

4 Volunteering and social participation

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Contents

Key Findings

4.1 Introduction.....	49
4.2 Volunteering and social participation at Wave 4.....	50
4.3 Benefits of volunteering and social participation at Wave 4	52
4.4 Weekly volunteering across Waves 1 to 4.....	56
4.5 Social participation across Waves 1 to 4.....	57
4.6 Retirement patterns.....	59
4.7 Volunteering and social participation post retirement.....	60
4.8 Conclusions.....	61
4.9 References.....	63

4

Volunteering and social participation

Key Findings

- Volunteering and other forms of social participation are important components of successful ageing.
- Overall, 18% of older adults in Ireland volunteer weekly while 56% have volunteered at some time over the previous two years. A similar percentage of men and women volunteer with rates of volunteering highest among the 65 to 74 year old age group.
- Almost three quarters of older adults participate in active and social leisure activities each week, while 52% participate in organised groups such as sports groups, book clubs, or charitable organisations.
- Volunteering and participation in both active and social leisure activities and organised groups are associated with better quality of life and fewer depressive symptoms.
- The percentage of older adults who volunteer at least monthly and who participate in social and organised activities was consistent across the four waves of TILDA.
- By Wave 4, 28% of participants were in paid employment and 51% were retired.
- Among those who retired over the course of TILDA, there is little evidence of an increase in their rates of volunteering or social participation immediately after retirement.
- While rates of social participation are high, efforts to increase volunteering and social participation among older adults should be encouraged as these activities provide benefits not only to the participants but to society.

4.1 Introduction

Social participation, and particularly productive activities such as caregiving, volunteering, and informal helping, have been shown to greatly benefit the health and wellbeing of older adults (1,2). These benefits are wide ranging and include better quality of life, improved physical and psychological health, and reduced mortality (3–5). As such, social participation is considered an essential component of successful ageing (6,7). At a societal level, these activities also strengthen ties within communities by promoting robust social networks and inter-personal ties which in turn encourage interpersonal trust, and reciprocity (8,9).

Volunteering is also an important feature of Irish life, as evidenced by the fact that adults aged 50 years and older in Ireland have the second highest engagement in unpaid volunteering, after Austria, among the 28 European Member States (6 : p.39). TILDA has previously highlighted the important and sizeable contribution that older adults make to society through volunteering their time and expertise to organisations working to better their communities (7). There is also extensive evidence of the benefits that individuals accrue from volunteering in terms of their physical (10), psychological (11), and social wellbeing (12).

In TILDA, information about three different types of social participation - volunteering; active and social leisure activities; and organised groups - is collected at each wave. As part of the self-completion questionnaire (SCQ), participants are asked whether they ever volunteered during the last year and if so, how often they did so: at least once per week; at least once per month; a few times a year or less; and, never.

There are 14 active and social leisure activities about which information is collected as part of the SCQ, and these activities are then grouped into four domains using a classification scheme defined by House et al. (13). These four domains are: intimate social relationships; formal organisational involvement outside of employment; active and social leisure activities; and passive and social leisure activities. Our analysis of these activities is limited to one of these four domains, participation in active and social leisure activities. Active and social leisure activities include going to films, plays or concerts; attending classes or lectures; playing cards, bingo, games in general; going to the pub; eating out of the house; taking part in sport activities or exercise.

Finally, during the main computer-assisted personal interview (CAPI), participants are asked if they “participate in any groups such as a sports or social group or club, a church connected group, a self-help or charitable body or other community group or a day care

centre?" While this question is distinct from the one asked about volunteering there is some overlap as participation in some of these groups can involve volunteering.

Over the course of their involvement in TILDA, many participants have retired from paid employment. The period post-retirement can signal a change in social participation and volunteering patterns and has been described as an intrusive transition for day-to-day activities and wellbeing (14). In negative circumstances, retirement can lead to a loss of purpose and identity, and increase the risk of social marginalisation and material deprivation. However, retirement may also be associated with increased social participation and improved mental health and wellbeing, as people are freer to spend their time as they choose (15). Whether retirement entails increased social activities or a retreat from social outlets may depend on how prepared individuals are for retirement, the nature of their retirement, and financial security post-retirement. For example, a greater sense of control over the decision to retire, rather than being forced to do so, is associated with more positive outcomes (16).

This Chapter is presented in two sections. In the first section, we describe the rates of participation in volunteering activities, active and social leisure activities, and organised groups in adults aged 56 years and over in Ireland at Wave 4 of TILDA. Furthermore, we show the benefits of each type of activity to older adults' quality of life and mental health (depressive symptoms). We then discuss changes in social participation between Wave 1 (2009-2011) and Wave 4 (2016). In the second section, we describe social participation in among those who retired from paid employment at some point between Wave 1 and Wave 4. Given that more time is available to older adults' post-retirement to pursue personal pursuits outside of work, we hypothesised that participation rates would increase among this cohort.

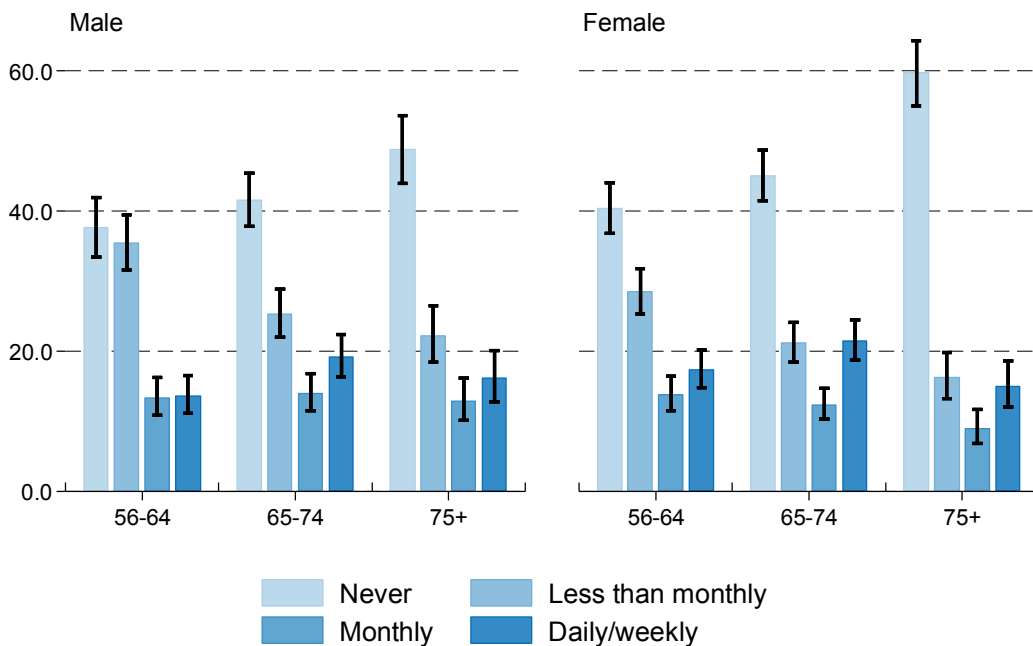
The sample consists of 3,963 community-dwelling older adults in the Republic of Ireland who returned a completed SCQ at each of the four waves. All participants were aged 50 years or older during the first Wave in 2009-2011 and over 56 years by Wave 4. Participants' age at Wave 4 was used to create age categories (56 to 64 years, 65 to 74 years, and 75 years and older) when presenting results.

4.2 Volunteering and social participation at Wave 4.

In this section, we describe the rates of volunteering and social participation among participants at Wave 4. We also examine whether different forms of social participation are associated with differences in quality of life and depressive symptomology. Overall, 18% of older adults in Ireland volunteer at least once per week, 13% volunteer monthly, 25% volunteer less than monthly, while 44% never volunteer. The percentage of men and

women who volunteered weekly were similar at 16% and 18% respectively. As shown in Figure 4.1, men aged 65 to 74 were significantly more likely than their younger peers to volunteer weekly. The possibility that this difference might be explained by men taking up regular volunteering upon leaving paid employment at the statutory retirement age of 65 years, is explored more fully later in this Chapter.

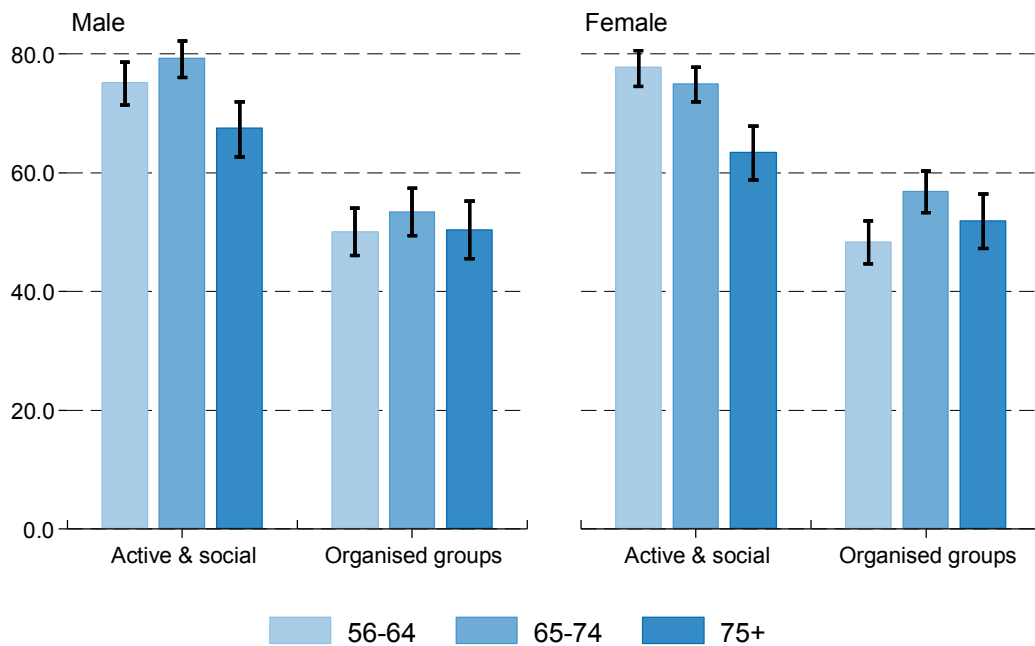
Figure 4.1: Frequency of volunteering, by gender and age group.



Note. N = 3862; Missing obs = 101; Error bars correspond to 95% confidence intervals

Overall, 74% of adults participate in active and social leisure activities each week, while 52% participate in organised groups such as sports groups, book clubs, or charitable organisations. Figure 4.2 shows that social participation rates are similar in men and women. There was a significant decrease in weekly active and social leisure activities among those 75 and over, while in women only, participation in organised groups was higher among the 65 to 74 years age group compared to those aged 50 to 64 years.

Figure 4.2: Proportion (%) of older people who participated in active and social leisure activities and organised groups, by gender and age group.



Note. N = 3961; Missing obs = 2; Error bars correspond to 95% confidence intervals

4.3 Benefits of volunteering and social participation at Wave 4

In this section, we examine the associations of social participation with the quality of life and depressive symptomology of older adults. Increased life expectancy has led to an attendant increase in interest in the quality of life of older adults. At the same time, our conceptualisation of quality of life has broadened to encapsulate a more wide-ranging, holistic assessment of wellbeing beyond the previously narrow view which was defined rather exclusively as the absence of ill-health. Quality of life has been measured at each wave of data collection in TILDA using the previously validated Control, Autonomy, Self-realisation and Pleasure Scale (CASP-12) measurement tool (17,18). This scale captures information on four domains of the quality of life of older adults. Control refers to the ability to actively participate in one's environment; Autonomy is the right of the individual to be free from the unwanted interference of others; Self-realisation concerns the fulfilment of one's potential; while Pleasure refers to the sense of happiness or enjoyment derived from engaging with life. CASP-12 consists of 12 statements including: I feel left out of things; I feel satisfied with the way my life has turned out; and I feel free to plan for the future. For each statement, participants are asked to indicate how often (often, sometimes, not often, or never) they feel each statement applies to their life. Each item is scored from 0 to 3 and summed to give an overall score (range 0 to 36) with higher scores denoting better quality of life.

Depressive symptoms were measured using the shorter 8-item version of the Centre for Epidemiological Studies-Depression (CES-D8) scale (19,20). This validated measurement tool captures the frequency that participants have experienced a variety of depressive symptoms within the past week. The total number of positive and negative responses to the eight statements are summed to give a total CES-D8 score (range 0 to 24) with higher scores indicating increased depressive symptomology.

Overall, the average quality of life score was high at 27.7 (maximum 36). Quality of life scores are highest among the 65 to 74 years age group (mean = 28.2) and although lower among the oldest age group (mean = 26.7), the score remains in the upper quartile. The average number of depressive symptoms recorded using the CES-D8 was low at 3.0 (maximum 24). Unlike quality of life, there were no significant age related differences in the number of reported depressive symptoms.

Table 4.1 shows the average CASP-12 and CES-D8 scores by age group and frequency of volunteering. In general, quality of life increases with increasing frequency of volunteering and this pattern is consistent within each age group. Similarly, depressive symptoms were lowest among older adults who volunteer most frequently and highest overall among those who do not volunteer at all.

Table 4.1: Quality of life (CASP-12) and depressive symptoms (CES-D8) by volunteering and age group.

	CASP-12		CES-D8	
	Mean (95% CI)	N	Mean (95% CI)	N
56-64				
Never	26.89 (26.34,27.44)	481	3.33 (2.99,3.67)	516
Less than monthly	28.08 (27.53,28.63)	435	2.85 (2.51,3.19)	445
Monthly	28.23 (27.45,29.02)	191	2.89 (2.40,3.39)	199
Weekly/daily	28.35 (27.59,29.11)	222	2.53 (2.14,2.92)	235
65-74				
Never	27.56 (27.08,28.05)	572	3.28 (2.94,3.62)	623
Less than monthly	28.14 (27.61,28.68)	334	2.74 (2.42,3.07)	365
Monthly	29.04 (28.35,29.74)	198	2.54 (2.06,3.01)	208
Weekly/daily	28.98 (28.37,29.58)	304	2.76 (2.38,3.15)	330
75+				
Never	25.84 (25.26,26.43)	390	3.62 (3.25,3.99)	464
Less than monthly	26.79 (26.06,27.53)	160	2.54 (2.07,3.01)	180
Monthly	28.16 (27.41,28.91)	106	2.86 (2.31,3.41)	120
Weekly/daily	28.52 (27.82,29.22)	135	3.05 (2.43,3.67)	159
Total				
Never	26.89 (26.57,27.21)	1443	3.39 (3.18,3.60)	1603
Less than monthly	27.89 (27.54,28.25)	929	2.76 (2.54,2.97)	990
Monthly	28.56 (28.08,29.03)	495	2.74 (2.43,3.05)	527
Weekly/daily	28.68 (28.27,29.08)	661	2.74 (2.49,3.00)	724

Table 4.2 shows the association between weekly participation in active and social leisure activities, and organised groups, quality of life and depressive symptoms stratified by age group. Quality of life was significantly higher among adults who reported both types of social participation, overall and in each age group. Depressive symptoms were lower in the 65-74 age group who participate in social activities with a similar trend in the 56-64 age group. There was no significant difference in depressive symptomology among the over 75s.

Table 4.2: Mean quality of life (CASP-12) and CES-D8 depression scores by active and social leisure activities, and organised groups, by age group.

Active and social leisure activities				
	CASP-12		CES-D	
	Mean (95% CI)	N	Mean (95% CI)	N
56-64				
No	26.50 (25.79,27.22)	293	3.49 (3.03,3.95)	317
Yes	28.03 (27.68,28.38)	1055	2.86 (2.64,3.07)	1100
65-74				
No	26.59 (25.91,27.27)	308	3.50 (3.06,3.94)	346
Yes	28.63 (28.32,28.93)	1134	2.80 (2.58,3.02)	1223
75+				
No	25.63 (24.89,26.36)	258	3.44 (3.01,3.87)	310
Yes	27.27 (26.84,27.71)	556	3.11 (2.80,3.42)	649
Total				
No	26.28 (25.87,26.69)	859	3.48 (3.21,3.74)	973
Yes	28.14 (27.93,28.35)	2745	2.89 (2.74,3.03)	2972
Organised groups				
56-64				
No	27.07 (26.60,27.54)	649	3.27 (2.97,3.58)	688
Yes	28.30 (27.88,28.72)	699	2.73 (2.49,2.98)	729
65-74				
No	27.27 (26.81,27.74)	602	3.31 (3.00,3.61)	662
Yes	28.91 (28.56,29.26)	839	2.67 (2.43,2.91)	906
75+				
No	25.70 (25.13,26.27)	359	3.53 (3.12,3.94)	436
Yes	27.64 (27.18,28.11)	454	2.94 (2.64,3.23)	522
Total				
No	26.85 (26.56,27.15)	1610	3.35 (3.14,3.55)	1786
Yes	28.42 (28.18,28.66)	1992	2.75 (2.60,2.90)	2157

4.4 Weekly volunteering across Waves 1 to 4

In this section, we describe volunteering and social participation at each of the four Waves. Figure 4.3 shows the percentage of men and women who volunteered weekly at each wave, further broken down by age group. While we see some fluctuation in rates of volunteering among each age group over time, there were no significant changes in the percentage of either men or women who volunteered weekly.

Figure 4.3: Proportion (%) of older people who volunteered weekly at each Wave by gender and age group.



4.5 Social participation across Waves 1 to 4

Figure 4.4 shows the percentage of men and women who participated in active and social leisure activities at each wave. Similar to the pattern observed for volunteering, there was no change in the percentage of men and women participating in active and social leisure activities across the waves. Again, this pattern was consistent within each of the three age groups.

Figure 4.4: Proportion (%) of older people who engaged in active and social leisure activities at each wave by gender and age group.

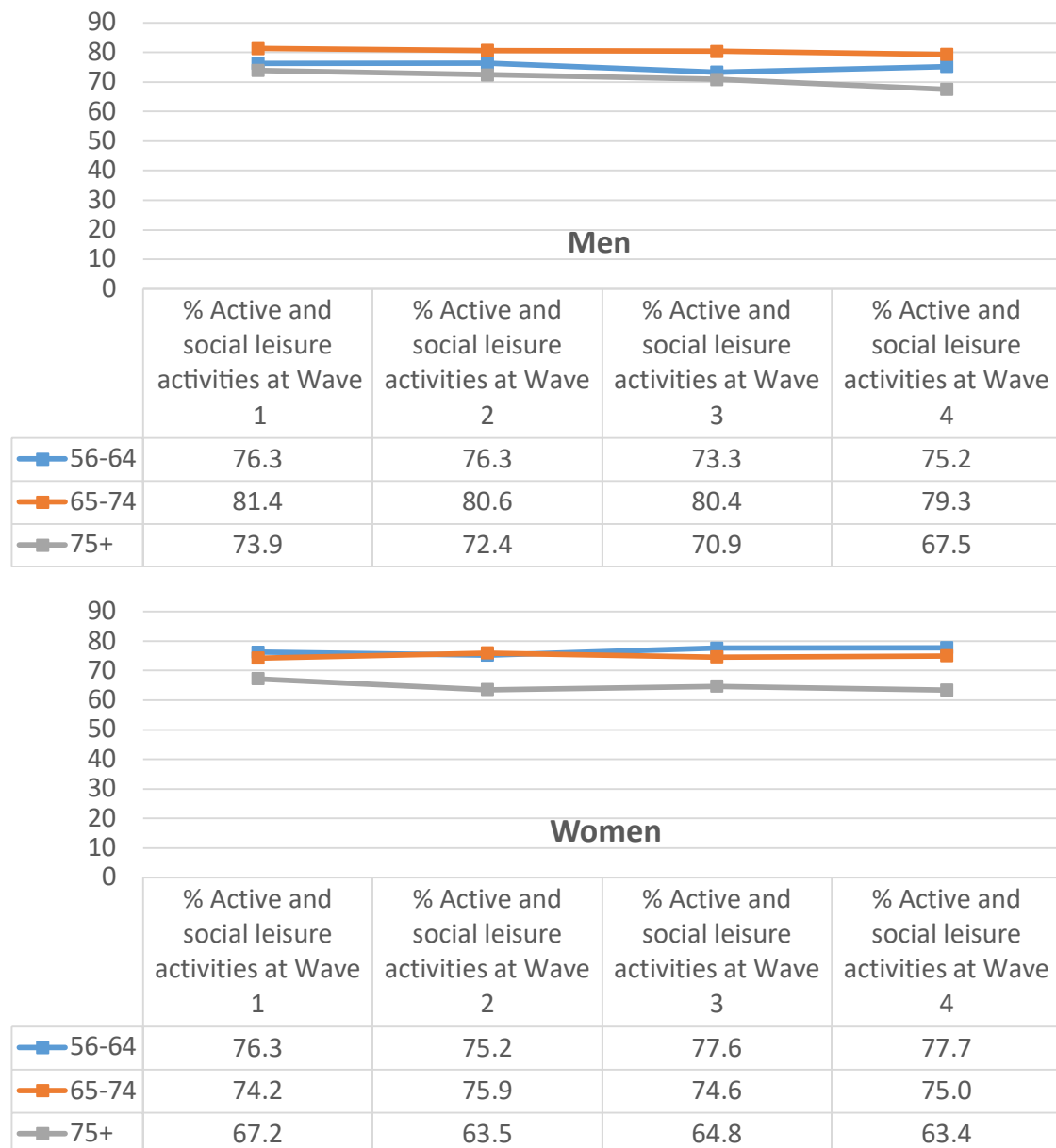
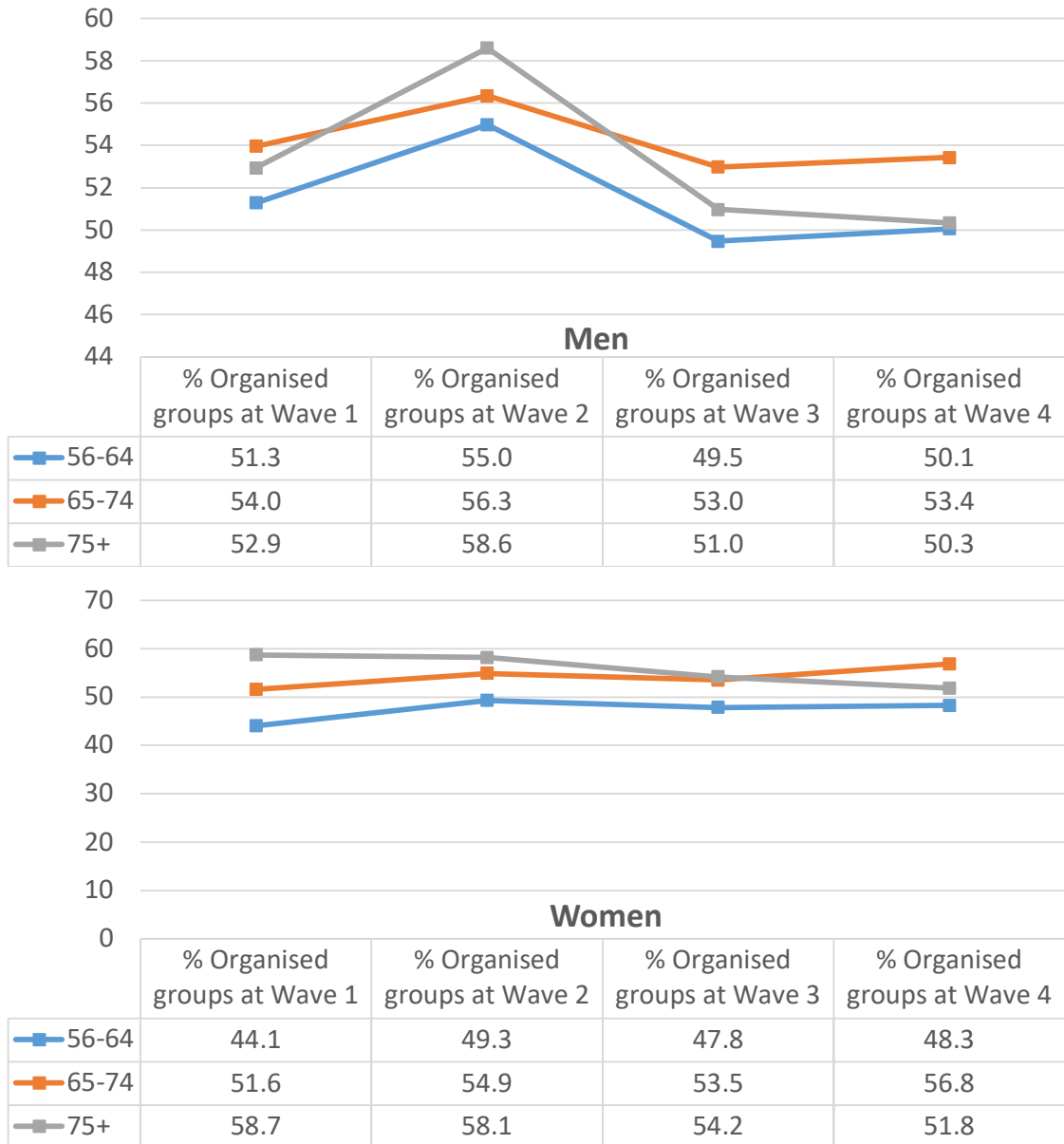


Figure 4.5 shows that there was some fluctuation between waves in the percentage of older adults who participated weekly in organised groups. Among men, there was some evidence of an increase in this form of participation among the oldest age groups between Waves 1 and 2, however, this change was not significant. The trend after Wave 2, was for a decrease in participation in organized groups although again, the decline was not significant.

Figure 4.5: Proportion (%) of older people who participated in organised groups at each wave by gender and age group.



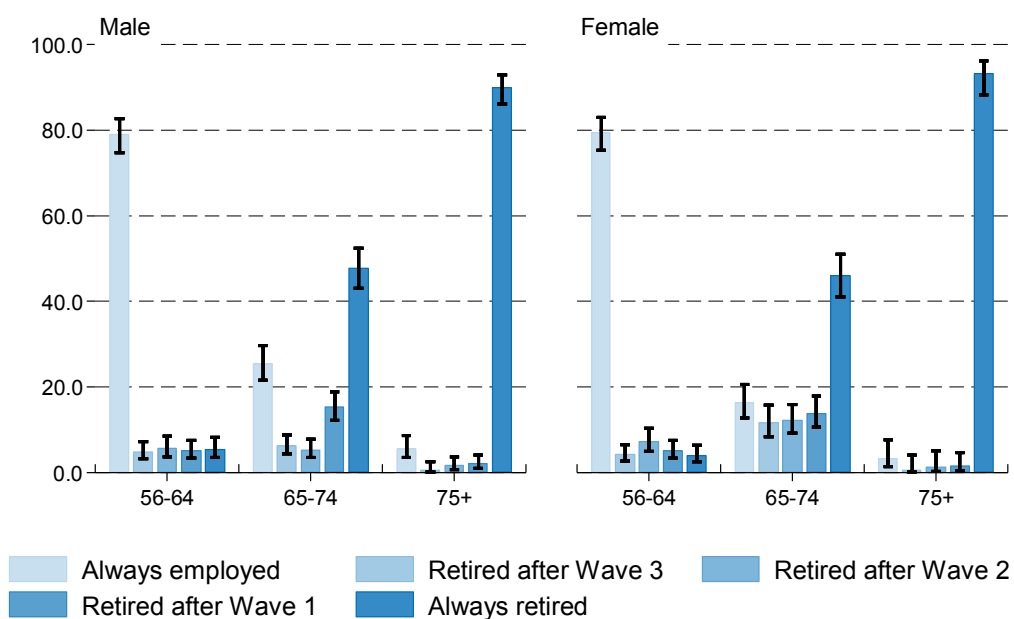
4.6 Retirement patterns

Retirement from paid employment leads to many challenges and opportunities for older adults, among them increased availability of time in which to pursue personal pursuits outside of the economic domain. Given the comparatively high rates of volunteering in Ireland (6), it is realistic to hypothesise that individuals may be more likely to participate in voluntary activities upon their retirement. To test whether this hypothesis is true, we describe the retirement patterns observed among TILDA participants before testing whether those participants who did retire, took up volunteering or other forms of social participation that they may have previously been precluded from doing due to the time constraints inherent in paid employment.

This analysis is limited to participants for whom data on employment status is available at all four waves of data collection. Furthermore, only those who reported that they were employed or retired at some point over the four waves were included. This means that those participants who reported that they were in ‘full-time education’; ‘permanent sick or disabled’; or ‘looking after home or family’, were not included in the analysis. Of the 2,372 participants included in the analysis, 41.1% were in paid employment at Wave 1 while 32.6% were retired. By Wave 4, 28.3% of participants were in paid employment and 51.2% were retired.

Figure 4.6 shows the transition to retirement for men and women at each wave in each age group. Given that the usual retirement age in Ireland is 65 years, it is unsurprising that we see the greatest number of retirements among the 65 to 74 year old age group.

Figure 4.6: Proportion (%) of older adults moving from employment to retirement between Waves 1 and 4 by gender and age group.



Note. N = 2372; Missing obs = 1591; Error bars correspond to 95% confidence intervals

4.7 Volunteering and social participation post retirement

Table 4.3 shows the different types of social participation at each wave of data collection by employment / retirement status at each wave. The wave at which participants transitioned from paid employment to retirement is highlighted in bold. If it is the case that older adults are more likely to take up these pursuits once retired from paid employment, we should see an increase in social participation at these waves.

Looking at volunteering first, we do observe a trend of higher rates of volunteering post-retirement among those who retired after Waves 1 and 2. However, the differences are not large enough to reach statistical significance. For participation in active and social leisure activities and organized groups, there were similar trends for increased participation after retirement, but again these are not significant.

Table 4.3: The percentage of older adults who volunteer, participate in active and social leisure activities, and participate in organised groups, pre- and post-retirement.

	Volunteering at Wave 1 % (95% CI)	Volunteering at Wave 2 % (95% CI)	Volunteering at Wave 3 % (95% CI)	Volunteering at Wave 4 % (95% CI)
Employed all 4 Waves	63.2 (59.7,66.7)	65.3 (61.6,68.8)	61.9 (58.0,65.6)	63.7 (60.0,67.3)
Retired after Wave 1	60.0 (52.2,67.4)	65.5 (57.1,73.0)	63.1 (55.4,70.1)	65.0 (57.1,72.1)
Retired after Wave 2	55.9 (46.9,64.5)	58.1 (49.1,66.7)	64.7 (55.5,72.9)	68.4 (60.1,75.8)
Retired after Wave 3	67.7 (57.1,76.7)	67.2 (57.3,75.8)	61.9 (51.9,71.0)	60.5 (50.9,69.4)
Retired all 4 Waves	59.7 (56.1,63.3)	64.0 (60.5,67.4)	60.1 (56.4,63.6)	56.7 (53.1,60.3)
	Active and social leisure activities at Wave 1	Active and social leisure activities at Wave 2	Active and social leisure activities at Wave 3	Active and social leisure activities at Wave 4
Employed all 4 Waves	76.1 (72.9,79.0)	76.7 (73.5,79.7)	75.4 (71.9,78.5)	75.5 (72.0,78.6)
Retired after Wave 1	78.1 (71.0,83.9)	85.5 (78.8,90.3)	83.5 (76.9,88.5)	82.3 (75.9,87.3)
Retired after Wave 2	80.0 (71.9,86.2)	77.4 (68.9,84.2)	87.0 (80.0,91.8)	86.3 (79.2,91.3)
Retired after Wave 3	84.6 (76.7,90.2)	80.3 (71.3,87.0)	71.5 (62.5,79.1)	76.4 (67.8,83.3)
Retired all 4 Waves	80.0 (77.1,82.6)	77.7 (74.8,80.4)	77.2 (74.4,79.7)	75.6 (72.6,78.4)

	Organised groups at Wave 1	Organised groups at Wave 2	Organised groups at Wave 3	Organised groups at Wave 4
Employed all 4 Waves	53.6 (50.0,57.2)	57.1 (53.6,60.6)	51.1 (47.3,54.8)	51.7 (47.9,55.4)
Retired after Wave 1	48.7 (41.3,56.2)	56.5 (48.6,64.0)	60.2 (52.6,67.4)	62.2 (54.5,69.3)
Retired after Wave 2	57.7 (49.3,65.6)	60.3 (51.9,68.1)	68.5 (59.9,76.1)	65.0 (56.5,72.6)
Retired after Wave 3	55.2 (45.6,64.3)	50.3 (41.0,59.5)	51.6 (42.1,61.0)	53.2 (43.9,62.4)
Retired all 4 Waves	60.2 (57.0,63.4)	62.5 (59.0,65.8)	55.7 (52.1,59.2)	57.2 (53.7,60.6)

Finally, we show the percentage of adults who participate in any of the three types of activities (volunteering; participation in active and social leisure activities; and participation in organised groups) at each wave by employment/retirement status. Encouragingly, more than 90% of adults participate in at least one of these activities, with many participating in more than one. Table 4.4 shows the percentage doing so at each wave, again broken into groups according to the timing of their transition from employment to retirement. Similar to above, the largest increase in participation was observed among those who first report being retired after Wave 2.

Table 4.4: The percentage of older adults who volunteer or participate in active and social leisure activities or participate in organised groups, pre- and post-retirement.

	Any participation at Wave 1	Any participation at Wave 2	Any participation at Wave 3	Any participation at Wave 4
Employed all 4 Waves	92.1 (89.9,93.9)	93.8 (91.8,95.3)	90.5 (88.0,92.5)	92.4 (90.2,94.2)
Retired after Wave 1	92.2 (86.6,95.6)	92.1 (86.8,95.4)	94.4 (89.5,97.1)	95.2 (90.5,97.6)
Retired after Wave 2	91.7 (85.3,95.4)	90.5 (83.7,94.6)	97.3 (92.7,99.1)	96.5 (90.6,98.7)
Retired after Wave 3	94.6 (87.6,97.8)	92.0 (84.5,96.1)	88.4 (80.7,93.3)	90.4 (83.0,94.8)
Retired all 4 Waves	93.0 (91.0,94.6)	92.4 (90.4,94.1)	91.0 (88.7,92.8)	91.4 (89.3,93.2)

4.8 Conclusions

There are high rates of volunteering and participation in both active and social leisure activities and organised groups among older adults in Ireland. Taking part in these activities is associated with better quality of life and fewer depressive symptoms. While this clearly demonstrates that volunteering and social participation are important features of successful ageing, the fact that more than half (56%) of older adults volunteered their time and expertise at some stage, and almost one-in-five do so on a weekly basis, highlights the important contribution that older adults make to the economic, social, cultural, and

community wellbeing of the population. Similarly, the high rates of participation in active and social leisure activities suggests that a large majority of older adults maintain active friendships and kinship into middle and older age. This benefits all participants in terms of reciprocity which is an essential feature of these relationships as well as being essential to social cohesion.

There was little or no change in participation rates across the four waves among this cohort. This suggests that these behaviours may be established in earlier adulthood meaning that individuals who volunteer or are socially active continue these activities into older age rather than withdrawing from or taking them up for the first time at this stage of their lives. This is somewhat unsurprising when viewed within the context of the high overall participation rates. For example, the fact that three quarters of participants are engaged weekly in active and social leisure activities means that there is limited scope to detect an increase in participation rates over the short, six year period between the first and last Wave of data collection. Furthermore, the comparatively small number of participants who do not take part in these activities may have any number of reasons for not doing so, ranging from personal preference to disabilities. Future research can potentially identify some of these inhibitors to greater participation.

Retirement from paid employment is clearly an important transitional period in people's lives and is a time when one might expect to see change in their involvement in social activities. While we found some evidence of a general trend of increased volunteering immediately after retirement, in the main, the observed increases were not significant. Again, there are a number of potential reasons for this. On the one hand, many participants may prefer not to replace paid employment with other activities. On the other hand, there may be structural reasons such as a lack of opportunities for social participation, or indeed, an absence of information on the types of activities available to people.

Despite the fact that large numbers of older adults are socially active, a sizeable proportion are not, and it appears that this is not solely due to constraints on available time due to employment commitments. From a research perspective, it is therefore important to identify enablers and barriers to social participation among older adults in Ireland. In terms of policy, current efforts to promote and support participation should be further extended to include even more people. This is especially important in light of the benefits accrued from social participation, not only to the participants themselves but to society more generally.

4.9 References

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