



Central Statistics Office
An Phríomh-Oifig Stáidrimh

Community Involvement and Social Networks

2006

**Results from the Social Capital module
of the Quarterly National Household Survey Q3 2006
and
the Social & Cultural Participation module
of the Survey on Income and Living Conditions 2006**

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Chapter 1

Overview and Summary

The findings in this report relate to community involvement and social networks in Ireland. The results are based on two Central Statistics Office (CSO) interview surveys on national indicators relating to social participation and relationship networks in local communities – the first survey was a social capital module in the Quarter 3, 2006 Quarterly National Household Survey (QNHS) and the second was a module on social and cultural participation in the 2006 Survey of Income and Living Conditions (SILC).

Social Capital is seen as a measure of individual involvement in social networks and community activities, and can be used as a good indicator of how well local communities are working together for the benefit of all. The main indicators of social capital which were measured in the two surveys relate to membership of local groups, involvement in community issues, social relationships and support, views about the local area, and feelings of trust in others. Taken together all these indicators help to provide a greater level of knowledge on the extent of community level relationships and co-operation within neighbourhoods and local areas in Ireland.

Some of the key findings of the report include:

- ◆ In 2006, almost two-thirds (65%) of persons aged 16 and over participated in at least one group activity.
- ◆ Overall, nearly one-quarter (24%) of people participated in informal, unpaid charitable work.
- ◆ Over half of the population aged 15 and over (52%) had at least six people whom they could turn to in time of need, while only 2% stated that they had nobody to ask for help.
- ◆ When asked, 85% of the people reported that they believe that by working together, people in their neighbourhood can influence decisions that affect them.
- ◆ Almost four-fifths (79%) of people agreed that most of the time people in their neighbourhood try to be helpful, while 62% agreed that in general most people can be trusted.

Background and policy context

Social capital can be defined as ‘networks together with shared norms, values and understandings that facilitate co-operation within or among groups’ (OECD 2001). In essence the central premise of social capital is that there is value in social networks (who people know), and that these networks can lead to people assisting each other in all sorts of ways. Social capital creates benefits for people by creating networks of trust, solidarity, information exchange, mutual aid and even collective action in some instances.

The *National Economic and Social Forum (NESF) Report 28, June 2003* recommended further research on the measurement and application of social capital indicators in Ireland. Specifically, the report recommended:

- 1 Linking indicators of social capital to measures of poverty, social exclusion and inequality in line with the recommendations in the *NESF Framework on Equality Report*.
- 2 Developing a module on Social Capital for application in various household surveys including the Quarterly National Household Survey.

A module on social and cultural participation was included in the *2006 Survey on Income and Living Conditions (SILC)* which is carried out throughout the European Union. This survey collects information about the income and living conditions of different types of household and provides measures of poverty and social exclusion. Two of the main indicators from the SILC are the at risk of poverty rate and the consistent poverty rate. The at risk of poverty rate indicates the proportion of people who are at risk of poverty based on their level of income while the consistent poverty rate indicates those who are at risk of poverty but also report experiencing deprivation.

A module on social capital was included in the third quarter of the *Quarterly National Household Survey (QNHS)* covering the period June-August 2006. The questions were based on those included in the NESF survey in 2002 and took account of work undertaken on the topic by National Statistics Offices in the UK, New Zealand and Canada. While the primary purpose of the QNHS is to produce quarterly labour force estimates, there is also provision for the collection of data on social topics through the inclusion of special survey modules.

Although this report presents estimates from both surveys, the QNHS was considered the primary source for data on volumes and overall rates (e.g. participation in groups) as it has a significantly larger sample size. The SILC estimates are presented for dimensions of social capital not dealt with by the QNHS, and for additional analytical variables available on SILC such as income.

Social capital measurement framework

In this report social capital is measured at a local level with the neighbourhood being chosen as the unit of reference. There are three main chapters in the report. Each chapter focuses on different dimensions of social capital:

Chapter 2 Community Involvement

This focal point of this chapter is *social participation and reciprocity*. The questions refer to participation in organised groups and voluntary work, covering community and civic involvement, along with the provision of informal help to people living outside the household.

Chapter 3 Social Networks and Support

This chapter concentrates on *social networks and social support*. It explores how often respondents make contact with their relatives, friends and neighbours, and discovers if there is personal support available to people if they need advice, emotional support or practical help.

Chapter 4 Neighbourhood and Trust

The final chapter examines elements of two different dimensions of social capital; *views of the local area, and trust in others*. This chapter focuses on respondent’s perception of the neighbourhood in which they live, and also examines the broader feelings of trust in others that people have.

Chapter 2

Community Involvement

Key Findings

- ◆ In 2006, almost two-thirds (65%) of people aged 16 and over participated in at least one group activity.
- ◆ Overall, nearly one-quarter (24%) of people participated in informal unpaid charity work.
- ◆ In the twelve months prior to interview, 9% of persons took some action to solve a local problem affecting people in their neighbourhood.
- ◆ Persons who had the lowest self perceived health status also reported the lowest levels of involvement in community (12%) and civic (8%) activities.
- ◆ Lower participation rates in community activities were recorded for those who were at risk of poverty or in consistent poverty and among those who had the lowest self perceived health status.

Social Participation and Reciprocity

This chapter presents an examination of the level of participation in group activities, and focuses on *social participation and reciprocity*, key dimensions of social capital.

Social participation refers to people's social involvement and interaction with others. Activities such as volunteering, making donations, participating in sports, and recreational activities are all forms of social participation. Measures of social participation included in this report are involvement in voluntary and community groups, civic participation and charity work. These indicators capture the personal contacts and interactions that are made by meeting people through voluntary groups, religious groups etc.

Reciprocity measures people's willingness to co-operate for mutual benefit and is a core component of social capital. The social norm of reciprocity is the expectation that people will react to each other in similar ways. For example, responding to gifts and kindnesses from others with similar benevolence of their own, and responding to harmful, hurtful acts from others with either indifference or some form of retaliation. In an attempt to capture reciprocity respondents were asked whether they contacted the media/politician/appropriate organisation or whether they had joined an action group to solve a local problem. They were also asked if they had undertaken any private voluntary activity in the previous twelve months to help someone.

The first four sections of this chapter begin with a breakdown of each indicator by age and gender, followed by a breakdown by other socio-demographic indicators. The chapter finishes with an analysis by health characteristics and poverty indicators. Tables are presented at the end of the chapter.

Logistic regression was used to identify which socio-demographic variables were independently associated with the social capital variables. The dependent variable in each of the SILC regression models was 'participation in any group activity' and 'participation in unpaid, informal charitable work', while the dependent variable in the QNHS model was 'active involvement in a voluntary or community group'.

The SILC regression found a statistically significant relationship between the likelihood of participation in any group activity and all variables tested whether the person was at risk of poverty or not. The regression also found a statistically significant relationship between participation in unpaid, informal charitable work and all but four of the variables tested; tenure status, principal economic status, household composition and whether the person was at risk of poverty or not. For QNHS only one of the twelve independent variables tested in the model proved not to be significant for participation in community and voluntary groups, namely disability. See appendix 2 for more details.

Active involvement in voluntary and community groups

Respondents to the QNHS were asked if they had been actively involved in voluntary or community groups in the previous twelve months. Active involvement was defined as attending meetings, being a committee member, or taking responsibility for some activity, but it specifically excluded attendance at mass or church services.

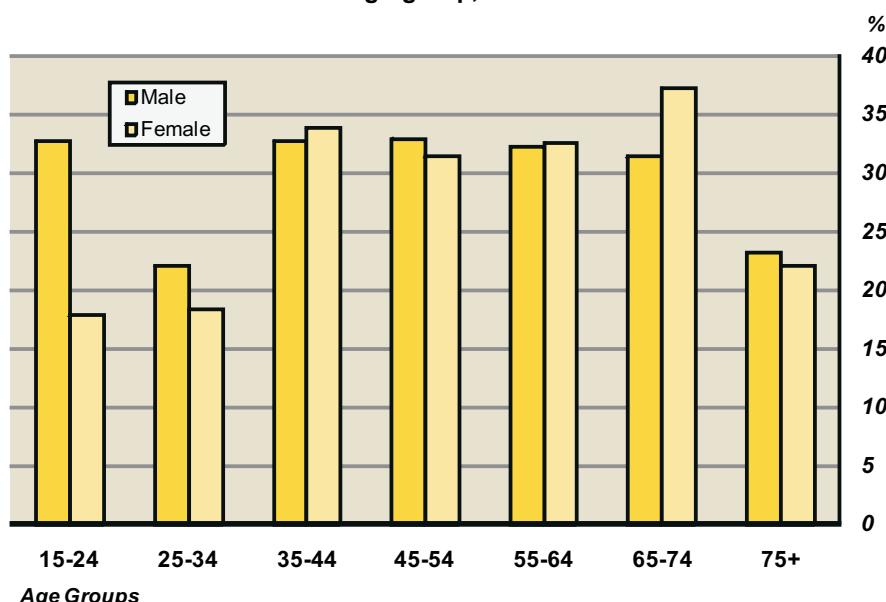
Overall active involvement in voluntary and community groups was reported by 28% of persons aged 15 years and over. Sports groups were most frequently reported (11%), while the least frequently reported form of group involvement was involvement in a political group (1%). See table 2.1.

Males reported higher overall involvement (30%) than females (27%). A number of differences by gender were also reported for some types of group involvement:

- ◆ Males (16%) were far more likely to participate in sports groups than females (6%).
- ◆ Females reported marginally higher participation levels in the majority of other groups.

Approximately one-third of persons in the age groups between 35 and 64 years were involved in voluntary and community groups compared with one-fifth of persons aged 25-34 years and a quarter of those aged 15-24 years. See table 2.1 and figure 2a below.

Figure 2a Involvement in voluntary and community groups by sex and age group, QNHS 2006



As with gender, differences in patterns of involvement could be seen by age for different types of group involvement.

- ◆ Almost one-fifth (18%) of individuals aged 15-24 were involved in sports groups, compared with 2% of individuals aged 75 years and over.

- ◆ Just 1% of 15-34 year olds were involved in religious groups, compared with 9% for those in the 65-74 year age group

Participation levels were higher in older age groups than younger age groups across most types of group involvement, excluding sports and political groups. In the case of political groups participation levels remained constant at 1%, across all age groups. See *table 2.1*.

Examining participation in the individual types of voluntary and community groups by age and gender revealed that males aged 15-24 had the highest participation rate in sport (27%). For males, sports group participation remained high as age increased, with 12% of males aged 55-64 years involved in sports organisations. For females, community and religious groups were the most popular types of activity across most age groups. Between 8-13% of females in the age groups over 35 years participated in community groups, and 10-12% of females in the age groups between 55 years and 74 years were involved in religious groups. See *table 2.1*.

Analysis by other socio-demographic characteristics showed that persons most and least likely to participate in voluntary and community group activities were:

- ◆ Those living in households with two adults and 1-3 children (34%), compared with persons living in lone parent households (20%) or those under 65 years of age living alone (21%).
- ◆ Persons living at their residence for 5 years or over (33%), compared with those who have resided at their current address for less than one year (16%).
- ◆ Those living in households in a rural area (35%), compared with those who live in urban areas (24%).
- ◆ Persons living in owner-occupied accommodation (33%), compared with those in rented accommodation (15%).
- ◆ Respondents with a primary education or below had significantly lower levels of participation in voluntary and community groups (21%), compared with other higher levels of education, all of which showed no significant differences between each other in terms of participation.
- ◆ Those who had a Principal Economic Status (PES) of unemployed had far lower rates of participation in community activities (16%), compared with those in employment and those not economically active (both 29%).
- ◆ Persons living in the Dublin region had the lowest level of involvement in community groups (21%), compared with rates of 27-36% in other regions. See *table 2.9* and *figure 2g*.

Participation in Other Group Activities

In addition to voluntary and community involvement activities included on the QNHS, respondents to the SILC were asked about their involvement in organised group activities in the previous twelve months. It should be noted that within the QNHS the questions were asked of persons aged 15 and over, whereas for SILC all persons aged 16 and over were included.

Both surveys asked respondents about political and religious groups however the questions asked about different aspects of their involvement.

- ◆ The QNHS module asked respondents if they were involved in a political party while the SILC asked if respondents participated in activities related to political groups, political associations, political parties or trade unions.
- ◆ The questions relating to religious groups were similar in both modules but SILC included attending masses or similar religious acts as participation while the QNHS did not.

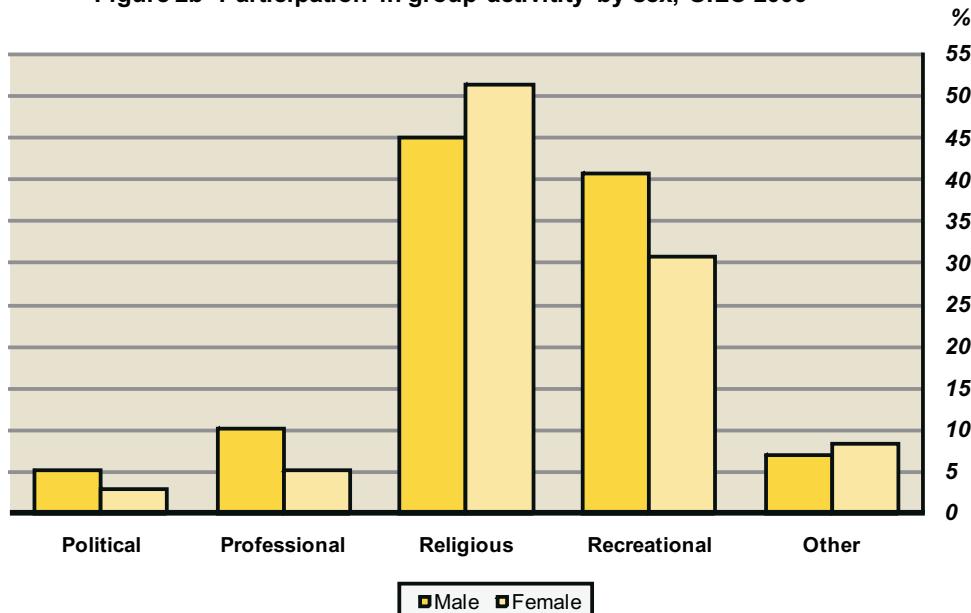
In both cases the range of activities covered by the SILC questions was broader and consequently, higher participation levels in those activities can be seen for SILC. The results from the SILC module are pre-

sented below. The group activities which were included in the SILC were Political, Professional, Religious, Recreational and Other groups. 'Other groups' included environmental organisations, civil rights groups, neighbourhood associations etc.

In 2006, nearly two thirds of the population aged 16 and over took part in one or more of the identified group activities. See *table 2.2*.

- ◆ The most common form of group activity reported was religious (48%), followed by recreational (36%). This compares with just 4% reporting involvement in political groups.
- ◆ Overall, there was no significant difference in participation levels across gender (65% for both males and females).

Figure 2b Participation in group activity by sex, SILC 2006



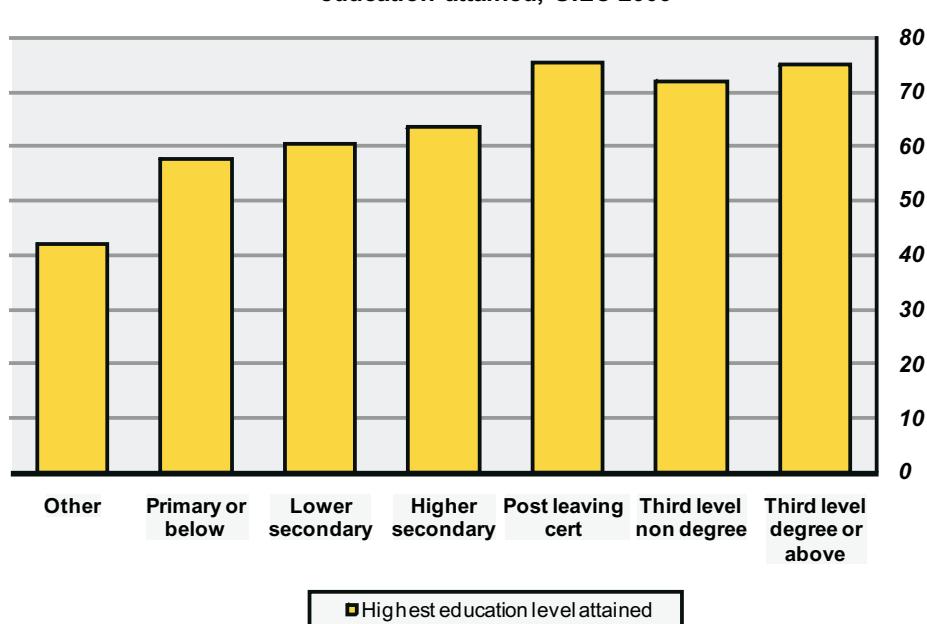
- ◆ However, males were more likely to participate in recreational groups (41% of males compared with 31% of females) while females were more inclined to be involved in religious groups (51% of females compared with 45% of males). Males (10%) were twice as likely to be involved in a professional association as females (5%). See *table 2.2* and *figure 2b* above.
- ◆ Analysis by age group indicated that individuals in the older age groups had higher participation rates than those in the younger age groups. Participation levels were 67% or higher for persons aged 35 or over, while participation levels of 60% or lower were recorded for persons under the age of 35. See *table 2.2*.
- ◆ Across all age groups except for the youngest age group, males were more likely than females to be involved in activities relating to a professional organisation. In the age groups between 35 and 64, 15-18% of males were involved in professional groups compared with 5-8% of females in the same age groups. A similar pattern was observed for participation in a political organisation but at a lower rate. See *table 2.2*.

A breakdown by other socio-demographic characteristics showed that persons most and least likely to participate in group activities were:

- ◆ Those living in households with two adults, at least one aged 65 and over (69%) compared with persons living in lone parent households (58%).
- ◆ Persons with a Principal Economic Status (PES) of 'at work' (68%) compared with those who had a PES of 'unemployed' (45%).
- ◆ Irish nationals (66%) compared with Non-Irish nationals (47%).

- ◆ Those living in owner-occupied accommodation (69%) compared with those living in rented or rent free accommodation (51%).
- ◆ Participation in group activities was highest in the Midland region (76%) compared with the South-East region which recorded the lowest level of participation at 53%.
- ◆ Persons with a post leaving certificate (76%) followed by those with a third level degree or above (75%) compared with those describing their highest level of educational attainment as 'other' (42%). See *table 2.9 and figure 2c below*.

Figure 2c Participation in group activities by highest level of education attained, SILC 2006



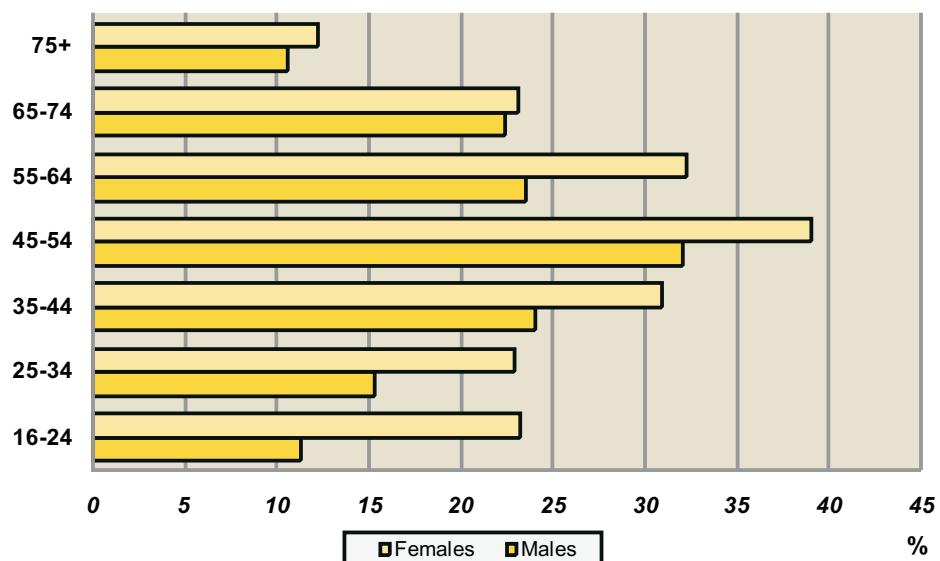
Participation in informal unpaid charitable work

The SILC module included a question relating to participation in unpaid, informal charitable work. It excluded any activity undertaken for the household in which the respondent resided or any work or activities related to a voluntary organisation. The purpose of this question was to capture instances where respondents donate some of their time or resources to specific activities without expectations about getting specific benefits in return. Some examples may include taking care of sick people or cooking a meal for an elderly neighbour.

Overall, nearly one quarter (24%) of the population aged 16 and over participated in informal, unpaid charity work in 2006. See *table 2.3*.

- ◆ Analysis by gender indicated that females (28%) were more likely than males (21%) to participate in this type of activity.
- ◆ A breakdown of this activity by age group showed that more than one-third (36%) of individuals aged 45-54 were involved in informal, unpaid charity work compared with 17% of those aged 16-24 and 12% of those aged 75 and over.
- ◆ Across all age groups females were more likely than males to volunteer for informal unpaid charitable work. Both males (32%) and females (39%) in the 45-54 year age group were more likely than other age group to participate in this type of activity. See *table 2.3 and figure 2d*.

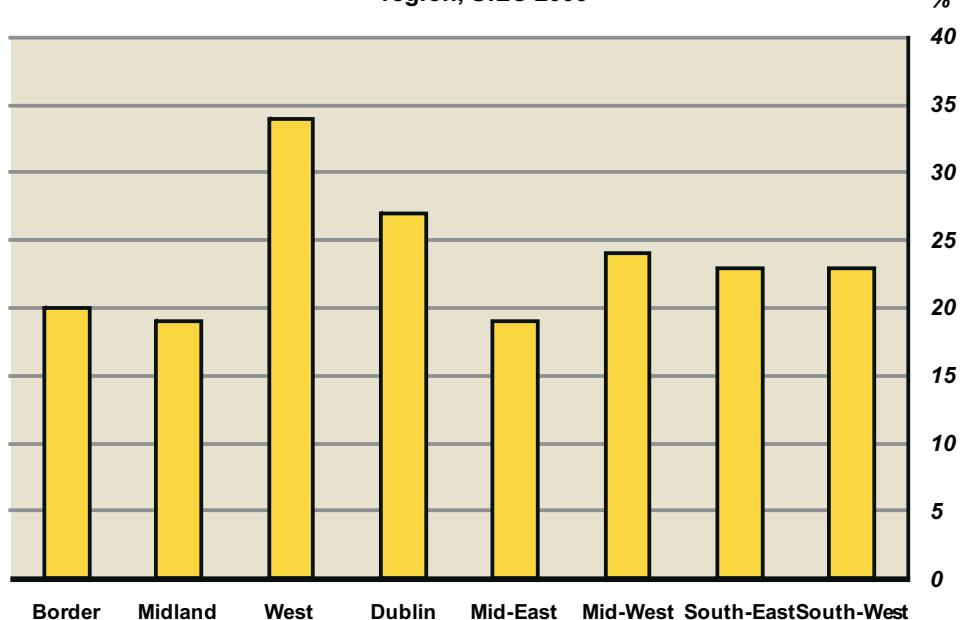
Figure 2d Participation in informal unpaid charity work by sex and age group, SILC 2006



Analysis of participation in informal, unpaid charitable work by socio-economic characteristics indicated that persons most and least likely to participate were:

- ◆ Those living in households that have two adults, both aged less than 65 (30%), compared with persons aged 65 and over living alone (15%).
- ◆ People with educational attainment levels of third level degree or above (35%) compared with persons describing their highest level of education attainment as 'other' (7%) followed by persons with educational attainment levels of primary or below (15%).
- ◆ Persons living in owner-occupied accommodation (26%) reported higher participation rates in informal, unpaid charitable work compared with persons living in rented or rent free accommodation (18%).
- ◆ Irish nationals (25%) reported higher participation rates than Non-Irish nationals (16%).
- ◆ People living in the West region (34%) followed by those living in Dublin (27%) compared with those living in the Midland (19%) or Mid-East region (19%). See *table 2.9 and figure 2e below*.

Figure 2e Participation in unpaid informal charitable work by region, SILC 2006



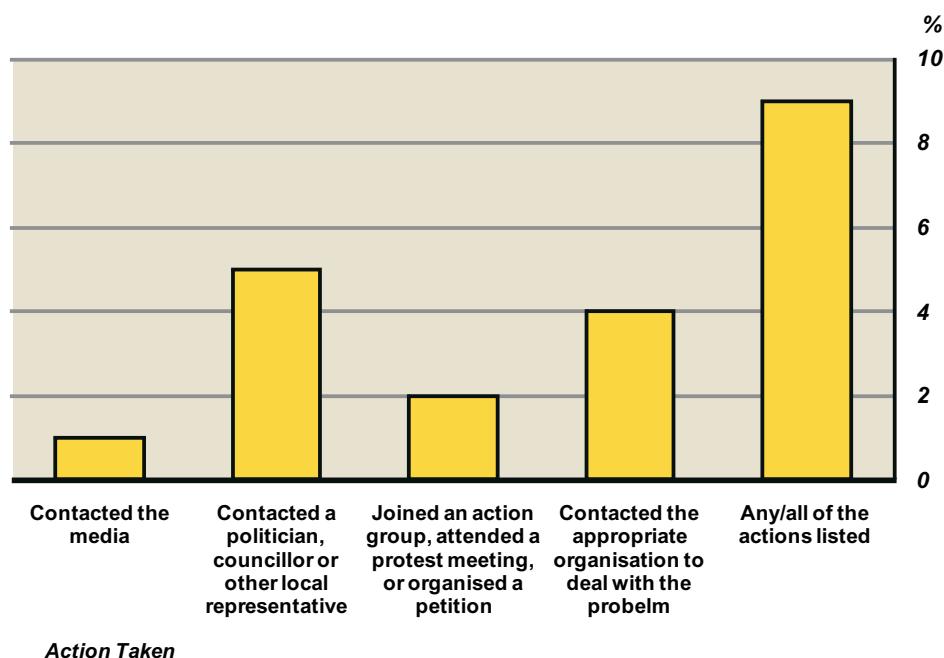
Actions taken to solve local problems/civic participation

As part of the QNHS module, respondents were asked if they had taken action to solve any problem or issue affecting people in their neighbourhood in the previous twelve months. Respondents were allowed to make up their own minds as to what 'neighbourhood' meant to them, but it included local community, local area, street or urban block.

The actions listed in the question were: contacted the media, contacted a politician, joined an action group/attended a protest meeting/helped organise a petition, and contacted the appropriate organisation to deal with the problem.

Overall, 9% of those aged 15 and over took some action to solve a local problem in the 12 months prior to interview in Quarter 3 2006. Contact with an elected or local representative (5%) was the most common form of action taken to solve a local issue while contact with the media (1%) was the least used action by respondents. See *table 2.4 and figure 2f below*.

**Figure 2f Civic participation by each type of action taken,
QNHS 2006**



Analysis by gender indicated that there was no significant difference between male (9%) and female (9%) participation over any of the actions listed.

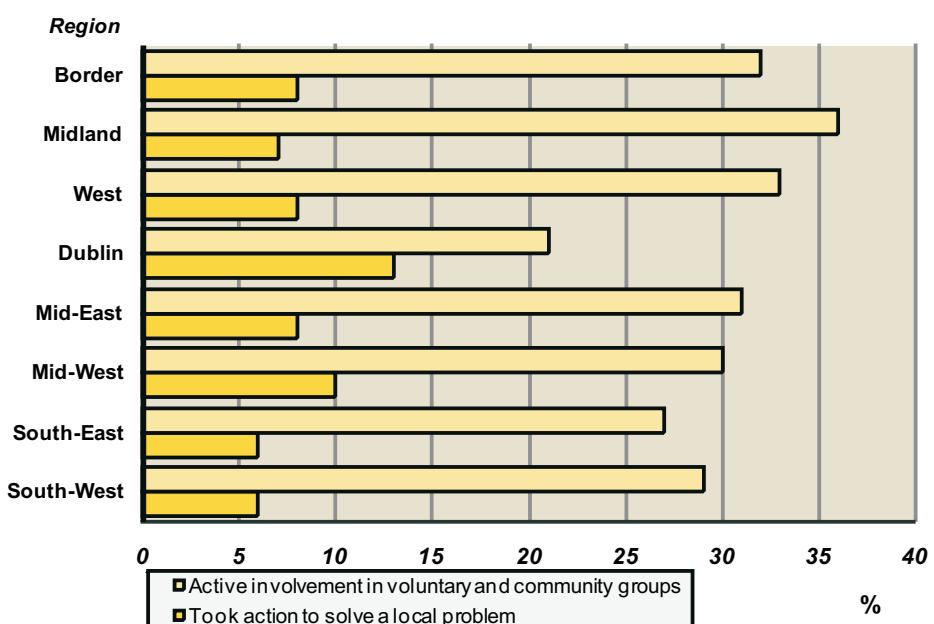
- ◆ A breakdown by age group did show that those in the age groups between 35 and 74 years (10-14%) were the most likely to take any action to solve a local problem, while the least likely were persons aged 15-24 years (2%).
- ◆ Similar patterns were observed across the age groups for both males and females. See *table 2.4*.

Analysis by other socio-demographic characteristics showed that persons most and least likely to participate in civic activities related to their local area were:

- ◆ People living in households with 2 adults and 1-3 children (12%), compared with persons aged 65 years and over living alone (6%).
- ◆ Persons living at their residence for 5 years or over (10%), compared with those who have resided at their current address for less than one year (6%).
- ◆ Those living in households in an urban location (10%), compared with those who live in rural areas (7%).

- Persons at work (11%) were more likely to participate than either those unemployed (6%), or those not economically active (7%).
- Persons living in owner-occupied accommodation (10%), compared with those in rented accommodation (6%).
- Non-Irish nationals (5%) took part in locally related civic activities significantly less than Irish nationals (9%).
- Respondents with a primary education or below had the lowest level of participation in civic groups (6%), compared with those persons with third level qualifications (13%).
- Those living in the Dublin region had the highest percentage of civic engagement (13%), which is in contrast with the region's lowest ranking for community group involvement (21%). See *table 2.9 and figure 2g below*.

Figure 2g Community and civic involvement by region, QNHS 2006



Social and civic participation by health characteristics

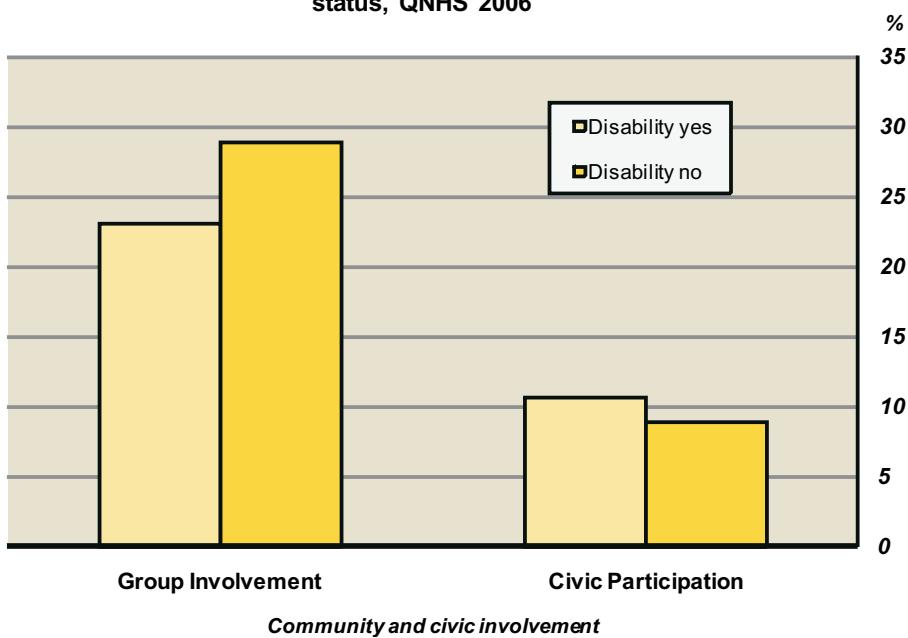
Respondents to both the SILC and QNHS were asked how they would describe their own health in general. Both surveys offered respondents a five point scale but with different response styles. On the QNHS questionnaire 'good' was the mid-point on scale between 'excellent' and 'poor', whereas on the SILC questionnaire 'good' was the fourth point and 'fair' was the mid-point on a scale ranging from 'very good' to 'very bad'. Consequently, the results are presented separately in this report. See *tables 2.5 and 2.6*.

A breakdown of the overall results for community and civic engagement in the QNHS data by health status and disability showed the following results:

- Almost one-third of respondents who either reported their health status as excellent or very good were actively involved in community groups (32% and 30% respectively). This compares with just 12% for those who had poor self-perceived health.
- There were no significant differences found between civic participation across all self-perceived health status categories.
- Those who reported having a disability were less likely to be involved in voluntary and community groups (23%) than those without a disability (29%). In terms of civic participation there was no

significant difference between the level of participation between those with a disability and those without. See tables 2.5 and figure 2h below.

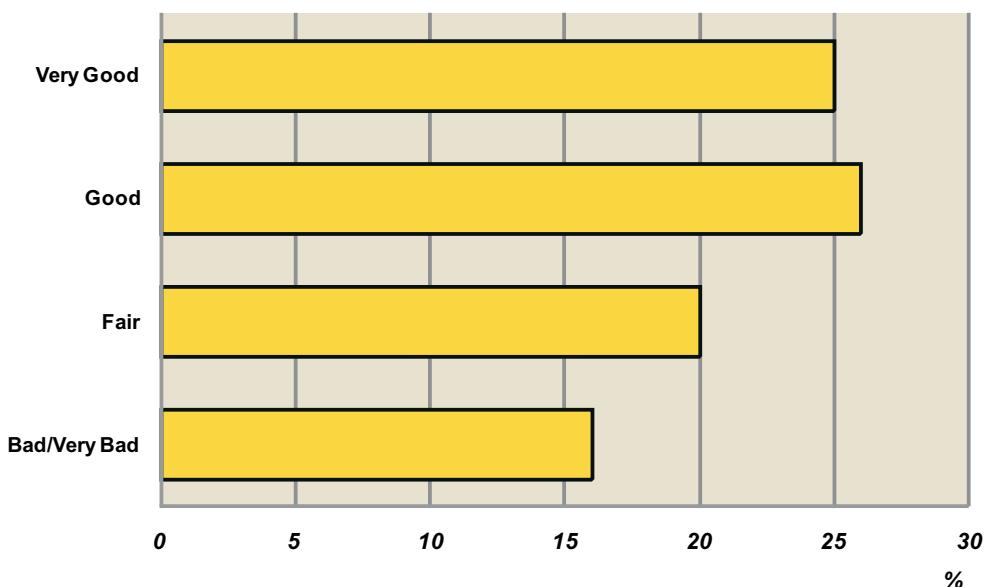
Figure 2h Community and civic involvement by disability status, QNHS 2006



While different scales were used in the SILC and QNHS a similar conclusion can be drawn, namely that participation levels are higher among those with higher self perceived health status. Specifically it can be seen for all activities that participation levels were lowest among those with the lowest self perceived health status. See table 2.6.

- ◆ More than two-thirds (67%) of people who described their health status as 'very good' participated in group activities while this figure was significantly lower for those describing their health status as 'bad/very bad' (45%).
- ◆ About a quarter of those who reported their health status as 'very good' or 'good' participated in informal unpaid charitable work. This figure was lower for those describing their health status as 'bad/very bad' at 16%. See table 2.6 and figure 2i below.

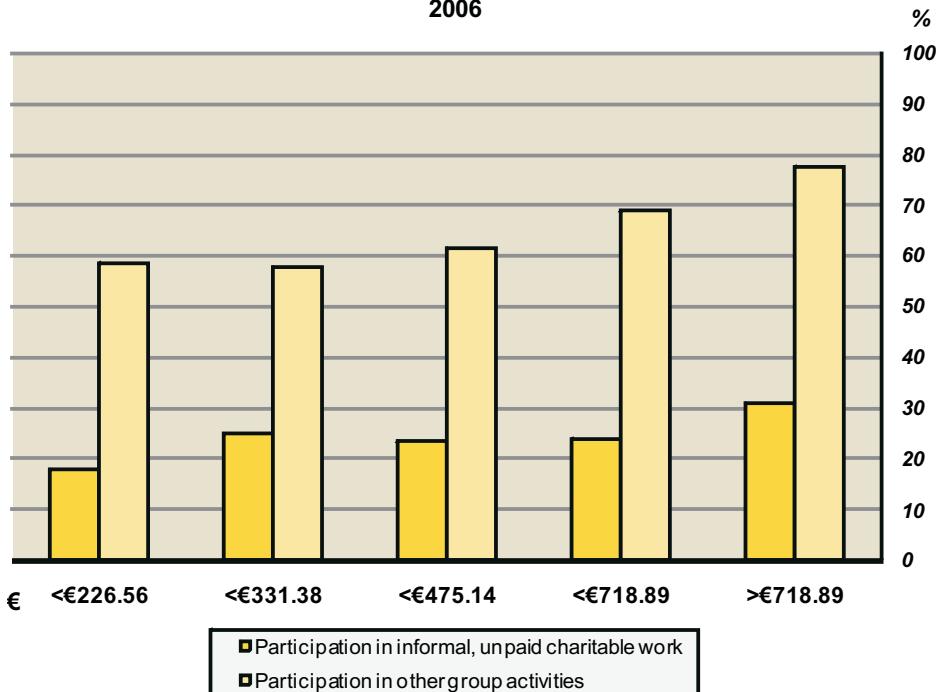
Figure 2i Participation in informal unpaid charitable work by health status, SILC 2006



Poverty Indicators and Social Participation

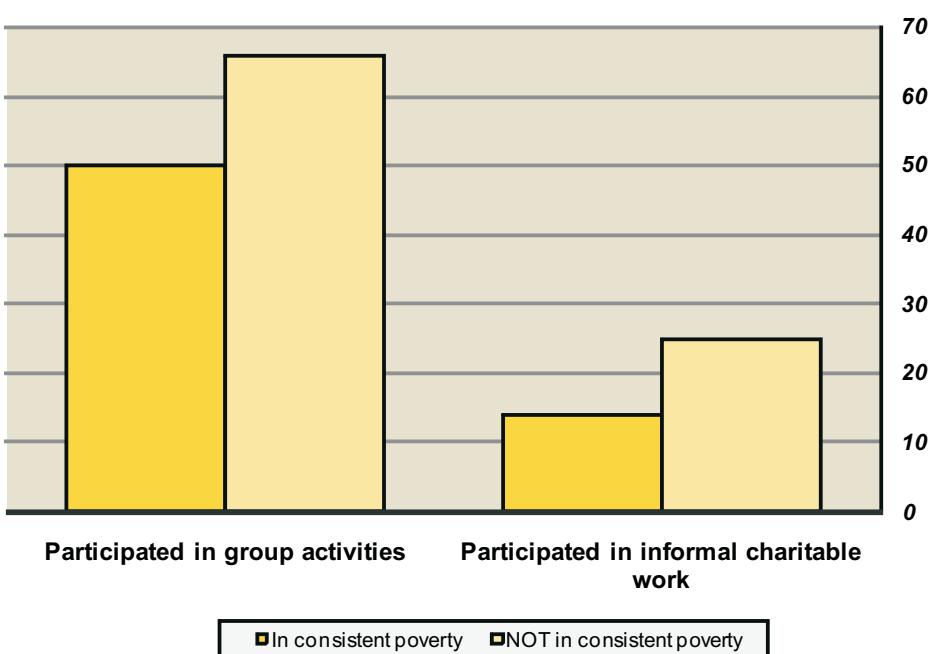
Using the social participation indicators from the SILC it is possible to compare the levels of participation for those who are at risk of poverty or in consistent poverty to the participation levels of persons who are not. The SILC can also be used to examine participation rates across income levels. See *table 2.7 and figure 2j below.*

Figure 2j Participation in group activities and informal, unpaid charitable work by equivalised weekly total income quintile, SILC 2006



In general as income rises participation rates increase. However, participation in informal, unpaid charitable work levels off across the middle quintiles but increases again in the highest income quintile. Just under a third of those in the highest income quintile (31%) take part in informal, unpaid charitable work. This compares with 18% of those in the lowest income quintile and 23-25% of those in the middle income quintiles. See *table 2.7.*

Figure 2k Social and civic participation by the consistent poverty rate, SILC 2006



- ◆ Two thirds of individuals not at risk of poverty participated in group activities while one-quarter of this group participated in informal, unpaid charitable work. For persons at risk of poverty the participation rates were lower with a participation rate of 58% for group activities and 19% for informal, unpaid charity work.
- ◆ Similarly, participation rates were lower for those in consistent poverty. Just half of those in consistent poverty participated in group activities, compared with 66% for those not in consistent poverty. One quarter of those not in consistent poverty participated in informal unpaid charitable work while this figure was just 14% for those in consistent poverty. See *table 2.9 and figure 2k*.

**Table 2.1 Involvement in voluntary and community groups by sex and age group,
QNHS Quarter 3 2006**

Type of group	All ages	Age group						
		15-24	25-34	35-44	45-54	55-64	65-74	75+
All persons								%
Sports	11	18	10	13	11	8	4	2
Community	6	4	3	7	8	7	10	9
Residents	4	0	2	6	6	6	5	3
Charity work	3	2	1	3	4	5	5	2
Religious	4	1	1	3	5	7	9	6
Political	1	1	1	1	1	1	1	1
Other	5	3	4	7	7	7	7	3
All ¹	28	25	20	33	32	32	35	23
Unweighted sample (number of persons)	21,792	1,473	3,232	4,526	4,281	3,513	2,722	2,045
Male								%
Sports	16	27	15	17	15	12	7	3
Community	5	3	2	5	7	7	7	7
Residents	4	0	2	6	7	6	6	5
Charity work	2	2	1	2	2	3	4	2
Religious	2	1	1	2	3	4	6	5
Political	1	1	1	1	2	2	2	1
Other	5	3	3	6	6	8	7	4
All ¹	30	33	22	33	33	32	32	23
Unweighted sample (number of persons)	8,366	632	1,238	1,559	1,592	1,394	1,184	767
Female								%
Sports	6	9	6	9	7	4	1	1
Community	7	5	4	9	8	8	13	11
Residents	4	0	3	7	6	6	4	2
Charity work	4	2	2	4	6	7	7	2
Religious	5	0	2	4	6	10	12	7
Political	1	1	0	0	1	1	1	1
Other	6	3	4	9	8	6	7	3
All ¹	27	18	18	34	32	33	37	22
Unweighted sample (number of persons)	13,426	841	1,994	2,967	2,689	2,119	1,538	1,278

¹ Multiple responses mean that percentages are not a sum of each action.

Table 2.2 Participation in group activities by sex and age group, SILC 2006

Type of group	All ages	Age group (16 and over)						
		16-24	25-34	35-44	45-54	55-64	65-74	75+
All persons		%						
Political	4	2	4	5	6	5	4	1
Professional	8	2	8	10	11	12	5	3
Religious	48	39	37	46	52	58	62	64
Recreational	36	38	36	39	39	33	31	19
Other	8	2	7	11	12	10	8	3
All¹	65	60	58	67	69	70	69	68
Unweighted sample (number of persons)	7,652	424	727	1,369	1,472	1,299	1,242	1,119
Male		%						
Political	5	1	5	8	7	6	8	2
Professional	10	1	9	15	15	18	8	4
Religious	45	34	35	41	49	55	62	64
Recreational	41	43	44	45	44	35	37	18
Other	7	1	6	12	9	11	9	3
All¹	65	57	58	69	69	69	72	70
Unweighted sample (number of persons)	3,171	173	272	523	603	578	580	442
Female		%						
Political	3	2	4	2	5	4	1	0
Professional	5	3	8	5	8	6	2	2
Religious	51	43	39	51	55	61	62	64
Recreational	31	34	30	33	35	30	25	19
Other	8	5	7	10	14	9	6	3
All¹	65	63	57	64	68	71	66	67
Unweighted sample (number of persons)	4,481	251	455	846	869	721	662	677

¹ Multiple responses mean that percentages are not a sum of each action.

Table 2.3 Participation in informal¹ unpaid charity work by sex and age group, SILC 2006

	All ages	Age group (16 and over)							
		16-24	25-34	35-44	45-54	55-64	65-74	75+	
All persons									
%									
Participated in informal ¹ unpaid charity work	24	17	20	27	36	28	23	12	
<i>Unweighted sample (number of persons)</i>	7,652	424	727	1,369	1,472	1,299	1,242	1,119	
Males									
%									
Participated in informal ¹ unpaid charity work	21	11	15	24	32	23	22	11	
<i>Unweighted sample (number of persons)</i>	3,171	173	272	523	603	578	580	442	
Female									
%									
Participated in informal ¹ unpaid charity work	28	23	23	31	39	32	23	12	
<i>Unweighted sample (number of persons)</i>	4,481	251	455	846	869	721	662	677	

¹ 'Informal' refers to activities that were not organised through a group.

Table 2.4 Civic participation by sex and age group, QNHS Quarter 3 2006

	All ages	Age group						%		
		15-24	25-34	35-44	45-54	55-64	65-74			
All persons										
Action Taken										
Contacted the media	1	0	1	2	2	2	1	1		
Contacted a politician, councillor or other local representative	5	1	4	7	7	7	6	3		
Joined an action group, attended a protest meeting, or organised a petition	2	0	2	3	3	3	2	1		
Contacted the appropriate organisation to deal with the problem	4	1	3	5	5	5	4	2		
All¹	9	2	8	12	14	13	10	5		
<i>Unweighted sample (number of persons)</i>	21,792	1,473	3,232	4,526	4,281	3,513	2,722	2,045		
Male										
Action Taken										
Contacted the media	1	0	1	2	3	2	2	1		
Contacted a politician, councillor or other local representative	5	1	4	7	9	8	7	4		
Joined an action group, attended a protest meeting, or organised a petition	2	0	2	2	3	2	2	1		
Contacted the appropriate organisation to deal with the problem	4	0	3	5	6	5	5	2		
All¹	9	2	8	12	15	13	11	6		
<i>Unweighted sample (number of persons)</i>	8,366	632	1,238	1,559	1,592	1,394	1,184	767		
Female										
Action Taken										
Contacted the media	1	0	1	2	2	1	1	0		
Contacted a politician, councillor or other local representative	4	1	4	7	6	7	5	2		
Joined an action group, attended a protest meeting, or organised a petition	2	0	2	3	3	3	1	1		
Contacted the appropriate organisation to deal with the problem	3	1	3	5	4	6	4	2		
All¹	9	3	8	12	13	12	9	4		
<i>Unweighted sample (number of persons)</i>	13,426	841	1,994	2,967	2,689	2,119	1,538	1,278		

¹ Multiple responses mean that percentages are not a sum of each action.

Table 2.5 Community and civic involvement by health characteristics, QNHS Quarter 3 2006

Health characteristics ¹	Actively involved in a group	Took action to solve a local problem		Unweighted sample QNHS
		%	%	
Health status				
Excellent	32	9		4,954
Very Good	30	9		7,543
Good	26	10		5,839
Fair	19	9		2,326
Poor	12	8		424
Disability				
Yes	23	11		3,842
No	29	9		17,186
All persons	28	9		21,792

¹ Excludes 'don't know' and 'not stated' responses.

Table 2.6 Indicators of social and civic participation by health characteristics, SILC 2006

Health characteristics	Participated in group activities	Participated in informal ¹		Unweighted sample SILC
		work ¹	charitable	
Health status				
Very Good	67	25		2,779
Good	65	26		3,058
Fair	63	20		1,481
Bad/Very Bad	45	16		334
All persons	65	24		7,652

¹ 'Informal' refers to activities that were not organised through a group.

Table 2.7 Equivalised weekly total income quintile by type of activity, SILC 2006

	All persons	Quintile Analysis: Equivalised weekly total income					%
		<€226.56	<€331.38	<€475.14	<€718.89	>€718.89	
Participated in informal ¹ unpaid charity work	24	18	25	23	24		31
Participated in other group activities	65	59	58	62	69		78
<i>Unweighted sample (number of persons)</i>	<i>7,652</i>	<i>1,538</i>	<i>1,527</i>	<i>1,527</i>	<i>1,532</i>	<i>1,528</i>	

¹ 'Informal' refers to activities that were not organised through a group.

Table 2.8 Indicators of social and civic participation by poverty rates, SILC 2006

	Participated in group activities	Participated in informal ¹ charitable	Unweighted sample SILC
All persons			
Poverty rates	%	%	Number of persons
At risk of poverty (60% median income threshold)			
Yes	58	19	1,235
No	66	25	6,417
In consistent poverty			
Yes	50	14	399
No	66	25	7,253
All persons	65	24	7,652

¹ 'Informal' refers to activities that were not organised through a group.

**Table 2.9 Community and civic involvement by other socio-demographic variables, QNHS
Quarter 3 2006 and SILC 2006**

Socio-demographic characteristics	Actively involved in a group ¹	Participated in group activities ²	Participated in informal ³ charitable work ²	Took action to solve a local problem ¹	Unweighted sample QNHS	Unweighted sample SILC
	%	%	%	%	Number of persons	Number of persons
Household composition						
1 adult aged 65+, no children under 18	26	66	15	6	2,067	1,093
1 adult aged <65, no children under 18	21	63	26	9	2,134	703
2 adults, at least 1 aged 65+, no children under 18	32	69	21	10	2,556	1,262
2 adults, both aged <65, no children under 18	23	65	30	9	3,237	1,011
3+ adults, no children under 18	26	67	25	8	3,457	1,097
1 adult, 1+ children under 18	20	58	26	8	910	288
2 adults, 1-3 children under 18	34	66	26	12	4,761	1,461
Other households with children under 18	33	61	21	9	2,670	737
Principal Economic Status						
At work	29	68	27	11	11,043	3,419
Unemployed	16	45	21	6	653	242
Not economically active	29	63	21	7	10,096	3,991
Nationality						
Irish	29	66	25	9	20,530	7,194
Non-Irish nationals	15	47	16	5	1,262	458
Highest education level attained						
Primary or below	21	58	15	6	5,946	2,565
Lower secondary	29	60	24	8	3,821	1,344
Higher secondary	30	64	24	8	4,720	1,317
Post leaving cert	29	76	28	12	1,928	594
Third level non degree	33	72	29	13	1,953	619
Third level degree or above	32	75	35	13	3,115	1,130
Other	13	42	7	4	309	83
Length of residence						
<1 year	16	n/a	n/a	6	1,852	n/a
1-5 years	22	n/a	n/a	9	4,224	n/a
5 years and over	33	n/a	n/a	10	15,716	n/a
Region (NUTS3)						
Border	32	65	20	8	3,127	916
Midland	36	76	19	7	1,523	453
West	33	68	34	8	1,764	702
Dublin	21	66	27	13	4,488	2,069
Mid-East	31	60	19	8	2,150	713
Mid-West	30	65	24	10	2,061	662
South-East	27	53	23	6	2,702	793
South-West	29	66	23	6	3,977	1,344
Urban or rural location						
Urban areas	24	64	24	10	12,641	4,775
Rural areas	35	67	24	7	9,151	2,877
Tenure status⁴						
Owner-occupied	33	69	26	10	16,100	6,243
Rented or rent free	15	51	18	6	3,750	1,409
All persons	28	65	24	9	21,792	7,652

¹ Source: QNHS Quarter 3 2006.

² Source: EU-SILC 2006.

³ 'Informal' refers to activities that were not organised through a group.

⁴ Excludes 'don't know' and 'not stated' responses in QNHS.

Chapter 3

Social Networks and Supports

Key findings

- ◆ In 2006, over two-thirds (67%) of the population aged 15 and over reported that they see their relatives daily or at least once a week, and 80% reported seeing friends daily or at least once a week.
- ◆ Over half of the population aged 15 and over (52%) had at least six people whom they could turn to in time of need, while only 2% stated that they had nobody to ask for help.
- ◆ Self perceived health status was an important indicator in relation to social support, with 8% of all persons who reported poor health indicating that they had no-one to turn to in time of need, compared with 1% of persons in excellent health.

Social networks and social supports

This chapter examines the degree of interaction and support between relatives, friends and neighbours. Social networks are an aspect of social capital because personal relationships accumulate when people interact with others in family, friend and community circles. The extent and intensity of these relationships is measured in this report in terms of frequency of interaction, and the perceived support available from these relationship networks.

Apart from those they live with, respondents were asked how often they saw relatives and friends. They were then questioned on how often they had some other form of contact with their relatives and friends (i.e. all other forms of communication including telephone, text message, letter, fax, e-mail etc.). People were also asked about how often they spoke to their neighbours. A six point scale ranging from 'daily' to 'never' was used to classify responses to each of these questions. Respondents were finally asked how many of their relatives, friends or neighbours they felt that they could turn to in a time of need.

During analysis of this data five indicators were derived to summarise people's social networks and social support. The first three focus on satisfactory networks of relatives, friends and neighbours (with 'satisfactory' being defined as being in contact at least once a week). The fourth is a summary indicator which identifies those who did not have a satisfactory social network in all three groups (relatives, friends and neighbours), and finally the last indicator identifies those who reported that they had no support in a time of need.

The first three sections of this chapter examine each type of contact by age and gender, followed by a section on social support, again broken down by age groups and gender. The chapter concludes with an examination of the five derived social support indicators classified by health related variables and other socio-demographic indicators.

The relationship between not having satisfactory relationship networks across relatives, friends and neighbours, and socio-demographic variables, was examined using a logistic regression analysis. The five independent variables which were found to be significant in whether respondents had a satisfactory relationship network or not were health status, being an Irish national or not, gender, owner occupied or renting tenure status and NUTS 3 region. See appendix 2 for more details.

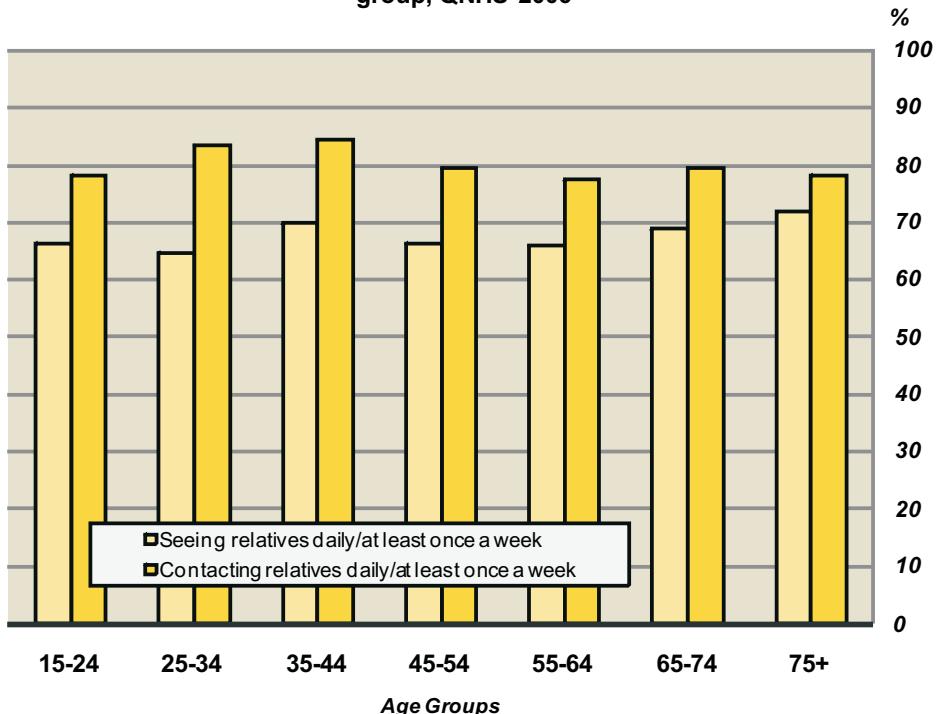
Frequency of contacts with relatives

Respondents were asked how often they see or are in other forms of contact with their relatives, excluding relatives who resided in the same household as the respondent.

Over two-thirds (67%) of the population aged 15 and over reported that they see their relatives daily or at least once a week, with females more likely to see their relatives daily or at least once a week (72%) than males (62%). This was true across all age groups, except for those aged 15-24 years and those aged 75 years and over, where significant differences were not found between males and females. See table 3.1.

Across gender and age groups the frequency of contacting relatives was higher than the frequency of seeing relatives, with an overall percentage of 80% of people reporting contact with relatives at a minimum of once a week. Similar to the results for seeing relatives, females were more likely to have contact with their relatives daily or at least once a week than males (87% and 75% respectively). Again this was true across all age groups, except for those aged 15-24 years, where the percentage females (82%) and percentage males (75%) were not significantly different. See table 3.1 and figure 3a below.

Figure 3a Frequency of seeing and contacting relatives by age group, QNHS 2006



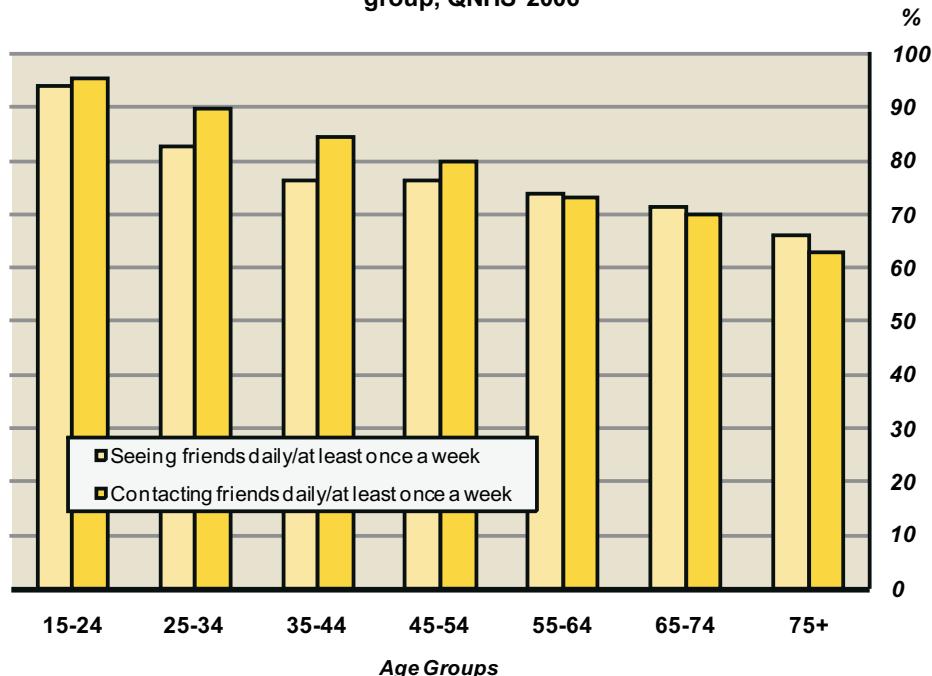
Frequency of contacts with friends

Respondents were also asked how often they see or are in other forms of contact with their friends (again excluding those who resided in the same household as the respondent).

Overall, 80% of the population aged 15 and over reported that they see their friends daily or at least once a week, and 83% reported overall contact with friends on a daily or weekly basis. See *table 3.2*.

The proportion seeing or contacting friends on at least a weekly basis fell considerably with age. The highest levels were reported for those aged 15-24 years (94% for seeing friends and 95% for contacting friends) compared with 66% for seeing friends and 63% for contacting friends among those aged 75 years and over. This was true for both males and females. See *table 3.2* and *figure 3b below*.

Figure 3b Frequency of seeing and contacting friends by age group, QNHS 2006



Further examination of the data showed that:

- ◆ At an overall level there was no significant difference between male and female reporting of seeing friends daily or at least once a week, but females were more likely to contact friends on a minimum of a weekly basis than males (85% and 81% respectively).
- ◆ Across age groups, males and females have similar daily and weekly contact with friends in the younger age groups, but from the 35-44 year age group on females have significantly higher rates of at least weekly contact with friends than males.
- ◆ The lowest rates for both seeing and contacting friends were observed among the older age groups, with 63% of males and 68% of females in the oldest age group seeing friends at least weekly, and 57% of males and 67% of females contacting friends at least weekly. See *table 3.2*.

Frequency of speaking to neighbours

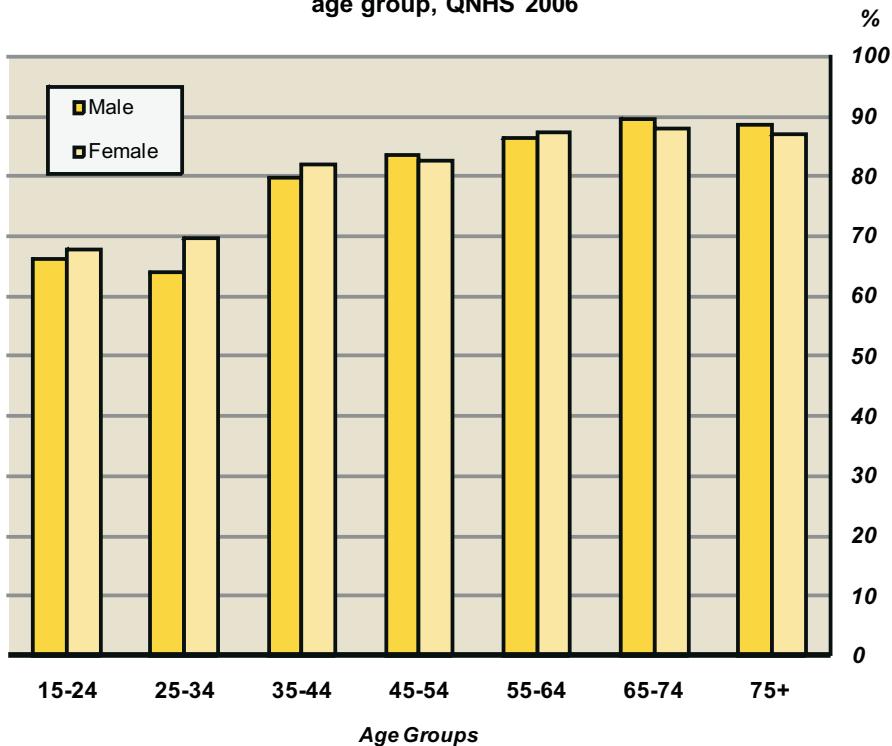
Thirdly in terms of measuring social networks, respondents to the QNHS were asked to indicate how often they speak to their neighbours.

Overall 42% of respondents reported that they spoke to their neighbours on a daily basis, with a further 35% speaking to neighbours every week but not every day. Similar proportions of both males and females reported speaking to neighbours on an at least weekly basis (76% and 78% respectively). See *table 3.3*.

Comparing age groups revealed that:

- ◆ Younger age groups had lower rates of weekly contact with neighbours than older age groups, with the lowest percentage recorded for those aged 15-24 years and 25-34 years (both 67%) and the highest percentage for those aged 65-74 years and those aged 75 and over (both 88%).
- ◆ Overall similar results were reported for males and females, and when corresponding male and female age groups were compared, there was no significant differences found in speaking to neighbours on a weekly basis. See *table 3.3 and figure 3c below*.

Figure 3c Speaking to neighbours at least weekly by sex and age group, QNHS 2006



Measure of social support in time of need

As an additional analysis variable in relation to social networks, respondents were asked to quantify the support they could turn to in a time of need. Specifically, respondents were asked how many relatives, friends or neighbours they had whom they could talk to about personal matters, share confidences, seek advice or call for practical help.

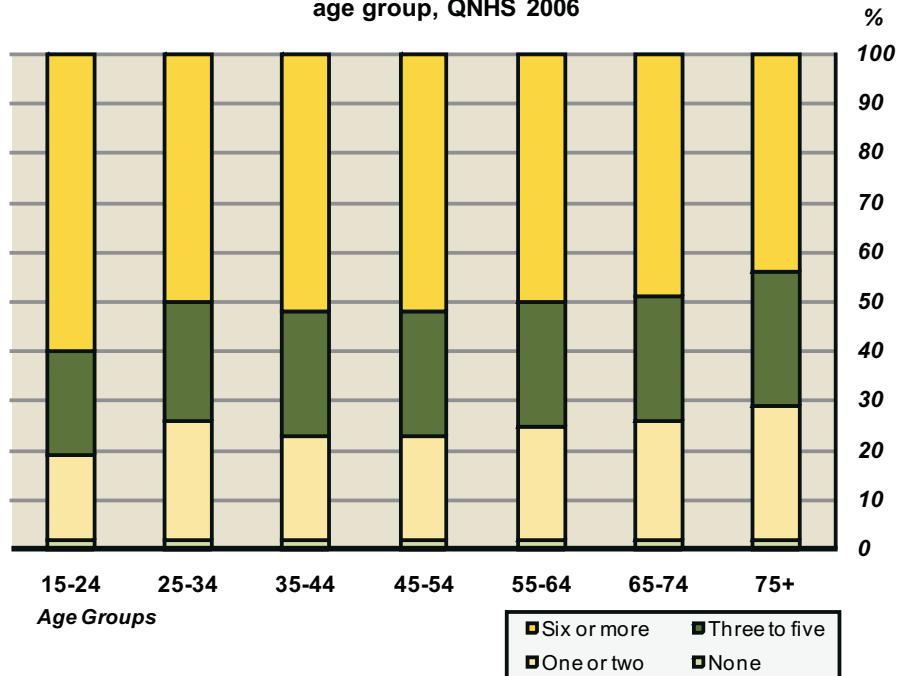
Overall 98% of respondents said that they had someone whom they could turn to in a time of need for help. Quantifying the varying levels of help reported reveals that:

- ◆ One-fifth of persons (21%) indicated that they had one or two people whom they could ask for help, while a further 24% could count on three to five persons.
- ◆ Over half of all persons (52%) reported having the support of six or more persons.
- ◆ Just 2% of persons reported no social support from any relatives, friends or neighbours, and across gender and age groups there were no significant differences in this group. See *table 3.4*.

Across age groups, broadly similar levels of support of fewer than three people were reported for the age groups between 25 and 74 years (21%-25%). Those in the oldest age group, 75 years and over, had the lowest levels of support, with 29% reporting that they had fewer than three people whom they could call on in a time of need. The youngest age group (15-24 years) had the largest network of social support with 60% reporting that they had six or more people that they could call on in a time of need. See *table 3.4 and figure 3d*.

Broadly similar patterns of support were observed for both sexes across the age groups, but females reported extended support networks of six or more people in significantly greater proportions than males in the 25-34 year age groups (54% and 47% respectively). See *table 3.4*.

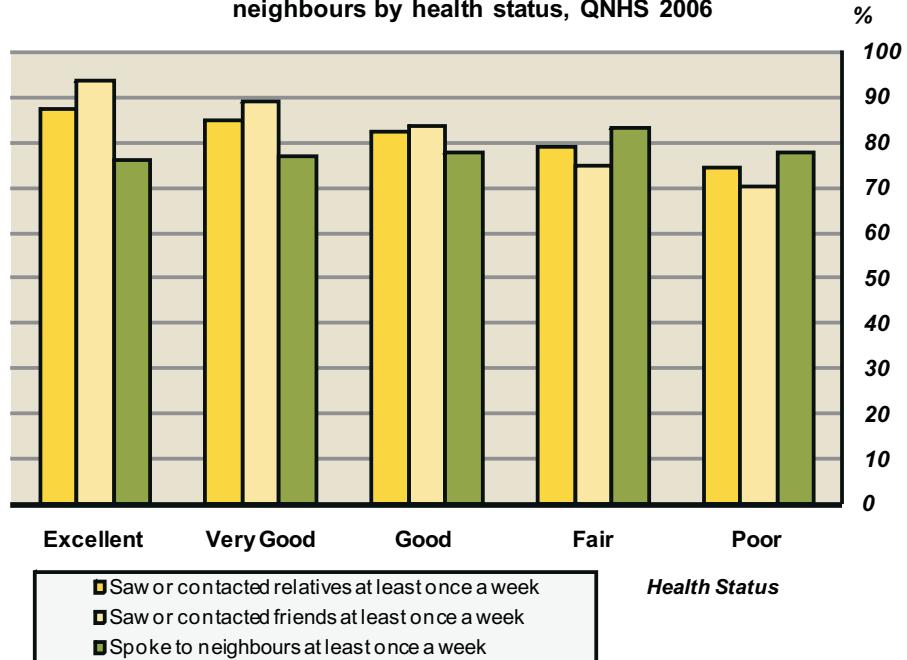
Figure 3d Number of people can turn to in a time of need by age group, QNHS 2006



Social support by health characteristics

Satisfactory contact (at least once a week) with relatives, friends and neighbours was examined in relation to self-perceived health and disability status. The percentage contact at least once a week with both relatives and friends decreased significantly between those reporting excellent health status (88% and 94%) and those with poor self-perceived health (75% and 70%). See *table 3.5* and *figure 3e* below.

Figure 3e At least weekly interaction with relatives, friends and neighbours by health status, QNHS 2006



The frequency of persons with a disability who had at least weekly contact with relatives (82%) was lower than that reported by those with no disability (85%). For contact with friends, those with a disability also had a lower percentage of weekly contact (78%) than those with no disability (89%). Conversely, a higher per-

centage of those with a disability spoke to neighbours at least once a week (83%), than those with no disability (77%). See *table 3.5*.

The percentages of persons who reported that they did not have satisfactory contact with all three groups (relatives, friends and neighbours), along with those who had no support in a time of need increased as health status declined:

- ◆ Specifically 5% of those with poor self-reported health did not have a satisfactory relationship network, compared with 1% for those respondents with excellent health status.
- ◆ Almost one in ten (8%) persons who reported that they were in poor health indicated that they had no-one to turn to in time of need, compared with 1% of persons in excellent health. See *table 3.5*.

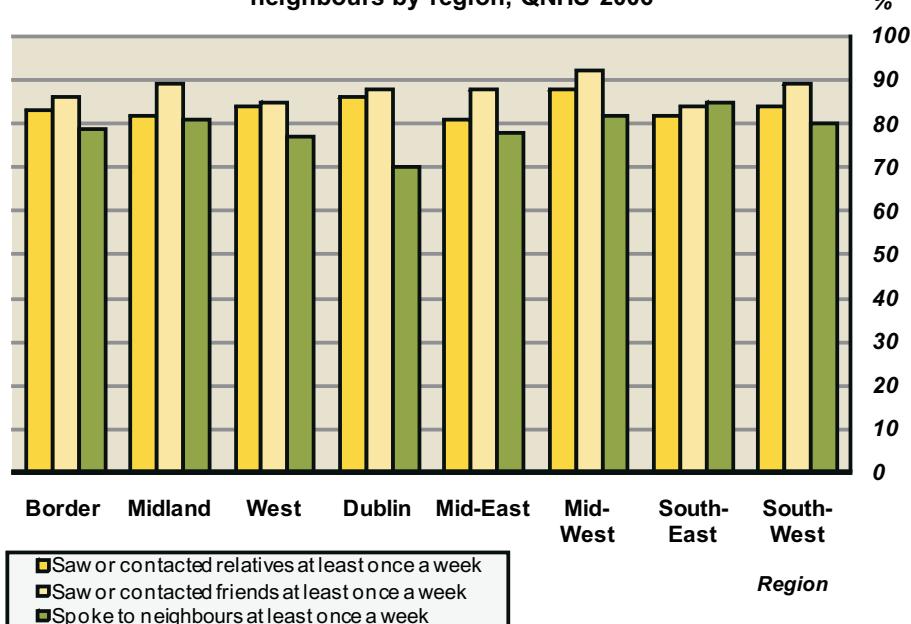
Social support by other socio-demographic characteristics

Satisfactory contacts and social support were also examined in relation to other socio-demographic characteristics. Both a lack of a satisfactory social network and a lack of support when needed can be seen as being indicative of problems relating to social isolation.

For all three types of contact some of the variables which demonstrated differences included:

- ◆ Unemployed persons had lower rates of satisfactory contact with both relatives (77%) and friends (86%), than those in employment (85% and 90% respectively), but had similar rates of contact with neighbours, with 74% for those at work and 75% for unemployed persons.
- ◆ While similar levels of satisfactory contact with relatives and friends were reported by those living in urban and rural areas, satisfactory neighbourhood contact was higher in rural areas (84%) than urban areas (74%).
- ◆ Those with a highest level of educational attainment of primary education had the lowest percentage of satisfactory contact with relatives (79%) and friends (80%), but the highest percentage for speaking with neighbours on a weekly basis (86%).
- ◆ Persons in the Dublin region had comparable rates of at least weekly contact with relatives (86%) and friends (88%) to the average across regions, but demonstrated a lower rate for neighbours (70%) than all other regions. See *table 3.6 and figure 3f below*.

Figure 3f At least weekly interaction with relatives, friends and neighbours by region, QNHS 2006



In terms of social isolation, it was found that those groups most likely to have an unsatisfactory relationship network included:

- ◆ Non-Irish nationals (6%) when compared with Irish nationals (1%).
- ◆ Respondents living in rented (or rent free) accommodation (3%), compared with owner occupied tenure status (1%).
- ◆ Those living at their current address for less than one year (3%), as against residence of five years and over (1%).
- ◆ Urban dwellers (2%) compared with rural dwellers (1%).
- ◆ Persons living on their own (both under and over 65 years) both (3%), compared with other households with children (1%) See *table 3.6*.

For those who answered that they had nobody to turn to in a time of need (2%), a similar pattern emerged to those with unsatisfactory relationship networks when looking at their socio-demographic profile.

Table 3.1 Contact with relatives by sex and age group, QNHS Quarter 3 2006

	All ages	Age group							
		15-24	25-34	35-44	45-54	55-64	65-74	75+	
All persons									
Frequency of seeing relatives									
Daily	25	28	26	25	20	23	25	33	
At least once a week	42	38	39	45	46	43	44	39	
Several times a month	14	14	13	13	15	15	14	11	
At least once a month	7	7	7	7	8	8	7	7	
At least once a year	10	11	13	8	10	10	8	9	
Never	1	1	2	1	1	1	1	2	
Frequency of contacting relatives									
Daily	39	38	44	43	35	33	38	42	
At least once a week	41	40	40	42	45	45	41	36	
Several times a month	10	11	9	10	11	12	10	10	
At least once a month	4	5	4	3	5	5	4	4	
At least once a year	2	2	2	1	3	4	3	3	
Never	2	3	1	1	2	2	3	4	
Unweighted sample (number of persons)	21,792	1,473	3,232	4,526	4,281	3,513	2,722	2,045	
Male									
Frequency of seeing relatives									
Daily	21	25	18	21	19	19	21	27	
At least once a week	41	38	40	43	43	41	44	40	
Several times a month	16	15	16	16	17	18	16	11	
At least once a month	8	8	8	8	9	9	7	8	
At least once a year	12	12	16	10	11	12	9	12	
Never	1	1	2	2	1	1	2	1	
Frequency of contacting relatives									
Daily	30	31	32	32	26	25	30	36	
At least once a week	45	44	46	47	47	44	42	36	
Several times a month	13	12	11	13	14	16	13	11	
At least once a month	6	6	6	5	6	7	6	6	
At least once a year	3	2	3	2	4	6	4	4	
Never	3	5	1	2	3	3	6	6	
Unweighted sample (number of persons)	8,366	632	1,238	1,559	1,592	1,394	1,184	767	
Female									
Frequency of seeing relatives									
Daily	30	31	34	29	22	26	30	37	
At least once a week	42	38	37	47	49	46	43	38	
Several times a month	12	13	11	11	13	13	13	10	
At least once a month	6	6	6	6	7	6	7	6	
At least once a year	9	11	11	7	8	8	7	7	
Never	1	1	1	1	1	1	1	2	
Frequency of contacting relatives									
Daily	49	45	57	54	45	41	46	46	
At least once a week	38	37	33	36	42	45	40	36	
Several times a month	8	10	6	6	7	8	8	8	
At least once a month	3	5	2	2	3	3	3	3	
At least once a year	2	2	1	1	2	2	1	3	
Never	1	2	1	1	1	1	1	3	
Unweighted sample (number of persons)	13,426	841	1,994	2,967	2,689	2,119	1,538	1,278	

Note: small percentage of non-responses not shown in table.

Table 3.2 Contact with friends by sex and age group, QNHS Quarter 3 2006

	All ages	Age group							
		15-24	25-34	35-44	45-54	55-64	65-74	75+	
All persons									
Frequency of seeing friends									
Daily	30	61	28	22	22	21	18	18	
At least once a week	50	33	55	54	54	53	53	48	
Several times a month	12	4	10	14	13	15	16	16	
At least once a month	5	1	4	5	6	5	6	7	
At least once a year	3	1	2	3	3	4	4	7	
Never	1	1	1	1	1	1	2	4	
Frequency of contacting friends									
Daily	40	74	45	34	28	23	21	19	
At least once a week	43	21	45	51	52	50	49	44	
Several times a month	9	3	7	9	11	14	15	16	
At least once a month	3	1	2	3	5	5	6	7	
At least once a year	2	0	0	1	2	3	3	6	
Never	2	1	1	2	3	4	6	8	
Unweighted sample (number of persons)	21,792	1,473	3,232	4,526	4,281	3,513	2,722	2,045	
Male									
Frequency of seeing friends									
Daily	30	64	28	20	21	20	17	15	
At least once a week	50	30	57	56	56	53	53	48	
Several times a month	11	3	9	14	12	16	16	17	
At least once a month	4	0	3	5	6	5	6	8	
At least once a year	3	1	2	3	3	4	4	9	
Never	1	1	0	1	1	2	3	3	
Frequency of contacting friends									
Daily	38	74	44	30	25	20	18	15	
At least once a week	43	21	46	51	52	48	46	42	
Several times a month	10	3	6	11	11	16	16	17	
At least once a month	4	1	3	4	6	5	7	8	
At least once a year	2	0	0	2	2	3	5	8	
Never	3	1	1	3	3	6	8	10	
Unweighted sample (number of persons)	8,366	632	1,238	1,559	1,592	1,394	1,184	767	
Female									
Frequency of seeing friends									
Daily	30	58	28	24	23	21	19	20	
At least once a week	49	35	52	52	52	54	53	48	
Several times a month	12	4	12	14	14	14	17	15	
At least once a month	5	1	5	6	7	6	6	6	
At least once a year	3	1	2	3	3	4	3	6	
Never	1	1	1	1	1	1	2	4	
Frequency of contacting friends									
Daily	42	74	47	38	32	27	25	21	
At least once a week	43	22	43	50	51	52	51	46	
Several times a month	9	3	7	8	10	12	13	16	
At least once a month	3	1	2	3	4	5	5	6	
At least once a year	1	0	0	1	2	2	2	5	
Never	2	1	1	1	2	2	4	6	
Unweighted sample (number of persons)	13,426	841	1,994	2,967	2,689	2,119	1,538	1,278	

Note: small percentage of non-responses not shown in table.

Table 3.3 Contacts with neighbours by sex and age group, QNHS Quarter 3 2006

	All ages	Age group							
		15-24	25-34	35-44	45-54	55-64	65-74	75+	
All persons									
Frequency of speaking to neighbours									
Daily	42	34	31	43	46	51	56	55	
At least once a week	35	33	36	38	37	36	32	33	
Several times a month	10	12	13	10	9	7	6	7	
At least once a month	5	6	8	4	4	3	2	3	
At least once a year	7	15	12	4	3	3	2	3	
<i>Unweighted sample (number of persons)</i>	21,792	1,473	3,232	4,526	4,281	3,513	2,722	2,045	
Male									
Frequency of speaking to neighbours									
Daily	41	33	28	41	47	52	58	58	
At least once a week	35	33	36	39	37	35	32	31	
Several times a month	11	13	13	11	9	7	6	6	
At least once a month	6	6	10	5	5	3	2	3	
At least once a year	7	13	13	4	3	3	3	2	
<i>Unweighted sample (number of persons)</i>	8,366	632	1,238	1,559	1,592	1,394	1,184	767	
Female									
Frequency of speaking to neighbours									
Daily	43	35	35	46	45	51	55	53	
At least once a week	35	32	35	36	38	37	33	35	
Several times a month	9	10	12	9	10	7	7	7	
At least once a month	5	6	7	4	4	3	3	3	
At least once a year	7	16	11	5	3	2	2	3	
<i>Unweighted sample (number of persons)</i>	13,426	841	1,994	2,967	2,689	2,119	1,538	1,278	

Note: small percentage of non-responses not shown in table.

Table 3.4 Support in time of need by sex and age group, QNHS Quarter 3 2006

	All ages	Age group							
		15-24	25-34	35-44	45-54	55-64	65-74	75+	
All persons									
Support in time of need									
None	2	2	2	1	2	2	2	2	
One or two people	21	17	23	20	21	22	23	27	
Three to five people	24	21	24	25	25	25	25	27	
Six or more people	52	60	50	52	52	50	49	43	
<i>Unweighted sample (number of persons)</i>	<i>21,792</i>	<i>1,473</i>	<i>3,232</i>	<i>4,526</i>	<i>4,281</i>	<i>3,513</i>	<i>2,722</i>	<i>2,045</i>	
Male									
Support in time of need									
None	2	2	2	1	2	3	2	2	
One or two people	23	18	25	22	22	24	26	28	
Three to five people	24	19	25	26	24	24	23	25	
Six or more people	51	60	47	51	50	48	48	44	
<i>Unweighted sample (number of persons)</i>	<i>8,366</i>	<i>632</i>	<i>1,238</i>	<i>1,559</i>	<i>1,592</i>	<i>1,394</i>	<i>1,184</i>	<i>767</i>	
Female									
Support in time of need									
None	1	2	2	1	2	1	1	1	
One or two people	20	16	20	19	19	20	20	27	
Three to five people	25	22	23	25	25	27	27	28	
Six or more people	54	59	54	54	54	52	51	43	
<i>Unweighted sample (number of persons)</i>	<i>13,426</i>	<i>841</i>	<i>1,994</i>	<i>2,967</i>	<i>2,689</i>	<i>2,119</i>	<i>1,538</i>	<i>1,278</i>	

Note: small percentage of non-responses not shown in table.

Table 3.5 Measures of social support by health characteristics, QNHS Quarter 3 2006

Health characteristics ¹	Saw or contacted relatives at least once a week	Saw or contacted friends at least once a week	Spoke to neighbours at least once a week	Had contact with relatives, friends and neighbours less than once a week	Had no relatives, friends or neighbours to whom they could turn	Unweighted sample QNHS
	%	%	%	%	%	
Health status						
Excellent	88	94	76	1	1	4,954
Very Good	85	89	77	1	1	7,543
Good	82	84	78	2	2	5,839
Fair	79	75	83	4	3	2,326
Poor	75	70	78	5	8	424
Disability						
Yes	82	78	83	3	3	3,842
No	85	89	77	1	1	17,186
All persons	84	87	77	2	2	21,792

¹ Excludes 'don't know' and 'not stated' responses.

Table 3.6 Measures of social support by other socio-demographic characteristics, Quarter 3 QNHS 2006

Socio-demographic characteristics	Saw or contacted relatives at least once a week	Saw or contacted friends at least once a week	Spoke to neighbours at least once a week	Had contact with relatives, friends and neighbours less than once a week	Had no relatives, friends or neighbours to whom they could turn	Unweighted sample QNHS Number of persons
	%	%	%	%	%	
Household composition						
1 adult aged 65+, no children under 18	82	76	88	3	2	2,067
1 adult aged <65, no children under 18	78	88	69	3	4	2,134
2 adults, at least 1 aged 65+, no children under 18	85	79	89	2	2	2,556
2 adults, both aged <65, no children under 18	85	89	69	2	1	3,237
3+ adults, no children under 18	82	88	71	2	2	3,457
1 adult, 1+ children under 18	89	93	81	1	2	910
2 adults, 1-3 children under 18	87	88	82	1	1	4,761
Other households with children under 18	84	91	82	1	1	2,670
Principal Economic Status						
At work	85	90	74	1	1	11,043
Unemployed	77	86	75	3	4	653
Not economically active	83	84	82	2	2	10,096
Nationality						
Irish	86	88	79	1	1	20,530
Non-Irish nationals	65	83	53	6	5	1,262
Highest education level attained						
Primary or below	79	80	86	3	2	5,946
Lower secondary	84	89	82	2	2	3,821
Higher secondary	85	91	76	1	1	4,720
Post leaving cert	89	89	79	2	2	1,928
Third level non degree	88	88	72	2	1	1,953
Third level degree or above	87	89	66	1	1	3,115
Other	66	85	55	5	8	309
Length of residence						
<1 year	82	91	56	3	3	1,852
1-< 5 years	84	88	70	2	2	4,224
5 years and over	84	86	84	1	1	15,716
Region (NUTS3)						
Border	83	86	79	2	2	3,127
Midland	82	89	81	1	1	1,523
West	84	85	77	2	1	1,764
Dublin	86	88	70	2	2	4,488
Mid-East	81	88	78	2	2	2,150
Mid-West	88	92	82	1	2	2,061
South-East	82	84	85	2	2	2,702
South-West	84	89	80	1	2	3,977
Urban or rural location						
Urban areas	84	88	74	2	2	12,641
Rural areas	85	87	84	1	1	9,151
Tenure status¹						
Owner-occupied	86	87	82	1	1	16,100
Rented or rent free	79	88	65	3	3	3,750
All persons	84	87	77	2	2	21,792

¹ Excludes 'don't know' and 'not stated' responses.

Chapter 4

Neighbourhood and Trust

Key Findings

- ◆ In 2006, 85% of the population aged 15 and over reported that they believe that by working together, people in their neighbourhood can influence decisions that affect them, and 69% had a very strong or strong sense of belonging to their neighbourhood.
- ◆ Almost four-fifths (79%) of respondents agreed that most of the time people in their neighbourhood try to be helpful, while 62% agreed that in general most people can be trusted.
- ◆ A positive mean neighbourhood attachment was revealed for 41% of persons aged 15 and over.
- ◆ Respondent with excellent health status had a positive mean neighbourhood attachment in 47% of cases, compared with 24% for those with poor self-reported health.

Views about Neighbourhood and Trust

Respondents were asked if they believed that by working together people in neighbourhoods could influence decisions that affected them, their sense of belonging to their neighbourhood, and whether or not neighbours were helpful.

These questions were designed to measure attachment to neighbourhood and along with a question on general trust in others were combined in a summary indicator called 'positive mean neighbourhood attachment' - to give an overall score of positive attachment to a local community. A positive neighbourhood attachment is an important aspect in social capital, as connections with others in a local area is a strong predictor of mutual help and solidarity in that community.

The relationship between not having a positive mean neighbourhood attachment and socio-demographic variables was examined using a logistic regression analysis. All independent variables tested except disability status, were found to be significant in whether respondents had/had not a positive mean neighbourhood attachment. See *appendix 2 for more details and a list of the significant variables*.

Views about neighbourhood and trust by gender and age group

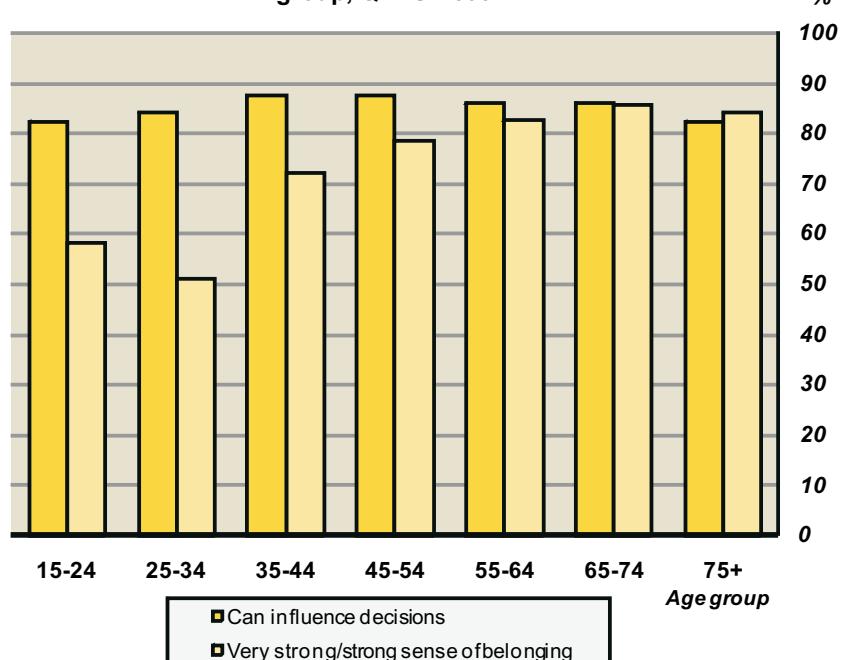
Respondents were categorised by their gender and age group for each of the four individual measures of neighbourhood attachment and trust in others.

Overall in 2006 the results about local community and the issue of trust revealed that:

- ◆ In the population aged 15 years and over 85% reported that they believe that by working together, people in their neighbourhood can influence decisions that affect them, while 69% described their sense of belonging to their neighbourhood as strong or very strong.
- ◆ Almost four-fifths (79%) of respondents said that most of the time people in their neighbourhood try to be helpful, with 62% of respondents agreed that in general most people can be trusted.
- ◆ There was no significant difference between male and female views about helpfulness of others. Females had a higher percentage of positive responses to influence (86%) and belonging (70%) than males (84% and 68% respectively). Males did have a higher percentage of positive responses to trust in others (64%), compared with females (61%). See table 4.1.

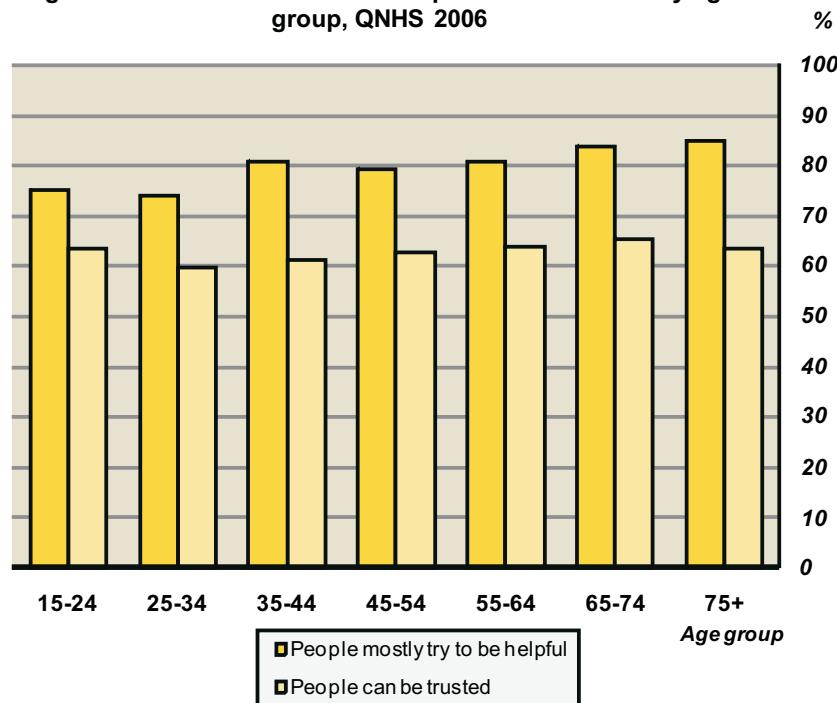
The belief that by working together people in a neighbourhood can influence decisions which affect them had very similar responses across all age groups - between 82% (for 15-24 year olds and those aged 75 years and over), and 87% (for those aged between 35-54 years). Across age groups there were generally more positive responses towards the measures of belonging as age increased - for those aged 24-35 years, 51% reported at least a strong sense of belonging, compared with 86% of those aged 65-74 years. See table 4.1 and figure 4a below.

Figure 4a Positive views about influence and belonging by age group, QNHS 2006



In regards to positive trust in most people, the only significant difference across age groups was found between those aged 25-34 years (60%), compared with those aged 65-74 years (65%). That people mostly try to be helpful in your neighbourhood had higher responses in older age groups, with 85% of those aged 75 years and over saying this, compared with 74% in the 25-34 year old age group. See table 4.1 and figure 4b below.

Figure 4b Positive views about helpfulness and trust by age group, QNHS 2006



Analysis of corresponding age groups for males and females revealed that there were no significant differences in relation to views about both helpfulness and trust. For views about the other two neighbourhood indicators the following significant differences were found:

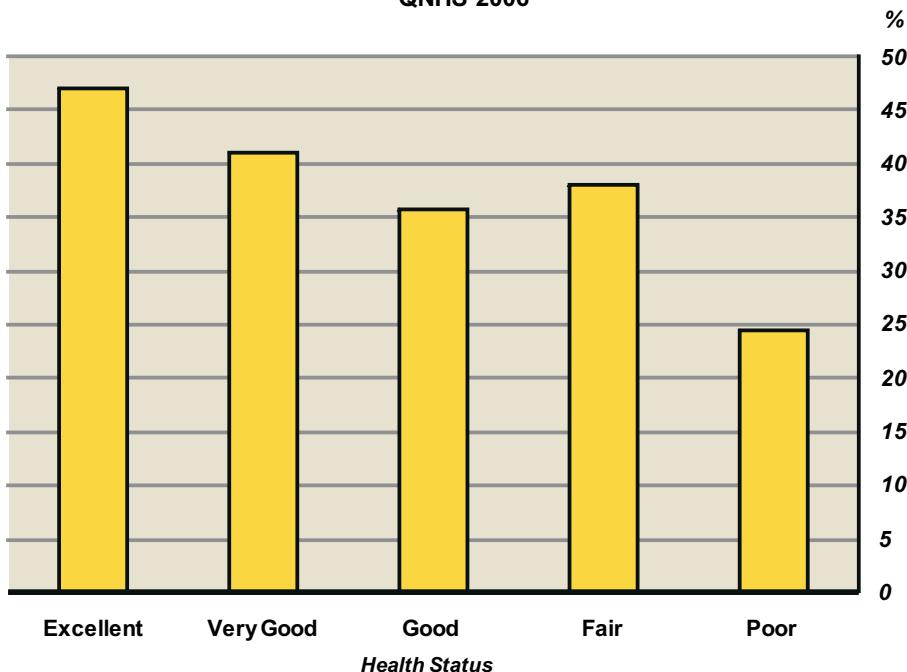
- ◆ Males aged 25-34 years were less likely to believe that by working together people can influence decisions that affect their local area (82%), compared with females in the same age group (87%).
- ◆ In the 35-44 year old age group males were less likely to have a strong to very strong sense of belonging (69%), compared with females (75%) in the same age group. See *table 4.1*.

Views about neighbourhood and trust by health characteristics

Respondent views about their neighbourhood and trust in others, along with positive neighbourhood attachment results, were examined by self-perceived health and disability status. In general, as self-reported health declined so too did the percentage of positive responses to the views about neighbourhood and trust.

- ◆ Trust in others showed the largest fall with declining health status, from 71% for those with excellent self-reported health to 44% for those with poor health.
- ◆ Positive mean neighbourhood attachment decreased from almost half of those with excellent health (47%), to just under a quarter (24%) for respondents with poor self-perceived health. See *table 4.2 and figure 4c below*.

**Figure 4c Positive neighbourhood attachment by health status,
QNHS 2006**



Overall, a lower percentage of respondents with a disability were found to have a positive mean neighbourhood attachment than those without a disability (38% and 42% respectively). A similar pattern was seen in views about neighbourhood and trust for each of the individual measures, except for sense of belonging, where a higher percentage of those with a disability had a strong or very strong sense of attachment to their neighbourhood (74%), compared with 69% for those without a disability. See *table 4.2*.

Views about neighbourhood and trust by other socio-demographic characteristics

Respondents were also categorised by other socio-demographic characteristics for each of the measures of neighbourhood attachment and general trust in others. While most characteristic showed similar patterns across the four variables in relation to neighbourhood and trust, the largest difference were found in relation to sense of belonging:

- ◆ Having a strong or very strong sense of belonging was reported by 35% of those living at their current address for less than one year, compared with 81% for those resident for at least five years, and this was the largest difference found across all the socio-demographic characteristics measured.
- ◆ One-third (33%) of non-Irish nationals reported having at least a strong sense of attachment to their neighbourhood, compared with 72% of Irish nationals. See *table 4.3*.
- ◆ Across regions Dublin had the lowest percentage of persons with a strong or very strong sense of belonging at 62%, and also the lowest percentage for believing that most people are helpful (73%). See *table 4.3*.

Overall in terms of positive mean neighbourhood attachment, the results by other socio-economic variables that:

- ◆ Under one-fifth (18%) of those with less than one year of residence had a positive mean attachment score, compared with 49% for those living in a location for five years and over.
- ◆ In relation to tenure, 22% of those in rented or rent free accommodation had a positive mean neighbourhood attachment score, while the comparable figure for owner occupiers was much higher at 47%.
- ◆ Only 25% of unemployed persons reported a positive mean neighbourhood attachment, compared with 44% for those classified as not economically active and 39% of those at work.
- ◆ People living in urban areas had a lower percentage of mean neighbourhood attachment (34%), compared with those residing in rural locations (52%).
- ◆ Non-Irish nationals reported a positive mean attachment to their neighbourhood in 19% of cases, compared with 42% for Irish nationals.
- ◆ A third (34%) of those living in the Dublin region reported an overall positive neighbourhood attachment, compared with 40% or higher of those living in other regions. Almost half (48%) of those living in the Midland region had a positive neighbourhood attachment. See table 4.3 and figure 4d below.

**Figure 4d Positive neighbourhood attachment by region,
QNHS 2006**

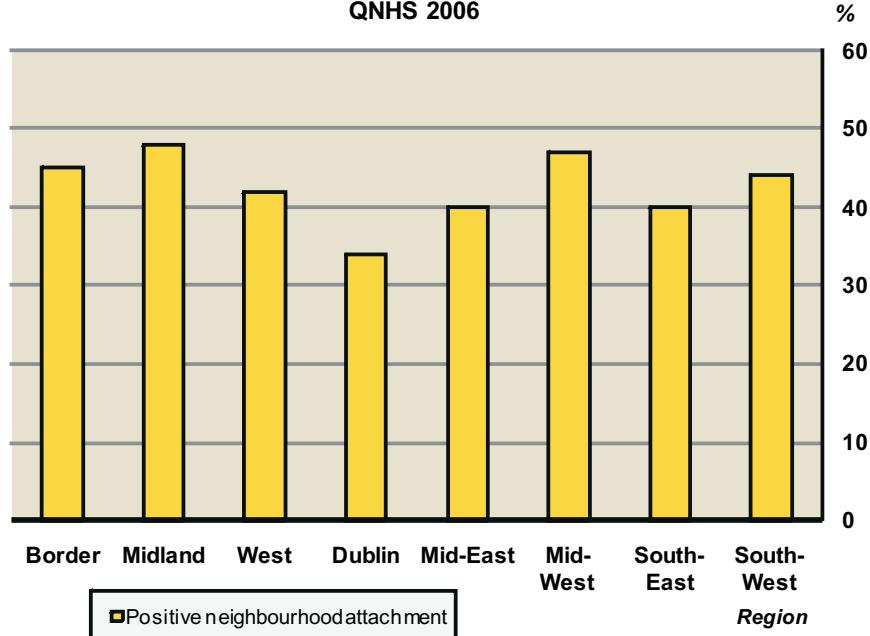


Table 4.1 Views about neighbourhood and trust by sex and age group, QNHS Quarter 3 2006

Views about the neighbourhood and trust of other people ¹	All ages	Age group							
		15-24	25-34	35-44	45-54	55-64	65-74	75+	
All persons									
People in neighbourhood working together can influence decisions affecting them									
Yes	85	82	84	87	87	86	86	82	
No	11	12	12	10	11	12	11	13	
Sense of belonging to neighbourhood									
Very strong/strong	69	58	51	72	79	83	86	84	
Weak/very weak	30	41	48	27	21	17	14	15	
People in neighbourhood are helpful or look out for themselves									
People mostly try to be helpful	79	75	74	81	79	81	84	85	
People mostly look out for themselves	19	21	22	17	19	18	15	14	
People be trusted or you can't be too careful in dealing with people									
Most people can be trusted	62	63	60	61	63	64	65	63	
You can't be too careful in dealing with people	36	34	38	37	35	34	33	35	
<i>Unweighted sample (number of persons)</i>	<i>21,792</i>	<i>1,473</i>	<i>3,232</i>	<i>4,526</i>	<i>4,281</i>	<i>3,513</i>	<i>2,722</i>	<i>2,045</i>	
Male									
People in neighbourhood working together can influence decisions affecting them									
Yes	84	83	82	86	86	84	85	82	
No	13	11	14	11	12	14	12	14	
Sense of belonging to neighbourhood									
Very strong/strong	68	59	49	69	78	82	85	84	
Weak/very weak	31	40	50	30	21	17	14	15	
People in neighbourhood are helpful or look out for themselves									
People mostly try to be helpful	78	76	72	81	77	79	82	86	
People mostly look out for themselves	20	19	23	18	21	19	17	13	
People be trusted or you can't be too careful in dealing with people									
Most people can be trusted	64	66	62	62	64	66	67	65	
You can't be too careful in dealing with people	34	32	35	36	34	32	31	33	
<i>Unweighted sample (number of persons)</i>	<i>8,366</i>	<i>632</i>	<i>1,238</i>	<i>1,559</i>	<i>1,592</i>	<i>1,394</i>	<i>1,184</i>	<i>767</i>	
Female									
People in neighbourhood working together can influence decisions affecting them									
Yes	86	81	87	89	89	88	86	82	
No	10	12	9	9	10	10	11	12	
Sense of belonging to neighbourhood									
Very strong/strong	70	57	54	75	79	83	86	84	
Weak/very weak	29	41	45	25	21	17	14	15	
People in neighbourhood are helpful or look out for themselves									
People mostly try to be helpful	80	74	76	81	82	82	86	85	
People mostly look out for themselves	18	23	20	17	17	16	13	14	
People be trusted or you can't be too careful in dealing with people									
Most people can be trusted	61	61	57	60	62	62	64	62	
You can't be too careful in dealing with people	38	37	41	38	37	37	35	36	
<i>Unweighted sample (number of persons)</i>	<i>13,426</i>	<i>841</i>	<i>1,994</i>	<i>2,967</i>	<i>2,689</i>	<i>2,119</i>	<i>1,538</i>	<i>1,278</i>	

¹ Trust refers to people in general, not just neighbours.

Note: small percentage of non-responses not shown in table.

Table 4.2 Views about neighbourhood and trust by health characteristics, QNHS Quarter 3 2006

Health characteristics ¹	Believes that neighbours working well together can influence decisions		Believes that people in neighbourhood mostly try to be helpful		Believes that in general most people can be trusted ²		Mean neighbourhood attachment score ³	Unweighted sample QNHS
	%	%	%	%	%	%		
Health status								
Excellent	88	71	82	71	47	4,954		
Very Good	86	68	80	63	41	7,543		
Good	85	68	77	56	36	5,839		
Fair	81	73	75	57	38	2,326		
Poor	74	62	64	44	24	424		
Disability								
Yes	82	74	76	56	38	3,842		
No	86	69	79	64	42	17,186		
All Persons	85	69	79	62	41	21,792		

¹ Excludes 'don't know' and 'not stated' responses.

² Trust refers to people in general, not just neighbours.

³ The neighbourhood attachment score is the sum of positive response on the four component items show in the table.

**Table 4.3 Views about neighbourhood and trust by socio-demographic characteristics,
QNHS Quarter 3 2006**

Socio-demographic characteristics	Believes that neighbours working well together can influence decisions		Believes that Has a strong sense of belonging to neighbourhood		Believes that in people in mostly try to be helpful		Mean neighbourhood attachment score ²	Unweighted sample QNHS
	%	%	%	%	%	%		
Household composition								
1 adult aged 65+, no children under 18	82	81	81	61	44	2,067		
1 adult aged <65, no children under 18	80	56	71	55	31	2,134		
2 adults, at least 1 aged 65+, no children under 18	86	87	87	66	52	2,556		
2 adults, both aged <65, no children under 18	84	58	76	62	33	3,237		
3+ adults, no children under 18	85	67	78	66	41	3,457		
1 adult, 1+ children under 18	82	59	67	49	30	910		
2 adults, 1-3 children under 18	88	72	82	63	43	4,761		
Other households with children under 18	88	79	81	67	49	2,670		
Highest education level attained								
Primary or below	81	79	78	59	43	5,946		
Lower secondary	86	75	78	61	45	3,821		
Higher secondary	88	69	80	63	42	4,720		
Post leaving cert	87	71	79	60	39	1,928		
Third level non degree	86	65	78	62	38	1,953		
Third level degree or above	87	55	81	70	36	3,115		
Other	59	34	58	49	21	309		
Principal Economic Status								
At work	86	65	79	63	39	11,043		
Unemployed	77	56	65	49	25	653		
Not economically active	84	76	79	62	44	10,096		
Nationality								
Irish	86	72	80	63	42	20,530		
Non-Irish nationals	74	33	67	54	19	1,262		
Length of residence								
<1 year	80	35	66	55	18	1,852		
1-< 5 years	83	53	75	59	30	4,224		
5 years and over	87	81	82	65	49	15,716		
Region								
Border	82	76	81	64	45	3,127		
Midland	85	75	79	68	48	1,523		
West	87	72	79	63	42	1,764		
Dublin	85	62	73	60	34	4,488		
Mid-East	85	68	80	65	40	2,150		
Mid-West	89	76	83	63	47	2,061		
South-East	88	68	81	57	40	2,702		
South-West	84	71	82	65	44	3,977		
Urban or rural location								
Urban areas	84	62	74	59	34	12,641		
Rural areas	88	82	86	68	52	9,151		
Tenure status³								
Owner-occupied	88	77	83	66	47	16,100		
Rented or rent free	77	45	66	52	22	3,750		
All Persons	85	69	79	62	41	21,792		

¹ Trust refers to people in general, not just neighbours.

² The neighbourhood attachment score is the sum of positive response on the four component items show in the table.

³ Excludes 'don't know' and 'not stated' responses.

Appendix 1

Background Notes

Reference period The questions on social capital were included in the Quarterly National Household Survey (QNHS) in the three months from June to August 2006. The SILC module was included in the 2006 Survey on Income and Living Conditions (SILC) and respondents were asked about their situation in the twelve months prior to interview.

Purpose of survey While the primary purpose of the QNHS is to collect information on employment and unemployment, it also includes modules on social topics of interest. The primary focus of the SILC survey is to collect information on the income and living conditions of different types of households, but it also includes modules on social topics of interest.

Questionnaire The QNHS module on social capital was asked of all persons aged 15 years and over across four waves of the QNHS sample. The SILC module on Social and Cultural Participation was asked of all persons aged 16 years and over. Copies of both questionnaires used can be found in Appendix 3 and are also available on the CSO website www.cso.ie.

Sample Design and Weighting See CSO website for detailed information on both sample design and weighting for QNHS and SILC surveys.

Note on Tables The row or column percentages in the tables in this report may add to 99% or 101% because of rounding.

Statistical significance All estimates based on sample surveys are subject to error, some of which is measurable. Where an estimate is statistically significantly different from another estimate it means that we can be 95% confident that differences between those two estimates are not due to sampling error. Unless otherwise stated, changes and differences mentioned in the text have been found to be statistically significant at the 95% confidence level.

Relatives, Friends & Neighbours Relatives shall be understood in the widest sense, and shall include father/mother/children, siblings, grandparents, aunts, uncles, cousins, nephews, nieces and families-in-law (but not living in the same place as the respondent). Friends are defined as people that the respondent gets together with in his/her spare time (i.e. after working hours, at weekends, or for holidays), and with whom the respondent shares private matters (but not living in the same place as the

respondent). Respondents were allowed to make up their own minds on what the term 'neighbour' means to them.

Support in a time of need Respondents were prompted that support in a time of need would include a person whom they could talk to about a personal matter, share a confidence with, seek advice from or call upon for practical help.

At-risk-of-poverty rate Persons who are considered at risk of poverty have an equivalised income below a given percentage (usually 60%) of the national median income. The rate is calculated by ranking persons by equivalised income from smallest to largest and the median or middle value is extracted. Anyone with an equivalised income of less than 60% of the median is considered at-risk-of-poverty at a 60% level.

Consistent Poverty Rate The consistent poverty measure looks at those persons who are defined as being at risk of poverty and assesses the extent to which this group may be excluded and marginalised from participating in activities which are considered the norm for other people in society. The identification of the marginalised or deprived is currently achieved on the basis of a set of eleven basic deprivation indicators:

1. Two pairs of strong shoes
2. A warm waterproof overcoat
3. Buy new not second-hand clothes
4. Eat a meal with meat, chicken, fish (or vegetarian equivalent) every second day
5. Have a roast joint or its equivalent once a week
6. Had to go without heating during the last year through lack of money
7. Keep the home adequately warm
8. Buy presents for family or friends at least once a year
9. Replace any worn out furniture
10. Have family or friends for a drink or meal once a month
11. Have a morning, afternoon or evening out in the last fortnight for entertainment.

An individual is defined as being in 'consistent poverty' if they are:

- Identified as being at risk of poverty and
- Living in a household deprived of two or more of the eleven basic deprivation items listed above (Note that it is enforced deprivation that is relevant in this context. For example, a household may not have a roast once a week. The household is classified as deprived of this basic indicator only if the reason they didn't have it was because they could not afford it).

Gross income Income details are collected at both a household and individual level in SILC. In analysis, each individual's income is summed up to household level and in turn added to household level income components to calculate *gross household income*. The components of gross household income are:

Direct Income:

- **Employee income:**

Gross employee cash or near cash income

Gross non-cash employee income

- **Employer's social insurance contributions (not included in EU definition)**
- **Gross cash benefits or losses from self-employment**
- Other direct income:

Value of goods produced for own consumption (not included in EU definition)

Pension from individual private plans (not included in EU definition)

Income from rental of property or land

Regular inter-household cash transfers received

- Interests, dividends, profit from capital investments in unincorporated business
- Income received by people aged under 16

Social Transfers:

- **Unemployment benefits**
- **Old-age benefits (note that this includes all occupational pensions and other such social welfare payments to those aged 65 and over)**
- **Family/children related allowances**
- **Housing allowances**
- Other social transfers

Survivors' benefits

Sickness benefits

Disability benefits

Education-related allowances

Social exclusion not elsewhere classified

Equivalence scales Equivalence scales are used to calculate the *equivalised household size* in a household. Although there are numerous scales, we focus on one: The national scale attributes a

weight of 1 to the first adult, 0.66 to each subsequent adult (aged 14+ living in the household) and 0.33 to each child aged less than 14. The weights for each household are then summed to calculate the *equivalised household size*.

Example:

A household consists of 5 people: 2 adults and 3 children. The national scale gives a weight of 1 to the first adult and 0.66 to each subsequent adult (aged 14+) living in the household, and 0.33 to each child. Thus, this household's *equivalised household size* is $1 + 0.66 + 0.33 + 0.33 + 0.33 = 2.65$.

Equivalised income The household income is divided by the *equivalised household size* to calculate the equivalised income for each individual, which essentially is an approximate measure of how much of the income can be attributed to each member of the household. This *equivalised income* is then applied to each member of the household.

Example:

If a household has a total disposable income of €50,000 and the equivalised household size is 2.4, the equivalised income for this household is €20,833.33. This income is applied to each member of the household.

Disability A disability or longstanding health problem refers to any of the following conditions (long lasting here relates to conditions affecting someone for at least 6 months or one which is likely to affect someone for at least 6 months):

- Blindness, deafness or a severe vision or hearing impairment.
- A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying.
- A learning or intellectual disability.
- A psychological or emotional condition.
- Other, including any chronic illness.

Health Status Health status was asked using two different scales for QNHS and SILC. Analysis indicated that the scales were not comparable. As a result they were not combined and were presented on two different tables.

Health Status (QNHS)	Health Status (SILC)
Excellent	Very Good
Very Good	Good
Good	Fair
Fair	Bad
Poor	Very Bad

Highest level of education attained This classification is derived from a single question and refers to educational standards that have been attained and can be compared in some measurable way. Questions on educational attainment are included in the core QNHS on an ongoing basis.

Household composition For the purposes of deriving household composition, a child was defined as any member of the household aged 17 or under. Households were analysed as a whole, regardless of the number of family units within the household. The categories of household composition are:

- 1 adult aged 65+, no children under 18
- 1 adult aged <65, no children under 18
- 2 adults at least 1 aged 65+, no children under 18
- 2 adults, both aged <65, no children under 18
- 3 or more adults, no children aged under 18
- 1 adult, with children
- 2 adults with 1-3 children
- Other households with children.

Tenure Status Tenure status refers to the nature of the accommodation in which the household resides. Responses are classified into two categories:

- Owner-occupied
- Rented or rent free.

Principal Economic Status Classification The PES classification is based on a single question in which respondents are asked what is their usual situation with regard to employment and given the following response categories:

- At work
- Unemployed
- Student
- Engaged on home duties
- Retired
- Other.

Urban/rural location The country is divided up into 8 strata based on population density. These areas are further classified into urban and rural areas as follows:

Urban

- Cities
- Suburbs of cities
- Mixed urban/rural areas bordering on the suburbs of cities
- Towns and their environs with populations of 5,000 or over (large urban)
- Mixed urban/rural areas bordering on the environs of larger towns
- Towns and their environs with a population of 1,000 to 5,000 (other urban)

Rural

- Mixed urban/rural areas
- Rural areas.

NUTS2 and NUTS3 regions The regional classifications in this release are based on the NUTS (Nomenclature of Territorial Units) classification used by Eurostat. The NUTS3 regions correspond to the eight Regional Authorities established under the Local Government Act, 1991 (Regional Authorities) (Establishment) Order, 1993, which came into operation on 1 January 1994. The NUTS2 regions, which were proposed by Government and agreed by Eurostat in 1999, are groupings of the NUTS3 regions. The composition of the regions is set out below.

Border, Midlands and Western NUTS2 Region		Eastern and Southern NUTS2 Region	
Border	Cavan	Dublin	Dublin
	Donegal		Dún Laoghaire- Rathdown
	Leitrim		Fingal
	Louth		South Dublin
	Monaghan		
	Sligo	Mid-East	Kildare Meath
Midland	Laoighis		Wicklow
	Longford		
	Offaly	Mid-West	Clare
	Westmeath		Limerick City Limerick County
West	Galway City		North Tipperary
	Galway County		
	Mayo	South-East	Carlow
	Roscommon		Kilkenny South Tipperary Waterford City Waterford County Wexford
		South-West	Cork City Cork County Kerry

QNHS Social Modules While the main purpose of the QNHS is the production of quarterly labour force estimates, there is also a provision for the collection of data on social topics through the inclusion of special survey modules. The selection of the major national modules undertaken to date has been largely based on the results of a canvas of users (over 100 organisations) that was conducted by the CSO in 1996, 2002, 2006 and most recently 2008. The results of the canvas are presented to the National Statistics Board and they are asked to indicate their priorities for the years ahead.

The schedule for social modules in any given year is based on the following structure:

- Quarter 1** Accidents and Illness module, Information, Communication and Technology (ICT) Survey.
- Quarter 2** EU module (always covered under EU legislation).
- Quarter 3** National module.
- Quarter 4** National module.

The table below outlines the most recent social modules published to date in the QNHS

Reference	Social
Quarter	Module
Q2 2008	Educational Attainment
Q1 2008	Pension provision
Q4 2007	Childcare
Q3 2007	Health Status and Health Service Utilisation
Q2 2007	Union Membership
Q1 2007	Work –related Accidents and Illness (Q1 2003-Q1 2007)
Q1 2007	ICT household survey
Q4 2006	Crime and Victimisation
Q3 2006	Sport and physical exercise

Q3 2006	Community Involvement and Social Networks in Ireland (in conjunction with SILC)
Q1 2006	ICT household survey
Q4 2005	Pension provision
Q4 2005	Special Saving Incentive Accounts (SSIAs)
Q3 2005	ICT household survey
Q3 2005	Recycling and energy conservation
Q2 2005	Reconciliation between work and family life
Q1 2005	Childcare

Social modules to be published:

Reference

Quarter	Social module
Q1 2008	Working conditions and agency work
Q2 2008	Migrants and their descendants
Q3 2008	Life long learning
Q4 2008	Travel to work

SILC Modules Since 2005, special focus has been put on a different topic relating to poverty and/or social exclusion within SILC each year. The module topics and content are stipulated by Eurostat however extra questions are often added to the modules in order to develop national indicators. It is Eurostats intention that modules will be repeated to allow for time series analysis.

Modules published to date are:

Year	Module
2005	The Inter-generational Transmission of Poverty
2006	Community Involvement and Social Networks in Ireland (in conjunction with QNHS)

Future modules are as follows:

Year	Module
2007	Housing conditions
2008	Over-indebtedness and financial exclusion
2009	Deprivation
2010	Intra-household sharing of resources
2011	The Intergenerational Transmission of Poverty

Further reading: Publications relating to social capital, community involvement and civic participation mentioned in this report and used as part of the creation of this report are listed below:

- Australian Bureau of Statistics (2000) Discussion Paper. *Measuring Social Capital; Current Collection and Future Directions*.
- Babb, P. (2005) *Measurement of Social Capital in the UK*. London, Office for National Statistics.
- Cote, S. Healy, T. (2001) *The Well-being of Nations. The role of human and social capital*. Paris, Organisation for Economic Co-operation and Development.
- Coulthard, M. Walker, A. Morgan, A. (2002) *People's perception of their neighbourhood and community involvement - Results for the social capital module of the General Household Survey 2000* London, Office for National Statistics.
- CSO (2007) *Census 2006 Volume 11- Disability, Carers and Voluntary Activities, Dublin*, Central Statistics Office.
- Green, H. Connolly, H. Farmer, C. (2003) *Home Office Citizenship Survey: People. Families and Communities. Home Office Research Study 289*. London, Home Office
- Green, H. Fletcher, L. (2003) *The Development of Harmonised Questions on Social Capital*. London, Office for National Statistics.
- National Economic and Social Forum (2003) *The Policy Implications of Social Capital*, Forum Report No. 28, Dublin, Government Publications.
- Putnam, R. (2000) *Bowling Alone: The Collapse and Revival of American Community*, New York, Simon Schuster.
- Schellenberg, G. 2003 General Social Survey on Social Engagement, cycle 17: an overview of findings (2004) Ottawa, Statistics Canada.
- Spellerberg, A. (2001) *Framework for the Measurement of Social Capital in New Zealand*.Social Capital Programme team, Wellington, Statistics New Zealand.
- Dept of Health and Children SLAN 2007 Survey of Lifestyle, Attitudes and Nutrition in Ireland (2008)Dublin, Departement of Health and Children.
- Taskforce on Active Citizenship (2007) *Report of the Taskforce on Active Citizenship*, Secretariat of the Taskforce on Active Citizenship, [www.activecitizen.ie].

Appendix 2

Regression Analysis

The characteristics of individuals that are associated with the likelihood of an individual being involved in group or voluntary activity were explored by constructing a logistic regression model. Five separate models were set up to identify the characteristics associated with each activity. The dependent variables used in each regression were:

1. Involvement in voluntary and community groups
2. Involvement in group activity
3. Participation in informal, unpaid charitable work
4. Contact with neighbours or friends
5. Neighbourhood attachment

From the variables entered into each model a list of significant variables was extracted using stepwise selection. Each model also produced odds ratios indicating the relative likelihood of individuals with different characteristics being involved in any of the abovementioned activities.

The variables included each model:

- Sex
- Age group
- Household composition
- Tenure status
- Principal economic status
- Urban or rural location
- Region
- Highest level of education attained
- Health status
- At risk of poverty (Model 2 & 3 only)
- Consistent poverty (Model 2 & 3 only)
- Nationality (Model 1, 4 & 5 only)
- Length of residence (Model 1, 4 & 5 only)
- Disability (Model 1, 4 & 5 only)

For the purposes of the regression a base set of characteristics must be chosen for each model. These were chosen based on assumptions on what characteristics were assumed to indicate a lower level of participation/involvement. The base characteristics for Models 1, 4 and 5 were:

• Sex:	Female
• Age group:	15-24
• Household composition:	1 adult, 1+ children under 18
• Tenure status:	Rented
• Principal economic status:	Unemployed
• Urban or rural location:	Urban
• Region:	West
• Highest level of education attained:	Primary or below
• Health status:	Poor
• Nationality	Non-Irish national
• Length of residence:	Less than one year
• Disability:	With a disability

The base characteristics for Model 2 and 3 were:

• Sex:	Female
• Age group:	16-24
• Household composition:	1 adult, 1+ children under 18
• Tenure status:	Rented or rent free
• Principal Economic Status:	Unemployed
• Urban/Rural location:	Urban
• Region:	South-West
• Highest level of educational attainment:	Primary or below
• Health status:	Very bad
• At risk of poverty:	Yes
• In consistent poverty:	Yes

Results

The results of the regression analysis are presented below. It is important to note that very low r-square values were outputted by each of the five regression models. The highest r-square value was recorded for neighbourhood attachment at 0.0874. Consequently, the amount of variation in the dependent variable accounted for by the predictor variables is very low suggesting that there are other factors at play in determining participation/involvement in community and social networks. It is very difficult in social sciences to measure a construct such as intelligence, attitude, etc. Results from social capital/participation surveys vary greatly according to the type, order and wording of the questions included. Low r-square values for such surveys are common and generally accepted.

The table below gives the results of the stepwise selection for each of the five models. Under each model 'Yes' is entered in cases where the regression found the variable to be significant, 'No' in cases where it did not come out as significant and 'N/A' in cases where the variable was not part of the model.

	Voluntary & community groups	Group activity	Informal, unpaid charitable work	Contact with neighbours or friends	Neighbourhood attachment
Sex	Yes	Yes	Yes	Yes	Yes
Age group	Yes	Yes	Yes	No	Yes
Household composition	Yes	Yes	No	No	Yes
Tenure status	Yes	Yes	No	Yes	Yes
Principal economic status	Yes	Yes	No	No	Yes
Urban or rural location	Yes	Yes	Yes	No	Yes
Region	Yes	Yes	Yes	Yes	Yes
Highest level of education attained	Yes	Yes	Yes	No	Yes
Health status	Yes	Yes	Yes	Yes	Yes
At risk of poverty	N/A	No	No	N/A	N/A
Consistent poverty	N/A	Yes	Yes	N/A	N/A
Disability	No	N/A	N/A	No	No
Nationality	Yes	N/A	N/A	Yes	Yes
Length of residence	Yes	N/A	N/A	No	Yes

The odds ratio tables for each of the regression models are available on request from the CSO. Please contact Pamela Lafferty or Brendan Curtin by email Pamela.lafferty@cso.ie or Brendan.curtin@cso.ie. See further contact details at the front of this publication.

Appendix 3

QNHS Social Capital Module Q3 2006

Q1. How long have you been resident at your current address?

Answer to be typed in months

Q2. In the last twelve months have you been actively involved in any of the following types of voluntary or community groups?

Actively involved includes attending meetings, being a committee member, or taking responsibility for some activity, but excludes attendance at mass or church services

1. Sports Groups (including participation, coaching, committee work)
2. Community Groups (including youth groups and retirement groups)
3. Residents or Lobby Group
4. Charity Work Group
5. Religious Groups (including parish groups)
6. Political Party
Other (including education groups, arts groups, culture groups, music groups, trade unions and professional associations)
7. None

[Allow multiple responses except if 8 is chosen]

Q3. Were you involved in providing any of the following activities in a non-professional capacity to any voluntary or community groups in the last twelve months?

1. Provision of transport
2. Raising or handling money/taking part in sponsored events
3. Campaigning
4. Laundry (kit maintenance etc)
5. Other
6. None

[Allow multiple responses except if response 6 is chosen]

Q4. In the last twelve months have you taken any of the following actions in an attempt to solve any problem or issue affecting people in your neighbourhood?

1. Contacted the media – local radio station, television or newspaper
2. Contacted a politician, councillor, or other local representative
Joined an action group, attended a protest meeting or helped to organise a petition
3. Contacted the appropriate organisation to deal with the problem
4. None of the above

[Allow multiple responses except if response 5 is chosen]

Q5. Do you believe that by working together, the people in your neighbourhood can influence decisions that affect them?

1. Yes
2. No

Q6. How would you describe your sense of belonging to your neighbourhood?

1. Very Strong
2. Strong
3. Weak
4. Very Weak

Q7. Would you say that most of the time people in your neighbourhood try to be helpful or that they are mostly looking out for themselves?

1. People mostly try to be helpful
2. People mostly look out for themselves

**Q8. Thinking of your relatives, how often are you in contact with them?
(by telephone, letter, fax, e-mail, text etc)**

1. Daily
2. Every week (not every day)
3. Several times a month (not every week)
4. Once a month
5. At least once a year (less than once a month)
6. Never

Q9. How often do you see relatives?

1. Daily
2. Every week (not every day)
3. Several times a month (not every week)
4. Once a month
5. At least once a year (less than once a month)
6. Never

**Q10. Thinking of your friends, how often are you in contact with them?
(by telephone, letter, fax, e-mail, text etc)**

1. Daily
2. Every week (not every day)
3. Several times a month (not every week)
4. Once a month
5. At least once a year (less than once a month)
6. Never

Q11. How often do you see friends?

1. Daily
2. Every week (not every day)
3. Several times a month (not every week)
4. Once a month
5. At least once a year (less than once a month)
6. Never

Q12. How often do you speak to neighbours?

1. Daily
2. Every week (not every day)
3. Several times a month (not every week)
4. Once a month
5. At least once a year (less than once a month)
6. Never

Q13. **How many relatives, friends or neighbours do you have that you can turn to in a time of need?**

(whom you can talk to about personal matters, share a confidence with, seek advice from or call upon for practical help)

1. None
2. One or Two
3. Three to Five
4. More Than Five

Q14. **In general, would you say that most people can be trusted, or that you can't be too careful in dealing with people?**

1. Most people can be trusted
2. You can't be too careful

Q15. **How would you describe your health in general?**

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

Q16. **Do you have any of the following long-lasting conditions?**

(long lasting here relates to conditions affecting someone for at least 6 months or one which is likely to affect someone for at least 6 months)?

1. Blindness, deafness or a severe vision or hearing impairment?
2. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying?
3. A learning or intellectual disability?
4. A psychological or emotional condition?
5. Other, including any chronic illness?
6. No, none of the above

[Allow multiple responses]

Definitions

Neighbourhood – allow respondents to make up their own minds on what neighbourhood means to them, but it can include local community, local area, street or block

Relatives – shall be understood in the widest sense, and shall include father/mother/children, siblings, grandparents, aunts, uncles, cousins, nephews, nieces and families-in-law

Friends – people that the respondent gets together with in his/her spare time (i.e. after working hours, at weekends, or for holidays) and with whom the respondent shares private matters

Neighbours – allow respondents to make up their own minds on what a neighbour means to them.

SILC Module on Social and Cultural Participation, 2006

Q1. During the last 12 months, how many times did you go to the cinema?

1. None
2. 1-3 times
3. 4-6 times
4. 7-12 times
5. More than 12 times

Q2. During the last 12 months, how many times did you attend a play, concert, opera, ballet or dance performance?

Attending live performances (of the types specified above) to watch one's own children should be included whereas participation by the respondent in such performances is excluded.

1. None
2. 1-3 times
3. 4-6 times
4. 7-12 times
5. More than 12 times

Q3. During the last 12 months, how many times did you visit historical monuments, museums, art galleries or archaeological sites?

1. None
2. 1-3 visits
3. 4-6 visits
4. 7-12 visits
5. More than 12 visits

Q4. During the last 12 months, how many times did you attend a live sporting event (either professional or amateur)?

Attending an event to watch one's own children should be included whereas participation by the respondent in live sporting events is excluded.

1. None
2. 1-3 times
3. 4-6 times
4. 7-12 times
5. More than 12 times

Q5. How many times during a usual year do you get together with relatives?

Only relatives who don't live in the same household as the respondent should be considered.

1. Daily
2. Every week (not every day)
3. Several times a month (not every week)
4. Once a month
5. At least once a year (less than once a month)
6. Never
7. Not applicable as the respondent has no Relatives

Q6. How many times during a usual year do you contact relatives, by telephone, letter, fax, e-mail or sms (text messages)?

Only relatives who don't live in the same household as the respondent should be considered.

1. Daily
2. Every week (not every day)
3. Several times a month (not every week)
4. Once a month
5. At least once a year (less than once a month)
6. Never

- Q7.** **How many times during a usual year do you get together with friends?**
Only friends who don't live in the same household as the respondent should be considered.
1. Daily
 2. Every week (not every day)
 3. Several times a month (not every week)
 4. Once a month
 5. At least once a year (less than once a month)
 6. Never
- Q8.** **How many times during a usual year do you contact friends, by telephone, letter, fax, e-mail, sms (text messages)?**
Only friends who don't live in the same household as the respondent should be considered.
1. Daily
 2. Every week (not every day)
 3. Several times a month (not every week)
 4. Once a month
 5. At least once a year (less than once a month)
 6. Never
- Q9.** **If the need arose would you feel able to ask a relative, friend or neighbour for help?**
Only relatives and friends (or neighbours) who don't live in the same household as the respondent should be considered
1. Yes
 2. No
 3. Has no friends relatives or neighbours
- Q10.** **During the last 12 months, did you participate in unpaid work for charitable organisations, groups or clubs? (Attending meetings connected with these activities is also included).**
1. Yes
 2. No
- Q11.** **During the last 12 months, did you undertake any private voluntary activities to help someone? For example did you, cook for others; take care of people in hospitals/at home; take people for a walk, shopping... It excludes any activity that you undertook for your household, or any activity that was part of your work or activities within voluntary organisations (which was asked in the last question).**
1. Yes
 2. No
- Q12.** **During the last twelve months, did you participate in activities related to political groups, political associations, political parties or trade unions? (Attending meetings connected with these activities is include)**
Participating in formal strikes/demonstrations is not included.
1. Yes
 2. No
- Q13.** **During the last 12 months, did you participate in activities related to a professional association? (E.g. IFA, ISME, ICGP)? (Attending meetings connected with these activities is included whereas any training received by such an association is excluded)**
1. Yes
 2. No

Q14. **During the last 12 months, did you participate in activities related to churches or other religious communions? (Attending meetings connected with these activities is included. Attending masses or similar religious acts or helping during these services is also included.)**

- 1. Yes
- 2. No

Q15. **During the last 12 months, did you participate in recreational/leisure activities arranged by a club or association? (Attending meetings connected with these activities is included.)**

- 1. Yes
- 2. No

Q16. **During the last 12 months did you participate in the activities of other groups e.g. environmental organisations, civil right groups, neighbourhood associations, etc.? (Attending meetings connected with these activities is included.)**

- 1. Yes
- 2. No