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Agency and Ageing in Place in Rural Ireland

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Report summary

This report explores the experiences and preferences of older adults on ageing in place in rural Ireland. This exploration is undertaken through a participatory mixed-methods approach that seeks to foreground the voices of older adults themselves. The research study involved two phases. Phase one entailed a nationwide online and postal survey co-constructed with Age Action’s Glór advocacy group and University of the Third Age (U3A) membership and distributed to Age Action members living in rural areas across Ireland. 218 people aged 55 and older who live in rural areas took part in the survey and every county was represented, with 45% of respondents from Munster, 36% from Leinster, 12% from Connaught, and 7% from Ulster. Phase two involved a series of four focus groups in which 19 people took part. The focus groups explored the survey themes in more depth.

The research highlights the diversity of experience of home and community among the older adults in rural Ireland who took part. Most participants expressed a strong desire to remain in their homes and communities as they age. The sense of attachment to home and place had, for many, strengthened since the pandemic. Some participants, however, highlighted the tenuous nature of their living arrangements and their sense of alienation from place.

This was particularly the case for the participants who were renting, who had recently moved locations to be closer to children, or who found the limited facilities and social opportunities in their rural environments restrictive.

Whether they were settled in their homes and communities or not, all participants highlighted the uncertainty of their positions and their fears for being able to have their preference for remaining in place realised as they aged. This was related to unpredictable factors such as their future health needs and availability of home care, their ongoing ability to drive, or their capacity to afford to live independently given the ambiguity surrounding future pension provision and the escalating costs associated with utilities, healthcare, home maintenance and expenses related to rural living, such as security, water, and sewerage costs.

The general decline of towns and villages was highlighted by participants, as was the poor coverage of public transport in rural areas. These aspects not only heightened the sense of isolation of participants in terms of access to services and social activities; they also served to heighten their sense of marginalisation and perceived loss of agency in terms of policy formation and political representation. Participants also noted the limited options available to them should they consider moving from their rural locations, something that would

be particularly challenging for most given their emotional connection to their homes and communities. The lack of affordable and suitable housing for older adults was a particular concern.

Most participants were strongly opposed to nursing homes, a view which the experience of the pandemic had often reinforced. While a small number saw their benefit in cases of critical care, most were dissatisfied with the current ‘Fair Deal’ Scheme for funding nursing home care. They argued that, instead of focussing resources on a nursing home option not favoured by older adults, the government should develop an alternative statutory home care scheme that would support older adults to remain in their homes as they age.

The supports which were noted as important in relation to allowing adults to age in their homes included a more accessible and fit-for-purpose grant system to fund modifications to the home – the most popular of these being an emergency response system, bathroom modifications, and improved heating. The need for a properly paid and resourced home help service, as well as a home and garden maintenance service, was emphasised. This was especially the case given the changing reality of ageing in Irish society and the fact that many older adults cannot rely on the availability or ability of family members to care for them in their homes.

Access to broadband in rural areas was also noted as crucial, not only given the fact that more aspects of daily services are being conducted online but also given the importance of a reliable broadband connection in facilitating isolated rural older adults to connect to others. Participants highlighted their enjoyment of meeting each other and realising their difficulties were shared despite their diverse locations as benefits of the research process in the current study. They argued for the need for training in technology which could be a significant enabler to their remaining in place, as opposed to presenting a barrier to their doing so. They also argued that there was a need to tackle the covert ageism which was seen as endemic in institutions and everyday interactions, and which served to marginalise older adults further.

Participants noted their preferences were they to need additional supports which could not be provided in their homes in the future. In this case, their favoured options would be co-operative or sheltered housing and retirement villages. These options were available for very few participants locally, however, meaning that they would be required to move from their communities, as well as their homes.

The research, while small in scale resonates with global research on the theme,¹ and highlights that the ability of older adults to age in place requires coordination among several different policy areas, not least housing, transport, technology, and healthcare. There is a need to adjust the funding focus from moving people who need help out of their homes to ensuring that the help they need is available to them in their homes for as long as possible. There is also a need to develop housing options, other than nursing homes, to address people’s preferences should staying at home be no longer a feasible option. Finally, and most importantly, there is a requirement to listen to older people in rural areas about where and how they wish to age in ways that support their sense of agency and challenge flawed assumptions about ageing. This research seeks to contribute to that aim both through its focus and its process.

Recommendations for the Government, Community, and Voluntary Organisations:

The views of older people in this participatory research project highlight the need for urgent attention on the following areas.

1. Explore ways to support people to stay in their homes and their communities:
- i. Develop a new statutory home care scheme to fund supports for those who want to remain in their home.

ii. Allocate greater funding to extend the home support service (formerly called the home help service).

iii. Develop and extend home maintenance services and supports in rural areas, e.g., the Care and Repair service developed by Age Action.

iv. Review the grant process for home modifications to make it less cumbersome for older people.

v. Recognise the vulnerability of older renters through targeted subsidies and supports.

vi. Conduct a review of pensions and financial supports for older people given the rising costs associated with ageing, including healthcare, utilities, and those specific expenses associated with rural living, such as water supply and sewage costs.
2. Develop a range of housing options in local rural communities for older people:
- i. Develop affordable and state-subsidised retirement villages, co-operative housing, sheltered accommodation, and social

.....

1. This was evident in the discussion of the research at an International Federation of Ageing Global Café series, [available here](#).

- housing for people who are getting older.
- ii. Ensure a variety of house sizes in new housing stock and tackle the issue of derelict houses in ways that support the needs of older adults.

iii. Examine best practice in other countries, including a three-tier model of care which enables different requirements of care within the one complex.
3. Implement a whole-government approach to the supports required to ensure the agency of older adults living in rural areas can be realised, connected to rural revitalisation:
- i. Develop transport services in rural areas to enable better access to services and healthcare.

ii. Accelerate the roll-out of rural broadband and set up a nationwide training scheme that targets older rural dwellers and enables them to use technology to build connections and supports.

iii. Seek to develop nationwide programmes based on localised efforts to address social isolation and loneliness in rural areas such as the Good Morning programme highlighted by participants in this study.

iv. Ensure that the healthcare services for older adults in rural areas are given greater attention in terms of the numbers of doctors and dentists available who will accept medical cards and the standardisation of services available across the country. The importance of the basic services offered by local hospitals needs to be recognised, as well as the difficulties faced by older adults in reaching city hospitals.
4. Hear the voices of older people and challenge ageism:
- i. Involve older people living in rural areas in policy formation and decision-making on all matters concerning them.

ii. Recognise that ageing is not a homogenous experience but involves individual adults with differing and changing experiences, preferences, and needs.

iii. Continue the successful positive ageing campaigns that have been developed by Age Action and other organisations to challenge ageism.



Chapter 1: Introduction

This is the report of the research project ‘Agency and Ageing in Place in Rural Ireland’ that was funded by the Irish Research Council’s (IRC) New Foundations Grant. The research was conducted by the School of Applied Social Studies, University College Cork (UCC) from 2020 to 2021, in conjunction with Age Action, Ireland’s leading advocacy organisation for older people and ageing. The research aims to document the views of older rural residents in Ireland about ageing in place, including where they choose to live and the enabling factors and barriers that they identify for remaining in their homes and communities or moving into new homes and areas.

Understanding ageing in place is a policy priority in Ireland and internationally given the ageing demographic of western countries (WHO, 2007). According to the Irish Census of Population 2016, the population aged 65 years and over rose to 637,567 (13.3% of the population), representing an increase of 19.1% from 2011. The older dependency ratio for the state increased

2. The CSO defines dependents as people outside the normal working age of 15-64. The old age dependency ratio expressed the population of older people (65+) as a percentage of the population aged 15-64 years.

3. See <https://agefriendlyireland.ie/category/about-us/about-the-programme/>

4. In 2016, the two counties with the highest old dependency ratios were Mayo (28.3) and Leitrim (27.4) (CSO, 2016).

from 17.4% in 2011 to 20.4% in 2016.² By April 2021, the CSO estimated there had been a further increase in the population aged 65 years and over to 742,300 people, representing 14.8% of the total population. They project that the older dependency ratio will increase steadily and rise by 3 to 4 percentage points every five years (CSO, 2021a). As Age Friendly Ireland highlights, an ageing population will ‘have significant social and economic implications at an individual, family and societal level. The implications for public policy areas as diverse as housing, health, urban and rural planning, transport, policing and the business environment are considerable’.³

Population ageing has particular relevance to rural areas across Europe ‘where the population is ageing faster in rural than in urban areas’ (Keating et al, 2013, p.320). According to Census 2016, 37% of Ireland’s population live in rural areas, defined as settlements of fewer than 1,500 people, and ageing individuals are disproportionately concentrated in rural counties.⁴ Of the 395,522 households whose reference person is aged 65 and over in Census 2016, 44% (173,174 households) live in rural settlements of fewer than 1,500 people (CSO,

2016).⁵ Walsh et al (2012a, p.347) highlight that ‘population changes, particularly outward migration, have carved an ageing demographic into the rural landscape of the island of Ireland’.⁶ Census 2016 shows that despite the national population growing by almost 4% between 2011 and 2016, the population of rural areas increased by 2% and towns with populations between 5,000-10,000 experienced a combined net loss of population during that time.

Since the Covid-19 pandemic and the emergence of remote working, there is potential for greater rural revitalisation. The impacts of the pandemic on older people in rural Ireland, however, have been significant. The Irish Longitudinal Study on Ageing (TILDA) found that 51% of older people most concerned about the pandemic live in rural areas (Ward et al, 2021).

Ageing in Place

Ageing in place is defined as ‘staying in your own home or community as you age’ (Grove 2020, p.2), ‘with some level of independence, rather than in residential care’ (Wiles et al, 2011, p.357). The benefits of ageing in place are wide-ranging as:

- it is seen as enabling older people to maintain independence, autonomy, and connection to social support, including friends and family. Having people remain in their homes and communities for as long as possible also avoids the costly option of institutional care and is therefore favoured by policy makers, health providers, and by many older people themselves (Wiles et al, 2011, p.357).

Lawlor (2001, p.1) argues that ageing in place with supportive services is ‘the most desirable way of aging’. Such a model would offer more flexible services to fit the needs of the individual, creating ‘both health care and housing options that provide support at the margin of need as defined by an individual’s personal desire and efforts to live independently’ (ibid, p.1).

According to Grove (2020, p.2), the benefits of ageing in place depend ‘on how attached an individual is to their home-place and how well this environment suits their shifting needs and

abilities’. Grove, along with Erickson et al (2012), also highlights the changing focus of ageing in place to include not only the provision of adaptations within the home but also the features and characteristics of the local environment and community and a variety of personal and interpersonal factors. ‘Such an approach recognises that certain environments can make ageing in place more or less difficult for specific individuals and that we must consider the variety of subjective experiences’ (Grove, 2020, p.2).

The World Health Organization (WHO) has identified eight interconnected domains that are important in making cities and communities age friendly (WHO, 2007). These include community and health care, transportation, housing, social participation, outdoor spaces and buildings, respect and social inclusion, civic participation and employment, and communication and information. Concerning housing, the WHO emphasises the availability of affordable housing for older people; design, maintenance and modifications of housing; feeling safe in the home environment; ageing in place with affordable essential services to enable people to remain at home, as well as the provision of ‘housing options in the local area to accommodate changing needs’ (WHO, 2007, p.34). Human rights provisions and recommendations also support ageing in place in the right to an adequate standard of living.⁷ Since 2009, an Age Friendly Programme has been developed in each of Ireland’s 31 local authority areas to support cities and counties to be more inclusive of older people under the eight WHO domains. Age Friendly Ireland was established in 2018 to coordinate the programme and each local authority area has established a programme manager, a multi-agency Age Friendly Alliance, an Older Peoples’ Council and Age Friendly Housing Advisors.

In line with a 2015 survey conducted by the Age Friendly Ireland programme and the Healthy and Positive Ageing Initiative (HaPAI) which found that the first preference for most older people (78%) is to adapt their own home, 78% of respondents to the survey in this research stated that it is very important to them to remain in their home as they grow older. This research supports previous studies and aims to further contribute to understanding the unique housing needs and

views of dispersed ageing rural dwellers. Hearing the distinctive voices and lived experiences of the research participants can help inform state, civic and voluntary sector responses to supporting ageing in place and enable older rural people to age within the homes, communities, and landscapes important to them over their life course, if this is their preference.

1.1 Research Aims and Objectives

The research aims to explore why older people choose to age in rural areas and identify the role of rural housing in facilitating choices about ageing in place. The objectives include:

- To explore Irish rural-dwelling older people’s preferences for ageing in place with reference to housing type and connectedness to physical and social environments.
- To examine how older rural people make decisions about where they choose to age, and the enablers and barriers they face for remaining in their homes or moving into new homes.
- To distil the factors that can build capacity within rural communities to respond to choices about ageing in place and the facilitative role of state and civic and voluntary organisations (CVOs).

1.2 Research Scope

This research is an exploratory study focusing on the views of Age Action members, aged 55 and over who live in rural areas. While the Central Statistics Office (CSO) defines a settlement of fewer than 1,500 people as rural, as stated in the National Planning Framework (NPF Project Ireland 2040, p.71) ‘there are many towns and villages with populations of more than 1,500 people that are intrinsic to sustaining viable rural communities and do not function independent of their rural hinterland’. The NPF, therefore, includes settlements of less than 1,500 and smaller settlements with a population between 1,500 and 10,000 as eligible for investment under Regeneration and Development Funds. This research follows the NPF and includes as rural dwellers those who live in open countryside, a village or small settlement (fewer than 1,500 people) or a small town (1,500 to 10,000 people).

1.3 Research Methods

Design

The research utilised a participatory sequential mixed-methods approach, involving a collaboratively designed survey, followed by in-



depth focus groups. The study aimed to bring the distinctive voice, experiences, knowledge, and ability of older people into the research process, aligning with Age Action’s mission of promoting the autonomy and empowerment of older people in Ireland and the WHO Age Friendly themes of civic participation, respect, and social inclusion. While there are a variety of participatory research methods, a central focus is on involving and ‘engaging community members as co-researchers’ (Goodson and Phillimore, 2012, p.4), placing at the centre of the research process ‘those people whose life-world and meaningful actions are under study’ (Bergold and Thomas, 2012, p.2). The benefits of this research approach are many and include a better understanding of an issue through the co-creation of research that is relevant to people’s lives, as well as potentially ‘stimulat[ing] action-oriented outcomes and policy change’ (Goodson and Phillimore, 2012, p.4). The design and implementation of the research study aimed to include older people as partners in a way that respects and acknowledges their contributions.

The research funding was awarded in March 2020 at a time when Ireland had entered a

5. The Census also highlights that more men than women live in rural areas in the 45 to 79 age group.

6. This trend is also evident globally. While the highest percentage of population aged 65 and over is found in Japan, Europe, North America, and Australia/New Zealand, population ageing in the Global North is spatially uneven and ‘remote rural areas commonly have the oldest demographic profiles’ (Currie and Philips, 2019, p.2). In the United States ‘residents in rural communities are older than their urban and suburban counterparts. This has especially been the case since the 1950s, with the difference in average age becoming even more pronounced over the last few decades’ (Erickson et al, 2012, p.420). Population ageing has been fastest in Asia, Latin America, and the Caribbean (UN, 2019) and significant increases in the older population in sub-Saharan Africa, particularly in rural areas, are also projected (Aboderin and Hoffman, 2015). Factors leading to these global population changes include the outward migration of younger people to urban areas, inward migration of older people to rural areas, increased longevity, and other factors specific to certain regions (e.g., the impact of HIV/Aids, and declining fertility).

7. General comment no. 6 by the UN Committee on Economic, Social and Cultural Rights (CESCR) in its focus on the right to an adequate standard of living (Article 11) reaffirms recommendations 19 to 24 of the Vienna International Plan of Action on Ageing. This emphasises ‘that housing for the elderly must be viewed as more than mere shelter and that, in addition to the physical, it has psychological and social significance which should be taken into account. Accordingly, national policies should help elderly persons to continue to live in their own homes as long as possible, through the restoration, development and improvement of homes and their adaptation to the ability of those persons to gain access to and use them.’

national lockdown due to Covid-19 and the IRC extended the project deadline to the end of 2021. Because of the vulnerability of the older age population to severe illness from Covid-19 and the restrictions on movement during the national lockdowns, participatory methods that were originally planned to be face-to-face were carried out solely online, followed by an online and postal survey and in-depth online focus groups. The changes in this study are supported by a review of research during Covid-19 by Nind et al (2021) who found that adaptations to survey work (e.g., options for postal modes) helped to achieve balanced survey samples and moving focus groups online generated rich data. A research advisory group with Age Action, UCC academics, and representatives of the Health Service Executive (HSE) also met online. The project had originally intended to focus on Cork and Kerry; however, through working online, the remit of the study was widened nationwide. Ethical approval for the study was granted by UCC's Social Research and Ethics Committee (Log 2020-158, Log 2021-045, and Log 2021-045A1) and a Data Protection Impact Assessment was also conducted. Each participant was emailed or sent information sheets and consent forms by post and subsequently contacted by phone to confirm their consent.

Participants as Research Partners

The research began with the recruitment of Age Action members to a Participatory Research Group through an email call to Age Action's Glór advocacy group and University of the Third Age (U3A) membership.⁸ Eleven members took part in the Participatory Research Group, eight females and three males aged from 67 to 82 years.⁹ Each participant was first met individually and they then worked as a group with the UCC research team to co-construct the questionnaire themes, phrasing, order and length through four online meetings between December 2020 and April 2021. In terms of digital literacy, technical familiarity and confidence online were strong among the cohort involved in the research, some of whom had engaged in Age Action tutorials and the 'Getting Started Kits' they provided on using computer technology.

For some interested older people, however, broadband was not sufficient in their rural areas to participate in the online meetings or there were weak connections that hindered full participation. This is reflective of the ongoing inequity in access to broadband in Ireland where a greater proportion of rural households

8. Glór is the Irish word for voice and the Age Action Glór groups were set up to enable older people to make their voices heard amongst decision-makers. A U3A group is a learning circle of older people that encourages members to share in educational, creative, and social activities.
9. Two members of the Participatory Research Group were part of Glór and nine were part of U3A. Four were aged 65-69 years, four aged 70-74 years, two aged 75-79 years and one aged 80-84 years. Six live in Connaught (Galway, Leitrim, Roscommon), four in Munster (Clare, Waterford) and one in Leinster (Wexford). One participant withdrew during the research due to an injury.
10. The domain of outdoor spaces and buildings did not form part of this research.



Took part in the Participatory Research Group, eight females and three males aged from 67 to 82.

have no internet connection when compared with urban households; according to Census 2016, 76% of the State's urban households had broadband compared with 61% of households in rural areas (CSO, 2016). Therefore, the research team followed up online sessions with emails and phone calls and one participant took part by phone and received material by post. Throughout the research, adherence to the WHO Age Friendly theme of communication and information was ensured in terms of sharing information clearly through a variety of methods and incorporating a range of modes for participation in the Participatory Research Group (phone, post, and online) and completion of the survey (online and post).

Survey Development and Pilot

The Participatory Research Group discussed themes they considered of relevance to the research focus and workshoped and co-created the phrasing and order of survey questions and the length of the questionnaire. The group was also active in email communication and responded with feedback to the development of questionnaire drafts between the online meetings. The survey questions connect to the WHO Age Friendly themes and the actions under Age Friendly Ireland, relating primarily to the WHO domain on housing with a focus on maintenance and modifications of housing, feeling safe in the home environment, availability of housing options for older people, and ageing in place with affordable essential services to enable people to remain at home. Other questions relate to the domains of social participation, transportation, respect and social inclusion, civic participation and employment, and community support and health services.¹⁰

The survey was hosted through Qualtrics XM and was also distributed by post. Participants could only respond once. The survey was piloted online

in May and June 2021 and Age Action identified participants for the pilot from their membership in several rural areas across Ireland including Leitrim, Monaghan, Roscommon, Waterford, and Wexford. There were no requests for a postal survey in the pilot and thirteen people took part in the successful pilot of the online survey.¹¹

Data Collection

The final survey was subsequently conducted in June and July 2021. Sampling involved purposive, convenience, and snowball sampling methods (Sue and Ritter, 2012). The inclusion criteria were anyone over the age of 55 living in a rural area in Ireland. The survey was distributed by Age Action to their Glór, U3A, and Age Action members through an email that included an online link. These member lists were filtered by Age Action to exclude urban dwellers as much as possible. The postal survey was sent to people who didn't have email addresses and to those who requested the postal version from the email call. The email call also encouraged people to forward the survey to anyone who met the inclusion criteria and the HSE South tweeted the survey link. A follow-up reminder email was sent by Age Action to increase the response rate. Due to these non-probability sampling methods, the survey cannot claim to be representative of the older rural population in Ireland and may suffer from self-selection bias. Thus, this report can only make valid claims for the group of respondents and is not generalising to the wider older rural population.



Living in rural areas took part in the survey.

Overall, 246 people across Ireland took part in the survey in the summer of 2021. Of these, 218 people living in rural areas took part: 181 people took part online and 37 by post. Four focus groups were conducted following the survey data collection in August 2021 with nineteen participants. These participants were recruited through the survey¹² and 68 people initially expressed interest in participating. Once each

11. Eleven females and two males took part in the pilot and participants were from Leitrim, Monaghan, Roscommon, and Wexford. Three participants were aged under 65, three between 65 and 69, three aged between 70 and 74, three in the 75-79 age bracket, and one aged between 80 and 84. The pilot survey included several feedback questions and there was widespread agreement that the questions were clear and easy to understand with good or excellent order, that the technology was easy to use, the length was good or excellent, and the survey had a reasonable completion time (the mean self-reported time was 10.5 minutes for completion).
12. A final question asked whether people would be interested in participating in a focus group. This was not linked to the questionnaire responses to maintain anonymity in the survey.

person was contacted, fourteen people agreed they were available to take part. An additional focus group was held with five members of the Participatory Research Group. Each participant was contacted by phone to obtain informed consent and to conduct a test run of Google Meet. One interview was also conducted separately with a participant who had technical difficulties in joining a focus group.

1.4 Report Structure

Following this introductory chapter, Chapter 2 explores the literature on issues facing older people living in rural areas and Irish policy responses to facilitating ageing in place. Chapters 3 and 4 document the research findings from the online and postal survey and the focus groups. Chapter 5 presents the report's conclusions and recommendations.



Took part in focus groups during the summer of 2021.





Chapter 2: Literature and Policy Regarding Ageing in Place in Rural Areas

Given the dominant preference of older people to age in their own homes, this chapter begins by exploring literature on agency and ageing and the significance of place. It then considers the factors that hinder or enable older people to age in place in rural areas, before turning to policy responses.

2.1 Agency and Ageing in Place

Agency, Ageing, and Marginalisation

According to Bandura (2006, p.166), agency relates to the actions people take ‘to exercise some measure of control over their self-development and life circumstances.’ Regarding ageing in place, agency relates to the ability to secure recognition for one’s preferences and decisions within the wider social, political, and cultural context and, more particularly, to ensure that these preferences are enacted in ways

that permit meaningful choices to be made. Hand et al (2020, p.567) explore the idea of ‘environment-related agency’ that ‘involves goal-directed behaviours related to the environment and an individual’s perceived control over [that] environment’. Through the exercise of such agency, older adults themselves shape the contexts in which they age.

Ageing is not a standard or homogenous process; as Scherger (2009, p.25) highlights, it is a complex, multi-dimensional process involving physical, psychological, and social aspects. An individual’s experience of ageing is differentiated through dimensions such as ‘health and financial status, marital status, gender, ethnicity, sexuality, geographical location and social support networks’ (Davidson, 2011, p.231). There is also a significant aspect to ageing which is ‘socially constructed’ (Fennell, et al, 1988, p.52) and thereby shaped and experienced through assumptions about it. These assumptions are societally embedded and taken for granted. They ‘frequently determine social policies and intervention strategies’ (Angus and Reeve, 2006, p.140) and are ‘ingrained in social structures such as the workplace, bureaucracy, public institutions, and the health care system’ (Angus and Reeve, 2006, p.138).¹³

13. For example, Fennell et al (1988, p.7) observe how the introduction of the pension and the ‘welfarizing’ of older age involved ‘a subtle mixture of diminution and patronage’.

Such assumptions about ageing include societal stereotypes of older people as frail, vulnerable, and infirm (Fealy et al, 2011) and include constructions of ageing as ‘physical and mental decline, social isolation, asexual behaviour, lack of creativity, and [being an] economic and familial burden’ (Angus and Reeve, 2006, p.139). Even though the experience of ageing has been changing in recent decades,¹⁴ the social framing of growing older continues to focus on ageing as a process that ‘lessens ‘youth’ and ‘fitness’ [rather] than [on] what the ageing individual acquires’ (Higgs and Gilleard, 2015, p.2). The development of wisdom, deepening of creativity (noted by Moody, 1998) and the significant contribution that older adults make to their communities (Hand et al, 2020) are thereby omitted.

Assumptions and stereotypes serve to disenfranchise and exclude older adults from decision-making around their situations and contribute to inadequate or inappropriate policy recognition (Walsh et al, 2017). Such assumptions also affect people’s experience of ageing, diminishing their sense of empowerment and confidence and negatively impacting on their ability to exercise agency and have their preferences recognised. As Ory et al (2003, p.166) highlight, ‘people subjected to negative stereotyping may adopt the negative views and act accordingly with detrimental effects to their own self-image, confidence, and abilities. Regardless of response – acceptance, denial, or avoidance – stereotypes devalue a person’s basic worth and dignity.’

These effects are manifested physically, as well as psychologically. A report from The Irish Longitudinal Study on Ageing (TILDA), which explored the experience of ageism in Ireland during the pandemic, highlighted that ‘when confronted with negative stereotypes, older adults can experience a reduction in physical ability, slow walking speed, altered heart activity, reduced memory performance and, in some cases, a diminished will to live’ (Ward and Kenny, 2020, p.2). The study also found that ageism had worsened due to Covid-19, with 18 per cent of adults aged 60 and above experiencing negative attitudes or behaviour based on their age (ibid., p.6).

The Significance of Place

When considering the factors that contribute to ageing well, literature in the field of Environmental Gerontology has highlighted the importance of understanding how older people interact with their physical and social environment, and the role that the lived environment plays in a person’s agency and

14. Higgs and Gilleard (2015, p.9) note how ‘rising standards of living, increased numbers of women in the workforce, falling rates of unemployment and increased wealth and earnings redefined the economic situation of people aged 60 and above in Western societies.’

belonging (Wahl et al, 2012). Moore and Ekerdt (2011, p.189) note that ‘[a]mong older people, attachment to place develops from life experiences that generate a sense of who one is in the world (identity) and also from shared cultural ideas about the course of life.’ Places can also hold meanings of communal gathering and togetherness (Bantry-White et al, 2018). Earnot et al (2022) explore how the notion of home is defined by the accumulation of experiences, memories, and feelings of familiarity in one’s dwelling place as well as through integration and engagement in the wider locality and community.

Research furthermore highlights the importance of rural environments to cognitive health and wellbeing as rural areas tend to provide easier access to nature than urban areas, which has been demonstrated to have mental restorative properties and promote an active lifestyle (Cassarino and Setti, 2016). Rural places may also offer a less cognitively demanding or stressful environment than cities, which can promote better mental health outcomes (Lederbogen et al, 2011). However, research also highlights the challenges of living in rural areas for older people that can make it difficult for older adults to envisage a future in their place, which can be a source of significant anxiety and insecurity. Along with access to home care, there are also distinctive issues facing older people living in rural areas explored in the next section. These include housing, accessible transport, social isolation, and the absence of facilities, access to services and technology in the context of rural transformation and decline.

2.2 Factors That Hinder or Enable Older People To Age in Place in Rural Areas

Availability of Carers To Support Ageing In Place

Having people to assist with care needs in the home significantly contributes to the ability to age in place. While traditionally older peoples’ care was seen as a family responsibility (Khan, 2019), in the past decades there have been significant societal changes in this regard. Gordijn and ten Have (2016, p.1-2) discuss the heightened individualism of economically developed countries, the increased levels of childlessness, particularly in Europe, and the increase in chronic diseases which require specialised medical care. These factors have contributed to changes in the availability and ability of family members to care for older adults in their homes.

In their pre-implementation study of the ability of the health services to respond to the Assisted Decision-Making (Capacity) Act legislation in Ireland,¹⁵ Ní Shé et al (2020, p.3) note how the capability of the health service to respect the autonomy of the individual regarding their care is influenced by the expectations of policymakers, managers, and service providers, as well as families and communities. Within this, older adults' agency is recognised as central; yet decision-making around care also crucially relies upon the options available to meet the level of care required. However, the level of local care services can vary significantly. Shortfalls in rural health and social care services and provision are often covered by NGOs or the informal sector, which may be smaller or less well developed in rural areas compared with their urban counterparts (Burholt and Dobbs, 2012).

Studies in Ireland have highlighted the lack of legislation and statutory entitlement to home care as well as appropriate funding for community-based home care, leading to an over-reliance on nursing home care (Donnelly & O'Loughlin, 2015). The 2021 European Commission country report on long-term care (LTC) in Ireland also draws attention to these issues and highlights the absence of national data on the provision of care. The report documents the lack of regulation on the provision and quality of home care services, the under-provision of public services for LTC following cutbacks during the recession, the high level of unmet need with significant regional and social class-based variations due to access and affordability, and the challenges in ensuring an adequate LTC workforce. The combination of these and other factors leads to an over-reliance on informal care, which is often gendered with a higher proportion of female carers, and residential care.¹⁶ A recent RTE news report (Conneely, 2021) highlights the shortage of home carers available to assist older adults in living independently and representatives of home care services informed the Oireachtas Health Committee in February 2022 that they are in 'the midst of the most acute recruitment crisis' in the history of the sector.¹⁷ The limited options for care in the home can mean that older adults are obliged to settle for choices around their care which are neither preferred by, nor appealing, to them (Donnelly et al, 2016).¹⁸ UN Women (2021) propose that care be envisioned as a public good

rather than a privatised commodity or a family obligation, and they call for states to invest in and regulate the provision of services to ensure quality care, secure livelihoods, and effective and adaptable service delivery.

Home Maintenance

The suitability of homes and issues related to home maintenance can cause worries for older people. There is a concern that 'much of the housing stock in Western nations is inappropriate for older adults since it was not built with ageing bodies in mind' (Coleman et al, 2016, p.965). Orr et al (2016, p.9) document how 'as people get older, they are more likely to live alone which may affect their ability to maintain housing quality, ensure energy efficiency and manage their accommodation'. In a study on behalf of TILDA, they highlight that

- Three out of every five adults aged 50 years and over in Ireland report at least one housing problem (59%). Nearly half report a problem with damp, mould or moisture ingress (46%), while 29% report a structural or rot problem and 24% report difficulty heating their homes. Problems with pests and noise are reported less frequently (11-15%) (Orr et al, 2016, p.9).¹⁹

In a HaPAI survey, Gibney et al (2018) found that 25% of older adults had difficulty with housing maintenance, and difficulties with carrying out maintenance tasks themselves increased with age. Over half of adults with housing problems in the HaPAI survey would like financial help for upkeep (55%), adaptations and improvements (61%), and maintenance (66%), highlighting the



The suitability of homes and issues related to home maintenance can cause worries for older people.

15. The Assisted Decision-making (Capacity) Act 2015, which came into operation in 2021, aims to support the autonomy of individuals in relation to decision-making about their care.

16. The report draws on figures from Social Justice Ireland that show that 'approximately 60% of the budget that supports older people is spent on long-term residential care, effectively catering for only about 4% of the population aged over 65' (European Commission, 2021, p.111).

17. Their statement, by the CEO of Home and Community Care Ireland (HCCI), highlighted how the national waiting list for home care grew from 800 people in the autumn of 2021 to over 5,000 by the end of December 2021. HCCI argue that home care must be made a statutory right and they support a living wage for carers. Issues of low pay, contracts, working conditions and standards for home care were also highlighted to the Committee by SIPTU, Forasa, Care Alliance Ireland, and Age Action. The statements to the Committee are available on <https://www.oireachtas.ie/en/committees/33/health/documents/>.

18. In contrast Japan's long-term care insurance system, a government-driven social insurance system, comprehensively covers the costs and management of older people's home care including physician home visits, nurse's home care, and home care workers (Ohta et al, 2020).

19. Type of tenure impacts on housing difficulties; Orr et al (2016) find that Local Authority renters are more likely to report a housing problem (68%) than adults who own their homes outright (58%).

financial challenges facing older people.²⁰ CSO figures from 2019 show that while consistent poverty (2.3%) and deprivation rates (11.2%) are lower for older people aged 65 and over than for other age groups they have increased since 2018. The at risk of poverty rate (10.5%) for older adults has fallen slightly.²¹

Difficulties related to managing home maintenance can impact on older adults' opportunities to age in place since 'home maintenance is essential to the provision of safe and healthy residential environments in which to age' (Coleman et al, 2016, p.964). The size and upkeep difficulties of the house and garden can contribute to push factors for leaving one's home as explored by Boldy et al (2011, p.138). Coleman et al (2016) highlight the stress and anxiety that maintenance issues can cause resulting in ruptures to ties to place and reducing well-being. A recent study by Age Friendly Ireland (2021) on rightsizing found that 77% of respondents aged over 55 said their home was too large for their current needs. 31% of respondents who lived in rural areas indicated a willingness to explore the possibility of rightsizing.²²

Access to Services

Local healthcare services and transport are two factors identified in the literature as very important to the well-being and quality of life of older people and as key concerns for older people in rural communities (Walsh et al, 2020). Local access to healthcare services is highly valued by older people and was especially emphasised by older people in more remote and isolated communities in a study by Walsh et al (2012b). These authors highlighted the value of local hospitals, particularly regarding emergencies and routine tests, the pivotal role of public health nurse services to older people in rural areas across Ireland, and the importance of home help for older people to remain living independently in the community. Healthcare facilities were also noted as being of considerable concern by Ní Shé et al (2020, p.10) who highlight that '[w]ithin Ireland, the evidence points to significant regional inequalities in the distribution of primary, community and long-

term care services and a healthcare under severe strain.' The pandemic has also significantly impacted healthcare access and provision. Ward et al (2021) found that almost one-third (30%) of adults aged 60 and over delayed or did not get the medical care that they needed, but there were no differences between those living in urban or rural locations in that regard.

While the Rural Transport Programme (RTP), also known as Local Link, has been a 'major lifeline for people in rural areas of Ireland' since it launched in 2007 (Carroll et al, 2021, p.48), not every area of the country is covered by an RTP. Carroll et al (2021) show that there are large parts of the country that continue to experience high levels of transport disadvantage, particularly in the north-west, west and south-west.²³ Gibney et al's (2018) findings indicate that older people living in rural areas across Ireland face greater difficulty accessing public transport and rate public transport more poorly than those in urban areas. The depletion of local bus services in terms of changes to routes, times and frequency and lack of access to other transport can pose problems for older people, especially those living in more remote locations such that 'access to a car is the difference between receiving and not receiving services' (Walsh et al, 2012b, p.16). Lack of transport has been shown to have implications for older people's health and well-being and their sense of social connectedness, exacerbating social isolation by disconnecting people from opportunities for socialising, doing essential tasks, and accessing health care appointments (Gibney et al, 2018). Ahern and Hines (2010, p.13) make a 'distinction between serious travel (medical appointments, food shopping) and discretionary travel (other shopping, social activities)'. Their research found that 'older people who do not drive find it easier to ask family and friends for lifts for serious travel rather than for discretionary travel. Therefore, carrying out social travel is particularly problematic for older people who do not drive' (Ahern and Hines, 2010, p.13).

Overall, older people living in open countryside or village areas in Ireland reported the greatest levels of difficulty in accessing essential services (23%) with a similar pattern evident for social

20. Housing Adaptation Grants include the Housing Aid for Older People, Housing Aid for People with a Disability and Mobility Aid Grant. These grants were subject to cuts during austerity and there have been moderate increases since 2015 according to Social Justice Ireland who state that the total amount paid in respect of these grants in 2018 was €51.2 million for 9,413 grants, which was just two-thirds of 2010 levels.

21. CSO figures show that each of those rates is currently higher in urban than in rural areas. However, it is not possible to extract figures on poverty and deprivation rates for older people living in rural areas specifically..

22. Most respondents (79%) in the study would like to see an enhanced care package incorporated into new Age Friendly housing developments, including services like Meals on Wheels, Personal Care and Home Support and Befriending (Age Friendly Ireland, 2021). This highlights the importance of care in the home as described in section 2.2.1. Another recent study found that most older homeowners are unwilling to downsize due to factors such as emotional attachment to the home. It estimated that between just '15 and 20% of mature homeowner households would be willing to move if the option to sell their home and purchase a smaller purpose-built home in the same area for a lower price were available' (Corrigan et al, 2020, p.2).

23. Although 1.76 million RTP passengers were recorded in 2015 alone, Carroll et al (2021, p.52) also found that '109 rural settlements (48,375 people) were located in areas not covered by the RTP, and in 100 out of these 109 settlements there were no transport nodes available within a 10 km radius.' Transport disadvantage may result in forced car ownership, whereby households own cars despite limited economic resources.

services (Gibney et al, 2018).²⁴ The impact of the Great Recession from 2008 intensified economic decline in rural communities in Ireland and Hillyard et al (2010) have documented significant impacts on individuals in terms of financial insecurity and access to local services. These concerns have contributed to frustration among older people living in rural parts of Ireland. Participants in the study by Walsh et al (2012b, p.34) ‘felt neglected as communities, if not always as people. For some communities, the demise of the state social infrastructure system in rural areas simply signified an intensification of what was perceived to be a pre-existing social marginalisation.’ Age UK (2018) argues that local authorities must always assess the impact that cutting services would have on older people and that rural communities should be actively involved in planning services and shaping local decisions.

Social Connectedness & Isolation

The social and economic environment has been shown to influence the quality of life of older adults (Ward et al, 2020). The importance of participation in social networks has been highlighted in the literature as crucial for older people’s ‘sense of autonomy, choice and social cohesion’ (Coleman et al, 2016, p.965). Recent work has highlighted how social participation and social capital can be key indicators of successful ageing in rural areas (Carver et al, 2018). In a Canadian study of older adults (ranging in age from 66 to 94 years), Hand et al (2020, p.565) highlight how older adults contribute to and shape their neighbourhoods through spending time in them, interacting socially, helping others, and taking community action. The service they provide to others through volunteering and community engagement is replicated in Ireland as shown by Timonen et al (2011, p.68). Although participation in community activities reduces with age, Timonen et al (ibid) found that older adults are highly engaged in voluntary activities that support communities and individuals across Ireland with one in five older adults aged 65-74 doing voluntary work daily or weekly. This activity can be of significant benefit to the older adult volunteers themselves. Vozikaki et al (2017) found that being engaged in social activities within the community was associated with higher levels of wellbeing.

Access to the internet and digital technologies is important when considering older adults’ social engagement and participation in community,



and has been particularly important during the Covid-19 pandemic. However, there are several barriers to technology use that include geographical location, socioeconomic status, age, and negative stereotypes about ageing that may disempower older people in the adoption of technology (Köttl and Mannheim, 2021). In Ireland, rates of digital access decrease with age and are lower in rural areas due to disparities in broadband connectivity (Kenny et al, 2020). A recent study by the CSO (2021b) found 21% of 60-74-year-olds have never used the internet, this number rising to 50% in people aged 75 and over. Strategies to tackle the digital divide and empower older adults in the use of technology are therefore essential.

Although attachment to place can be strong, especially for older rural residents with long-term residential stability (Burholt and Scharf, 2014), there is a concern that the home context can be ‘over romanticised as the ideal living environment for fostering independence’ while ignoring ‘its potential as a place which can create feelings of social isolation, alienation and disempowerment’ (Hillcoat-Nallétamby and Ogg, 2014, p.1775). The impact of loneliness on the ageing process is well documented; research highlights that loneliness is associated with poorer quality of life, physical and mental health, and cognitive function (Cacioppo and Caciopoo, 2013; Holt-Lunstad et al; 2015; Holwerda et al, 2014).²⁵ The

pandemic restrictions negatively impacted older people’s wellbeing with experiences of loneliness, stress and anxiety significantly increasing around the world (Herron et al, 2021; Hwang et al, 2020). In Ireland, a TILDA study conducted during the pandemic found that 30% of older adults felt lonely at least some of the time and 29% reported high stress levels (Ward et al, 2021). Similar levels of loneliness, stress, and anxiety were reported by both rural and urban participants.

In terms of isolation, the sense of safety and vulnerability is highlighted in the literature as a particular concern for elderly people who may be living alone in more isolated areas (Kenneally, 2012). While some studies have found that rural residents specify low crime as an indicator of the quality of life and benefits of rural living (Brereton et al, 2011), others have explored people’s perceptions of crime becoming more prevalent in their rural areas (Walsh et al, 2020).²⁶ Fears of theft and burglary for older rural residents are compounded by the lack of a visible rural police force and Walsh et al (2012b) emphasise the importance of the reestablishment of a more local police presence in rural Ireland, along with community alert schemes, alarm systems, and neighbourhood watch schemes. It is also important to note that a sense of community can mitigate this fear with Walsh et al (2012b, p.86) finding that

- Attachment to place and a sense of belonging were particularly strong factors in influencing people’s sense of safety. People talked about the importance of a strong, cohesive community when adverse events happened; the fact that their community recognised the need for direct intervention in times of trouble was a source of both consolation and strength that allowed people to overcome fear and anxiety.

2.3 Policy Responses to Ageing in Place and Housing Options for the Older Population

Social Policy for Older People in Ireland

There is a long history in Ireland of attempts to address the needs of the older population via social policy. Pierce (2008) notes that it could be argued that social policy provision for older people could be traced back almost 200 years.²⁷ While this may be the case, most social policies

tended to be directed towards the health and social care needs of older people, rather than housing and accommodation needs or facilitation of independence and autonomy through a rights-based approach (Hodgins and McKenna, 2010). This focus of social policies directed towards older people has gradually shifted and is now moving towards an emphasis on the importance of independence, inclusivity, and acknowledgement of older people as a unique cohort in terms of housing and accommodation needs.

Until recently, while issues around the housing and accommodation needs of older people have been acknowledged in policy documents and releases, they tend to be mentioned in passing. For example, in the National Anti-Poverty Strategy (2000) and in Building an Inclusive Society (2002:15), one of the key targets is to ‘improve their access to appropriate health, care and housing supports, and to support older people to live independent and fulfilling lives’. To meet this target, it was suggested that Tenant Liaison Officers in City and County Councils ‘pay particular attention’ to older tenants and that Local Authorities would make provision for sheltered and supported housing for older people. While acknowledging that issues relating to the housing needs for older people exist, neither document outlines in any detail strategies which might assist in improving the living situations of older people, no differentiation is made between people in urban and rural settings, and they do not appear to recognise older people as agents in their own right.

According to Walsh et al (2012b), policy on rural ageing and research on rural-dwelling older people has been neglected in Ireland.²⁸ Since their study, the National Positive Ageing Strategy (2013, p.13) has stated that ‘particular attention should be paid to the needs of more marginalised, vulnerable, hard to-reach and minority groups of older people such as...people living in rural areas’. While older people in rural areas are certainly acknowledged in this strategy, it can also be inferred that older people in rural areas are viewed as a homogenous group, which is not the case.

Positive Ageing and Age Friendly Communities

The National Positive Ageing Strategy (2013) was the first Irish social policy document directed solely towards enabling positive ageing (McManamon, 2017). The strategy outlines four goals, the third of which – ‘Enable people to age

24. Essential services include postal services, full banking services, public transport, supermarkets or other shop, health services, or Garda stations. Social services include cinema or other entertainment sites, recreational park or green area, community centre or other venue where you can meet friends, cafes and restaurants, or public libraries.
25. While related, social isolation and loneliness are distinct concepts. Social isolation relates to having little contact with other people, while loneliness is an experience of feeling alone, for example when faced with difficult experiences. People may be isolated but not experience loneliness or may not be isolated but feel lonely. Long-term chronic loneliness increases the risk of mental and physical health problems (Bantry-White et al, 2018; Zhong et al, 2016; Martin-Maria et al, 2021)..

26. It is not possible to ascertain whether there is an increase in rural crime since it is not recorded separately by the Gardai in Ireland and the CSO only distinguishes between the Dublin Metropolitan Region and Outside Dublin (the rest of the country) in its reporting of recorded crime.
27. In the Poor Relief (Ireland) Act 1838, one of the listed groups to receive relief was the ‘aged poor.’
28. A similar critique has been articulated in Canada by McCrillis et al (2021) who propose the need for a specific rural age-friendly agenda to support rural older adults.

with confidence, security and dignity in their own homes and communities for as long as possible' – is particularly relevant here (National Positive Ageing Strategy, 2013, p.21). Of the five objectives listed as necessary in achieving Goal 3, only one makes specific reference to older people's housing and accommodation needs, that is to 'facilitate older people to live in well-maintained, affordable, safe, and secure homes, which are suitable to their physical and social needs' (National Positive Ageing Strategy, 2013, p.21). The expansion of this objective focuses on the wider built environment, including improved access to amenities and universal design of the built environment. However, there is no differentiation between the housing and other needs of older people in rural settings as opposed to those in urban settings.

Throughout the National Positive Ageing Strategy (2013), the only reference to older people in rural areas is in relation to Goal 1 (participation and inclusion in economic, cultural, and social activities). The emphasis on achieving this goal (and the only recommendations throughout the document which specifically mention older people in rural areas) is on accessible and flexible transport systems to enable people to 'get out and about' (National Positive Ageing Strategy, 2013, p.27).

In 2013, The Dublin Declaration on Age-Friendly Cities and Communities in Europe was signed by mayors and senior political representatives of European cities, municipalities, communities, and regions during the EU Summit on Active and Healthy Ageing. This committed signatories to uphold principles based on the WHO's Global Age-Friendly Cities Guide to drive age-friendly cities and communities. All 31 local authorities in Ireland are signatories to the declaration and Age Friendly Ireland coordinates the national Age-Friendly Cities and Counties Programme through local authority-led, multi-agency city and county programmes. These bring together key actors (including Councils, the HSE, An Garda Síochána, NGOs, business and third-level sector representatives) to work together to support the inclusion of older people.

Recent Policy on Housing and Ageing in Place

Following the signing of the Dublin Declaration in 2019, the joint departmental policy statement Housing Options for Our Ageing Population was published, which shared its vision with the WHO Age Friendly Framework.²⁹ The statement recognised that older people are

not a homogenous group. It makes specific reference to Goal 3 of the National Positive Ageing Strategy and emphasises the importance of enabling people to remain in their own homes as they age. Ageing in place is the first of the six principles outlined and the statement documents the importance of ageing in place to quality of life with reference to research by the ESRI and HaPAI. Housing Options for Our Ageing Population notes twelve case studies of housing developments that are either intergenerational developments or are aimed towards older people specifically. Each of these case studies supports the principle of ageing in place by demonstrating 'how a suitable location can help older people to age in place whether in an urban/suburban town or a rural village setting' (Housing Options for Our Ageing Population, 2019, p.4). Housing developments and options for older people include retirement villages and co-operative housing, supportive and sheltered housing, age-friendly housing, and rightsizing.³⁰ However, as highlighted by the Age Friendly report on Housing for Older People (2016, p.10)

Current alternative housing options for older people are limited and this lack of choice can result in unnecessary admissions to a long-term care setting (nursing home), with its associated costs and potential reduction in quality of life. Developing older peoples' supported housing can provide a viable alternative in many cases.

This report and the Age Friendly Homes website highlight a 'housing with care continuum' that outlines the options for older people's housing. This includes living in one's own home or housing in the community with specific inputs (such as home repairs, adaptations or technology, and home care services), moving to a more suitable home, moving to supportive and specialised housing (with low or high supports), or moving to a long-term care setting.³¹

In July 2020, the Programme for Government was produced which outlines the Government plan to deliver an 'Age Friendly Ireland' (Programme for Government, 2020, p.51). With policy and governmental support, Age Friendly Technical Advisors (trained by Age Friendly Ireland) were appointed in December 2020 to each of the 31 local authorities. The role of the Age Friendly Technical Advisor is to provide advice to local authorities, private developers, approved housing bodies, and to members of the public on age-friendly housing, home adaptations, rightsizing, and universal design.



At the launch of the implementation of Technical Advisors, Peter Burke, Minister of State at the Department of Housing, Local Government & Heritage stated that the Technical Advisor 'would be a resource for older people, for the local authorities, and indeed for anyone who wants to access information about age-friendly housing' (Burke, 2020).

While the establishment of Age Friendly Technical Advisors in each local authority is a positive development, there is again no stated differentiation between older people in rural areas and those in urban areas – although it may be presumed that the Technical Advisors associated with county councils are sensitive to the needs of older people in rural areas.

In 2021, Housing for All: A New Housing Plan for Ireland was published. It is the first governmental policy document to make specific reference to ageing in place. The policy document connects to both Housing Options for Our Ageing Population (2019) and Programme for Government (2020) and continues the policy direction towards Ireland becoming age friendly and enabling older people to have the option of ageing in place. Although positive in documenting initiatives to be taken (e.g., provision of increased housing options and supports), the document is a little ambiguous in describing how each of the six principles outlined in Housing Options for Our Ageing Population (2019) will be achieved, beyond stating that the implementation group will work towards them. On a more solid footing

is the reference to the use of the Housing Needs and Demands Assessment (HNDA) framework by local authorities and the Local Authority Housing Delivery Action Plans, which must consider the needs of older people in the provision of social housing, both of which place the onus on local authorities rather than governmental regulation or building standards in the private sector. Regarding the housing and accommodation requirements of older people, there is, again, no differentiation between rural and urban settings.

Overall, the progression of policy in the last twenty years towards ageing in place and the recognition of older people as a cohort with unique housing needs has been positive. However, the current policy position is somewhat ambiguous. Older people are recognised as a non-homogenous group but most policies and statements make no distinction between those living in rural and in urban areas. There is also a lack of implementation planning, save relying on what has been published previously. The developments at local authority level have also been positive in terms of establishing Age Friendly Technical Advisors, and in the use of the HNDA framework. However, this assumes that the construction of social housing will increase soon. While not specifically focusing on older people in rural areas, the recognition of the importance of ageing in place and the emphasis on the provision of housing options to older people in recent policy documents means that policy direction is moving towards an acknowledgement of older people as agents.

29. This was produced by the Department of Housing, Planning and Local Government (DHPLG) and the Department of Health (DoH), with support from a Steering Group, comprising the DHPLG, DoH, the Health Service Executive (HSE), the City & County Managers Association (CCMA), Age Friendly Ireland (AFI), the Housing Agency, the Centre for Excellence in Universal Design (CEUD), and key stakeholders, who provided expertise and guidance.

30. Alone's (2018) report details a range of housing choices for older people in Ireland and O'Mahony (2020) explores how and why retirement villages should be established across Ireland.

31. See <https://agefriendlyhomes.ie/topics/age-friendly-homes/> for the housing with care continuum.



Chapter 3: Demographic Profile of Participants in the Research

The research for the current study involved two phases. The first was a questionnaire completed by 218 older people living in rural areas. The second phase entailed four focus groups with 19 participants. The aim of the focus groups was to explore in more detail the responses to the questionnaires. In some cases, survey respondents provided elaborations on their responses and excerpts from these also form part of the analysis.

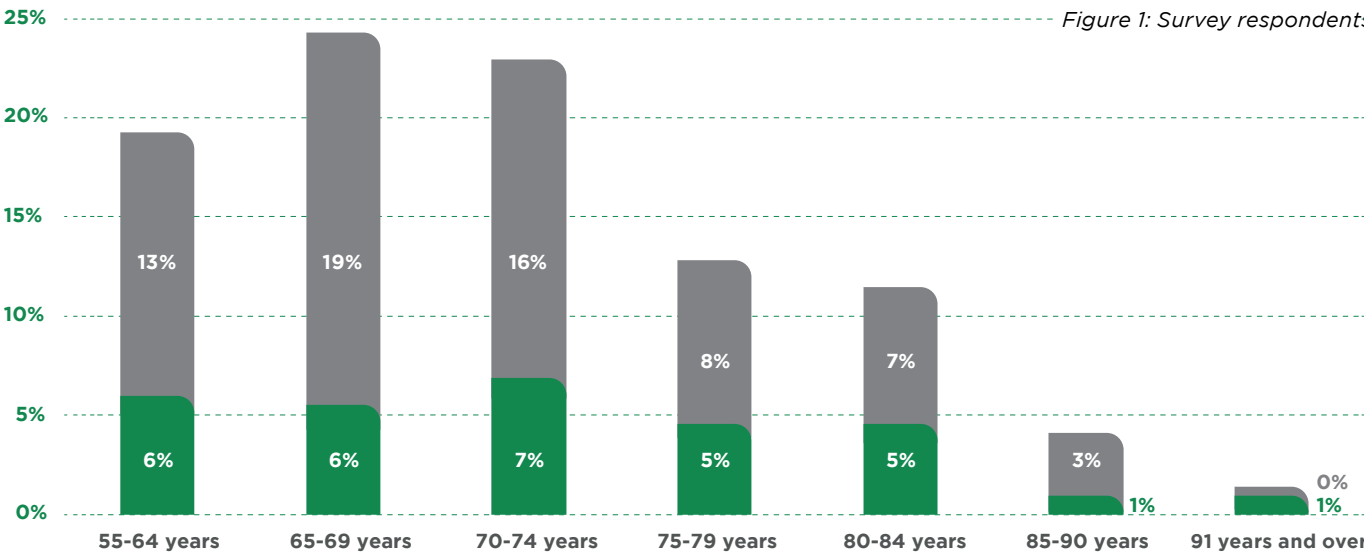
3.1 Demographics

Survey Respondents

70% of the respondents were female (n=147) and 30% male (n=64).³² Every county was represented, with the highest proportion of respondents from Cork (24%). 45% of respondents were from Munster, 36% from Leinster, 12% from Connaught and 7% from Ulster. Most respondents were aged under the age of 75: 19% (n=42) were aged between 55 and 64 years and 48% (n=105) were aged between 65 and 74 years. 26% (n=57) were aged between 75 and 84 years and just 6% (n=12) were aged 85 years and over. Figure 1 shows the age and gender of respondents.

32. Respondents refers to those who provided an answer to the question in the survey rather than the overall total of participants.

In terms of marital status, most respondents were married (52%) and 3% live with their partner. Almost a quarter of respondents were widowed (24%), while 12% were single, 6% divorced and 4% were separated. 38% of participants lived alone, 52% with a spouse or partner, 9% lived with family members, 1% with non-family members and 3% had another living arrangement – for instance, they lived in a religious order or in a separate house adjacent to family.



Age and gender

■ Male ■ Female

Focus Group Participants

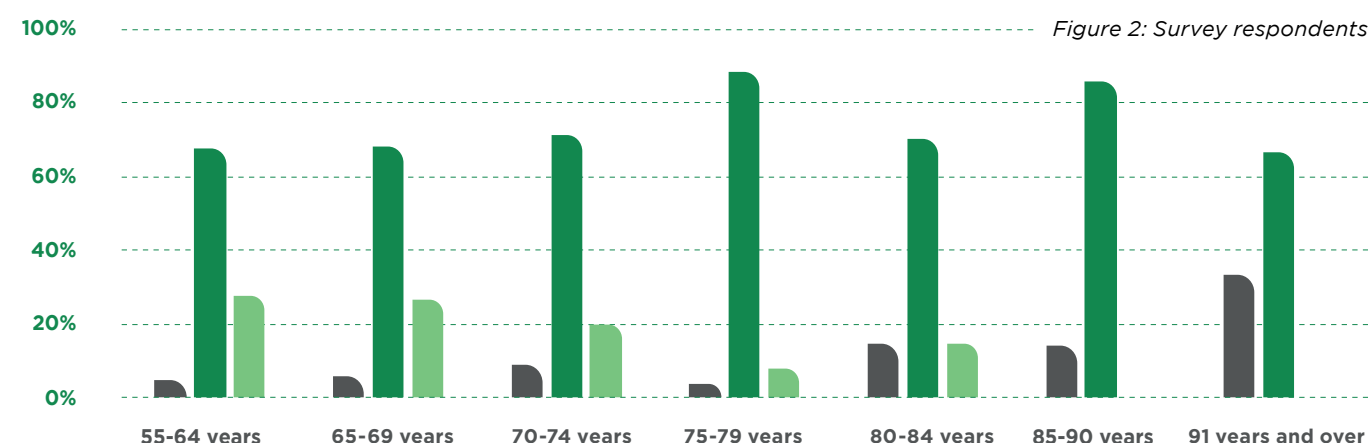
As Table 1 highlights, 26% of focus group participants were male and 74% female. All provinces were represented with 42% from Leinster, 21% from Connaught, 26% from Munster and 11% from Ulster. Like the survey, participation levels tended to decrease with age. Most participants in the focus groups (68%) were aged between 65 and 74 years. 11% of participants were aged between 55 and 64 years and 21% were aged between 75 and 84 years. Seven participants (37%) lived alone. Of these, three mentioned they were widowed. Pseudonyms have been used to protect the participants' anonymity.

Pseudonym	County	Gender	Age Group
Eileen	Cork	Female	55-64
Grace	Wexford	Female	55-64
Cathy	Clare	Female	65-69
Karen	Wexford	Female	65-69
Liz	Roscommon	Female	65-69
Caitlin	Donegal	Female	65-69
Eavan	Westmeath	Female	65-69
Aoife	Wicklow	Female	65-69
Breda	Meath	Female	65-69
Frank	Tipperary	Male	65-69
Jack	Donegal	Male	65-69
Ann	Roscommon	Female	70-74
Hannah	Cork	Female	70-74
Aisling	Wexford	Female	70-74
Seán	Roscommon	Male	70-74
Lucy	Kildare	Female	75-79
Una	Wexford	Female	75-79
Steve	Waterford	Male	80-84
Separate Interview			
Mike	Galway	Male	75-79

Table 1 location, gender, and age of focus group participants

3.2 Respondents' Health and Mobility

Most survey respondents (72%) indicated that they considered their health to be 'good'. 20% of respondents stated that their health was excellent and 8% that it was poor. There was little difference between the genders in terms of reported health status (7% of men and 7% of women indicated poor health, 72% of men and 73% of women indicated good health and 21%



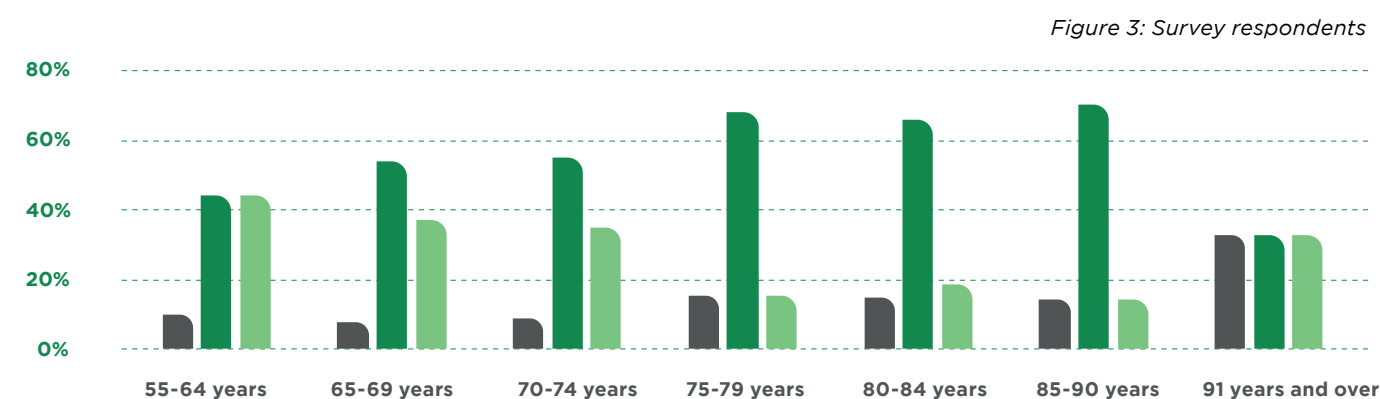
Health status as a proportion of each age category

of men and 20% of women indicated excellent health). The majority in each age category (67% and above) indicated good health. As the age cohort increases, the proportion of respondents indicating poor health increases, and the proportion of respondents indicating excellent health decreases, as shown in Figure 2.

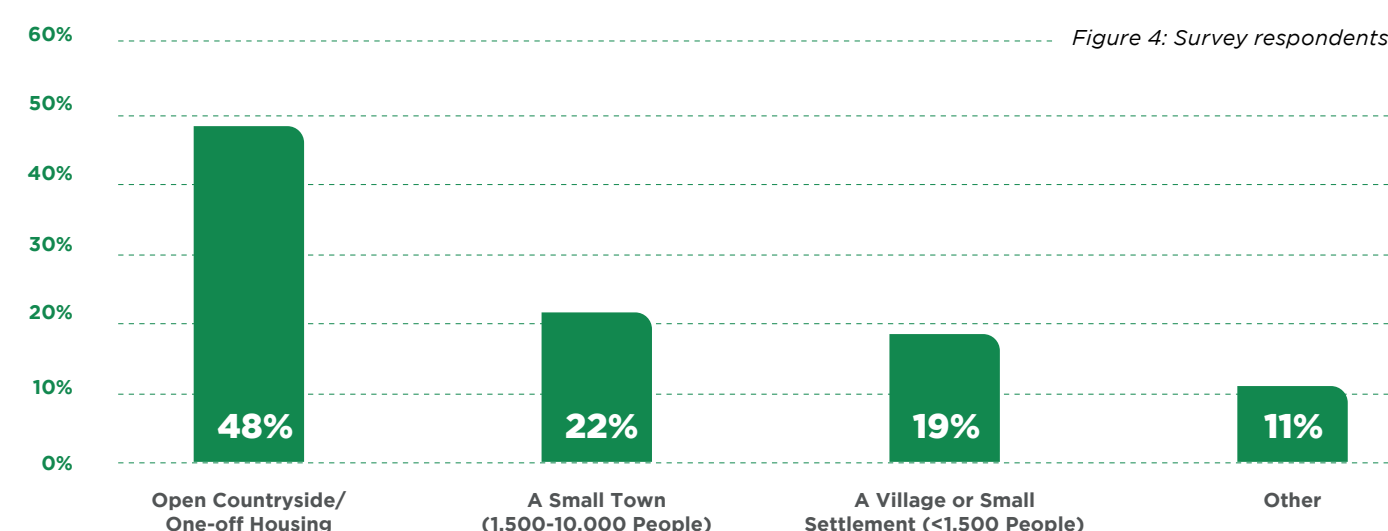
In terms of mobility, again most respondents (57%) indicated that they considered their mobility to be 'good'. 32% stated that their mobility is excellent and 11% indicated that their mobility is poor. Although there is slightly more difference between the genders in terms of reported mobility, the difference is still small. 7% of men and 12% of women indicated poor mobility, 59% of men and 56% of women indicated good mobility, and 34% of men and 32% of women indicated excellent mobility.

Although not as striking as health status, the majority in most age categories indicated good mobility. While the category of 'excellent' decreases as the age cohort increases, the category of 'good' also increases, as shown in Figure 3. The category of 'poor,' while slightly increasing, does not do so dramatically.

In the focus groups, five participants (26%) noted chronic health conditions which required ongoing medication costs and regular hospital visits (two males and three females). Two mentioned significant mobility issues, one because of an injury and the other because of long-standing disability, compounded by a recent fall.



Mobility as a proportion of each age category



Characterisation of area

3.3 Where The Participants Live

Survey Respondents

Figure 4 shows that many respondents (48%) characterised the area that they lived in as 'open countryside/ one-off housing'. 22% of respondents lived in 'a small town (1,500 to 10,000 people)', 19% characterised their area as 'a village or small settlement (less than 1,500 people)', and 11% ticked the box 'Other'. The text answers listed under the category 'Other' included small-town suburbs and a religious institution.

Most survey respondents (87%) owned their own homes, while just 3% rented from a private landlord and 2% rented from a local authority.³³ A small percentage (5%) noted that they had another kind of living arrangement, most of whom lived in a home owned by their child, while a small number lived in a religious congregation, and 2% did not state their tenure. Most respondents lived in detached houses (45%) or bungalows (33%), 15% lived in semi-detached houses, 5% in terraced houses, 2% in apartments and 2% lived in other accommodation. No respondents reported living in assisted living or sheltered accommodation arrangements. More than half had lived in their homes for over 25 years – 35% for 26-45 years and 21% for 46 years or more. 33% had lived in their homes for 6 to 25 years, while just 11% had lived in their homes for 5 years or less.

The average distance of respondents to their nearest urban centre (village, town, or city)

is approximately 6.5 kilometres. The largest reported distance from an urban centre is 80 kilometres. The greatest proportion of respondents (43%) reported living between one and four kilometres from an urban centre, the second highest (31%) between five and nine kilometres, and the third highest (13%) were between 10 and 14 kilometres from their nearest urban centre.

Focus Group Participants

While most focus group participants (84%) owned their own homes, two (11%) rented from private landlords, and one (5%) was staying temporarily at her daughter's home. A small number lived in villages or towns, but most lived some distance from the nearest urban centre, the furthest being 11 kilometres away. 47% reported living between one and four kilometres from an urban centre, the second highest (21%) are living in a village, 16% are between 10 and 14 kilometres from their nearest urban centre, and 11% are living between five and nine kilometres from the nearest urban centre.

43%

Of survey respondents reported living between one and four kilometres from an urban centre.

33. This is similar to occupancy/tenure figures from the 2016 Census for those aged 55 and over living in rural areas which found 89% owner occupation; 2% rent from a private landlord; 3% rent from a Local Authority; 0.4% rent from a Voluntary Body; 2% occupy their home free of rent; and 2% did not state their tenure.



Chapter 4: Where Survey Respondents and Focus Group Participants Choose To Live

The following are the key points which emerged from the research in relation to ageing in place.

4.1 Most Participants Would Like to Remain in Their Homes

69% of survey respondents said they had thought about where they would live in the future, while 31% said they had not thought about it. Most noted that their homes and community were very important to them. Like the 2015 survey by Age Friendly Ireland which found that the first preference for most older people in Ireland (78%) was to adapt their own homes, in this survey, 78% of respondents stated that it was very important to them to remain in their homes as they grow older, as shown in Figure 5. A further 16% said it was somewhat important.

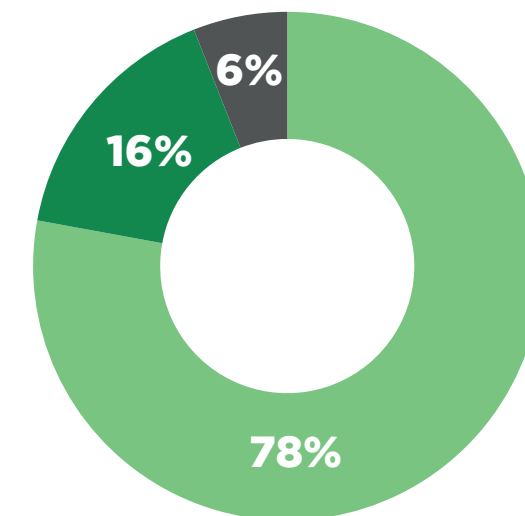
The survey found that Covid-19 had affected many respondent's views about where they would like to live as they get older. 43% of respondents said that they were more likely to want to remain in their own homes since Covid-19, while over half (52%) said that their views have not changed since Covid-19. Only 4% said they are less likely to want to remain in their own homes since Covid-19.

In line with the survey findings, most participants in the focus groups expressed a strong preference to grow older in their homes. Seán observed: 'I can walk around my house at night-time with no lights on and absolute pitch-black dark and I know exactly every corner of it and every door of it. So, if I was blind, I would be able to manage to get around my house.'

Participants in the focus groups highlighted, however, the centrality of health regarding decision-making about where and how they aged. Jack noted: 'we would love to stay here [at home] as long as we could. How long I have no idea. It depends on our health.' And Aisling said: 'The future's a concern. We all so much depend on how our health will be. I mean, it could be completely taken out of our hands should we get some serious condition.'

It is worth noting that not all the focus group participants were settled in their homes. In Wexford, Grace's situation was unstable given an injury which had rendered her cottage unsafe and had necessitated a stay at her son's apartment in a nearby town. Lucy and Hannah had moved to Kildare and Cork respectively to be close to family members who had subsequently moved abroad, resulting in a sense of dislocation. Hannah's precarity was exacerbated by the fact that she was renting: 'I really feel vulnerable at the moment. My limited funds from the sale of my house are running out because of the huge rent I'm having to pay in this beautiful location.' Although Lucy was staying temporarily at her

Figure 5: Survey respondents



How important it is to remain at home as you grow older

Not at all important ■
Somewhat important ■
Very important ■

daughter's home, her vulnerability arose from being unsure about her next move and being hindered through disability in searching for a home with her husband.

Like Hannah, Liz was also renting; unlike Hannah, however, Liz had a long history with the small town in Roscommon and had a good support structure there. She also, however, noted the precarity of having to pay rent and the limited alternatives available: '[rent] is ... a big cut out of my pension and the little bit of money I get from working part-time. I am on the list for council housing but that takes time.'

4.2 Most Participants Would Like to Remain in Their Communities

63% of respondents stated that it was very important to them to remain in their community as they grew older and 30% said it was somewhat important to them to remain in their community, as shown in Figure 6.

As part of their elaboration on their responses to the survey, respondents stressed the significance of place and community: 'I'm happy living among people I know' or 'I am able to take a walk and enjoy the scenery.' The focus group participants also noted their connection to place. Many began by describing the beauty of their locations. This contributed to a strong attachment to place. Living in a glen in Wicklow, for instance, Aoife described the backdrop of mountains on either side of her home. She noted: 'I think the glen is a

bubble. And it's beautiful, you know. It would be hard to leave. I'd be on my knees before I'd leave, I think.' The length of time which participants had been living in place was also a factor in their attachment to it. In Waterford, Steve noted: 'I feel an enormous sense of attachment to [the village]. I've been living here for 29 years.'

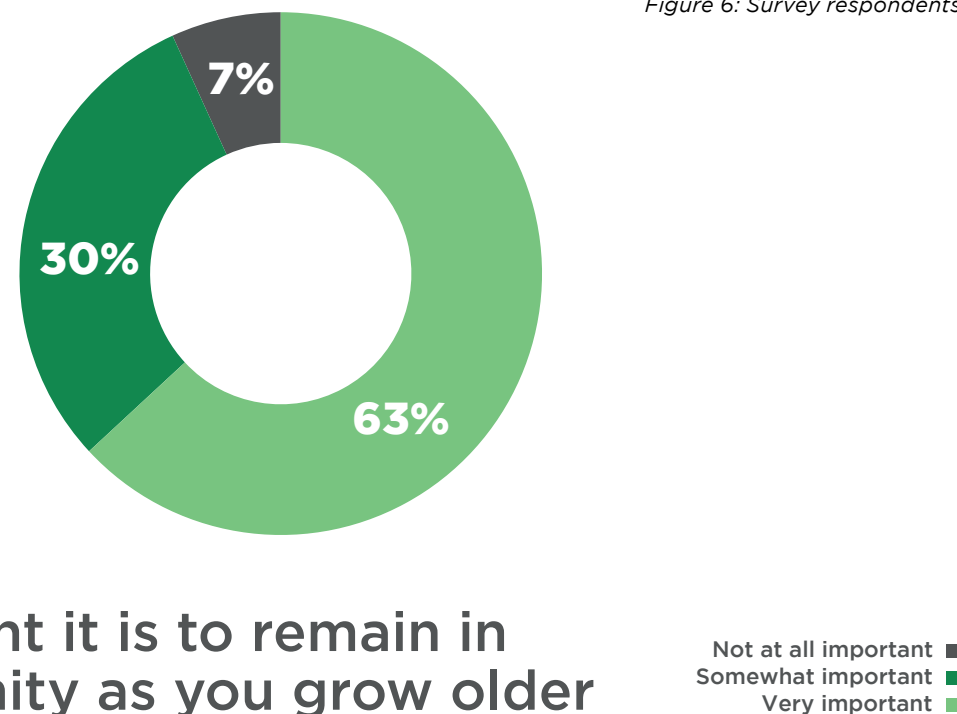
Many highlighted the importance of their neighbours. In Wexford, Aisling noted: 'I love the area. We've wonderful people. They're not in your face but, by God, if you've a problem, they are there.' Some participants also discussed family connections with their place which contributed to their sense of belonging. Frank, for instance, noted his family had been in Tipperary for generations. When asked if he was happy to remain on his farm, he replied: 'Very happy. I've known nothing else...My family [has] been there for many generations and we'll be there for as long as we can.'

Half of the focus group participants mentioned that they were actively involved in voluntary organisations, community work and social activities.³⁴ This engagement allowed them to feel supported by their communities in a reciprocal arrangement. Thus, Steve noted: 'I do feel that I'm valued by the community. Over the years, I have made certain contributions in terms of voluntary work to it.'

Participants discussed the significant impact that Covid had had on their lives. This included their heightened sense of isolation because of 'cocooning,' the loss of Council funding for community development projects, the closure of

34. These included activities and employment such as men's sheds, women's sheds, Active Retirement Ireland, organising Christmas parties and summer outings for older adults, a music group, employment in rural transport, volunteering at a community crèche, starting a coffee morning for older people, driving for Cancer Connect, involvement in the Older Peoples' Council and Family Resource Centre and working with people with disabilities.

Figure 6: Survey respondents



How important it is to remain in your community as you grow older

community centres and retirement groups and the loss of the social contact associated with the use of public transport and activities such as Christmas parties, dances, and indoor bowling. They noted the distress of friends who were not allowed visits from their families when in hospital for illnesses other than Covid. A survey respondent also noted the closure of their day care centre which was missed.

Despite these challenges, most focus group participants noted how the pandemic had also enhanced their sense of community. Aoife said: 'it [Covid] rooted me in my neighbourhood. Because I actually started talking to the farmers that live at the top of the road...They make me feel that I'm part of the fibre of the place.' In Donegal, too, Eileen noted: 'I had conversations that I wouldn't have had without Covid...because I've met people that I've never spoken much to before.' Mike observed how his appreciation of his rural location had increased during the lockdowns: 'I took it upon myself to identify different plants, one plant a day, as it flowered...I wouldn't have those experiences if I was living in a high-rise apartment.' A survey respondent also noted: 'I have found I enjoy my own home since the restrictions are in place.'

Again, this sense of community was not uniform for all. Hannah, a widow, whose children live abroad and who had been living in County Cork for just two years at the time of the first lockdown, noted that locals in her village 'don't like blow-ins.' She described how the predominance of apartment block living there had contributed to a transient population which

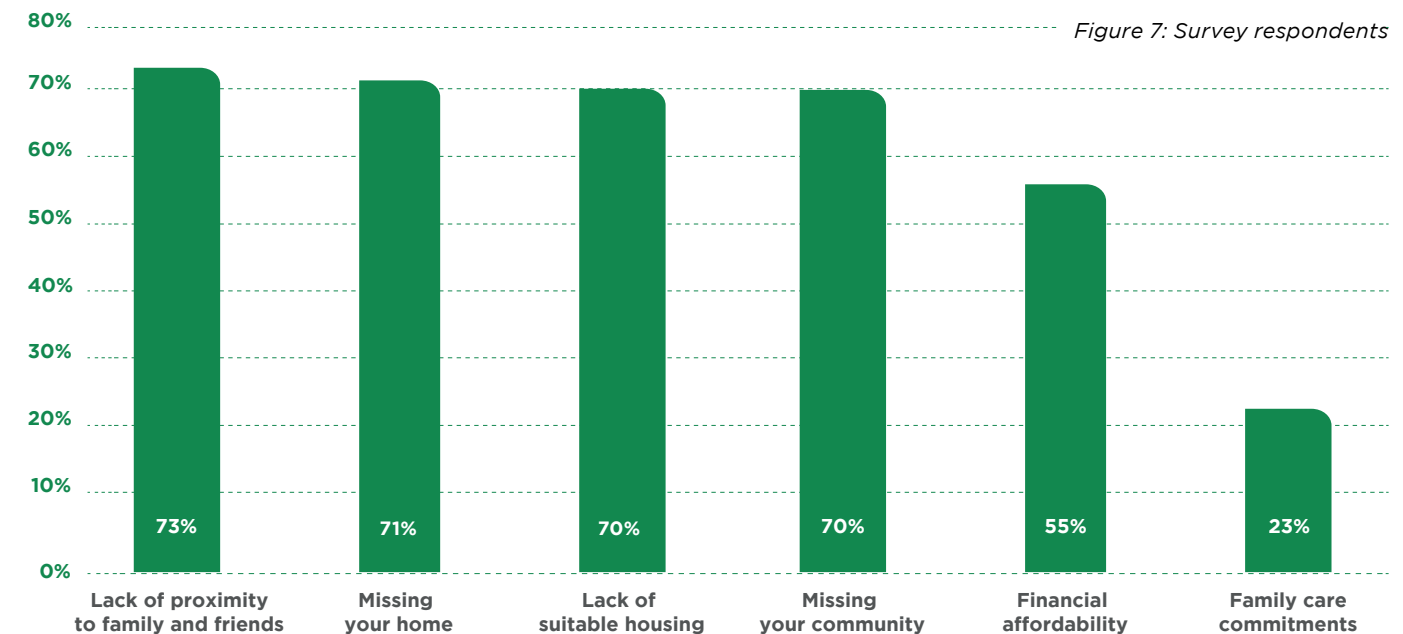
limited the development of community spirit. This was particularly evident to her living alone during the pandemic when, she said: '[n]obody once came near my door to see was I alive or was I not alive.' Her feeling of not belonging led her to observe: 'I realise what is missing in my life. And, of course, it is this big sense of community.'

It was also clear that family connections to a place do not necessarily give rise to a sense of belonging to it. Despite a long family history with Wexford, Grace had conflicted feelings about living there: 'much and all as I love the place dearly, there was never any concept there of mutual care.' This led her to conclude: 'it isn't frankly a place where I would be glad to grow old.' A survey respondent also noted: 'I do not wish to remain in this home which is isolated in a village with no amenities.' The absence of LGBT+ supports in rural areas was also highlighted by a survey respondent.

4.3 Reasons Why People Would Not Like to Move

Figure 7 shows that most survey respondents would not like to move from their home because of a loss of proximity to family and friends (73%) and missing their home (71%). Most interact with friends, family, or neighbours daily (50%) or several times per week (38%) highlighting the importance of personal connections. Other factors which would make people reluctant to move include a lack of suitable housing (70%); missing their community (70%); and financial

Figure 7: Survey respondents



Reasons why you would not move

affordability (56%).³⁵ One survey respondent noted the additional challenge of moving for older people, stating: '[m]oving is difficult at any time in life. In older age, it's traumatic.'

The main factors of concern in focus group participants' decision-making about moving were missing their community and a lack of suitable and affordable housing.

Missing The Community

Focus group participants highlighted the security afforded by their community as a primary factor for choosing not to move. Caitlin observed that, after a lack of suitable housing, missing her community would be the next most important factor in considering a move because: 'as you get older, it does get harder to make friends.' Aoife highlighted the uncertainty of knowing what neighbours would be like in a town, particularly given their greater proximity: 'I think it's neighbours...That would actually be a big factor for me because we have such good neighbours...I would worry about whether you'd have unruly neighbours if you moved into the town.' In Wexford, Una noted the conflict between wanting to stay in her home and her desire to be near her son in the midlands: 'The only reason I'd move would be to be closer to my family.' Hence, depending on their location, the desire to be close to family members can be both a factor in

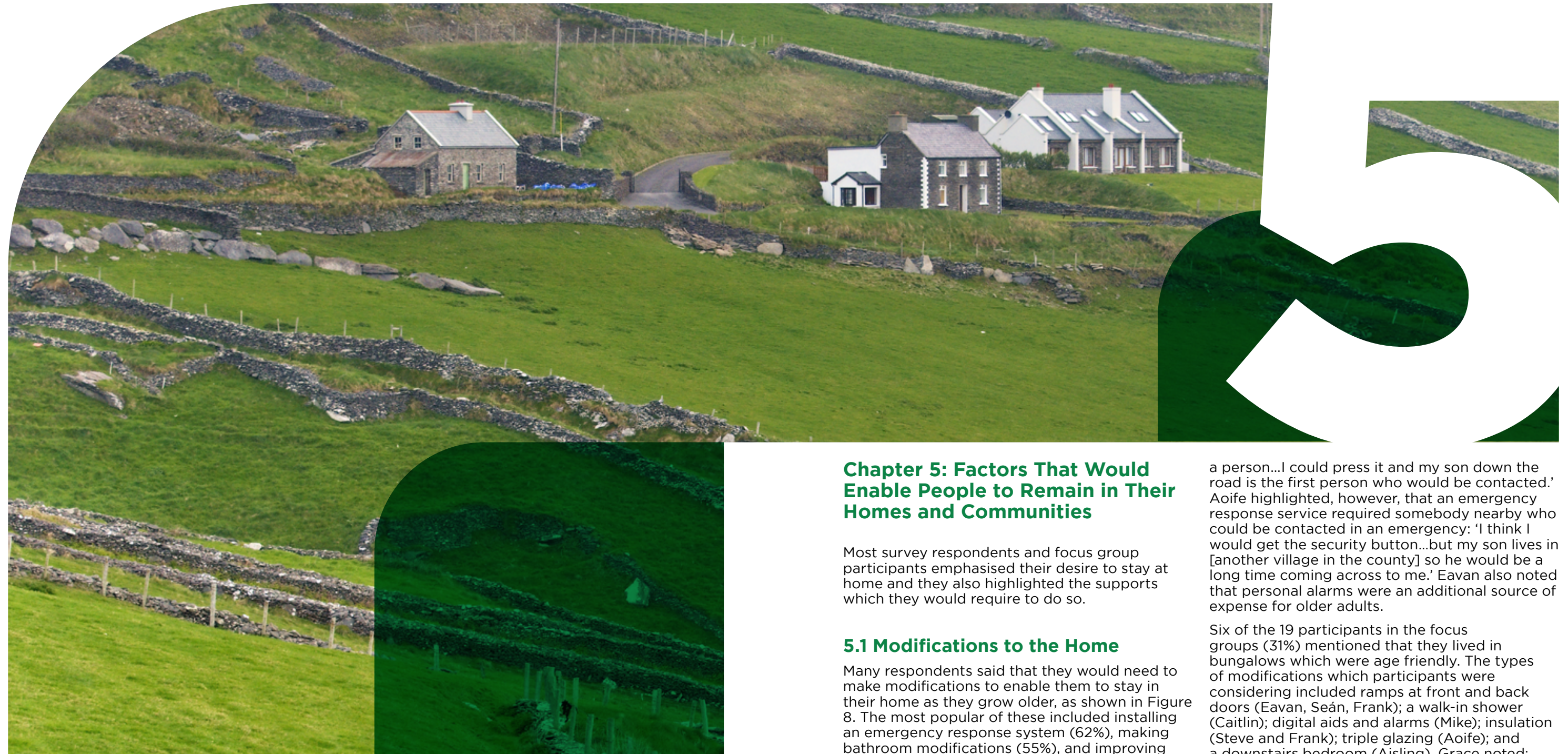
wishing to remain in place and in wishing to move.'

As previously highlighted, not all participants had the same degree of attachment to their communities. When asked what would make her more settled in her current location, Grace replied: 'I think it would be the social fabric more than anything else. If that became a little less forbidding.' While all participants highlighted their contributions to, and desire for, community, the sense of belonging to, and being supported by, a community was not standard. Where a sense of community was not present, participants tended to express less attachment to place and a greater sense of their vulnerability within it.

Lack Of Suitable Housing

Six of the 19 participants (31%) in the focus groups mentioned that they were either in the process of moving or had regular conversations with partners about doing so. Participants highlighted that the lack of suitable and affordable housing was a serious obstacle to allowing choices to be made as to where and how they wished to age. Several participants including Liz, Hannah and Lucy were all planning a house move but noted their difficulties in finding suitable and affordable housing. Liz noted the lack of bungalows to rent: 'the house I'm in at the moment has stairs...And I'm not mad about that. I'd like it all on one level. I've always liked

35. There was a high non-response rate for this question ranging from 22 to 38 per cent. The findings from this survey support the recent Age Friendly Ireland (2021) study which found that 79% of respondents indicated a desire to remain close to friends/support network and community; 77% need to be close to amenities; 72% need to be close to public transport; and 72% would like to see the existence of suitable accommodation in their desired location.



that. I think for heating purposes, etcetera, it's a lot better.'

Caitlin had previously investigated the possibility of moving due to the planned demolition of her home for a road building project (since shelved) and noted the difficulties she had had in trying to buy an appropriately sized bungalow: 'all the houses that you see for sale that might be suitable for older people are all far too big...there's hardly any such thing as a 3-bedroom bungalow.' Caitlin noted, too, the issue of financial affordability, particularly given

the varying house prices around the country: 'Donegal being one of the lower cost housing areas in the country, if you did have to sell your house...you mightn't be able to afford anything suitable elsewhere.' Hannah noted that the lack of suitable and affordable housing was keeping her in a situation where the lump sum she had made from her house sale was being spent on rent and diminishing her options further. Caitlin also highlighted the uncertainty surrounding the future income of older adults: '[w]e don't know what's going to happen with our pensions in the future.'

Chapter 5: Factors That Would Enable People to Remain in Their Homes and Communities

Most survey respondents and focus group participants emphasised their desire to stay at home and they also highlighted the supports which they would require to do so.

5.1 Modifications to the Home

Many respondents said that they would need to make modifications to enable them to stay in their home as they grow older, as shown in Figure 8. The most popular of these included installing an emergency response system (62%), making bathroom modifications (55%), and improving heating and insulation (49%). Lower proportions of respondents said they would need to make modifications for easier access (41%), install a ground floor bedroom/bathroom (38%), and improve lighting (34%).

Largely in line with the survey, half of the focus group participants said that they intended to get an emergency response system. Breda observed: '[emergency] response is really, really important because I...live not only in a rural area but in an isolated rural area...it's very important that you have somebody who's going to just check in on you.' Aisling discussed how her personal alarm was a source of security: 'it gives me great peace of mind because it's as good as having

a person...I could press it and my son down the road is the first person who would be contacted.' Aoife highlighted, however, that an emergency response service required somebody nearby who could be contacted in an emergency: 'I think I would get the security button...but my son lives in [another village in the county] so he would be a long time coming across to me.' Eavan also noted that personal alarms were an additional source of expense for older adults.

Six of the 19 participants in the focus groups (31%) mentioned that they lived in bungalows which were age friendly. The types of modifications which participants were considering included ramps at front and back doors (Eavan, Seán, Frank); a walk-in shower (Caitlin); digital aids and alarms (Mike); insulation (Steve and Frank); triple glazing (Aoife); and a downstairs bedroom (Aisling). Grace noted: 'I'd have to move downstairs. The stairs [in her cottage] is a ladder', while Mike was considering converting part of his house into an apartment for live-in help: 'if I set up a separate apartment here in the house, I could hire a person to live in...They have free housing and [you] pay them four or five hundred a week which is a lot less than the cost of going to a nursing home.' As a tenant, Hannah noted that, not only was she unable to make her house more age-friendly, but she also had no idea how long she would be able to remain in it: 'I suppose the worst aspect of [being a tenant], apart from not being able to do anything to your property, is the uncertainty of your tenancy.'

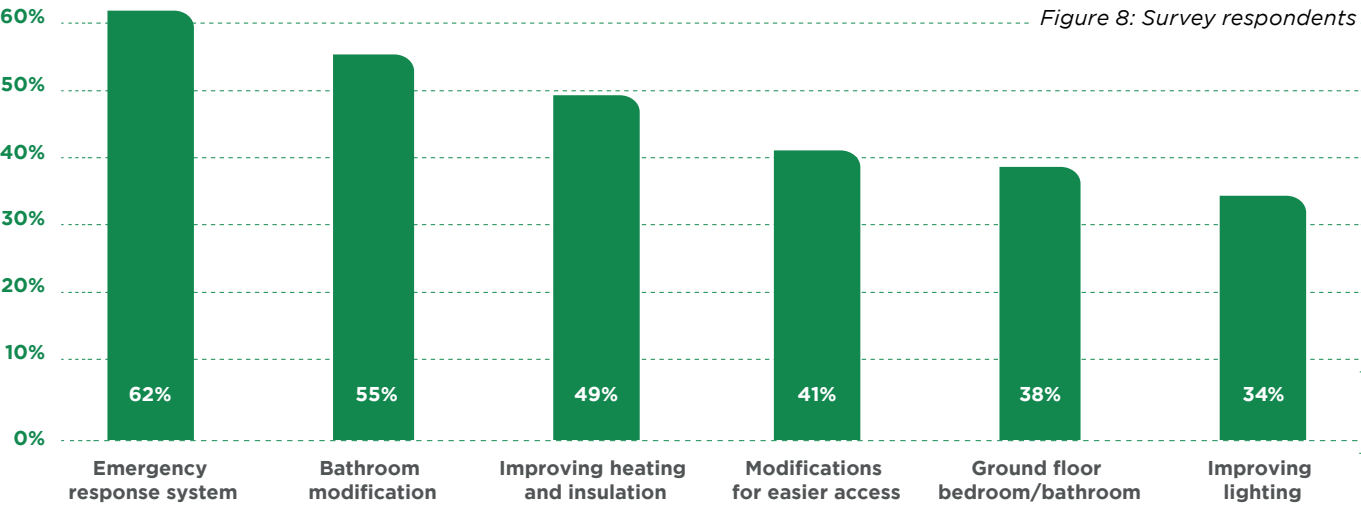


Figure 8: Survey respondents

Modifications that would enable staying in your home

5.2 Supports That Would Help With Remaining at Home

In terms of the wider support structure that would enable older people in rural areas to stay in their homes, as detailed in Figure 9, 93% emphasised the need for a home repair/maintenance service; 85% highlighted accessible and affordable home-help packages; 84% noted the need for easily available information and help in applying for grants and 84% highlighted the requirement for a monitored personal alarm. 66% noted the importance of financial help for the upkeep of the home.

These findings from the survey were supported by the focus group findings. Participants elaborated on the areas of home maintenance, grants for modifications to the home and care in the home as follows:

Home Maintenance

Mike noted the gradual difficulty with maintaining a home as one ages: ‘Yesterday, I spent a couple of hours clearing the shores of the drains around the house. They were blocked. And I said: ‘I’m not going to do this much longer.’ The challenge of home maintenance after the loss of a partner was also emphasised. Una, who lost her husband just over a year ago, said: ‘my ladder holder is gone.’ In the area of home maintenance, a supportive community, especially neighbours, were noted as making an enormous difference. Jack said: ‘we could get people in quite easily [to do odd jobs]. And neighbours. Neighbours will come in and help as well.’ Caitlin also noted: ‘In [her local town], we...have a home repair service for older adults.’

Some participants, however, highlighted the difficulty with finding handymen. In Galway, Mike observed: ‘they say they’ll come and they’re not there for six months.’ Eavan noted it was especially difficult to find people to undertake the smaller jobs which become difficult with age: ‘Even changing a lightbulb as you get older is going to be tricky because you’ve got to climb up on something.’ Participants called for more support in home maintenance. Eavan observed: ‘[the] Care and Repair Scheme in Age Action needs to be developed [in rural areas], rather than just in the major cities.’

Focus group participants highlighted the expense of maintaining a home. They raised several costs particular to rural life. Seán noted, for instance, the costs involved in security for a rural property: ‘I put cameras around the house because we’re isolated...And I think it cost me about two and a half thousand.’ Caitlin, meanwhile, noted the sewerage costs incurred by households in much of rural Ireland: ‘I have a septic tank and it can cost us a few hundred euros to get it emptied.’ Eavan emphasised the precariousness and expense of the water supply in much of rural Ireland: ‘our water comes from a well so if that went down, if the pump broke, we’d have nothing. And if you didn’t have some savings or something to rely on, you’ve no water.’ Eileen also raised the point that her access to water is reliant on her electricity supply: ‘the water pump [is] running on electric so if something’s wrong, we actually had this problem for 18 hours there only a few weeks ago that we had no water.’ In Wicklow, Aoife noted that she has to manage her own refuse disposal: ‘I don’t have a bin collection. They can’t get up our laneway. So, we have to collect it all and then take it to the local tip.’

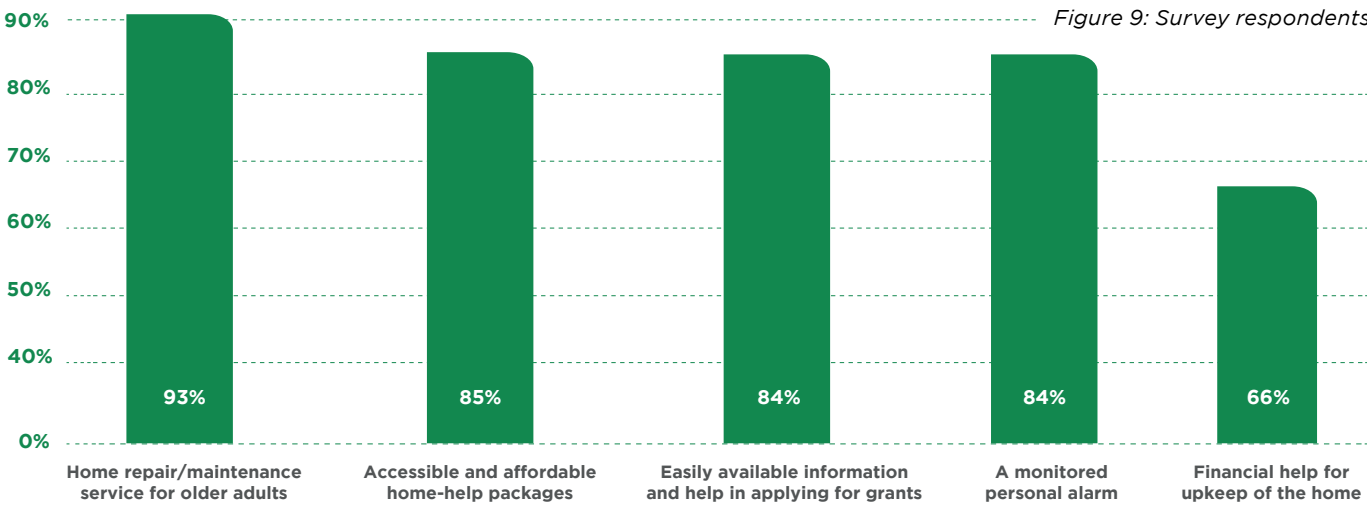


Figure 9: Survey respondents

Supports that would help with remaining in your home

Eight of the 19 participants (42%) noted the difficulty of maintaining their gardens. Karen, for instance, observed: ‘We’ve a very, very big garden which would be what we were attracted to. And I notice...my husband [who] will be 70 soon cutting the grass. It’s beginning to be a labour. He doesn’t see it, but I can.’

In terms of more general expenses, Seán emphasised the cost of utilities and the inadequacy of the fuel allowance: ‘they give me 25 euros a month for my electricity...my electricity bill is 180.’ Hannah, too, noted heating costs: ‘I’ve electric heating...which is excellent when it works. And I’ve learned...to put on extra clothes.’ Seán asserted that financial assistance was crucial:

“We’ve worked all our lives and we have saved and scrounged, and we have reared our families and we’ve done all the government wants of us. And now they should really look after us. ...all we need is finance to stay in our own homes.

Hannah argued that pensions needed to be higher to cover the rising costs associated with ageing:

“What I would like to see the government do...is to have a better age-related pension. Something substantial that would cover your extra heating, that would cover having to pay someone to come and change a light bulb.

Grants for Modifications to the Home

Although many participants had made modifications to their homes, they had not

applied for grants to help with the cost of these. This was due to their perception of the cumbersome nature of the grant system, not only in terms of the form-filling involved, but also of the additional cost which they argued it entailed. Frank highlighted what he saw as the overly exacting regulations required for work subsidised through grants: ‘you might be better off not looking for the grants because everything has to be inspected, everything has to be spot-on, and it would probably...cost you more in the long run to avail of the grant than not.’ And Jack noted the cumbersome nature of the paperwork: ‘There are so many conditions attached to [grants]. It can be quite difficult to plough through it. If there was somebody that...could, a physical person, that would come and go ‘right. We’ll fill this in together.’

Care in the Home

Like many participants, Caitlin emphasised the importance of home help to allowing people who did not require critical care to remain in their homes: ‘To me, the accessible home help package would be a priority because that’s a very, very big problem for people who don’t really need nursing home care but do need help in their home.’ The view that those employed in a home help capacity were poorly paid, and their time was too limited, was highlighted by many participants. Breda, for instance, said: ‘Home help...don’t get paid really enough. But, more than that, they’re so restricted in what they can do now that sometimes it’s not worth having them there anyway.’ Similarly, Eileen called for more funding for the home help service, arguing that those employed must be paid a decent

wage and that the service should be properly resourced: ‘I feel very strongly that every home help...there has to be a HSE change in paying them good money. Because they are just not available, they don’t want to work for minimum wages.’

Participants noted that having family nearby was a significant enabler to allowing them to remain in their homes, but the subject was a complex one. Many expressed a desire not to become a burden to their families. Karen, for instance, argued: ‘[Family members] shouldn’t have to become carers...And nine times out of ten, I don’t think it’s a free decision. It is a burden.’ Jack argued that in Ireland, as in the United Kingdom (UK), families are becoming a less important source of support for ageing adults: ‘in Ireland, the family are still very much an important part of the community. In the UK, that’s not so anymore. But I have to say, that is coming in in Ireland, as well.’ Caitlin noted the difficulties in caring for older adults: ‘It is very difficult to mind somebody unless you have a large family that can help out. You need three or four people to mind one person.’

The desire not to become a burden often co-existed, however, with a silent hope that family care would be an option. This, though, would often necessitate an undesired move from home. Aisling, for instance, noted: ‘My first preference would be...to be in my own home. My next preference would be probably, and I wouldn’t say it to her, but to move in with my daughter [who lives down the road].’ The reassurance provided

by a supportive family member was noted by Steve: ‘I had great comfort from hearing her [his daughter-in-law] say: ‘well, you will never need to go into a nursing home as long as I’m alive.’ That was fantastic to hear that.’ Nonetheless, the option of being cared for by family, even where it does exist, is not an easy one. While Seán, for instance, knows his family would care for him, he is concerned about what that would mean for his own sense of autonomy: ‘I know my family would look after me, but I don’t want that. I don’t want that. I need a bit of independence, you know. I need to do things.’

5.3 Community Supports for Ageing In Place

Although most respondents wish to stay in their homes and communities, some respondents said if they were to consider moving a key factor would be needing access to public transportation (highlighted by 66% of respondents as shown in Figure 10). This was related to the concern of being unable to drive in the future.³⁶ As one survey respondent elaborated: ‘Lack of public transport is likely to be a problem when I am no longer able to drive. At that point, a decision about leaving our house will have to be made.’ The lack of transport was connected to the depletion of services in rural areas. Another respondent stated: ‘The loss of local services such as post office, local priest and parish liturgy and total lack of transport are worries. Once I can drive, I’ll be ok.’

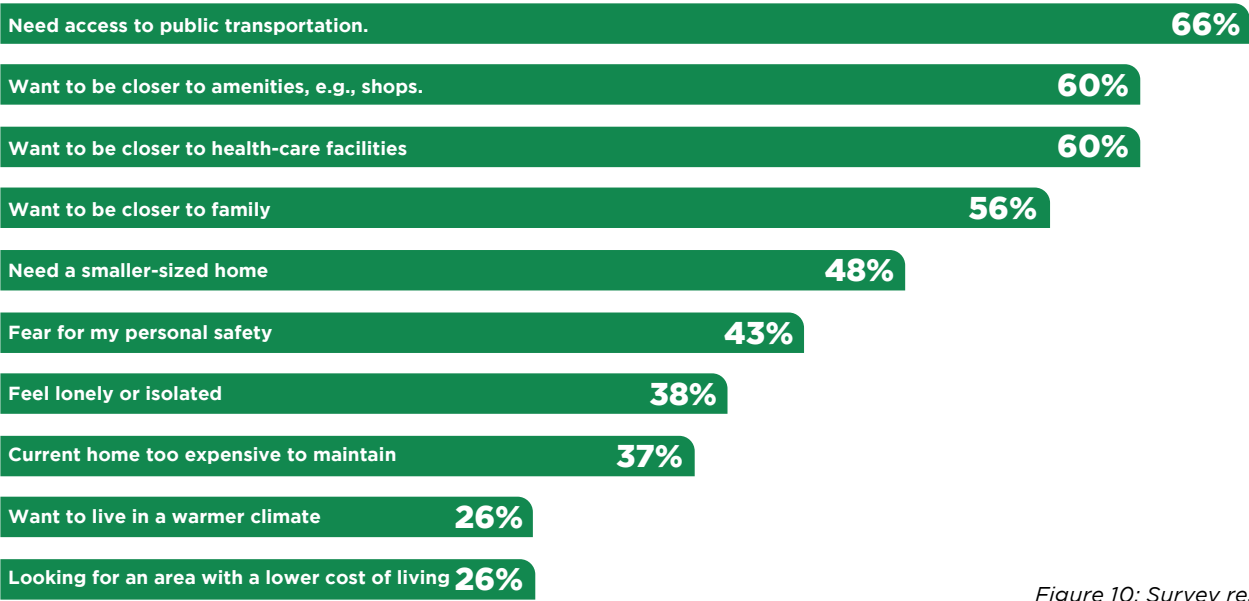
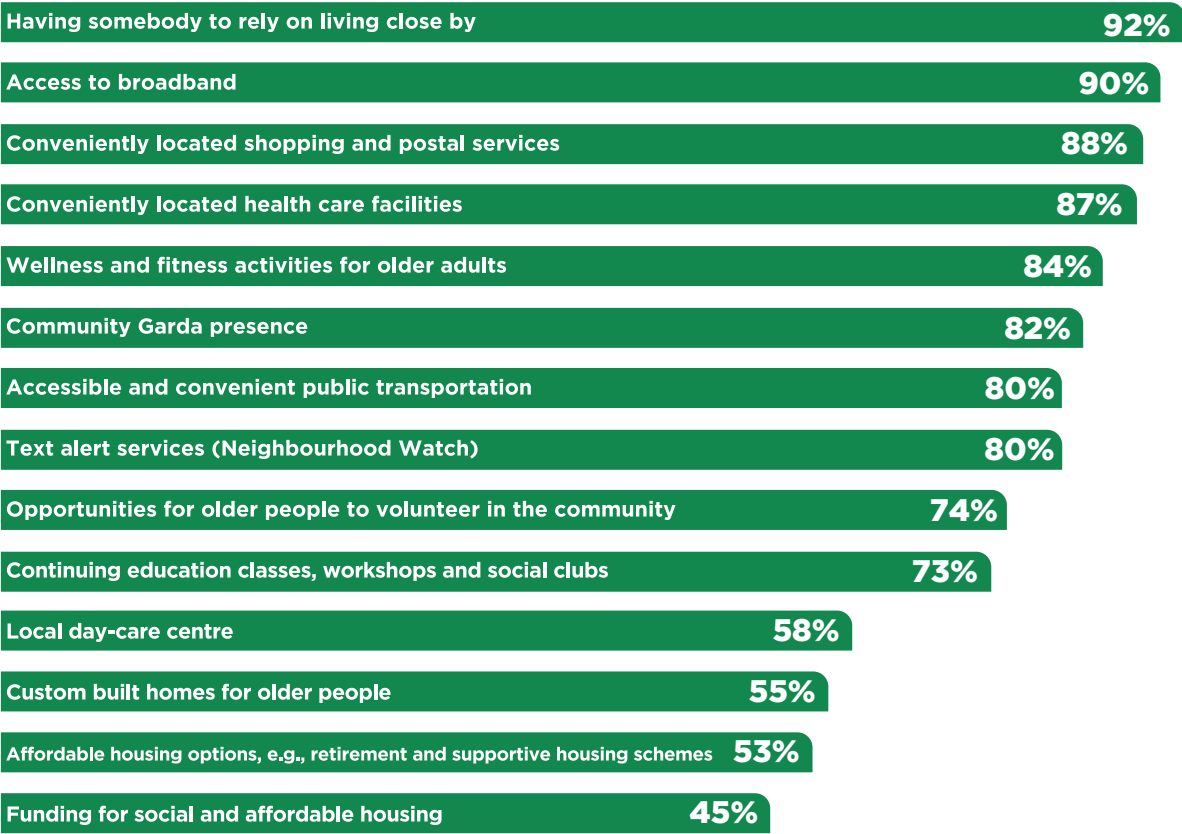


Figure 10: Survey respondents

Factors that impact the ability to age in place

36. In terms of how older people in rural areas get around for day-to-day activities such as shopping or visiting the doctor, 22% of respondents use public transportation and only 1% use special transportation services such as rural link. Most respondents drive themselves (87%), have others drive them (70%), and walk (34%). A small number ride a bike (12%) or take a taxi (7%)



Factors that would help with remaining in your community

Figure 11: Survey respondents

Figure 10 also shows other factors impacting the ability to remain in place as respondents age including wanting to be closer to amenities, e.g., shops (60%); wanting to be closer to health-care facilities (60%); wanting to be closer to family (56%); needing a smaller-sized home (48%); and fears for personal safety (43%).³⁷ Over a third of respondents said another factor that would impact their decision to move is feeling lonely or isolated and a similar proportion said their current home was too expensive to maintain.

Overall, just 27% of survey respondents rated their community as an excellent place to grow older in, 54% rated it as good and 19% rated it as poor. This reflects a tension in the findings given the high level of respondents who wish to remain in their community even as the majority regard their community as less than excellent. Survey respondents identified several factors which would alleviate some of the problems they identified and would help them to remain in their community as they age, as shown in Figure 11. The top responses were having somebody to rely on living close by (92%), followed by access to broadband (90%), conveniently

located shopping and postal facilities (88%) and conveniently located health care facilities (87%). Greater garda presence and text alert services were also highly supported as was accessible public transportation. Activities for older adults from wellness and fitness to volunteering and education also garnered high levels of support.

In the focus groups, among those who wished to remain in their homes and communities, there was a realisation that certain factors could impact upon their ability to do this in the future. These related to the specific challenges of living in rural communities, broadband access and training on technology, and access to facilities and services. Participants also highlighted the more tacit challenge of social assumptions around ageing to their ability to remain in their communities.

Challenges of living in Rural Communities

The degree of isolation noted by focus group participants was related to the facilities afforded by their nearby towns and villages, which were highly variable. The research highlighted that

37. Regarding how safe people feel in their home in terms of crime and security, 44% said they feel very safe, 50% somewhat safe and 6% not at all safe. People feel safer in terms of physical hazards in their home with 60% of participants saying they feel very safe, 38% somewhat safe and 1% not at all safe.

the villages which offered the best services were located at commuting distance to cities. Cathy's village in county Clare, for instance, was highlighted as providing excellent services given its proximity to Limerick city. It was a similar case with the villages in Meath and Westmeath given these were on the commuter belt to Dublin.

In general, however, participants noted the significant decline of their local facilities. This was evidenced by the loss of post offices, garda stations, pubs, shops and, more recently, banks. For many participants, this deterioration of services in their nearest villages meant they were obliged to travel further to access those services. In Wexford, for instance, Karen observed:

when we came first [15 years ago on holidays], the village was quite active. We'd a shop, a Post Office, a Church was functioning. So, there was quite a lot going on there. And, since then, the Post Office closed, the Church – the priest is ill...and there's no replacement. And the shop closed...So, the village literally died.

She now relies for amenities on the next village which is 11 kilometres (seven miles) away.

The decline in village life in many parts of rural Ireland limits the options for ageing in place. This was highlighted by Aoife in Wicklow: 'I'd only go down [to live in]...the village if anything happened [like the death of her husband]. But I'd be stuck again because it's a village without transport, and it's a village without a bank, and it's a village without a doctor.' Seán in Roscommon notes that it is not just villages which are declining, but towns, too:

the town itself is deteriorating badly because a lot of the shops are closed. We did have the Bank of Ireland there and it's closing, as well, so we don't know what we're going to do...We have a cash dispenser in one of the shops. That closes at six o'clock in the evening.

As the facilities disappear, so does the demand for houses and Jack highlighted the number of derelict houses near where he lives in Donegal:

one of the biggest bugbears in Irish community at the moment is seeing houses go to wrack and ruin in the villages. And something really needs to be done...If you own a property, even if it's empty, you [should] have to pay [property tax]. [This is due to be introduced by the government in 2022].

The major issue of public transport highlighted in the survey was likewise stressed in the focus groups. Participants noted that they even had to drive to avail of public transport. For instance, Aoife in Wicklow said: 'We do have bus services, but they go from the village, and I couldn't walk to the village. I still have to drive to the village.'



Breda who works in rural transport in Meath noted that a rural bus service served a social, as well as a practical function. This led her to assert: 'I want to see a bus on every back road in the country so that people can get out.'

Many participants mentioned that they may be obliged in the future to consider moving closer to a town, particularly if their partner died, so that they could be closer to facilities. Eileen noted: 'If I would be on my own, ideally I would like to live closer to the village, closer to transport, closer to facilities.' And Liz, who lives alone, observed: 'I suppose as I get older...I probably would like to be near the town.' Unsettled in her current home and community, Grace highlighted all the things she was missing: 'Just simple things which I can't do in the village...the coffee shop, the meet-up with friends, being able to walk to the supermarket, make your own choices, and the theatre.'

Those participants who were suffering from chronic health conditions emphasised their need to be close to healthcare facilities. Lucy, who had had a serious illness as a child and had been further debilitated through injury, noted that the package she had received from the HSE in Cork was not available to her in Kildare. This meant she was conflicted between her need for healthcare and her desire to be closer to family who did not live in Cork.

Broadband Access and Training on Technology

The degree of isolation experienced by older adults during the pandemic was influenced not only by the technical ability of older adults, or the availability of others to help, but also by the quality of the broadband in their areas. It was noted that, like village facilities, broadband coverage was better in those rural areas which were on the commuter belt to cities. Cathy highlighted: '[w]e're very lucky here because we're so near Limerick we have very good broadband.' The situation for Seán in rural Roscommon was different: 'We have broadband here and every time you go on broadband it's the same thing where you have to switch off the camera or switch off the microphone or something...If I had proper broadband, [I] could be on doing a lot of things.' Seán used the experience of the focus group to demonstrate how a good-quality, reliable broadband connection, and training on how to make use of it, could alleviate isolation among older adults in rural areas, both during the pandemic and beyond: 'maybe we could communicate with a whole lot of older people and have lots of chats.'

The issue of technology, its increasing use in all areas of life and the lack of computer literacy among many older adults was highlighted by participants. They noted that their need

for competence in the use of technology had increased as a result of Covid, particularly regarding Zoom. Frank observed: 'there is still a reasonable amount of old people who are... not very familiar with technology.' He noted that he would count himself among them but was lucky to have sons nearby who could help. Mike was frustrated at the growing requirement for technical competence in more areas of life and the threat he felt this posed to older adults living independently. Seán likewise argued that the focus on broadband access was neglecting the fact that many older adults required training on the technology which broadband enabled: 'it's not much good having the broadband if we haven't got somebody to teach us how to use it.'

Access to Services and Facilities Including Healthcare, Garda Stations And Community Supports

Participants noted the exorbitant costs of healthcare when one lives independently. Seán said: 'I have to do cataracts now. And I went yesterday to see the specialist and just for, to talk to me, he charged me €250.' The cost of healthcare was also raised by Hannah who, like Seán, suffers from a chronic condition:

I really do feel that if you're on medications like I am every month that there's things I could do with that €140 [which she pays for her medications]. So, I would love to get a medical card that would cover my medical expenses...I mean, fair enough if they want to means test it, but raise the means test.

Participants noted the impact of Covid on healthcare waiting lists and the difficulty of finding GPs and dentists who would accept new patients, especially those with a medical card. Despite moving to Wexford from Dublin several years ago, Karen continues to travel to her GP in Dublin due to the problems of finding one locally. Karen also highlighted reports that dentists are not accepting older patients who have medical cards. This is an added expense for older adults given the increased dental problems associated with ageing. Steve highlighted that '[his local] Older People's Council...has produced a directory of services and... perhaps we should make one related to that indicating dentists, doctors which would take medical cards.' The group agreed that it would be helpful to have this idea rolled out on a national basis.

The closure of hospitals was noted as a significant issue for older adults in rural areas. This was particularly the case given the increased prevalence of chronic health conditions in later life. Seán highlighted how having a local hospital in the past saved his life:

“ I had a heart attack a couple of years ago...[and] we got in my car and [my wife] drove me to the hospital. If that hospital hadn't been – it's now closed.”

And in West Cork, Eileen noted the struggle to keep a local hospital open.

“ We have a hospital in [town] that we are fighting to keep open and to keep all the services going. One of my issues would be, for example, that we are an hour and a half, that's in the car now, one and a half hours away from Cork University Hospital.”

Jack noted the stress that the lack of availability of local healthcare services placed on emergency services:

“ [a friend] had to be taken by ambulance for a day down for a 10-minute scan in Dublin. Two ambulance drivers...There has been millions and millions of euros spent on the road...and yet we can't get a scan in Sligo or Galway. [You] have to go to Dublin.”

This has a knock-on effect to waiting times for ambulances, particularly for isolated rural dwellers.

The closure of local garda stations was criticised by several participants, some of whom noted that their nearest Garda station was anything up to

20 kilometres away. Mike observed that crime is ‘one of the main issues for people in rural areas, I think. People who are living on their own and are isolated.’ Una, a widow who lives alone in rural Wexford, had her own solution: ‘I was broken into but, to be quite honest with you, I'm not nervous about staying in the house on my own. I've a fine, big, blackthorn stick beside the bed.’

Other supports available to older adults in rural areas were discussed such as the ‘Good Morning programme’ that Breda highlighted where people get phone calls on a daily or a weekly basis, but she said she was only aware of it being available in Cavan, Meath, and Louth. She also noted housing projects for older adults that are occurring in pockets around the country with no nationwide planning policy in place:

“ in Dundalk, they have Clúid Teacha which is a housing project that integrates people with disabilities and older people just into the community. It's a really, really good project. But, again, there's only one or two of them in the country...There's things that you can get in one county that you can't get in another county. So, where you live is really important.”

Ageism and Attitudes About Ageing

A more general concern highlighted by participants was the context of ageism in Ireland. They felt this was important not just in terms of the frustrations it caused in everyday living, but also because they felt their issues as older adults were politically side-lined. Caitlin noted this was evident from the fact that most people were unaware of the minister responsible for older adults [Minister of State for Mental Health and Older People, Mary Butler, TD]: ‘I think in the Department of Health there is a junior minister whose responsibility is older people...but they're not very prominent.’ And Hannah argued:

“ What I'd like to see is a minister for older people elevated to a proper level in the Cabinet...and to stop this ageist nonsense that goes on about older people, bed-blockers, and down-sizing out of their big homes. We're just perceived as burdens instead of being viable parts of the community.”

Karen emphasised the need to change attitudes about ageing. She argued that this should be spearheaded by the President, given that he is himself an octogenarian. Many participants discussed the invisibility that comes with ageing. A respondent in the survey also wrote: ‘As I aged, I noticed I have become more invisible. Sometimes people are patronising and appear to think I'm not capable to do things. It may take me longer, but I get there in the end.’ On the other hand, Eileen noted: ‘For me, older people are very strong because they are not afraid to open



their mouth[s]. They could have a very strong voice.’

Participants recognised that the need to combat the invisibility of ageing was central to being able to assert their agency on decision-making around where and how they age. Several participants mentioned they had passed enduring powers of attorney to family members to take decisions on their behalf if they no longer had the capacity to do so. Grace, meanwhile, highlighted the Assisted Decision-Making (Capacity) Act (2015), due to be enacted in 2022, which supports older adults in their capacity to take decisions in respect of their own care.

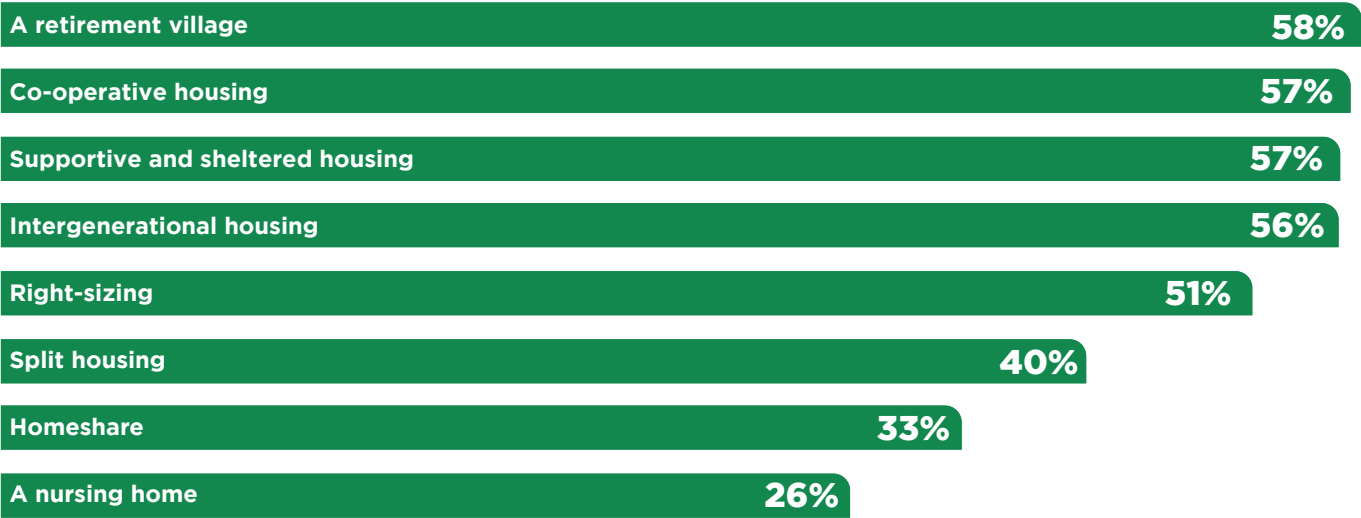
Finally, it was highlighted that the experience of ageing has altered entirely in the space of a few decades and that this change needed to be reflected in government policy. The need for self-assertion by older adults as a means of challenging their invisibility was highlighted by participants across the focus groups. Eavan noted: ‘We're not going to be little women sitting at home anymore, we're going to do things... So I think people need to realise that. You're not finished [when you get older].’ Hannah, too, argued that changes in the experience of ageing needed to be more adequately represented in political governance and policy. She argued that government needed to ‘steer a way forward for this changing, evolving older community that we now have.’

5.4 Other Housing Options Older People Living in Rural Areas Would Consider

While remaining at home was by far the preferred option for survey respondents, the survey also explored the types of living options people would consider in the future. Among those who answered the question,³⁸ the preferred options among survey respondents as detailed in Figure 12 included a retirement village (58%), co-operative housing (57%), supportive and sheltered housing (57%), intergenerational housing (56%), and rightsizing (51%). For those who answered yes to these options, the majority would like these to be in their own community. As one survey respondent noted: ‘[b]uilding protected villages close to or in existing towns / villages would be a win-win for all communities.’ The option with the highest no responses was a nursing home at 74% of respondents. Just 26% of respondents said they would consider a nursing home now or in the future.

Focus Group Participants' Views on Nursing Homes

As in the survey, most participants expressed strongly negative views about nursing homes, and it generated significant discussion. Having spent six weeks in a home recuperating from a broken leg, Hannah described the experience as being ‘warehoused.’ Seán noted: ‘I don't ever want to have to leave my home. I just couldn't take it...even if I was a burden to the family, I



Housing options considered now or in the future

Figure 12: Survey respondents

38. There was a high item non-response rate for this question, ranging from 14 to 38 per cent.



couldn't see myself going to a nursing home. I just wouldn't be able for it.' Una, too, asserted: 'definitely I would not move into a nursing home. I'd have to be dragged screaming out of here. I want to stay in my home as long as possible.'

Some highlighted that since Covid, they were more afraid of going to a nursing home and others emphasised that the experience of Covid had simply reinforced their views. The opinion was also expressed that nursing homes should not be run for profit and participants hoped that the pandemic would lead the government to change their policy and support other alternatives for the care of older adults.

Grace was concerned that norms around ageing had changed in Irish society: 'there was a time when you aged in your home. And suddenly the expectations have changed.' Participants felt that government policy had too strong a focus on nursing homes, which was out of line with their preferences. They argued that the government should divert the significant funds involved in running nursing homes to services enabling them to stay in their own homes. As Frank stated: 'it's better if the government of the day supports us to stay in our own homes, in communities, as far as possible.'

Participants were extremely dissatisfied with the Fair Deal Scheme which supports the funding of nursing home care and several, like Caitlin, argued that: 'they [the government] should have a Fair Deal Scheme for people who want to remain in their home.' They asserted that it would be cheaper for the government to support their preference to remain at home, rather than asking people to fund themselves to stay in nursing homes where they did not want to be. Lucy noted: 'rather than going into a nursing home, it would be far cheaper to keep us at home all the time that we are able to take care of ourselves with a modicum of support.'

In line with the survey, some focus group participants, such as Eavan, had a more positive

view of nursing homes. Eavan described the nursing home experience as 'almost like staying in a hotel...you can opt in and out of the various activities they do, and I think, when we were in lockdown, and when you live in a rural area, you realise how isolated people on their own could become.' Similarly, Breda had a favourable view of residential care in relation to those with Alzheimer's: 'I know when my mother moved into a residential unit, I thought that she had the best care that she'd had over all the years of her Alzheimer's because there was somebody with her on a 24-hour basis.' Aisling, likewise, saw an ongoing role for nursing homes, but only in cases of critical care:

"I'm completely against the idea of a nursing home but I am also aware that, if one got something like a stroke or an illness, or one became medically in need, there would be no choice but to go in because, you know, people aren't trained or qualified to look after the needs.

Steve noted that a nursing home would be an option, but the least favoured one: 'as a very last resort, I would consider a nursing home.' And Mike observed that older people end up in nursing homes often through no choice of their own. This was particularly the case for those living in rural locations given their isolation and absence of supports. This meant that older adults in rural areas were often put under pressure to move into a nursing home 'even though they mightn't be ready...[because] there's nothing specific to helping people living remotely to stay there.'

The general concern for the future was particularly acute, as Lucy noted, for older adults with chronic health and mobility problems:

"those of us who have compromised health and mobility, there is that fear, what is going to become of me?... I would like the government to take on board, instead of putting us into nursing homes, they're going to look at helping us to remain and live independently at home with supports.'

This growing sense by participants of their vulnerability and the potential loss of control over their own living arrangements which it could give rise to was well summarised by Mike:

"it's not one thing that brings on the rush to the nursing home...There's a whole list of things. The first thing is you lose your independence when you're not able to drive. Then, if you're no good online everything is a problem...Dementia, injury, stress, any of these kinds of things. Not driving. No close relatives nearby. Isolation. A lack of services. It's not one thing that speeds up the drive to the nursing home. It's a combination of a whole lot of things.

Views on Housing Options Other Than Nursing Homes

In the focus groups, preferences other than remaining at home (if this was not an option) were again in line with the survey findings, with many participants favouring co-operative and sheltered housing and retirement villages. These options were preferred because participants felt they would allow them to continue to exercise control over their living environment. Liz favoured some form of communal living: 'perhaps a group of houses [where] we could all be independent but also have a communal area and have it that we all have communal home help or somebody to do repairs that we can all share.' Many participants noted, however, that their desired options were currently not available to them.

A tiered model of care, which recognised how the needs of older adults changed over time, was also desired. Cathy described this as:

"a three-stage model [where initially] you've your two-bedroom bungalow on the area and you're fully independent... Then there's an assisted care time of your life where you need the carer, or whatever. And then there would be a time where there's critical care where people aren't able to look after themselves...if you're at the next stage, where you have more assisted living, you're still surrounded by people you know.

For Liz, an intergenerational aspect was essential: 'I love the idea...[of] having a mixed society, not all these old people together. But always contact with young people.' Aoife noted McAuley House, an innovative intergenerational independent living facility in Naas, but highlighted the limited spaces available. Lucy, too, observed that McAuley House was only an option if you were still quite independent. Other innovative housing projects for older adults that were noted across the country included Embury Close and the Inchicore model in Waterford, but the concern was the waiting lists involved with these, their expense, and the fact that they only accepted people who were reasonably well. This led participants to observe that, if they were still independent, they would prefer to stay in their own homes.

Sheltered housing was another popular choice. For Aisling, this was available locally:

"The sheltered housing in ____ [four miles away]...is lovely. You know, it's a beautiful little scheme where you've one bedroom, a kitchen-cum-living room, and a bedroom ensuite. And they're beautiful little places. And they're there at the side of the town.

Una, too, was interested in the sheltered housing identified by Aisling [they lived two miles apart]. She noted, however, the limited availability of 2-bedroomed houses there: 'There are only four 2-bedroom houses...And I would need at least two bedrooms...At least you could have somebody to stay...I think there should be more of them built.' In Wicklow, Aoife also expressed a preference for sheltered housing but the option, despite prolonged talks, was still not available locally: 'I love the idea of sheltered housing. I see myself in the future in sheltered housing. They're talking about...building some sheltered housing [in a nearby village] but they've been talking about that since the day I arrived [20 years ago].' It was a similar story with Grace in Wexford: 'I've the site [in the village] picked out for sheltered housing, only I haven't told the owner yet.'

Participants also favoured retirement villages. Eileen's preference was for a retirement village where 'you might have a 24-hour nurse around who would help when somebody has a fall.' The expense of retirement villages was also highlighted, however. Una noted: 'There's quite a nice retirement village over near my son's place. But it's the price.' The limited availability of affordable housing options also limited her ability to move closer to her son. Karen was uncertain about a retirement village because it would mean moving to a new community and being obliged to spend her time mostly with older adults:

"I don't know if I'd like to go to a retirement village. Because I don't live in a village. And I don't have connections with the local village. I have some in the next village but it's not my home place. And the other thing is the people I mix with are all my own age. I'd love mixing with younger people.

Several participants were critical of the profit-making of housing and care schemes which were segregated based on the ability to pay. Mike stated:

"The same place should be made up of people who have low income and who can't afford to pay but the State should put funding into that. So that people are the same that are there, not a super-duper high-class place for one group of people... If there's any profit made, that should be used to build more co-operative housing around the place.

Focus group participants were also concerned that developers were not building with older adults in mind. Steve argued that there 'should be greater involvement of local councils, as opposed to private investors, in operating pilot schemes based on the actual preferences of older adults.'



Chapter 6: Conclusions and Recommendations

This research was built on the premise that the best way to respond to the housing needs and preferences of ageing rural dwellers can only be identified through exploring their direct experiences, wishes and decisions. While this study is small in scale, and further research is required to garner the views of a representative sample of older people living in rural areas, there are a number of important conclusions and recommendations that arise. Throughout the research, most participants expressed a strong desire to age in their own homes, as well as a strong attachment to place and being part of an often-active community life. These factors kept them in place despite the context of the decline of many towns and villages throughout rural Ireland. It is also important to recognise the added precarity and heightened concerns for the future of participants who rent homes, or who were not embedded within a community. It cannot be assumed that all older adults are settled and established in their homes or communities or share a homogenous set of living circumstances that can be addressed with blanket, 'one-size-fits-all' solutions. It is, therefore, recommended that more attention be paid to the preferences of older adults, the diversity of the ageing experience, and the variety of needs of older adults.

It is evident from the research that there is a multiplicity of factors that, along with housing,

would help support people to remain in their homes and communities in rural areas. The barriers to ageing at home in rural areas included healthcare, transport, and home maintenance while the main enablers to remaining at home were certain home modifications, an emergency response system, a better funded and structured home help package, and a less cumbersome grant process. The decline of Irish rural life and the absence of local care and housing options that reflect older rural people's preferences heightened the participants' anxiety for the future and served to limit their agency to age in the way they chose to. The research highlights that the ability of participants to realise their preferences as they age relies not only on housing, but also upon many other policy areas including transport, healthcare, home help and maintenance, technology, security, and the revitalisation of rural areas through national and local development policy. Greater availability of suitable, attractive, affordable, and varied options in their local contexts in terms of housing and community supports would enable older people living in rural areas to exercise their agency in meaningful ways. It is evident that a comprehensive, holistic government approach, in conjunction with the community and voluntary sector, is required to ensure that the desires of older people living in rural areas to age in place are enabled.

Ageist stereotypes which serve to marginalise the lived experiences and needs of older adults were also brought to light in the research as participants struggle to challenge the

invisibility associated with ageing and to be part of securing the changes they would like to see implemented. In many ways, the research process itself supported their sense of agency. All participants highlighted that their involvement in the research process had made them feel recognised, empowered and more aware of their sense of agency. This highlights the value of participatory approaches in not only bringing to the fore the voices of older people but also in supporting a greater awareness among older adults themselves of their collective agency. This collective voice is vital for ensuring the representation and recognition of older adults in shaping the context of where and how they wish to age.

Recommendations for the Government, Community, and Voluntary Organisations:

The views of older people in this participatory research project highlight the need for urgent attention on the following areas.

1. Explore ways to support people to stay in their homes and their communities:

- Develop a new statutory home care scheme to fund supports for those who want to remain in their home.
- Allocate greater funding to extend the home support service (formerly called the home help service).
- Develop and extend home maintenance services and supports in rural areas, e.g., the Care and Repair service developed by Age Action.
- Review the grant process for home modifications to make it less cumbersome for older people.
- Recognise the vulnerability of older renters through targeted subsidies and supports.
- Conduct a review of pensions and financial supports for older people given the rising costs associated with ageing, including healthcare, utilities and those specific expenses associated with rural living, such as water supply and sewage costs.

2. Develop a range of housing options in local rural communities for older people:

- Develop affordable and state-subsidised retirement villages, co-operative housing, sheltered accommodation and social housing for people who are getting older.

- Ensure a variety of house sizes in new housing stock and tackle the issue of derelict houses in ways that support the needs of older adults.
- Examine best practice in other countries, including a three-tier model of care which enable different requirements of care within the one complex.

3. Implement a whole-government approach to the supports required to ensure the agency of older adults living in rural areas can be realised, connected to rural revitalisation:

- Develop transport services in rural areas to enable better access to services and healthcare.
- Accelerate the roll-out of rural broadband and set up a nationwide training scheme that targets older rural dwellers and enables them to use technology to build connections and supports.
- Seek to develop nationwide programmes based on localised efforts to address isolation and loneliness in rural areas such as the Good Morning programme raised here.
- Ensure that the healthcare services for older adults in rural areas are given greater attention in terms of the numbers of doctors and dentists available who will accept medical cards and the standardisation of services available across the country. The importance of the basic services offered by local hospitals needs to be recognised, as well as the difficulties faced by older adults in reaching city hospitals.

4. Hear the voices of older people and challenge ageism:

- Involve older people living in rural areas in policy formation and decision-making on all matters concerning them.
- Recognise that ageing is not a homogenous experience but involves individual adults with differing and changing experiences, preferences, and needs.
- Continue the successful positive ageing campaigns that have been developed by Age Action and other organisations to challenge ageism.

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Appendix: Co-designed questionnaire ‘Agency and Ageing in Place in Rural Ireland’

Section A: About You

Q.1. Please tick your gender: ☐ Male ☐ Female ☐ Other, please specify:

Q.2. Please tick your age group:

- ☐ 55-64 years
- ☐ 75-79 years
- ☐ 65-69 years
- ☐ 80-84 years
- ☐ 91 years and over
- ☐ 70-74 years
- ☐ 85-90 years
- ☐ Prefer not to say

Q.3. Which county do you live in?

Q.4a. How would you characterise the area where you live?

- ☐ Open countryside / one-off housing
- ☐ A village or small settlement (fewer than 1,500 people)
- ☐ A small town (1,500 to 10,000 people)
- ☐ Other, please specify:

Q.4b. What is the approximate distance to your nearest urban centre (village, town, city) in kilometres?

km/h

Q.5. What is your marital status?

- ☐ Single
- ☐ Separated
- ☐ Married
- ☐ Divorced
- ☐ Living with partner
- ☐ Widowed
- ☐ Prefer not to say

Q.6. What is your household status? Please tick all that apply.

- ☐ Living alone
- ☐ Living with spouse or partner
- ☐ Living with family members
- ☐ Living with non-family/friends
- ☐ Other (please specify)

Section B: Your Home

Q.7. How many years approximately have you lived in your home?

- ☐ 5 years or less
- ☐ 6 to 25 years
- ☐ 26 to 45 years
- ☐ 46 years or more

Q.8. Which of these best describes your accommodation? Please tick all that apply.

- ☐ Detached house
- ☐ Two-storey house
- ☐ Semi-detached house
- ☐ Bungalow
- ☐ Terraced house
- ☐ Retirement home/village
- ☐ Apartment
- ☐ Other, please specify:

Q.9. What are your current living arrangements?

- ☐ Own my home
- ☐ Rent my home from a private landlord
- ☐ Rent my home from a housing agency
- ☐ Rent my home from a local authority
- ☐ Other type of living arrangement, please specify:

Q.10. How safe do you feel in your home in terms of physical hazards and crime and security.

- Physical hazards: ☐ Not at all safe ☐ Somewhat safe ☐ Very safe
- Crime and security: ☐ Not at all safe ☐ Somewhat safe ☐ Very safe

Q.11. Have you thought about where you will live in the future? ☐ Yes ☐ No

Q.12. How important is it for you to remain in your home as you grow older?

- ☐ Not at all important
- ☐ Somewhat important
- ☐ Very important

Q.13. Will you need to make any of the modifications below to enable you to stay in your home as you grow older? Please tick all that apply.

	Yes	No	Not Sure
Modifications for easier access, e.g., a ramp, chairlift, wider doorways	☐	☐	☐
Bathroom modifications, e.g., grab bars, a higher toilet, accessible shower, non-slip tiles	☐	☐	☐
Ground floor bedroom/ bathroom	☐	☐	☐
Improving lighting	☐	☐	☐
Improving heating and insulation	☐	☐	☐
Emergency response system	☐	☐	☐
Other, please specify or add a comment:	☐	☐	☐

Q.14 Would you consider any of the following options now or in the future? Please tick all that apply, you can click multiple boxes within each category if applicable.

Right-sizing – a smaller home customised for an older person's needs	☐	☐	☐
Split housing – an independent build-on to a family member's home	☐	☐	☐
Home share – exchange of a spare room for help in the home	☐	☐	☐
Supportive and sheltered housing – publicly-funded independent living with structured support services	☐	☐	☐
A 'retirement village' – privately-funded independent living with a variety of facilities and care options	☐	☐	☐
Co-operative housing – independent living, run by the residents themselves	☐	☐	☐
Intergenerational housing – a housing scheme which promotes independence and interaction across different age groups	☐	☐	☐
A nursing home	☐	☐	☐
Other, please specify:	☐	☐	☐

Q.15. If you were to consider moving home, which of these factors would impact your decision? *Please tick all that apply.*

Need a smaller-sized home	☐	☐	☐
Current home too expensive to maintain	☐	☐	☐
Fear for my personal safety	☐	☐	☐
Want to be closer to amenities, e.g., shops	☐	☐	☐
Want to be closer to health-care facilities	☐	☐	☐
Feel lonely or isolated	☐	☐	☐
Want to be closer to family	☐	☐	☐
Need access to public transportation	☐	☐	☐
Want to live in a warmer climate	☐	☐	☐
Looking for an area with a lower cost of living	☐	☐	☐
Other, please specify:	☐	☐	☐

Q.16. Which factors would hinder your ability to move from your home?
Please tick all that apply.

	Yes	No	Unsure
1. Lack of financial resources			
2. Lack of information			
3. Lack of social support			
4. Lack of skills			
5. Lack of motivation			
6. Lack of time			
7. Lack of access to services			
8. Lack of access to transport			
9. Lack of access to housing			
10. Lack of access to employment			
11. Lack of access to education			
12. Lack of access to health services			
13. Lack of access to social services			
14. Lack of access to community services			
15. Lack of access to cultural services			
16. Lack of access to recreational services			
17. Lack of access to other services			

Financial affordability	☐	☐	☐
Family care commitments	☐	☐	☐
Lack of suitable housing	☐	☐	☐
Missing your home	☐	☐	☐
Missing your community	☐	☐	☐
Lack of proximity to family and friends	☐	☐	☐
Other, please specify: _____	☐	☐	☐

Q.17. What supports would help you to remain in your own home? *Please tick all that apply.* Yes No Unsure

Accessible and affordable home-help packages	☐	☐	☐
A home repair/maintenance service for older adults	☐	☐	☐
Financial help for upkeep of the home	☐	☐	☐
Easily available information and help in applying for grants for home adaptations and energy conservation schemes	☐	☐	☐
A monitored personal alarm	☐	☐	☐
Other, please specify:	☐	☐	☐

Q.18a. Has Covid-19 changed your plans about future living arrangements?

- ☐ I am more likely to want to remain in my own home since Covid-19
- ☐ I am less likely to want to remain in my own home since Covid-19
- ☐ My views haven't changed since Covid-19

Q.18b. Please provide any details on your views about living arrangements since Covid-19 in the box below.

[illegible]

