissatisfaction with the range of volunteering opportunities in the local area, and difficulty accessing information about local events were also apparent.

Turning to political activity this report has provided a profile of older adults who are less likely to be politically engaged, as well as highlighting several barriers to political activity. These findings may be of use to those who aim to engage older people in local and national political processes. The current report also found that social integration significantly predicted political activity, and in previous literature social capital has been suggested as a bridge between volunteering and political activity; both are linked aspects of civic engagement.

Political participation can also provide opportunities to strengthen neighbourhood social capital; shared values and understandings in society which allow individuals and groups to trust and work efficiently together (16). As such, opportunities to be politically involved at local levels, and having a say in community developments, can promote a sense of belonging which is important for 'ageing in place'.

Additionally, this report found that materially deprived older adults were more likely to report being politically active in the past 12 months. This is an interesting finding as material deprivation is often deemed as a form of social exclusion and those who are socially excluded are less likely to engage in political activities (92). This finding may be explained in terms of engagement in social movements which

arise as a result of an accumulation of negative social, economic and historical events (79).

In terms of initiatives which promote political activity among older adult, Age Friendly Ireland and Local Authorities in Ireland have developed Older People's Councils. Older People's Councils essentially involves a group of older adults identifying priority areas of need, raising issues of importance and informing and influencing the decision making process in their local areas. As such these groups are mainstreaming ageing and the concerns of older people into local and national frameworks and strategies and fundamentally act as a mechanism for older adults to engage in political activities relevant to them (93).

Considered together, the results of this study provide information than can be used to guide action under the NPAS objective of analysing current community support infrastructures with a view to promoting and enabling civic engagement across the life course, with a particular focus on consolidating and strengthening these services.

REFERENCES

1. Department of Health. Positive ageing – starts now! The National Positive Ageing Strategy. Dublin; 2013.
2. Department of Health. Healthy Ireland – A framework for improved health and wellbeing 2013-2025. Dublin; 2013.
3. World Health Organisation. Active Ageing: A policy framework. Geneva: World Health Organisation; 2002
4. Central Statistics Office. Population and labour force projections 2016-2046 . Dublin: Central Statistics Office; 2013. Available from: http://www.cso.ie/en/media/csoie/releasespublications/documents/population/2013/poplabfor2016_2046.pdf
5. United Nations Population Fund. United nations population fund: Ageing. 2017. Available from: <http://www.unfpa.org/ageing>
6. Ward M, McGarrigle C. The contribution of older adults to their families and communities. In: McGarrigle C, Donoghue O, Scarlett S, Kenny RA, editors. Health and wellbeing: active ageing for older adults in Ireland Evidence from The Irish Longitudinal Study on Ageing. Dublin: The Irish Longitudinal Study on Ageing; 2017. p. 15–46.
7. World Health Organisation. Global age-friendly cities: a guide. Community Health. Geneva; 2007.
8. Taskforce on Active Citizenship. Report of the Taskforce on Active Citizenship. Dublin Secretariat of the Taskforce on Active Citizenship; 2007. Taskforce on Active Citizenship. Report of the Taskforce on Active Citizenship. 2007;40.
9. The Joint Committee on arts, sport, tourism, community rural and gaeltacht affairs. White Paper on a Framework for Supporting Voluntary Activity and for Developing the Relationship between the State and the Community and Voluntary sector. Dublin; 2000
10. GHK. Volunteering in the European Union. Brussels: GHK; 2010.
11. Healthy and Positive Ageing Initiative. The Positive Ageing 2016 National Indicators Report. Dublin: Department of Health; 2016.
12. Central Statistics Office. QNHS Volunteering and Wellbeing. Dublin: Central Statistics Office; 2013
13. Volunteer Ireland. The impact of volunteering on the health and well-being of the volunteer. Dublin: Volunteer Ireland; 2017.
14. Hank K, Erlinghagen M. Dynamics of volunteering in older Europeans. Gerontologist. 2009; 50(2):170-178

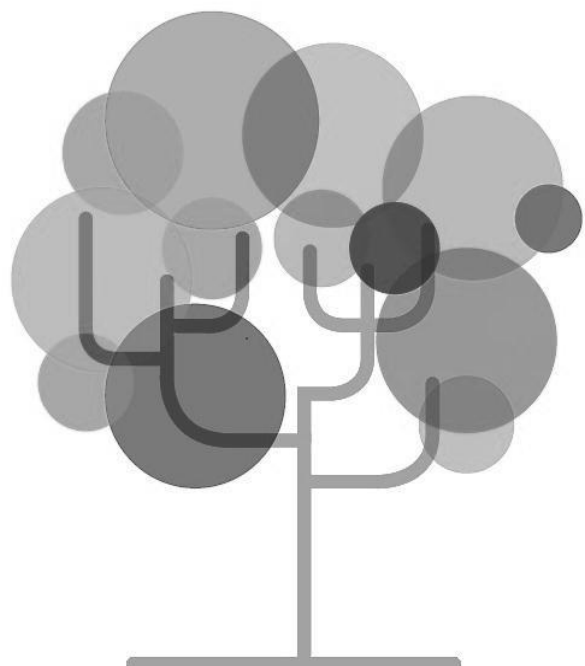
15. Morrow-Howell N, Hinterlong J, Sherraden M. Productive aging: Concepts and challenges. Baltimore: John Hopkins University Press; 2001
16. Field J. Learning Transitions in the Adult Life Course: agency, identity and social capital. Learn to Change. Frankfurt; Peter Lang, 2009.
17. Rouse S. Motives, incentives, and disincentives of older adult volunteers in youth development and other organizations[dissertation]. The University of North Carolina at Greensboro:1990.
18. Musick MA, Wilson J. Volunteers: A social profile. Indiana University Press; 2007
19. Willigen M Van. Differential benefits of volunteering across the life course. *Journals Gerontol Ser B*. 2000; 55(5):308-318
20. Rook K, Sorkin D. Fostering social ties through a volunteer role: Implications for older-adults' psychological health. *Int J Aging*. 2003; 57(4):313-337.
21. Okun M, Michel J. Sense of community and being a volunteer among the young-old. *J Appl Gerontol*. 2006; (2):173-188.
22. Pilkington P, Windsor T. Volunteering and subjective well-being in midlife and older adults: The role of supportive social networks. *Journals Gerontol*. 2012; 67(2):249-260
23. Brown S, Brown R, House J. Coping with spousal loss: Potential buffering effects of self-reported helping behavior. *Personal Soc*. 2008; 34(6):849-861
24. Post, SG. Altruism and health: Perspectives from empirical research. New York: Oxford University Press; 2007.
25. Tully JC, Burke PJ. The measurement of role identity. *Jun. Soc forces*. 1977;55(4):881-897.
26. Turner RH. The Role and the Person. *Am J Sociol*. 1978;84(1):1-23.
27. Thoits PA. Multiple Identities and Psychological Well-Being: A Reformulation and Test of the Social Isolation Hypothesis. *American S*. 1983;48(2):174-187.
28. Brofenbrenner U. Toward an Experimental Ecology of Human Development. *Am Psychol*. 1977;32(7):513-531.
29. Greenfield E, Marks N. Formal volunteering as a protective factor for older adults' psychological well-being. *Journals Gerontol Ser B*. 2004; 59:5
30. Franz CE, White KM. Individuation and attachment in personality development: Extending Erikson's theory. *J Pers*. 1985;53(2):224-56.
31. Theurer K, Wister A. Altruistic behaviour and social capital as predictors of well-being among older Canadians. *Ageing Soc*. 2010;30(1):157-81.
32. Piliavin JA, Grube JA, Callero PL. Role as Resource for Action in Public Service. *J Soc Issues*. 2002;58(3):469-85.

33. Vaillant, GE. Generativity: A form of unconditional love. In Stephen G. Altruism and Health: Perspectives From Empirical Research. Washington DC: Oxford University Press; 2007. p. 219-229.
34. Bradley CL. Generativity–Stagnation: Development of a Status Model. *Dev Rev.* 1997;17(3):262–290.
35. Oman D, Thoresen C. Volunteerism and mortality among the community-dwelling elderly. *J Heal.* 1999; 4(3):301-316
36. Moen P, Dempster-McClain D. Successful aging: A life-course perspective on women’s multiple roles and health. *Am J.* 1992; 97(6):1612-1638.
37. Rubenson K, Desjardins R. The impact of welfare state regimes on barriers to participation in adult education a bounded agency model. *Adult Educ Q* 2009; 59(3):187-207.
38. Morrow-Howell N, Hinterlong J. Effects of volunteering on the well-being of older adults *Journals Gerontol.* 2003; 58(3):137-145
39. Jirovec R, Hyduk C. Type of volunteer experience and health among older adult volunteers. *J Gerontol Soc Work.* 1999; 30(3-4):29-42.
40. Shmotkin D, Blumstein T, Modan B. Beyond keeping active: Concomitants of being a volunteer in old-old age. *Psychol Aging.* 2003; 18(3):602.
41. Morrow-Howell N. Volunteering in later life: Research frontiers. *Journals Gerontol Ser B.* 2010; 65(4):461-469.
42. Ní Léime Á, O’Shea E. *Well Into Older Age — Age & Opportunity and the Evidence* . Galway: National University Ireland Galway; 2010.
43. UNECE. *Active Ageing. Policy Brief on Ageing No.13.* New York: UNECE; 2012.
44. Tang F. Socioeconomic disparities in voluntary organization involvement among older adults. *Nonprofit Volunt Sect Q.* 2008; 37(1):57-75
45. Rotolo T. A time to join, a time to quit: The influence of life cycle transitions on voluntary association membership. *Soc Forces.*2000; 78(3):1133-1161.
46. Kim J, Moen P. Is retirement good or bad for subjective well-being? *Curr Dir Psychol Sci* . 2001; 10(3):83-86.
47. Kaskie B, Imhof S, Cavanaugh J, Culp K. Civic engagement as a retirement role for aging Americans. *Gerontologist.* 2008; 48(3):368-377
48. Milardo R. Changes in social networks of women and men following divorce: A review. *J Fam Issues.* 1987; 8(1):78-96.
49. Foster-Bey J, Dietz N, Grimm R. *Keeping baby boomers volunteering: A research brief on volunteer retention and turnover* Washington, DC: Corporation for National and Community Service, Office of Research and Policy Development, 2007.
50. Li Y, Ferraro K. Volunteering in middle and later life: Is health a benefit, barrier or both? *Soc forces.* 2006; 85(1):497-519.

51. Musick MA, Wilson J. *Volunteers: A social profile*. Indiana University Press; 2007
52. Baltes P, Smith J. New frontiers in the future of aging: From successful aging of the young old to the dilemmas of the fourth age. *Gerontology*. 2003; 49(2):123-135.
53. Komp K, Tilburg T Van. Age, retirement, and health as factors in volunteering in later life. *Nonprofit Volunt*. 2012; 41(2):280-299.
54. Butrica BA, Johnson RW ZS. Volunteer dynamics of older Americans. 2009; 12;64(5):644-655.
55. Clary EG, Snyder M. The motivations to volunteer: Theoretical and practical considerations. *Current directions in psychological science*. 1999 Oct;8(5):156-159.
56. Prouteau L, Wolff F. On the relational motive for volunteer work. *J Econ Psychol*. 2008; 29(3):314-335.
57. Dury S, Donder L De, Witte N De. To volunteer or not: The influence of individual characteristics, resources, and social factors on the likelihood of volunteering by older adults. *Nonprofit and* 2015; 44(6):1107-1128.
58. Lee J, Burnett J, Dyer C. Frailty in self-neglecting older adults: A secondary analysis. *J Elder Abuse Negl*. 2016; 23(2):159-180.
59. Paik A, Navarre-Jackson L. Social networks, recruitment, and volunteering: Are social capital effects conditional on recruitment? *Nonprofit Volunt Sect*. 2011; 40(3):476-496.
60. Martinson M, Minkler M. Civic engagement and older adults: A critical perspective. *Gerontologist*. 2006; 46(3):318-324.
61. Wilkinson, R. and Pickett K. *The spirit level. Why more equal societies almost always do better*. London: Allen Lane; 2009
62. Choi L. Factors affecting volunteerism among older adults. *J Appl Gerontol*. 2003; 22(2):179-196.
63. Lawton M, Nahemow L. Ecology and the aging process. In: Eisdorfer, Carl & Lawton MP, editors. *The psychology of adult development and aging*. Washington DC; 1973
64. Lawton MP. Competence, environmental press, and the adaptations of older people. In: Lawton MP, Windley PG, Byerts TO, editors. *Aging and the Environment: Theoretical Approaches*. New York: Springer. 1982:97-120
65. Bass SA. Productive aging: A conceptual framework. *Productive aging: Concepts and challenges*. 2001:37-78.
66. Cattan M, Newell C, Bond J, White M. Alleviating Social Isolation and Loneliness among Older People. *Int J Ment Health Promot*. 5(3):20–30.
67. Oxley, H. *OECD Health Working Papers*. Paris: OECD; 2009

68. Wheeler JA, Gorey KM, Greenblatt B. The Beneficial Effects of Volunteering for Older Volunteers and the People They Serve: A Meta-Analysis. *Int J Aging Hum Dev.* 1998;47(1):69–79.
69. United Nations. Madrid political declaration and international plan of action on ageing, 2002. *Int Soc Sci J.* 2006;58(190):633–665
70. Theiss-Morse E, Hibbing J. Citizenship and civic engagement. *Annu Rev Polit Sci.* 2005; 15; 8:227-249.
71. The World Health Organisation. Active Ageing: A Policy Framework. Madrid: The World Health Organisation, 2002.
72. Cox H. Later life: The realities of aging. 6th ed. New York: Routledge; 2015.
73. Gaynor N. In-Active citizenship and the depoliticisation of community development in Ireland[dissertation]. [Dublin]. Dublin City University, 2009: 19p.
74. Young K. 'Political attitudes', in Jowell R, Airey C, editors, *British Social Attitudes: The 1984 Report*. Aldershot: Gower; 1984. 11-45
75. George L, Ferraro K. *Handbook of aging and the social sciences*. 8th ed. London: Academic Press; 2015
76. Townsend P. The structured dependency of the elderly: a creation of social policy in the twentieth century. *Ageing & Society.* 1981;1(1):5-28.
77. Walker A. Towards a political economy of old age. *Ageing & Society.* 1981;1(1):73-94.
78. Glenn N, Grimes M. Aging, voting, and political interest. *Am Sociol Rev.* 1968; 1:563-575.
79. Barrow G, Smith P. *Aging, ageism and society*. Minnesota: St. Paul; 1979.
80. Brady HE, Verba S, Schlozman KL. Beyond SES: A resource model of political participation. *Am Polit Sci Rev.* 1995;89(2):271–294
81. Miller M.K. 2001. 'Organized Groups and Political Participation: Varieties of Social Influence', paper presented at Annual Meeting of the American Political Science Association, San Francisco, 30 August- 2 September.
82. Verba S, Nie NH. *Participation in America: Political democracy and social equality*. University of Chicago Press; 1987 .
83. Becker G.S. *Human capital*. Chicago: Chicago University Press; 1992.
84. Teorell J. Linking Social Capital to Political Participation: Voluntary Associations and Networks of Recruitment in Sweden. *Scan Polit Stud.* 2003;26(1):49–66.
85. European Commission . *DigComp 2.0: The Digital Competence Framework for Citizens*. European Commission : Luxemburg; 2016.
86. Mossberger K, Tolbert CJ, McNeal RS. *Digital citizenship: The Internet, society, and participation*. MIT Press; 2007.

87. Gibney, S, Byrne T. Results from the Programme for the International Assessment of Adult Competencies (PIAAC): Low proficiency, social trust, political efficacy and volunteering. Dublin; 2015.
88. Norris P. The Worldwide Digital Divide: Information Poverty, the Internet and Development. Annu Meet Polit Stud Assoc UK, London Sch Econ Polit Sci. 2000;10.
89. Burr J, Choi N, Mutchler J. Caregiving and volunteering: Are private and public helping behaviors linked? *The Journals of [Internet]*. 2005 [cited 2017 Aug 3]; Available from: <https://academic.oup.com/psychsocgerontology/article-abstract/60/5/S247/585488>
90. Butrica BA, Johnson RW, Zedlewski SR. Volunteer dynamics of older americans. *Journals Gerontol - Ser B Psychol Sci Soc Sci*. 2009;64(5):644–55.
91. Becker DG. Exit Lady Bountiful: The Volunteer and the Professional Social Worker. *Soc Serv Rev*. 1964 ;38(1):57–72.92.
92. European Commission. Social exclusion and political engagement.London: European Commission; 2005.
93. Age Friendly Ireland. Older People’s Council’s Guide. Dublin: Age Friendly Ireland; 2015.



HEALTHY & POSITIVE
AGEING INITIATIVE