5 Living conditions of adults in Ireland

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Contents

tilda
Staidéar Fadaimseartha na hÉireann um Dhul in Aois
The Irish Longitudinal Study on Ageing

5 Living conditions of adults in Ireland

Key Findings

- Adults living in homes constructed prior to 1971 were twice as likely to have added modifications to their home than those living in newer builds (24-28% vs. 12-13%).
- 19.1% of adults have added modifications to their home, with average costs spent on these modifications higher in Dublin city or county (€8,574), compared to another town or city (€5,098) or a rural area (€5,097).
- 57.8% of adults reported problematic housing conditions. 21.6% of adults who reported three or more problematic housing conditions at Wave 3, reported the same at Wave 4.
- The most prevalent housing condition at Wave 2 was damp, mould or moisture, and this remains the case at Wave 4 (46.3%).
- There was a decrease of 4.6% in adults reporting problems heating their home from Wave 3 to Wave 4 possibly attributable to new policy initiatives.
- Similar to findings from Wave 2, there was a large disparity in problems with heating the home between dwellings in Dublin city or county (50.4%) compared to a rural area (24.4%).
- Location differences were apparent in reporting of neighbourhood social cohesion. 54.3% of participants living in rural areas reported high neighbourhood social cohesion compared to 18.6% of participants living in Dublin city or county.
- Adults who reported low neighbourhood social cohesion are more likely to report their health as fair or poor (20%) compared to those who report high neighbourhood social cohesion (14%).
- Lowest quality of life scores were reported by participants experiencing low neighbourhood social cohesion living in another town or city (24.8) compared to those living in Dublin city or county (30.1).

Introduction

A suitable living environment is important to maintain the ability to live independently (1). Life satisfaction of older people has been shown to be impacted by the conditions of their home (2). As people age, they may experience lower functional abilities and poorer health which can lead to the home becoming unsuitable for their needs (3). It has been shown that the majority of older persons want to age in place, therefore modifications to homes become increasingly necessary to ensure suitability as care needs increase.

A TILDA report on the housing conditions of Ireland's older population was published in 2012 (4). The report highlighted that the majority of older adults (59%) experienced a problem with the condition of their home such as damp/mould, structural, pests or noise problems, while around a quarter reported difficulties in heating their home (4). Adults aged 50 years and over who reported heating difficulties were more likely to have poorer self-rated health and depressive symptoms (4). Recommendations within the report suggest that policies targeting housing quality and heating could potentially improve physical and mental health.

The Sustainable Energy Authority of Ireland (SEAI) provides a number of grants targeting energy performance, efficiency and warmth in homes. The *Better Energy Homes* scheme (5) is available to all homeowners in dwellings constructed prior to 2006 (for insulation and heating control system grants), or 2011 (for heat pump and solar thermal grants). The *Better Energy Warmer Homes* scheme (6) is available to homeowners in dwellings built prior to 2006 and who are in receipt of certain welfare payments including the fuel allowance. The *Warmth and Wellbeing* scheme (7) launched in 2016 and aimed to supplement the *Better Energy Homes* scheme. *Warmth and Wellbeing* is available for children aged 0-12 and adults aged 55 years and over who live with a chronic respiratory disease. The scheme was initially only available to residents in Dublin 12 and 24. In 2017, it was announced that the *Warmth and Wellbeing* scheme would receive additional funding and be extended to Dublin 8, 10 and 22. The impact of the *Warmth and Wellbeing* scheme will be seen in coming years. Additional schemes targeting the needs of the older population and administered through local authorities are also available. The *Mobility Aids Grant* scheme (8) provides funding for older adults, or adults with a disability who require works to address mobility issues in their home (e.g. grab rails, ramps, stair lift). The *Housing Aid for Older Persons* scheme (9) is available for adults aged 66 years and older, providing funding to improve the condition of older peoples' homes.

Household characteristics also incorporate who is living in the household. The proportion of older adults living alone increases with advancing age in most countries in Western Europe. Living alone can allow older adults to maintain independence and build self-esteem (10, 11). However, social isolation and loneliness can be exacerbated by living alone and can lead to poor psychological well-being (12). In 2012, it was reported that a quarter of older adults in Ireland live alone (4). The *National Positive Ageing Strategy* (13) seeks to enable people to age with confidence, security and dignity in their own homes and communities for as long as possible. Additionally, it sets out to remove barriers to participation and provide more opportunities for continued involvement of people as they age in cultural, economic and social life. The *Seniors Alert* scheme (14) launched in 2017, provides adults aged 65 years and over with a free personal monitored alarm worn on the wrist. The scheme intends to provide older people with a sense of security and peace of mind in their own homes, connecting them with a local volunteer or emergency services when the alarm is activated.

In this Chapter, we describe the living environment of adults aged 56 and over living in Ireland. We examine housing characteristics and modifications, housing conditions, heating and neighbourhood social cohesion. Analysis of housing characteristics and modifications are based on the 5,977 participants aged 56 and over who took part in the wave 4 computer-assisted personal interview (CAPI), while analysis on housing conditions, heating and neighbourhood cohesion are based on participants who returned the self-completion questionnaire (SCQ) (n=5,064).

5.1 Housing characteristics

5.1.1 Location of home

26.0% of adults aged 56 years and over in Ireland resided in Dublin city or county, 30.4% resided in another town or city, while 43.7% resided in a rural area.

5.1.2 Construction dates

The majority of homes were constructed after 1970 (1971-2000: 45.7%; 2001 or later: 8.0%). Adults aged 75 years and over were more likely to live in homes constructed prior to 1971 (66.5%), whilst only 35.0% of adults aged 56-64 years lived in homes constructed during the same period.

5.1.3 Ownership details

The majority of adults aged 56 and over in Ireland owned their home (81.5% outright, 10.8% with a mortgage). 4.8% of adults were in local authority rented property while 2.8% rented privately. Older adults aged 75 years and over were more likely to own their home (93.0%) compared to adults aged 56-64 years (89.2%).

5.1.4 Living situation

In Wave 4, 28.5% of adults aged 56 and over in Ireland lived alone. The prevalence of those living alone was slightly higher for women (31.8%) than men (25.0%). The proportion living alone increased with advancing age, with 20.5% of adults aged 56-64 years living alone, compared to 45.2% of adults aged 75 and over. More adults over the age of 56 reported living alone in another town or city (33.4%), than Dublin city or county (26.6%) or a rural area (26.3%).

5.2 Housing modifications

TILDA participants were asked if they had ever modified their home to make it easier or safer for an older person to live there. Examples of modifications included grab bars, railings, ramps, or remodelling of existing buildings. 19.1% of adults had added modifications to their home. Table 5.1 shows a breakdown of prevalence of modifications added and participant characteristics.

Modifications were more likely to have been added in households based in Dublin city or county (26.7%). Over a quarter of adults residing in Dublin city or county reporting added modifications. In comparison, 15.7% of adults living in a rural area reported added modifications and 17.7% of those living in another town or city.

Adults aged 75 years and over were over twice as likely to have modified their home compared to those aged 65-74 years (38.6% vs 16.4%). Just 8.8% of adults aged 56-64 years added modifications to their homes.

Construction date played a role in the likelihood of dwellings being modified. 27.7% of adults living in homes built between 1941-1970 reported modifications. The prevalence decreased in homes constructed more recently, with 13.2% of those living in homes constructed in 1971-2000 reporting modifications and 11.9% of those in homes constructed in 2001 or later.

Participants were asked if they had any difficulties with activities of daily living (ADLs) (e.g. walking, bathing, dressing and eating) or instrumental activities of daily living (IADLs) (e.g.

meal preparation, grocery shopping and medication management) which were expected to last longer than three months. In Dublin city or county, adults who reported an ADL or IADL were 3.5 times more likely to have modified their homes compared to those who reported no disability (73.0% versus 21%) while adults in rural areas were over five times more likely to modify their homes (66.7% versus 12.6%). Self-rated health was similarly related to home modifications. 29.9% of those who reported 'fair' health and 46.3% who reported 'poor' health added modifications compared with 11.2% of those who reported 'excellent' health.

Table 5.1: Modifications to home stratified by age, construction date, disability and self-rated health.

Variable	Dublin city or county % (95% CI)	Another town or city % (95% CI)	A rural area % (95% CI)	Total % (95% CI)
Age				
56-64 years	12.4 (9.1-16.6)	6.7 (4.3-10.2)	8.3 (6.1-11.0)	8.8 (7.3-10.6)
65-74 years	22.4 (18.3-27.1)	16.3 (12.3-21.2)	13.0 (10.5-16.0)	16.4 (14.3-18.6)
75+ years	52.9 (43.8-61.8)	37.5 (30.5-45.1)	30.5 (25.1-36.5)	38.6 (34.5-43.0)
Construction Date				
Pre-1919	29.2 (17.9-43.8)	18.3 (9.7-32.1)	24.6 (18.5-32.1)	24.1 (19.2-29.7)
1919-1940	37.8 (26.7-50.2)	20.9 (12.1-33.8)	19.4 (12.9-28.2)	26.3 (20.6-32.9)
1941-1970	33.6 (27.2-40.6)	28.3 (22.7-34.6)	20.1 (14.6-27.0)	27.7 (24.2-31.6)
1971-2000	19.2 (15.1-24.2)	10.7 (8.1-14.1)	11.6 (9.0-14.8)	13.2 (11.4-15.3)
2001 or later	16.5 (4.1-47.6)	17.3 (10.1-27.9)	7.9 (4.2-14.4)	11.9 (8.0-17.3)
Disability				
Not disabled	21.0 (17.8-24.5)	13.5 (11.2-16.2)	12.6 (10.8-14.7)	15.0 (13.6-16.5)
IADL Disability only	55.7 (37.0-72.8)	54.8 (38.0-70.6)	62.0 (43.3-77.6)	57.1 (46.7-67.0)
ADL Disability only	68.1 (53.7-79.7)	23.2 (11.2-41.8)	24.1 (13.9-38.5)	40.5 (31.5-50.3)
IADL or ADL Disability	73.0 (49.4-88.2)	65.4 (46.7-80.3)	66.7 (47.1-81.8)	67.8 (56.3-77.4)
Self-Rated Health				
Excellent	19.1 (13.2-27.0)	9.1 (5.4-15.0)	6.7 (4.1-10.9)	11.2 (8.5-14.5)
Very Good	19.4 (15.1-24.5)	12.0 (8.7-16.2)	9.8 (7.4-12.8)	13.0 (11.0-15.2)
Good	28.5 (23.2-34.4)	19.4 (15.3-24.2)	18.4 (15.2-22.3)	21.1 (18.7-23.7)
Fair	39.8 (30.9-49.5)	25.3 (18.2-34.0)	27.8 (21.6-35.0)	29.9 (25.5-34.7)
Poor	66.3 (47.5-81.1)	53.2 (31.8-73.5)	22.2 (10.3-41.7)	46.3 (34.6-58.4)
Total	**26.7 (23.2-30.5)**	**17.7 (14.9-20.9)**	**15.7 (13.6-18.0)**	**19.1 (17.5-20.9)**

5.2.1 Cost of modifications by age group

The mean overall cost of modifications for adults in Ireland was €6,367. Participants who reported that they had added modifications to their homes were asked what the total cost of these modifications were. Adults aged 56-64 years reported a mean cost of €11,936, with lower reported costs in the older age groups (65-74 years: €6,495, ≥75 years: €3,987).

5.2.2 Cost of modifications by location

For adults residing in Dublin city or county, the mean cost of modifications was €8,574. Adults living in another town or city reported average costs of €5,098. Adults living in a rural area reported similar average costs of €5,097 for modifications to their home.

5.3 Housing conditions

Housing conditions were assessed in the SCQ where participants were asked to record whether they have problems with the condition of the home. For the purposes of this Chapter, the categories of problematic housing conditions are defined in Table 5.2.

Table 5.2: Classification of problematic housing condition categories.

Housing conditions	Category
• A leaking roof • Leaking or moisture getting in through walls • Leaking or moisture getting in at doors or windows • Leaks from water pipes • Rising damp • Condensation dampness • General dampness from unknown sources • Mould on walls/ceilings, etc	Damp, mould or moisture
• Corrosion or rot around any external door(s) • Badly fitting doors • Corrosion or rot around any window(s) • Leaky or draughty windows • Windows that don't open/close properly • Rot in timbers other than windows/doors, such as rot in joists, floor boards, etc • Structural cracks in internal or external support walls • Subsidence in floors	Structural
• Pests – rats, mice, cockroaches	Pest
• Noise from neighbouring houses	Noise
• Difficulty in heating accommodation	Heating

The previously published report showed that 59% of participants reported problematic housing conditions in Wave 2 (4). For those who completed an SCQ at Wave 3 and Wave 4 (n=4,459), the change in number of reported problematic housing conditions between waves is shown in Table 5.3. 56.7% of the population reported having a problem in their home at Wave 4, compared to 60.0% in Wave 3.

21.6% of participants who reported three or more problematic housing conditions at Wave 3 reported a similar number of problems at Wave 4. 14.1% of adults who reported problems at Wave 3, reported no problematic housing conditions at Wave 4. 11.4% who reported no problematic housing conditions in Wave 3 reported a problem at Wave 4. Overall, the proportion of participants who reported problematic housing conditions was similar across Waves.

Table 5.3: Change in number of reported problematic housing conditions between Wave 3 and Wave 4.

	No problem (W4)		One or two problems (W4)		Three or more problems (W4)		Total (W4)	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
No problem (W3)	29.1	(27.3-31.0)	8	(7.0-9.1)	3.4	(38.6-42.6)	40.6	(38.6-42.6)
One or two problems (W3)	9.6	(8.6-10.7)	10.5	(9.4-11.7)	6.7	(5.8-7.8)	24.9	(23.4-26.6)
Three or more problems (W3)	4.5	(3.7-5.5)	6.5	(5.6-7.7)	21.6	(20.0-23.4)	32.8	(31.0-34.6)
Total (W3)	40	(38.1-42.0)	25.9	(24.4-27.6)	34.1	(32.2-36.0)	100	

5.3.1 Distribution of reported housing problems

At Wave 2, damp, mould or moisture was the most commonly reported problematic housing condition of adults in Ireland with 46% reporting this problem (4). Table 5.4 shows the breakdown of housing problems in Wave 4. Adults aged 56-64 reported more problematic housing conditions than their older counterparts. Those living in rural areas were less likely to report problematic housing conditions (53.8%) compared to other locations (Dublin city or county: 59.9%, Another town or city: 61.1%). Modern building regulations should ensure better insulation and structural quality (15, 16). This is reflected in these findings with adults in older dwellings built pre-1940 more likely to report problems (64.9% compared to 51.4% of homes constructed in 2001 or later).

Damp, mould or moisture was the most commonly reported problematic housing condition (46.3%) followed by structural issues (31.9%) (Table 5.3). Noise issues were more prevalent in Dublin city and county compared to rural areas (18.4% vs. 5.1%). 65.2% of participants with a reported IADL disability reported housing problems, compared to 57.1% of participants with no disability (Table 5.3).

Damp, mould or moisture, structural problems and pest problems were higher in homes constructed pre-1940. 57.9% reported damp, mould or moisture and 38.5% reported structural problems in homes constructed pre-1940, compared to 32.1% and 26.9% respectively in homes constructed in 2001 or later. A similar trend was seen with pest problems, as 22.4% of participants living in homes constructed pre-1940 reported this issue, compared to 9.6% in homes constructed in 2001 or later.

Table 5.4: Problematic housing condition by age group, location and construction date.

	Any problem		Damp, mould or moisture		Structural		Pest		Noise		Heating	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Age												
56-64 years	65.2	(62.1-68.1)	52.3	(49.3-55.4)	36.3	(33.5-39.3)	17	(14.9-19.4)	16.4	(14.0-19.1)	24.3	(21.7-27.0)
65-74 years	51.8	(48.8-54.8)	42.1	(39.2-45.0)	28.2	(25.5-31.0)	14.9	(13.0-17.1)	10.9	(9.1-13.0)	19	(16.9-21.3)
75+ years	54.2	(50.1-58.3)	43.5	(39.5-47.5)	29.9	(26.6-33.4)	13	(10.6-15.8)	7.5	(5.4-10.5)	18.8	(15.9-22.1)
Location												
Dublin city or county	59.9	(56.3-63.6)	43.8	(40.0-47.8)	30.8	(27.5-34.3)	17.8	(15.3-20.9)	18.4	(15.6-21.7)	21.3	(18.5-24.5)
Another city or town	61.1	(57.6-64.5)	49.6	(45.9-53.2)	36	(32.6-39.5)	13.1	(10.8-15.9)	17.2	(14.5-20.2)	22.4	(19.4-25.6)
A rural area	53.8	(50.8-56.8)	45.7	(42.9-48.5)	29.4	(27.0-31.8)	15.2	(13.3-17.2)	5.1	(3.8-6.7)	19.9	(17.9-22.1)
Construction Date												
Pre 1940	64.9	(60.4-69.2)	57.9	(53.5-62.1)	38.5	(34.6-42.5)	22.4	(19.2-26.0)	12	(9.2-15.5)	27.1	(23.5-31.1)
1941-1970	58.7	(54.4-62.8)	49.5	(45.4-53.5)	31.1	(27.5-35.0)	16	(13.1-19.3)	12.9	(10.4-15.9)	20.2	(17.3-23.5)
1971-2000	54.5	(51.6-57.3)	41.2	(38.5-44.0)	29.1	(26.7-31.7)	12.9	(11.0-14.9)	11.9	(10.0-14.1)	18	(15.9-20.2)
2001+	51.4	(44.9-57.8)	32.1	(26.2-38.7)	26.9	(21.1-33.7)	9.6	(6.1-14.2)	12.4	(8.4-18.0)	21.6	(16.6-27.5)
Disability												
No disability	57.1	(55.1-59.1)	45.5	(43.6-47.5)	31.3	(29.6-33.1)	15.4	(14.0-16.8)	11.5	(10.1-13.0)	20.2	(18.7-21.8)
ADL disability only	60.8	(48.4-71.9)	53.6	(42.6-64.3)	39.7	(29.5-50.8)	11.5	(6.3-20.0)	21.7	(13.4-33.2)	24.3	(15.7-35.7)
IADL disability only	65.2	(55.2-74.1)	55.3	(45.5-64.7)	28.7	(20.8-38.2)	18.3	(12.0-26.8)	14.9	(9.5-22.7)	31.1	(23.5-34.0)
ADL and IADL disability	61.2	(48.3-72.8)	50.9	(38.6-63.2)	38.5	(27.9-50.4)	13.3	(6.9-23.9)	20.3	(12.1-32.2)	27.9	(18.4-40.0)
Overall	**57.6**	**(55.7-59.6)**	**46.3**	**(45.0-48.3)**	**31.9**	**(30.1-33.0)**	**15.3**	**(13.9-16.7)**	**12.2**	**(11.0.83-13.27)**	**21**	**(19.9-22.2)**

5.3.2 Changes in problematic housing conditions between Wave 3 and Wave 4

Of those who participated in both Wave 3 and Wave 4 of TILDA (n=5,475), there was little change in reported housing problems between waves except for difficulty in heating the home, decreasing from 25.6% to 21.0%, potentially a reflection of access to the fuel allowance in the older ages (Table 5.5).

Table 5.5: Changes in problematic housing conditions in the population between Wave 3 and Wave 4.

Housing condition	Wave 3		Wave 4	
	%	(95% CI)	%	(95% CI)
Damp, mould or moisture	46.8	(44.9-48.7)	46.4	(44.4-48.3)
Structural	31.4	(29.6-33.2)	31.7	(30.0-33.5)
Pest	15.7	(14.3-17.2)	15.3	(13.9-16.7)
Noise	12.5	(11.1-14.0)	12.2	(10.8-13.7)
Heating	25.6	(23.9-27.3)	21.0	(19.5-22.6)

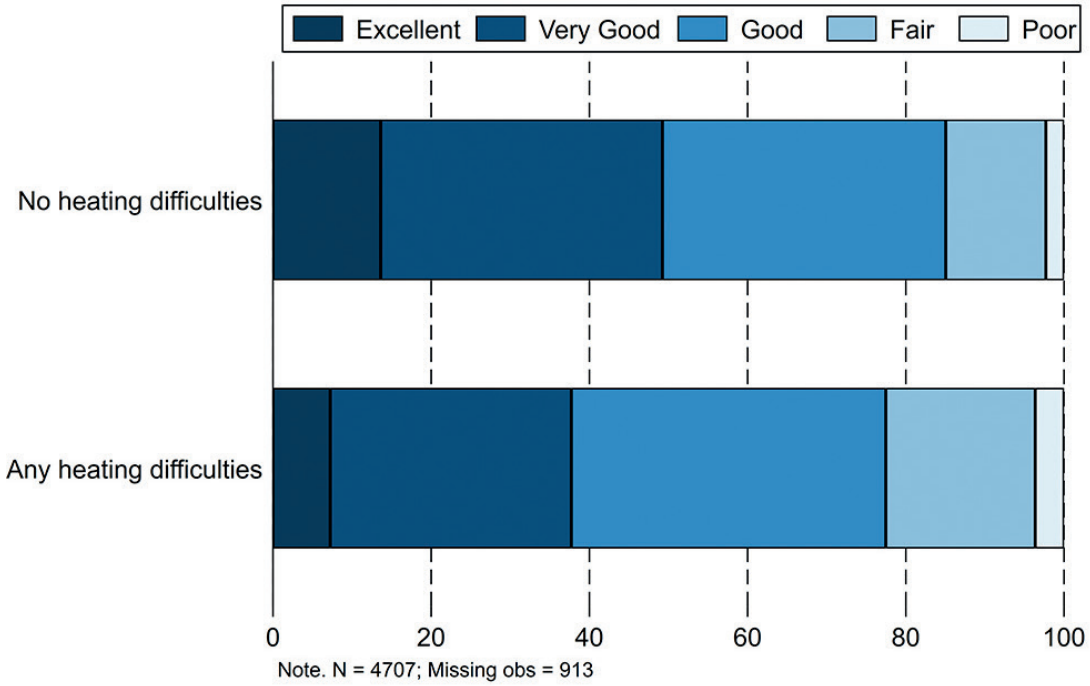
5.4 Heating

In the SCQ, TILDA participants were asked to record the ways in which they heat their homes during the winter. Options include central heating, open fire, portable heaters and closed solid fuel appliances. Participants could choose more than one heating method. The most common method of heating the home was through central heating; 83.9% of adults reported using this method. Section 5.4.1 assesses the relationship between central heating and heating difficulties. Heating difficulties are captured by asking if participants have any problem in heating their accommodation.

5.4.1 Central heating and heating difficulties

At Wave 4, 30% of TILDA participants who did not have central heating reported having heating difficulties, compared to 19% of those with central heating. There was a location effect as 50.4% of those with no central heating living in Dublin city or county reported heating difficulties, compared to 24.4% of those residing in a rural area (Figure 5.1). These are consistent with findings from the Wave 2 report (4).

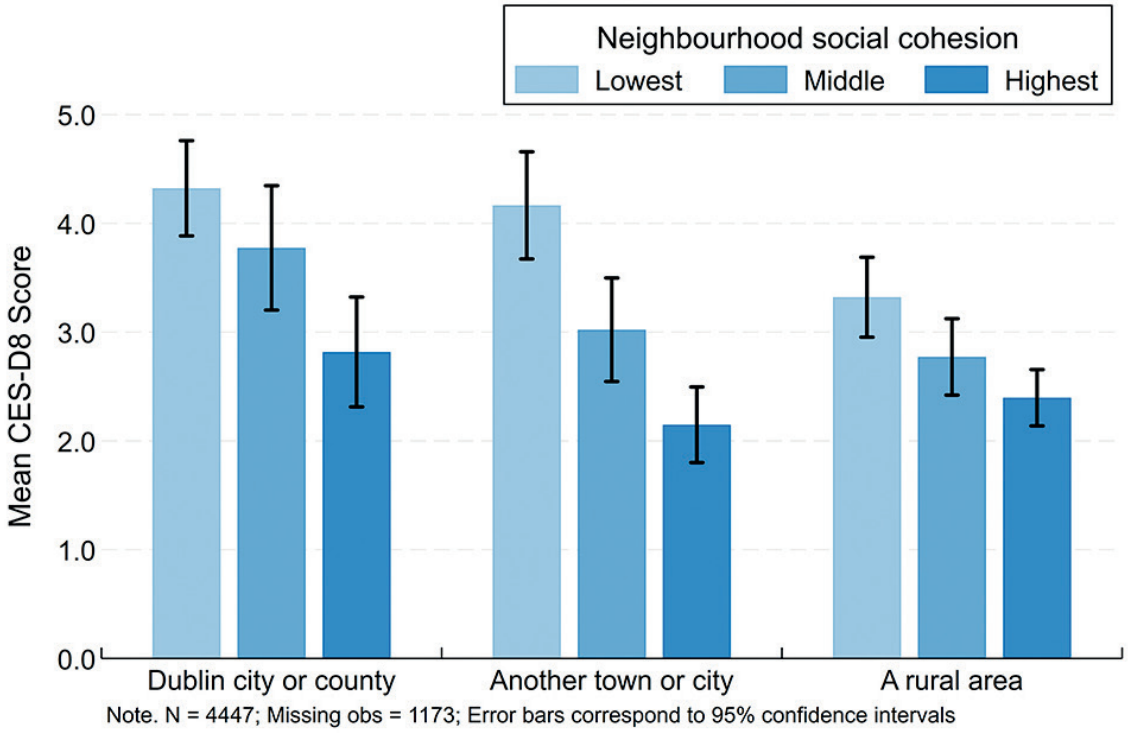
Figure 5.1: Percentage of heating difficulties by central heating and location.



5.4.2 Heating difficulties and self-rated health

Participants who reported difficulties in heating their home were more likely to report fair or poor health (22.5%) compared to those with no heating difficulties (15.0%) (Figure 5.2). This is marginally less compared to Wave 2, where 24.0% of adults with heating difficulties reported their health as fair/poor (4).

Figure 5.2: Percentage of heating difficulties by self-rated health.



5.5 Neighbourhood social cohesion

Neighbourhood social cohesion was measured in the SCQ through a number of statements (see Table 5.6). Participants are shown a positive statement which is anchored by an opposing negative statement and were asked to what degree they agree with each on a scale of one to seven. These scores were grouped into tertiles, with the highest tertile indicating highest neighbourhood social cohesion, and the lowest tertile indicating the lowest neighbourhood social cohesion.

Table 5.6: Statements used for measuring neighbourhood social cohesion.

Neighbourhood social cohesion	
Positive statement	**Negative statement**
I really feel part of this area	I feel that I don't belong in this area
Most people in this area will always treat you fairly	People in this area will take advantage of you
Most people in this area are friendly	Most people in this area are unfriendly
If you were in trouble, there are lots of people in this area who would help you	If you were in trouble, there is nobody in this area who would help you
Most people in this area can be trusted	Most people in this area can't be trusted

Neighbourhood social cohesion was measured at Wave 2 and Wave 4, and rates of reported neighbourhood social cohesion did not change across waves, potentially reflecting a low number of participants moving neighbourhoods and the stability of social cohesion within the communities that participants reside. Of those who completed an SCQ at Wave 2 and Wave 4 (n=4,468), little change was seen between neighbourhood social cohesion between waves. Consequently, the following section only describes the findings from Wave 4.

5.5.1 Demographic characteristics of neighbourhood social cohesion

Table 5.7 reports neighbourhood social cohesion by sample characteristics. Neighbourhood social cohesion varied by sex, as more women reported high neighbourhood social cohesion than men (53.8% vs 46.2%). 54.3% of participants living in rural areas reported high social cohesion compared to 18.6% of participants living in Dublin city or county.

Table 5.7: Demographic characteristics of neighbourhood social cohesion tertiles.

	Social cohesion					
	Lowest		Middle		Highest	
	%	95% CI	%	95% CI	%	95% CI
Sex						
Men	55.1	(52.3-57.9)	46	(43.1-49.0)	46.2	(43.4-48.9)
Women	44.9	(42.1-47.7)	54	(43.1-49.0)	53.8	(51.1-56.6)
Age						
56-64	49.3	(46.1-52.6)	38.1	(35.0-41.0)	29.4	(26.5-32.5)
65-74	33	(30.2-36.0)	37.9	(34.9-41.0)	39.4	(36.2-42.8)
75+	17.7	(15.3-20.3)	24	(21.1-27.2)	31.2	(28.1-34.3)
Location						
Dublin city or town	32.3	(27.4-37.2)	27.4	(23.2-32.0)	18.6	(15.3-22.4)
Other city or town	32.6	(28.0-37.6)	31.2	(26.8-35.9)	27.2	(23.1-31.7)
A rural area	35.2	(31.0-39.7)	41.4	(36.9-46.1)	54.3	(49.5-58.9)
Disability						
Not disabled	88.5	(86.2-90.5)	89.4	(86.9-91.4)	91.8	(89.7-93.5)
IADL Disability only	4	(2.7-5.9)	4.1	(2.9-5.7)	2.2	(1.4-3.4)
ADL Disability only	4.4	(3.3-5.8)	3.3	(2.3-4.8)	3.5	(2.5-4.7)
IADL and ADL Disability	3.1	(2.1-4.5)	3.2	(2.1-4.8)	2.6	(1.6-4.0)
Living Situation						
Living alone	25.3	(22.4-28.4)	30.8	(27.7-34.2)	27.2	(24.3-30.3)
Living with others	74.7	(716-77.6)	69.2	(65.8-72.3)	72.8	(70.4-74.0)
Total	**34.4**	**(32.5-36.4)**	**34.1**	**(32.4-35.8)**	**31.6**	**(29.8-33.4)**

5.5.2 Neighbourhood social cohesion and social integration

Strength of participants' social network is measured in TILDA using the Berkman-Syme Social Network Index (17). This is a composite scale scored 0-4 quantifying four types of social connection: (i) married, (ii) number of close ties with friends, family and children, (iii) member of a church, (iv) member of voluntary organisations including clubs. Participants were scored one point if they answered positively to any of the above. A score of 1 indicated most isolated, and a score of 4 indicated most integrated. The average social network index score for adults in Ireland in 2016 was 2.7, which is considered moderately to most socially integrated.

Table 5.8 shows the prevalence of self-reported social integration categories by tertiles of neighbourhood social cohesion. A larger proportion of those who were categorised as being moderately/most integrated reported the highest neighbourhood social cohesion (68.1%), compared to those who reported the lowest neighbourhood social cohesion (56.4%). Conversely, those who reported the lowest neighbourhood social cohesion are more likely to report being moderately/most isolated (43.7%) compared to those who report the highest neighbourhood social cohesion (31.9%).

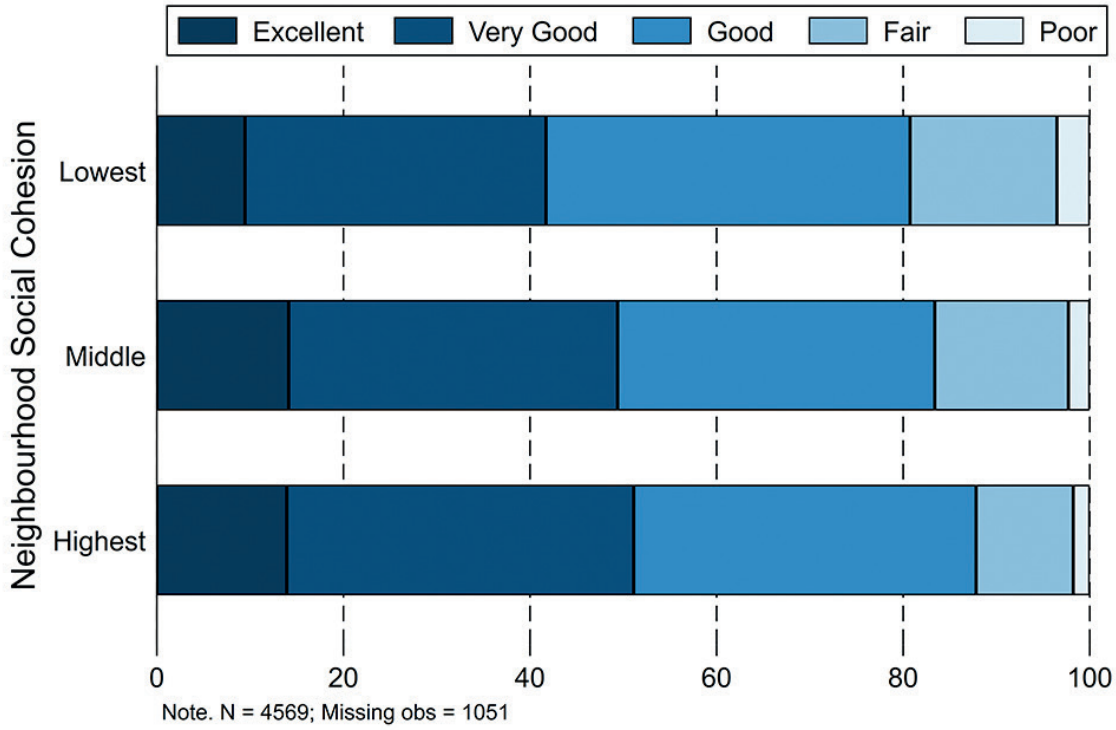
Table 5.8: Proportion of social integration by neighbourhood social cohesion tertiles.

	Lowest		*Middle*		*Highest*	
	%	95% CI	%	95% CI	%	95% CI
Most isolated	11.3	(9.1-13.8)	8.9	(7.0-11.2)	7.6	(5.8-9.9)
Moderately isolated	32.4	(29.4-35.5)	28.6	(35.7-31.2)	24.3	(21.7-27.2)
Moderately integrated	37.2	(34.4-40.2)	39.4	(36.4-42.5)	42.8	(39.8-45.9)
Most integrated	19.2	(16.9-21.7)	23.1	(20.6-25.7)	25.3	(22.6-28.1)

5.5.3 Neighbourhood social cohesion and self-rated health

Adults who perceived high neighbourhood social cohesion tended to express their self-rated health as better than those with low neighbourhood social cohesion (Figure 5.2). 9% of adults with low neighbourhood social cohesion reported excellent self-rated health, compared to 14% of those with higher neighbourhood social cohesion. 20% of participants with low neighbourhood social cohesion reported fair/poor health, proportionately higher than in the highest neighbourhood social cohesion group (14%).

Figure 5.3: Self-rated health, by tertiles of neighbourhood social cohesion.

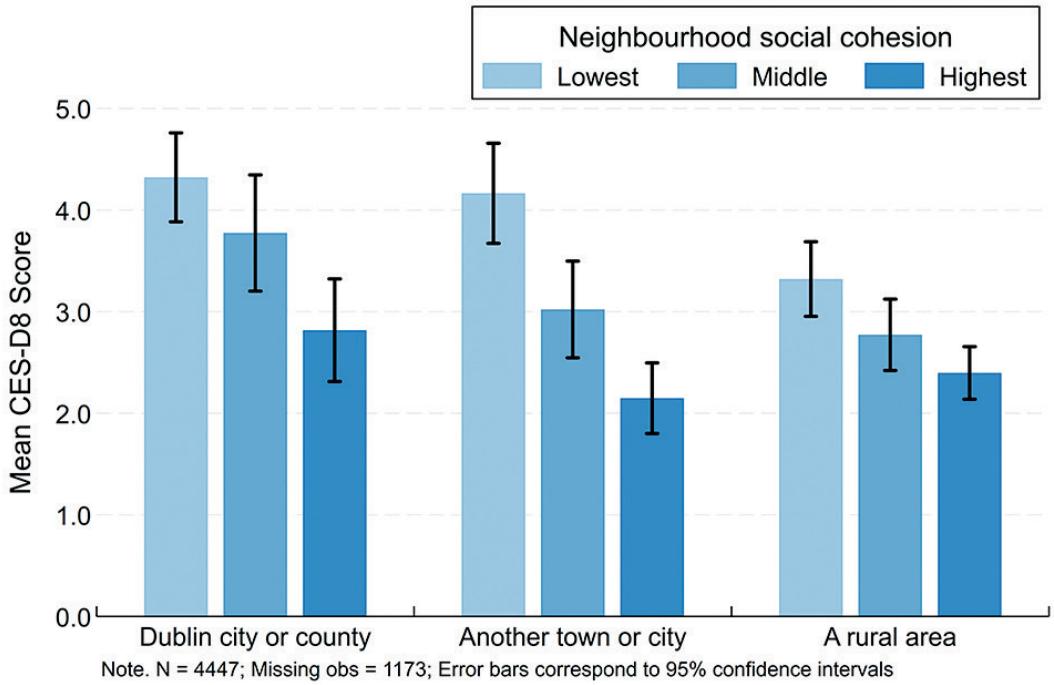


5.5.4 Neighbourhood social cohesion and depressive symptoms

Depressive symptoms were measured with the 8-item short form Centre for Epidemiologic Studies Depression (CES-D8) scale (18). The data were scored and summed to create a scale of 0-24, with a higher score indicating more depressive symptoms experienced within the week prior to the participant's interview. The average CES-D8 score for adults in Ireland at Wave 4 was 3.2.

Average CES-D8 scores varied by location, and tended to be higher in city locations than rural areas (Figure 5.4). Scores were highest in areas of low neighbourhood social cohesion within Dublin city or county (3.9) and lowest in areas of high neighbourhood social cohesion in another town or city (2.4) (Figure 5.3).

Figure 5.4: Mean depressive symptoms score (CES-D8) by neighbourhood social cohesion tertiles and location.

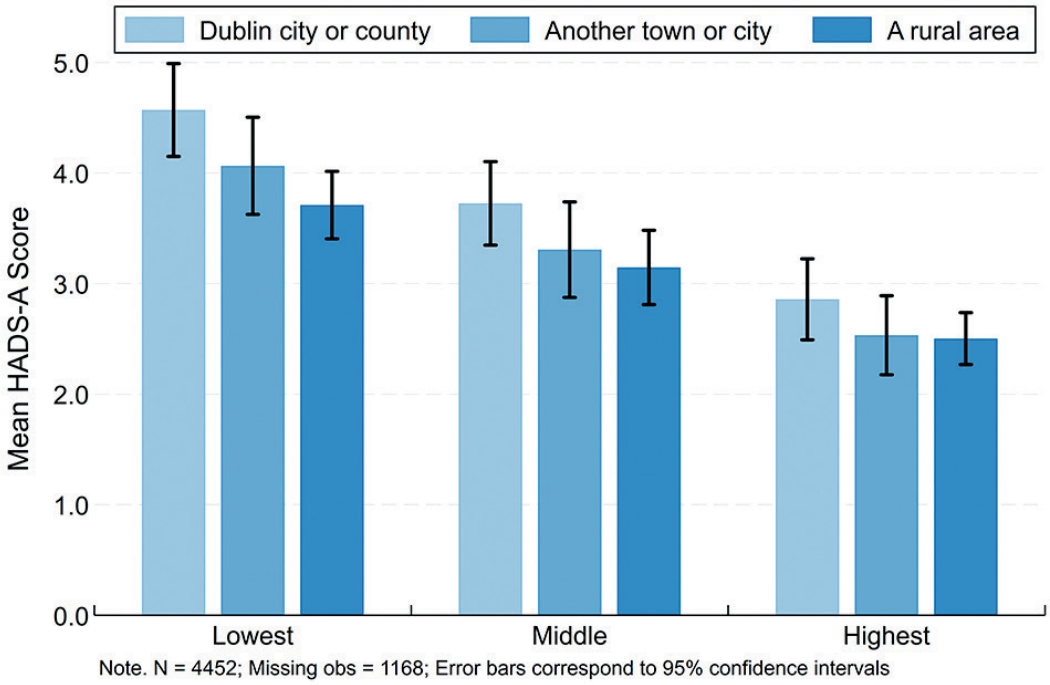


5.5.5 Neighbourhood social cohesion and anxiety

Symptoms of anxiety were assessed with the 8-item anxiety subscale of the Hospital Anxiety and Depression Scale: Anxiety Subscale (HADS-A) (20). Results of each statement were scored and summed to create a scale of 0-21. The average score for adults in Ireland at Wave 4 was 3.4.

A similar trend can be seen with HADS-A scores as CES-D8 scores, with scores varying by location. Adults residing in Dublin city or county experiencing the lowest social cohesion had the highest average scores on the HADS-A at 4.6 (Figure 5.4).

Figure 5.5: Mean anxiety symptoms (HADS-A) by neighbourhood social cohesion tertiles and location.



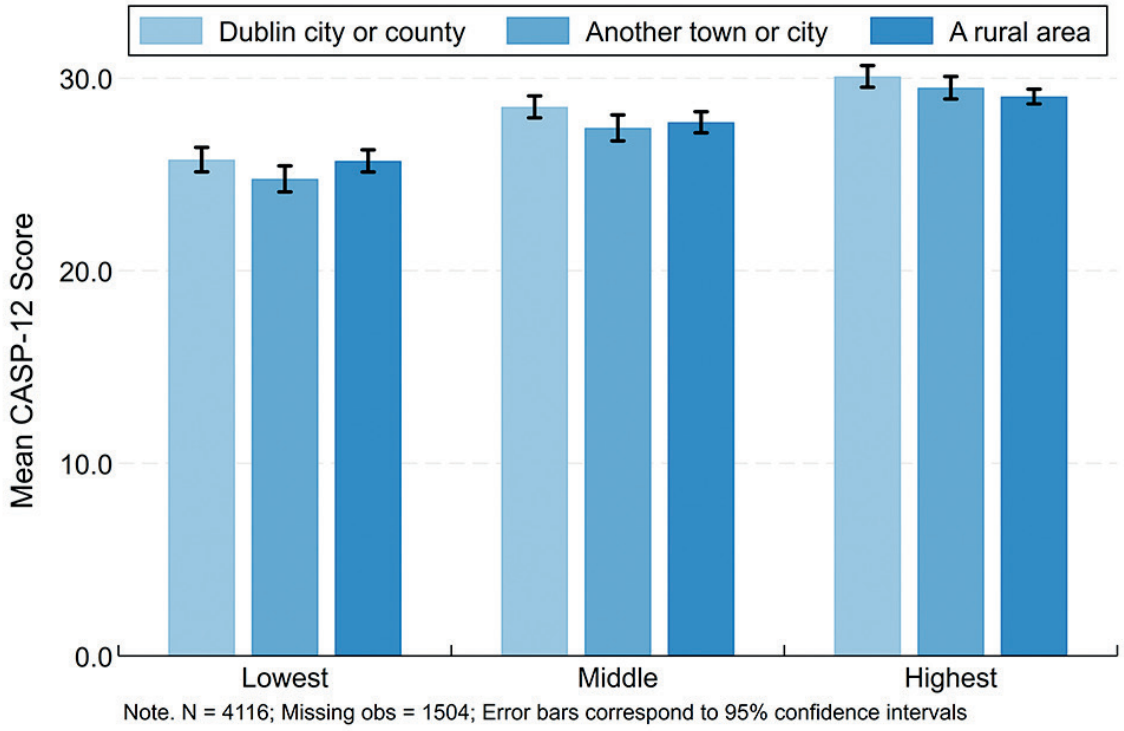
5.5.6 Neighbourhood social cohesion and quality of life

Quality of life is assessed in TILDA using the 12-item self-report Control, Autonomy, Self-realisation and Pleasure Scale (CASP-12) scale (21, 22). This scale assesses four different domains of life quality; Control (the ability to participate in one's environment), Autonomy (freedom from the unwanted interference of others), Self-realisation (the fulfilment of one's potential) and Pleasure (happiness or enjoyment derived from engaging with life). Each item is scored from 0-3 and summed to give an overall score from 0-36, with higher scores indicating better quality of life. The average CASP-12 score for adults in Ireland at Wave 4 was 27.4.

Average CASP-12 scores increased in line with level of neighbourhood social cohesion. Participants reporting low neighbourhood social cohesion had an average quality of life score of 25.2, rising to 27.9 for those in the middle tertile of neighbourhood social cohesion, to 29.3 in the highest tertile of neighbourhood social cohesion.

Participants living in another town or city experiencing low neighbourhood social cohesion reported the lowest quality of life scores (24.8). Highest quality of life scores was reported by participants experiencing high neighbourhood social cohesion living in Dublin city or county (30.1) (Figure 5.5).

Figure 5.6: Mean quality of life score (CASP-12) by neighbourhood social cohesion tertiles and location.



5.6 Conclusions

This Chapter analysed the living conditions of community-dwelling adults aged 56 years and over in Ireland in 2016. The current characteristics of homes in Ireland were explored in order to learn more about the effect that physical changes in the home have on the mental and physical health of our older population. The results have highlighted that problematic housing conditions remain an issue. Additionally, variation in neighbourhood social cohesion was found amongst TILDA participants with a potential impact on social integration, self-rated and mental health, reinforcing the issue that housing and living conditions need to be a key policy area to provide a healthy and happy ageing experience in Ireland.

Reported difficulties with heating have decreased compared to previous waves of TILDA, possibly a reflection of increased uptake and spending on schemes targeting energy and heating or increased uptake of the government fuel allowance scheme as the sample ages. Almost half of adults aged 56 and over reported problems with damp, mould or moisture (46.4%) (Table 5.5). The *Warmth and Wellbeing* scheme seeks to address these problematic housing conditions, with a view to improving overall health, ease the symptoms of respiratory diseases and reduce the reliance on medications and health services (7). Ireland reports mortality rates 40.3% higher than the EU28 average for respiratory diseases (23), a condition further exacerbated by damp conditions.

The results show that homes constructed prior to 1971 and those which belonged to adults who reported poorer self-rated health and disability are more likely to have been modified to make them more suitable for living in, reflecting the increased needs of these groups. The *Better Energy Homes* scheme targets homes constructed prior to a certain date with a view to improving energy usage in homes, while the *Mobility Aids Grant* scheme and the *Housing Aid for Older People* scheme provide financial assistance for older adults requiring home improvements. As our population experiences a shift in the ageing demographic and care needs increase, the demand for suitable housing grows. It is important for individuals to reside somewhere suitable for their requirements. Delayed hospital discharges can be experienced where suitable accommodation is not available for the patient.

The report on housing conditions using TILDA data in 2012 recommended policy initiatives to target improvements in heating and housing quality (4). In Wave 4, a lower proportion of people reported difficulty in heating the home.

Adults aged 56 or more who report lower neighbourhood social cohesion report worse self-rated health, higher levels of depressive and anxiety symptoms, and lower quality of life. However, social integration is shown to have a positive impact on perceptions of neighbourhood social cohesion, suggesting that the goals set out by the *National Positive Ageing Strategy* to improve social participation in older people should have a positive impact on their physical and mental well-being. In 2011, participants of the study *Loneliness and Social Isolation Among Older Irish People* reported that one coping mechanism for feelings of isolation was to have a security system such as a personal alarm (11). Therefore, the *Seniors Alert* scheme may have a positive impact in reducing feelings of isolation and enhancing perceptions of safety by providing alarms to older adults.

Independent living is important for the quality of life of our older population but can only be possible where homes are suitable for the changing needs of the ageing population. It has been found that problematic housing conditions, and low neighbourhood social cohesion are significant issues for many community-dwelling adults aged 56 and over in Ireland. The reduction in reported heating difficulties shows that these problems can be resolved and this can be positively impacted by intervention schemes and initiatives to improve housing conditions and energy efficiency. Future waves of TILDA will allow reported problems to be monitored over the coming years, in addition to tracking the impact of new schemes and the expansion of already established schemes.

5.7 References

1. Breen C. Focus on Housing and the Health of Older People. Centre for Ageing Research and Development in Ireland; 2013. Available from: http://www.cardi.ie/ userfiles/Focus%20on%20Housing%20and%20the%20Health %20of%20Older%20 People.pdf .
2. Fernández-Porteroa C, Alarcóna D, Barrios Padurab, A. 2017. Dwelling conditions and life satisfaction of older people through residential satisfaction. Journal of Environmental Psychology. 49:1-7.
3. Housing for Older People – Thinking Ahead Report. Housing Agency. 2016. Available from https://www.housingagency.ie/Housing/media/Media/About%20Us/Report-Housing-for-Older-People-Thinking-Ahead-(2016).pdf.
4. Orr, J., Scarlett, S., Donoghue O., McGarrigle, C., Housing conditions of Ireland's older population. 2016, Trinity College Dublin. https://tilda.tcd.ie/publications/reports/pdf/Report_HousingConditions.pdf
5. Better Energy Homes Scheme. Sustainable Energy Authority of Ireland. 2009. https://www.seai.ie/resources/publications/Homeowner-Application-Guide.pdf.
6. Better Energy Warmer Homes Scheme. Sustainable Energy Authority of Ireland. 2009. https://www.seai.ie/resources/publications/Scheme-and-Application-Guidelines.pdf.
7. Warmth and Wellbeing Pilot Scheme. Sustainable Energy Authority of Ireland. 2016. https://www.seai.ie/grants/home-grants/warmth-and-wellbeing/
8. Mobility Aids Grant Scheme. 2007. http://www.irishstatutebook.ie/eli/2007/si/670/made/en/print.

9. Housing Aids for Older People Grant Scheme. 2007. http://www.irishstatutebook.ie/eli/2007/si/670/made/en/print.

10. Brenner, H. and Shelley, E. (1998), Adding years to life and life to years. A Health Promotion Strategy for Older People (Dublin: National Council on Ageing and Older People).

11. Pearl, T., Michelle, B., Anne, B., Jonathan, D., Gerard, F., Kate, F. and Kate, I. 2014. Loneliness and Social Isolation Among Older Irish People. Dublin: National Council on Ageing and Older People. Available at: http://www.ncaop.ie/publications/research/reports/84_Lone_Soc_Iso.pdf

12. Coyle, CE., Dugan, E,. Social isolation, loneliness and health among older adults. 2012. Journal of aging and health. 24(8):1346-63.

13. National Positive Ageing Strategy. 2013. Available from: https://health.gov.ie/wp-content/uploads/2014/03/National_Positive_Ageing_Strategy_English.pdf

14. Seniors Alert Scheme. Pobal. 2017. https://www.pobal.ie/programmes/seniors-alert-scheme-sas/

15. Building Control Act, 1990. http://www.irishstatutebook.ie/eli/1990/act/3/enacted/en/html.

16. SI 496 of 1997 Building Control Regulations. http://www.irishstatutebook.ie/eli/1997/si/496/made/en/print.

17. Berkman, L.F. and S.L. Syme, Social networks, host resistance, and mortality: a nine-year follow-up study of Alameda County residents. Am J Epidemiol, 1979. 109(2): p. 186-204.

18. Karim J, Weisz R, Bibi Z, Rehman SU. Validation of the Eight-Item Center for Epidemiologic Studies Depression Scale (CES-D) Among Older Adults. Curr Psychol. 2015;34(4):681-92.

19. Regan, C.O., et al., Age and sex differences in prevalence and clinical correlates of depression: first results from the Irish Longitudinal Study on Ageing. Int J Geriatr Psychiatry, 2013. 28(12): p. 1280-7.

20. Zigmond, A.S. and R.P. Snaith, The hospital anxiety and depression scale. Acta Psychiatr Scand, 1983. 67(6): p. 361-70.

21. Sexton E, King-Kallimanis BL, Conroy RM, Hickey A. Psychometric evaluation of the CASP-19 quality of life scale in an older Irish cohort. Qual Life Res. 2013;22(9):2549– 59.

22. Wiggins RD, Netuveli G, Hyde M, Higgs P, Blane D. The evaluation of a selfenumerated scale of quality of life (CASP-19) in the context of research on ageing: A combination of exploratory and confirmatory approaches. Soc Indic Res. 2008;89(1):61–77.

23. Department of Health. Health in Ireland Key Trends (Internet). 2016. Available from: https://health.gov.ie/blog/publications/health-in-ireland-key-trends-2016.