Grangegorman Neighbourhood and Primary Care Area

Health Needs Assessment

ACKNOWLEDGEMENTS

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Thanks are all due to the staff at the Health Information Unit, Carmel and Miriam, and particularly Derek and Alison who prepared the detailed maps within the report.

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CHAPTER 1 INTRODUCTION

1.1 Introduction to the Research

The study aims to identify and collect information on the health needs of the population in the wider Grangegorman/North Inner City area. Findings from the assessment will assist in developing health facilities in the re-developed Grangegorman site and more generally support the HSE in developing recommendations for planning services and responses to future health needs in the area (and reviewing existing views on these matters). The area included in the research is made up of 10 ED's and is that defined in the Grangegorman Development Act as the Grangegorman Neighbourhood, plus additional Electoral Districts that form the Grangegorman Network for the HSE. See Map 1.1 for an outline of the study area.

The research will also be used to inform the development of health facilities in the redevelopment of the 73 acre Grangegorman site.

The research was carried out using participatory research methods, in order to facilitate the active involvement of the local community in the design, management and development of findings. The study was managed as a partnership project between local Community Representatives and Organisations, the Health Services Executive (HSE) and the Grangegorman Development Agency (GDA).

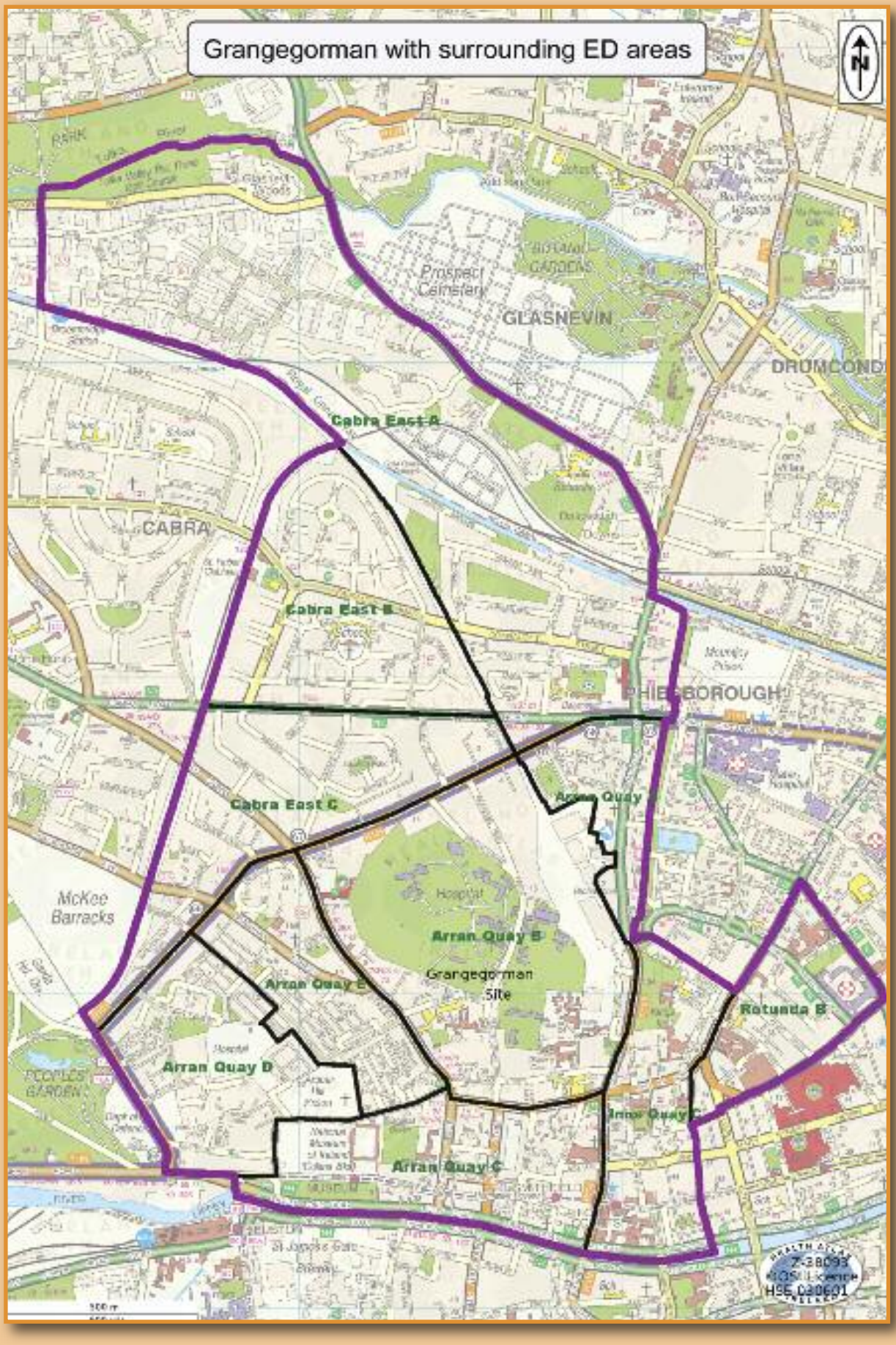
The project was managed by an Advisory Group who in turn reported to the Steering Group, consisting of representatives of the various partners HSE, community members and Dublin Institute of Technology (DIT) (See Annex 1 for details of the membership of the Advisory Group and the Steering Group respectively). The researchers reported regularly to the Advisory group and occasionally to the Steering Group throughout the course of the research).

1.2 The Research Objectives

The study has a number of key objectives as follows:

1. To detail and analyse statistical data regarding the socio-economic and demographic details of the NWIC/ Grangegorman area (population trends, age profile, unemployment patterns, levels of educational attainment/early school leaving etc.).
2. To analyse relevant local and national reports, data and research.
3. To consider the impact on the community which the significant infrastructural, social, economic and cultural changes which have taken place in the NWIC.
4. To carry out an audit of current health service provision in the area.
5. To analyse and describe significant health factors of the population, based on public health indicators.
6. To examine the community's experiences of health services in terms of:
   - Access and availability.
   - Response and treatments.
   - Pathways in and out of acute services.
   - Access to Allied Health services.
7. To detail plans which the HSE have for the Grangegorman Primary care network.
8. To articulate the hopes, fears, concerns and aspirations of local people living within the Grangegorman area regarding health services for this area.
9. To identify the main gaps in Health service provision for the area.
10. To make recommendations regarding the ongoing development of health services in the Grangegorman area.
11. To identify and prioritise the key actions/ organisations responsible for these actions.

Map 1.1 The Grangegorman Heath Needs Assessment Study area
(The study area boundaries are marked by the purple line, the internal ED boundaries in black)



1.3 Definitions of Health

1.3.1 The World Health Organisation (WHO) Definition

The WHO defines health using a social model of health as 'a state of complete physical, mental and social well-being' and not merely the absence of disease or infirmity. The WHO argues that health is a right of every human, irrespective of gender, ethnicity, religion or social condition and recognises that adverse social conditions affect people's health status:

"… The social conditions in which people live and work can help create or destroy their health. Lack of income, inappropriate housing, unsafe workplaces, and lack of access to health care systems are some of the social determinants of health leading to inequalities within and between countries …" (WHO Commission on Social Determinants of Health).

The 2002 Institute of Public Health study on 'Inequalities in Mortality' found that social inequality caused more than 5,000 pre-mature deaths in Ireland each year.

The WHO advocates that achieving better health requires services that are people centred, accessible on the basis of need rather than ability to pay and delivered in an integrated manner. This requires a focus on the social determinants of health, such as income adequacy and good quality public services, in order to prevent poor health. The Irish National Health Strategy 'Quality and Fairness – a Health System for you' advocates the principle of a 'people-centred health care system', which

- Identifies and responds to the needs of individuals.
- Is planned and delivered in a co-ordinated way.
- Helps individuals to participate in decision-making to improve their health.

1.3.2 The Social Determinants of Health

The social determinants of health remain the most powerful determinants of health standards in modern societies, as even in the most affluent countries people who are less well off have substantially shorter life expectancies and more illnesses than the rich.

According to the WHO[1] it is not only simply poor material circumstances that are harmful to health; the social meaning of being poor, unemployed, socially excluded, or otherwise stigmatized also matters. As social beings, individuals need not only good material conditions but, from early childhood onwards, individuals need to feel valued and appreciated. People need friends, and more sociable societies, people need to feel useful, and need to exercise a significant degree of control over meaningful work. Without these people become more prone to depression, drug use, anxiety, hostility and feelings of hopelessness, which all rebound on physical health.

The Commission on the Social Determinants of Health, led by M. Marmot, highlighted a number of important indicators to include life expectancy, infant mortality, income and social status, social support networks, education, employment, access to housing, while a life course perspective for children and adults is also advocated.

This health needs assessment was undertaken within the framework of a social model of health and looked at such looked at not only health facilities but wider community based services and facilities in the area that enable people to engage in wider societal activities.

[1] Wilkinson , R & I Marmot. M (2003) The Social determinants of health: the solid facts. 2nd edition (WHO, Copenhagen).

1.4 Health in the Study Area

The study area is located within the HSE North West Dublin Local Health Office. This Office has 6 primary and Social Care Networks is committed to the establishment of 23 Primary Care Teams. The study area is a part of one of the six Primary and Social Care Networks that make up the North West Local Health Office. The area (Network 2 area is to be broken down into five Primary Care Teams (Cabra East (pop 6894), Grangegorman 1 and 2 (total population 13,895), Inns Quay (pop 6311) and Phibsborough (pop 5366).

The Primary Care Teams in the Study area have yet to be formally established. Informal work is however currently ongoing to assign relevant health professionals to particular primary health care teams.

The study area has a number of distinguishing features from a health perspective. St Brendan's Hospital is located at the heart of the area and close by are significant numbers of HSE provided accommodation units for individuals attending mental health and support services attached to St Brendan's. There is also a significant level of hostel provision for homeless people in the study area. It is also the case that health levels have been found to be very poor in the O'Devaney Gardens and the surrounding community. The collapse in 2008 of the Public Private Partnership that was to have led to the re-development of the O'Devaney Gardens was the cause of distress to local residents[2]. Since then Dublin City council have set up a taskforce to examine the way forward to provide housing and community facilities at O'Devaney Gardens. These proposals are at an early stage of development and will be subject to Government approval.

1.5 The Application of a Community Development Approach

The principles of a community development approach to health recognises the contribution that can be made by all parties involved, in an endeavour to promote health and well-being within communities including, local residents, local community groups, local based organisations and services, health service providers. This HNA was carried out using the following core principles of community development:

- All parties treated as equal partners in the process.
- Honest and open dialogue fostered between all parties concerned.
- The process was an extensive participative one which included all those residents in the geographical area served by the Grangegorman Primary Health Network.
- The process included other relevant stakeholders including community groups, local residents associations, local service providers, local agencies etc.
- The study sought to process to meet with the 'hardest to reach' groups in the community.
- The existing Community Networks and Fora's, which are representative of community interests were key players in this process.

1.6 Methodologies

The research was conducted using a number of different quantitative and qualitative research methodologies.

Methodologies employed included reviews of Census data and secondary published data and reports on the local area (See Annex 1 for details of the Local Reports). The research also involved reviewing national and international standards to enable comparisons to be made between the study area and other areas/locations.

Data on services in the study area was collected by the Research Team and the HSE Health Information Unit. The services were mapped by the members of the Health Information Unit and the maps included in this report developed by the Unit with the input of the Research Team.

[2] Seanad Debates Vol. 191 No. 14, *Wednesday 29 October 2008*.

Members of the research team conducted interviews and focus groups with local health service providers (See Annex 2 for details of the areas of health service where interviews were conducted). The community consultations included a household survey, interviews, focus groups with health service users (women, older people and two focus groups with clients of the mental health services) as well as a number of public meetings.
The household survey involved interviews with 216 households, broadly representative of the population in the area. The 16 survey administrators were recruited from the local community and were trained by members of the research team. The survey included questions about the health status of the households and about their experience of using or trying to use services in the area which is presented here.

The community groups and special interest groups in the area to be interviewed as part of the Assessment were selected for interview by the Steering Group and included groups concerned with social inclusion, ethnic minorities, drugs services, services for immigrants and youth services. A list of those consulted is attached as Annex 3.

The community based focus groups were held as follows:

- women (organised through the Gateway project),
- older people (organised through An Síol),
- clients of mental health services (organised through the HSE services),
- the North West Inner City Network Drugs Working Group and
- the North West Inner City Network Disability Awareness Group.

The public meetings were held in November 2008 in the Macro Centre (the Markets) and St. Peter's Club (Cabra) and in March 2009 in the Macro Centre, Christ the King Hall (Cabra) and Aughrim Street Parish Centre. Despite their being well publicised, attendance at these meetings was generally low and it was suggested that the fact that there have been previous consultations about Grangegorman, over a period of years, may have contributed to the low attendance.

1.7 The Chapter Outline

Chapter 1 provides an overview of the purpose, objectives, methodologies and approaches used to undertake the research. Chapter 2 provides a Demographic Profile of the Study Area, Chapter 3 contains an audit of the health services and facilities located in, servicing the study area. Chapter 4 provides details on the findings of the various different community consultations and the household questionnaire while Chapter 5 details the key findings and recommendations emerging from the study.

1.8 An Outline of the Annex's

Annex 1 Membership of the Advisory Group and the Steering Group.

Annex 2 An Analysis of the Key Findings of Local Reports.

Annex 3 The areas of health service where interviews were conducted.

Annex 4 A list of community organistions consulted.

Annex 5 A breakdown of population at EA level.

Annex 6 Details of the Childcare facilities located in/adjacent to the study area.

CHAPTER 2 A DEMOGRAPHIC PROFILE OF THE STUDY AREA

2.1 Introduction

This section presents a demographic profile of the Greater Grangegorman area – referred to in this section as the "study area". The information in this section is primarily drawn from the Census 2006. This is used to present a profile of the area and to compare it to previous years and to the rest of the country. The primary unit of analysis presented is the Electoral Division (ED). EDs are the smallest legally defined administrative areas in the State for which Small Area Population Statistics are available from the Census. Secondary analysis is provided of the Enumerator Areas (EA). These are the areas assigned to each Census Enumerator comprising about 350 dwellings. It is now generally accepted that analysis at ED level can mask differences within the area and the EA data can help to pinpoint these, although as they may change from census to census, they cannot necessarily be compared over time.

The section focuses particularly on the size and make-up of the general population, household type within the population, housing tenure, education and employment and socio economic profile. As discussed in Chapter 1, poverty and deprivation are important determinants of health status and well being and have direct implications for the type and range of health services in an area. The prevalence of these in the area is considered in some detail by focusing on groups known to be at risk of them and through the use of the approach developed by Hasse and Pratsche to measure relative levels of deprivation and affluence. The final part of the section presents a summary of the issues arising from the demographic profile presented, particularly in the context of health needs and health services.

2.2 Population

2.2.1 The Population in general

The total population of the study area is 32,466 made up of 16,555 males and 15,911 females. Their spatial distribution is presented in Table 2.1 and a further breakdown of population, using EA is provided in Annex 4. As the table shows, Cabra East A has the largest population (almost 5,400) and Arran Quay A the smallest with just over 1,500.

The population within the study area has changed significantly in the decade up to 2006, increasing overall by 5,800 or 22%. This increase is concentrated in the Arran Quay B, Arran Quay C and Rotunda B areas, each of which saw increases in population of 88%, probably related to increased supply of private apartments in the areas. Arran Quay E, Cabra East B and Cabra East C showed small population decline, reflecting an ageing population in those areas.

It is not possible to access data on births deaths and marriages at a local level. Nationally the crude marriage rate according to the CSO was about 5.2 per 1,000 of the population in 2005, while CSO have identified an annual birth rate of 17.2 per 1,000 population over the period 2008. There is no reason to suggest that the rates in the study area would differ significantly from the national figures.

Table 2.1 Breakdown of the Population by ED, 2006

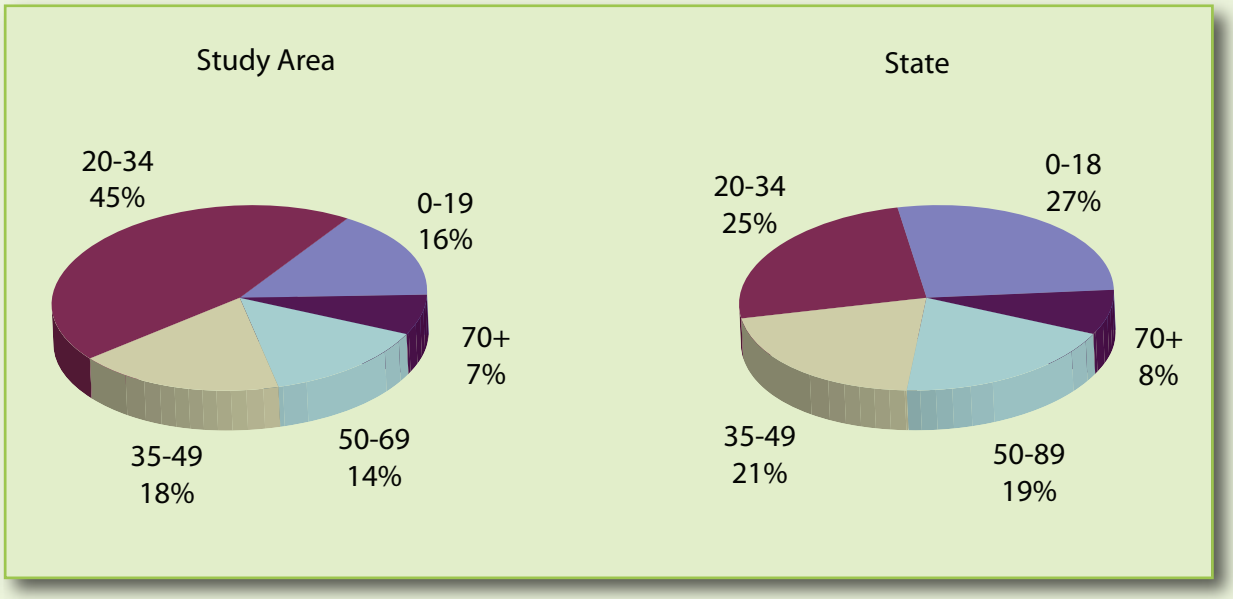
Area	Total
Arran Quay A	1,502
Arran Quay B	3,692
Arran Quay C	3,714
Arran Quay D	3,600
Arran Quay E	2,889
Cabra East A	5,366
Cabra East B	3,542
Cabra East C	3,352
Inns Quay C	2,672
Rotunda B	2,137
Total	**32,466**

Source: Census 2006

2.2.2 Age Structure

Figure 2.1 shows that the age profile of the study area differs from that of the State as a whole, in a number of respects.

Figure 2.1 Age Breakdown of the Population
(a comparison between the Study Area and State), 2006



Source: Census 2006

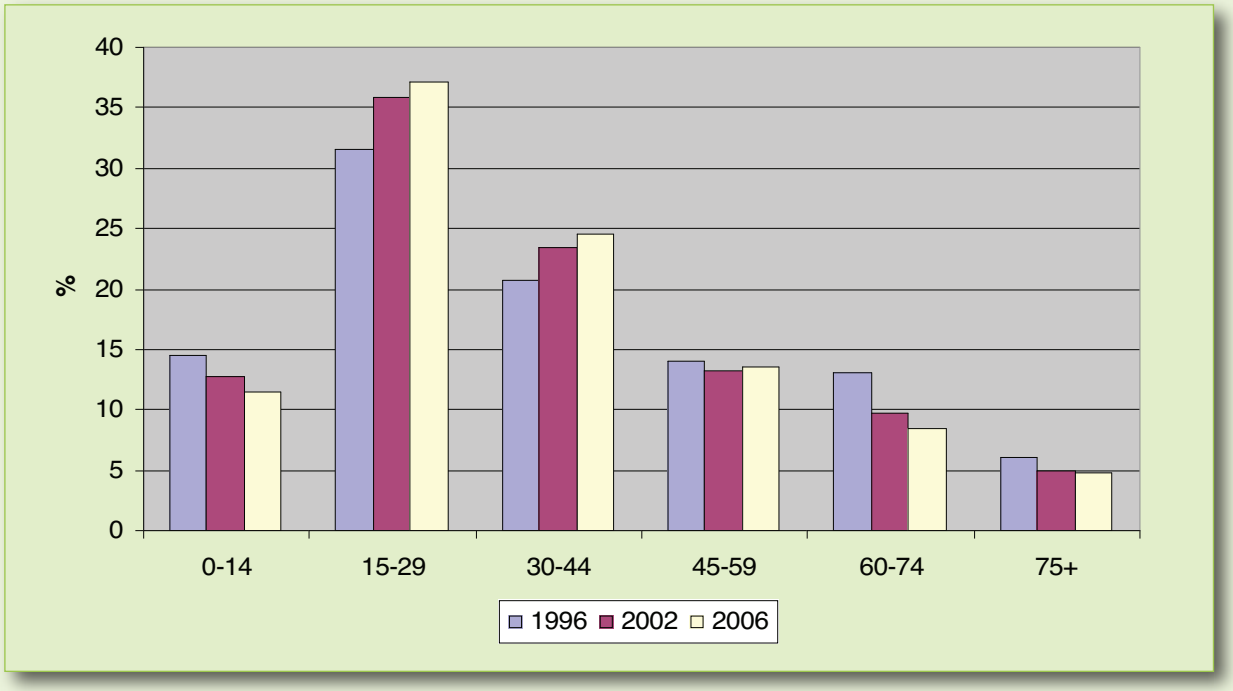
- Young people are a smaller proportion than in the State as a whole and this difference is greater in some parts of the study area. For example, the under 20 age group in Arran Quay B, C and E and Rotunda B comprise less than 16% of the population, compared to 27% nationally.

- The proportion of young adults in the area is relatively large, especially between the ages of 20-34. About 45% of the Grangegorman population falls into this age bracket, compared to 25% nationally. In Arran Quay C and Rotunda B, over 60% or three in every five people is in this age cohort.

- The study area has about the same proportion of older people over 70 as the rest of the State (7% vs 8%), but again there is significant local variation within the study area. Fewer than 3% in Rotunda B and Arran Quay C are aged 70 or over, compared to 15% in Cabra East B. Analysis of EA data shows that there is variation within ED. For instance, in Aran Quay B, while over 70s account for 3% of the overall population this ranges from 0.4% to 11% within its six EA. In Cabra East C it ranges from 3% to 17% while the average for the area is 9%. These variations are undoubtedly linked to the type of housing in the study area with older and more traditional neighbourhoods more likely to have older populations.

Figure 2.2 provides a representation of the age profile of the population over the period 1996-2006, it shows significant changes over this time. The number of people aged between 15 and 44 has gradually risen by 44% (6,143 individuals) while the proportion of people under 14 and over 60 have both fallen.

Figure 2.2 Age Breakdown of the Population (%), 1996, 2002, 2006



Source: Census 2006

2.2.3 Household Structure

Table 2.2 shows the size of households in the study area. A significantly higher proportion of people live alone in the study area than in the State as whole – 34% compared to 22%. This figure is as high as 40% in Cabra East C. There is also a greater proportion of two person households (33% in the study area compared to 28% in the State) and fewer bigger households – half of all households in the State contain more than 3 people while this figure is only one third in Grangegorman.

Table 2.2 The Size of Households in the Study Area (as a % of Total Households)

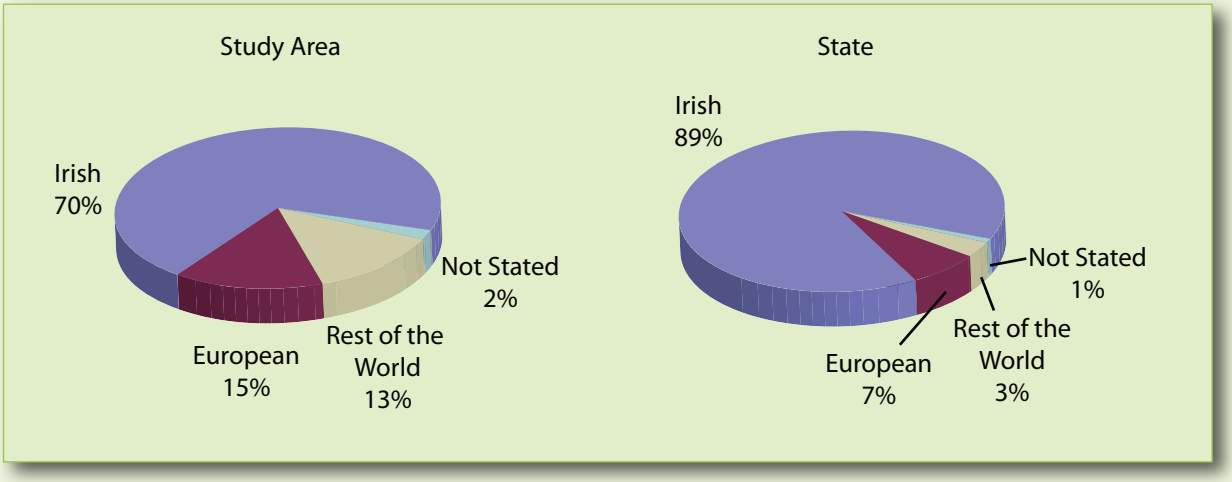
	1 person	2 persons	3-4 persons	5-6 persons	7+ persons
Arran Quay A	32	29	32	6	1
Arran Quay B	29	33	31	7	1
Arran Quay C	23	44	28	4	1
Arran Quay D	38	30	26	5	2
Arran Quay E	37	36	22	4	1
Cabra East A	39	28	25	7	1
Cabra East B	32	30	29	8	2
Cabra East C	40	27	25	7	1
Inns Quay C	32	33	28	6	1
Rotunda B	35	37	24	3	0.2
Study Area	34	33	27	6	1
State	22	28	35	13	2

2.2.4 Nationality and Ethnicity

The 2006 Census shows that the study area has a more diverse population in terms of nationality than the state as a whole:

- About 70% of the residents of this area are Irish, compared to a national figure of 88%. Nine of the ten ED have a lower proportion of Irish people than the State as a whole. However, this figure varies widely, ranging from 44% in Rotunda B to 89% in Cabra East A.
- About 15% of the population is from other European countries, compared to 8% nationally.
- 13% of the population is from outside Europe; compared to 3% nationally and the proportion of Asian or Asian Irish is particularly high – 6% compared to 1% nationally. This figure is even higher in Arran Quay A, Arran Quay B, Rotunda B and Inns Quay C where it reaches over 10% of population.

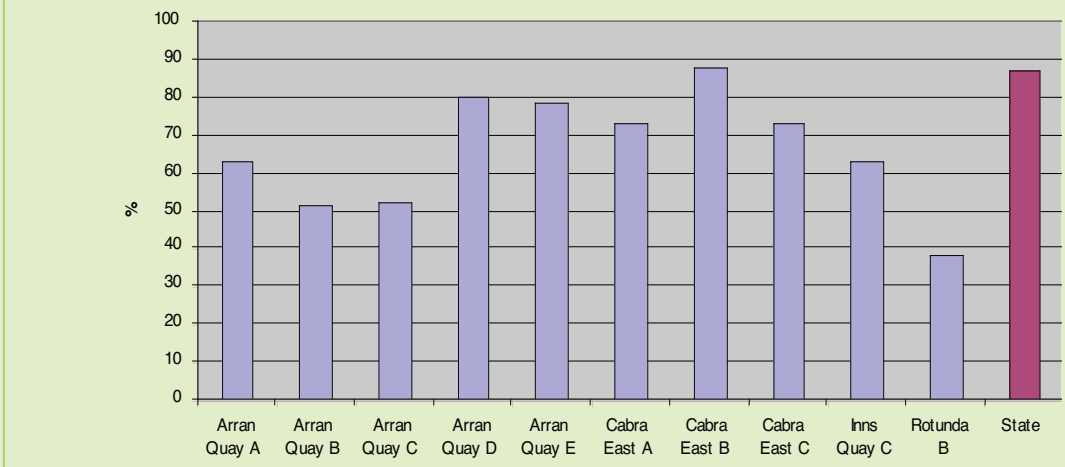
Figure 2.3 Nationalities in the Study Area, 2006 (in comparison with the state as a whole)



Source: Census 2006

- About 67% of residents define themselves as 'White Irish' compared to 87% of people living in the State as a whole. The proportion of 'White Irish' varies significantly across the different areas within the larger study area. It varies from as low as 38% in Rotunda B to as high as 88% in Cabra East B. The differences in the proportions of White Irish across ED are clearly evident in Figure 2.4.

Figure 2.4 'White Irish' as a Percentage of the Total Study Area Population, 2006



Source: Census 2006

- Very few members of the Traveller Community live in this area – only 35 across the 10 EDs (0.1% of the study area population) compares with 0.5% for the state as a whole.
- Approximately 18% of the population of the study area define themselves as 'Other White'[3] compared to 7% nationally. Again this figure is significantly higher in some areas. This figure exceeds 25% for example in Arran Quay B, Arran Quay C and Rotunda B.

2.2.5 One Parent Families

The study area has a higher than average proportion of lone parents (with at least one child under the age of 15 years). The figure for the study area at 44% is considerable larger than the national figure of 21%. The number of lone parents has risen in the study area from 36% (over the period 1996 and 2006. In some parts of the area rates are much higher than this – both Inns Quay C and Arran Quay D have rates of over 60%. A detailed breakdown is presented in Table 2.3. In the study area 94% of one parent families are headed by women, compared to a national figure of about 92%.

Table 2.3 The Number Lone Parent Families with at least one child under age 15 as a % of families in the study area that are one parent families

Area Name	No. of Families	% of Total Families in the Area
Arran Quay A	29	35
Arran Quay B	93	38
Arran Quay C	99	54
Arran Quay D	198	64
Arran Quay E	89	49
Cabra East A	74	22
Cabra East B	111	38
Cabra East C	76	34
Inns Quay C	142	65
Rotunda B	44	56

Source: Census 2006

[3] As opposed to 'White Irish', or 'White Irish Traveller'.

2.2.6 Older Single Person Households

There are a higher than average proportion of older people living alone in the area – almost 40% (1,271) compared to a national rate of about 26%. As before there are variations across the ED as shown in Table 2.4.

Table 2.4 Number of People over the age of 65 Living Alone

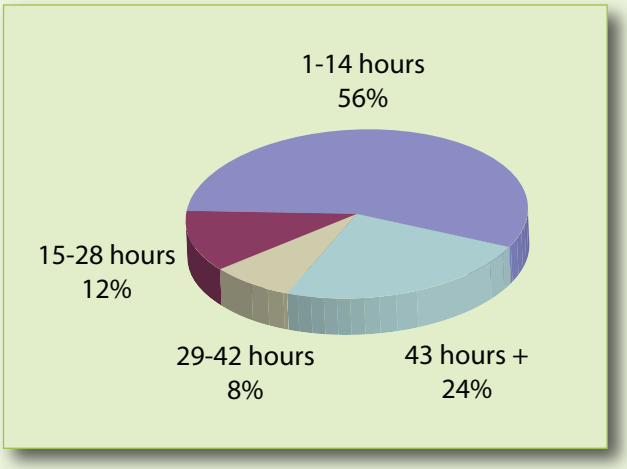
ED/Area Name	No. of Individuals	% of those aged 65+
Arran Quay A	86	50
Arran Quay B	57	32
Arran Quay C	32	26
Arran Quay D	151	40
Arran Quay E	204	51
Cabra East A	252	47
Cabra East B	233	32
Cabra East C	138	33
Inns Quay C	94	38
Rotunda B	24	34
Total	**1,271**	**39**

Source: Census 2006

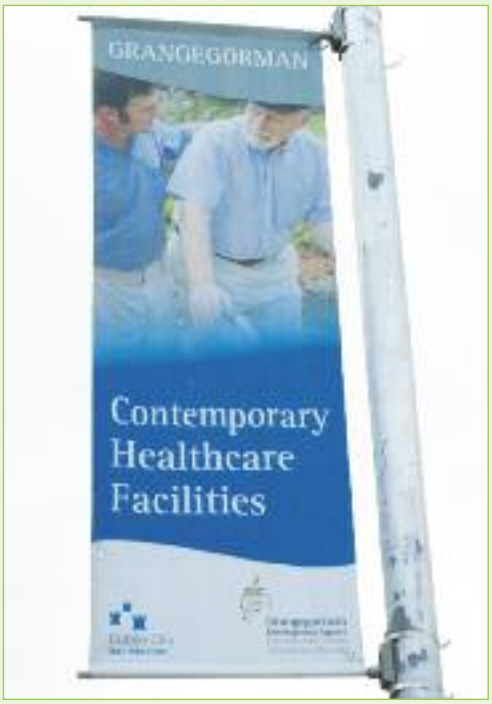
2.2.7 People with Disabilities

There are 3,593 people with disabilities living in the area, representing 11% of the population, a little higher than the national average of 9%. This figure includes people living in institutions and health facilities. Figure 2.5 provides an age breakdown of this population and shows that a third are over 65.

Figure 2.5 Age Breakdown of People with Disabilities (Total: 3,593)



Source: Census 2006



The Census does not provide details on the type of disability experienced by people in the study area. However, among the most common types of disability reported nationally by people over the age of 65 are:

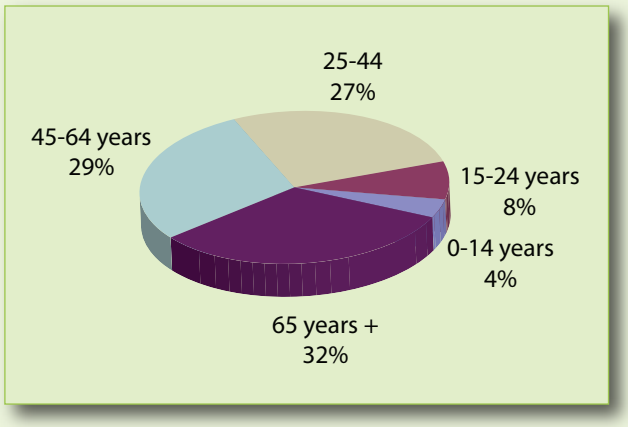
- A condition that substantially limits one or more basic physical activities.
- Difficulty in going outside the home alone.

This information suggests that isolation may be a particular issue facing older people. and that some older people may find basic physical activities such as home and garden maintenance, cooking, washing and shopping challenging. The most common disabilities affecting people under the age of 64 nationally are those which limit one or more basic physical activities and those which lead to difficulties in attending work or college.

2.2.8 Carers

The 2006 Census reported that there were 1,064 unpaid carers living in the area. This is about 3% of the local population, compared to the national figure of about 4%. About 58% of carers in Grangegorman are female. Figure 2.6 provides a breakdown of the number of hours worked by unpaid carers. This figure shows that over half of all unpaid carers work less than 14 hours per week, but almost one quarter work more than 43 hours.

Figure 2.6 Breakdown of Number of Hours Worked by Unpaid Carers



Source: Census 2006

2.3 Morbidity and Immunisation Data

2.3.1 Information on Deaths

It is not possible to isolate data on morbidity and mortality for the study are. Table 2.5 provides data on morbidity for on Dublin city as a whole and for the Dublin 7 postal district area. Analysis of this data indicates that the age of death in these areas closely follow national patterns.

Table 2.5 Deaths in Dublin City and the State, classified by gender, and by age, as proportion of total deaths

Age Categories	Male		Female		Total	
	Dublin City	State	Dublin City	State	Dublin City	State
0-4	0.6	0.9	0.7	1.1	0.7	1.0
5-14	0.0	0.2	0.1	0.2	0.1	0.2
15-24	2.0	2.2	0.6	0.8	1.3	1.5
25-44	7.1	5.4	2.7	2.7	4.8	4.1
45-64	17.7	18.2	11.2	12.1	14.3	15.2
65-84	57.1	54.4	51.1	47.8	54.0	51.1
85+	15.3	18.7	33.6	35.4	24.9	26.9
Total[4]	**99.8**	**100**	**100**	**100.1**	**100.1**	**100**

Source: CSO, Report on Vital Statistics 2005

[4] Totals may not add to 100.0 due to rounding error.

- In both Dublin City and the State as a whole, women live longer than men.
- A slightly higher proportion of deaths occur in people over the age of 85 nationally than in Dublin city – 27% compared to 25%. In fact, the differences between the genders in Dublin city are bigger than the differences between the population of this area and that of the State.
- The three main causes of death in 2005 (the last year for which data is available) are shown in Table 2.10. Over three quarters of all deaths in Dublin City were caused by diseases of the circulatory system (35%), Cancer (28%) or diseases of the respiratory system (14%). Interestingly while nationally men account for 55% of deaths from heart attacks, in Dublin City in 2005, more women than men died from heart attacks (189 compared to 169).
- The National Cancer Registry records 3,500 deaths with a Dublin 7 address over the period 1994-2007, 700 (20%) of which were identified as cancer related. Table 2.6 presents details of the major types of cancer diagnosed. The total number of cancers are higher than 700 as people have more than one type of cancer.

Table 2.6 A Comparison of the Main Causes of Mortality in State and in Dublin City (2005)

		As % of all deaths in the State	As % of all deaths in Dublin City	Number of Males in Dublin City	Number of Females in Dublin City
Circulatory System	All diseases of the Circulatory System	36	35	714	809
	Heart attack	10	8	169	189
	Stroke	7	7	120	182
Cancer	**Total deaths from Cancer**	27	28	594	642
	Larynx and trachea/bronchus/lung	6	8	179	162
	Breast	2	2		104
	Prostate	2	2	79	
Respiratory System	**Total deaths from diseases of the Respiratory System**	14	14	259	359

Source: CSO, Report on Vital Statistics 2005

The most common causes of cancer deaths for men were cancers of the lung and larynx, accounting for 28% of all cancer deaths, and 8% of deaths overall. Breast cancer was the most common cause of cancer death for women – 104 women died of breast cancer in Dublin City in 2005. See Table 2.7 for details of the types of cancers diagnosed in the Dublin 7 area.

Table 2.7 The major types of cancer diagnosed in residents of the Dublin 7 area over the period 1994-2006

Cancer type	Females	Males	Total
Head & Neck	10	28	38
Oesophagus	16	21	37
Stomach	31	35	66
Colorectal	88	107	195
Pancreas	28	18	46
Other digestive cancers	11	16	27
Lung	119	187	306
Melanoma	26	12	38
Female Breast	181		181
Female gynecological	85		85
Prostate		143	143
Urinary	30	63	93
Brain and CNS	14	18	32
Blood and lymph cancers	48	67	115
Other cancers (includes unspecified sites)	71	112	180
Total cancers	**758**	**827**	**1585**

National Cancer Registry of Ireland

2.3.2 Immunisation Data

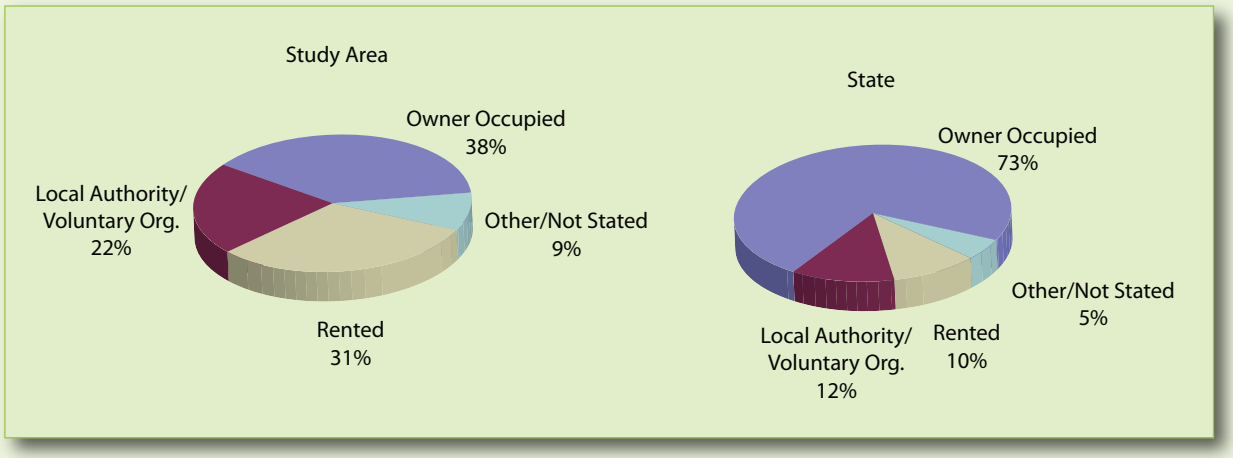
It was not possible to access the immunisation data for the study area. This information was only available at an aggregated level for the Dublin 7 & Dublin 1 areas covered by LHO North West Dublin. Children receive 3 doses of 5-in-1 and the MMR vaccine after 12 months of age. A total of 681 children aged under 3 years of age have received the MMR vaccine, while a total of 1029 children aged between 12 months and 3 years have received the 5-in-1 vaccine (over the period 2006-2008). Historically the uptake of the MMR vaccine has always been lower than for the 5-in-1 vaccine.

2.4 Housing and Accommodation

2.4.1 Housing Tenure

Figure 2.7 provides a breakdown of housing tenures in the area and in the State as a whole. This shows that there is a significantly lower level of home ownership – 38% compared to 73% nationally – and much higher levels of private and social renting. Again analysis of the data reveals local variations and one ED, Cabra East B, exceeds national levels of owner occupation. In Arran Quay C and Rotunda B owner occupation rates are lower than 20% and in Arran Quay B they range from 8%to 70%.

Figure 2.7 Housing Tenure in the Study area (in comparison with the state)



Source: Census 2006

- Social housing accounts for over 20% of housing stock, compared to the national rate of 12%. Not surprisingly this is higher in areas where there are local authority flats complexes such as Arran Quay D, Inns Quay C and Rotunda B where rates are over 30%. There are variations within areas – in Aran Quay D for instance social housing rates range from 9% to 79%. Overall there has been a reduction in the number of social housing units in the area due largely to de-tenanting in advance of planned regeneration.

- 31% of housing in the study area is privately rented, significantly higher than that for the State as a whole, where the figure is just 10%. This is not surprising given that parts of the area are traditionally flat land and that there has been a high level of new apartment building in the area in recent years linked to the availability of significant tax breaks and the regeneration of the Old Distillery, Smithfield and the Markets areas.

2.4.2 Special Needs Accommodation

In addition to this standard accommodation, the area contains a range of "special needs" accommodation, particularly for people who are homeless or who are in the care of HSE mental health services. According to the HSE there are currently 80 inpatients in St Brendan's Psychiatric Hospital and 103 individuals in supported accommodation in the surrounding area. The supply of homeless accommodation is presented in Table 2.8 and shows that the area has a high level of such accommodation, catering for 875 households (937 adults) in 2008, accounting for 44% of such accommodation in the city and county area.

Table 2.8 Accommodation for Homeless Households in Dublin 1 and Dublin 7

Accommodation Type	Dublin 1	Dublin 7	Dublin 1 + Dublin 7
Emergency Accommodation[5]	99	183	282
Private Emergency Accommodation	126	134	260
Transitional Accommodation	105	33	138
Long-term Supported Housing	19	148	167
Other	24	4	28
Total	**373**	**502**	**875**

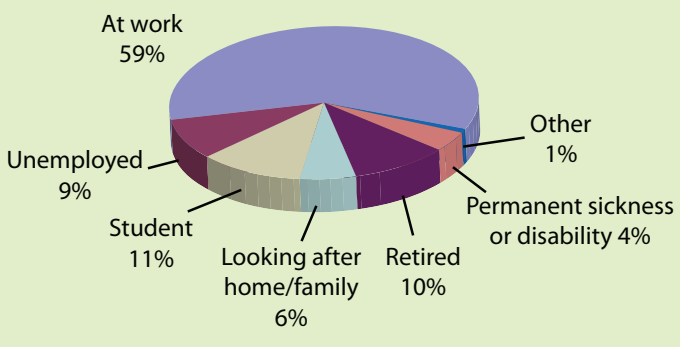
Source: Homeless Agency 2008 (special request)

2.5 Socio Economic Profile

2.5.1 Socio-Economic Status

The socioeconomic status of the population of Grangegorman is presented in Figure 2.8. It shows that the area has a very similar profile to that of the rest of the State, although it has a lower than average proportion of people at home looking after family (6% compared to 11%), no doubt linked to the lower percentage of children in the study area discussed in 2.3. The percentage of retired people (10%) is just slightly lower than it is for the state as a whole (12%). Approximately 59% of people in this area are at work while 11% are students.

Figure 2.8 Socio-Economic Status of Population of Grangegorman Area, 2006

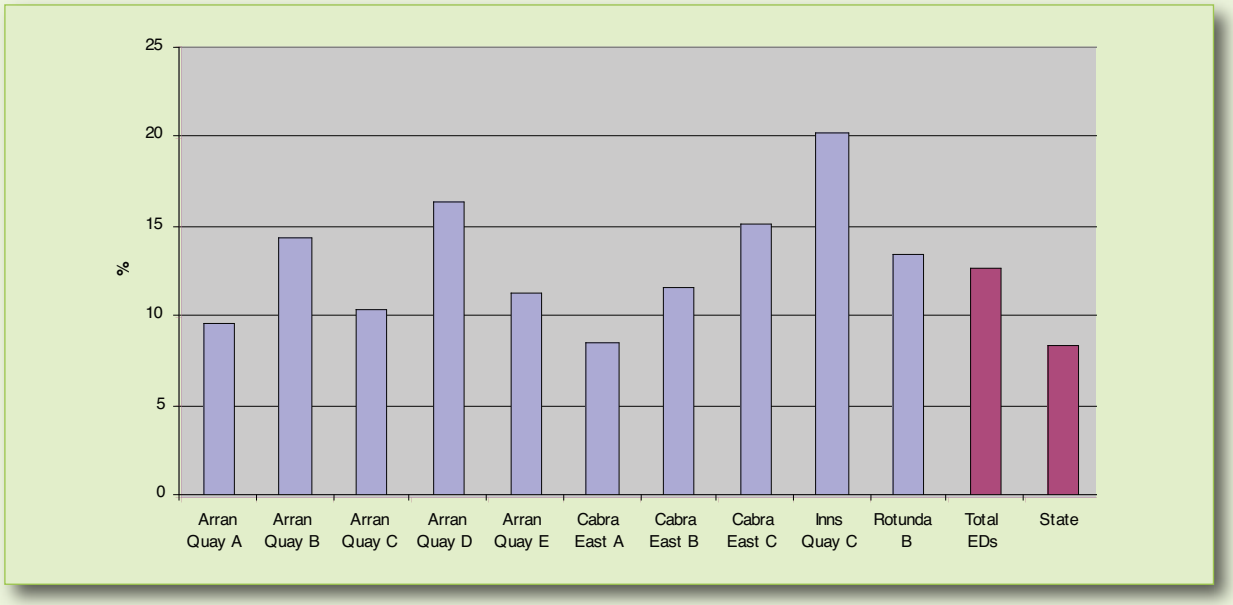


[5] This category includes some people who were sleeping rough some of the time, but who had stayed in hostels in these postcodes during the week of the survey.

2.5.2 Unemployment Rates

The unemployment rate – which includes everyone who is available for work – for the study area is higher than for the State as a whole. It ranges from 9% in Cabra East A to 20% in Inns Quay C, compared to 8.5% nationally. Figure 2.9 offers a breakdown across the ED and this is analysed further in Table 2.9 which shows variations within areas.

Figure 2.9 Unemployment Rates, 2006



Source: Census 2006

Table 2.9 presents an analysis of the highest and lowest rates of unemployment in each ED, using EA data, Rotunda B ED alone range from 8% to 25%, with an average of 13.5%. The unemployment rate for men is about 14% compared to 11% for women.

Table 2.9 Percentage Unemployment Rates – EA Data

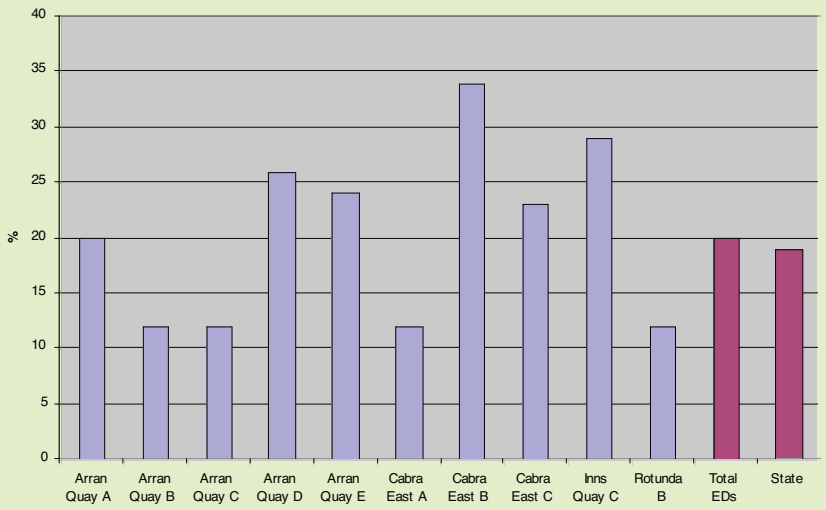
	Lowest %	Highest %	Extent of Variation
Arran Quay A[6]	8	12	4%
Arran Quay B	10	21	11%
Arran Quay C	8	16	8%
Arran Quay D	9	27	18%
Arran Quay E	7	19	12%
Cabra East A	4	16	12%
Cabra East B	9	14	5%
Cabra East C	8	22	14%
Inns Quay C	15	29	14%
Rotunda B	8	25	17%

Source: Census 2006

2.5.3 Educational Attainment

There is a wide variation in education levels among the population. Just under 18% of the population has either no formal education or primary education only – slightly below the national figure of 19%. Again there is significant variation within the area. In Cabra East B for instance over one third of the population have no education beyond primary level while in the Rotunda B area, this is as low as 11%. (See Figure 2.10).

Figure 2.10 Proportion of the Population with No Formal Education or Primary Education Only

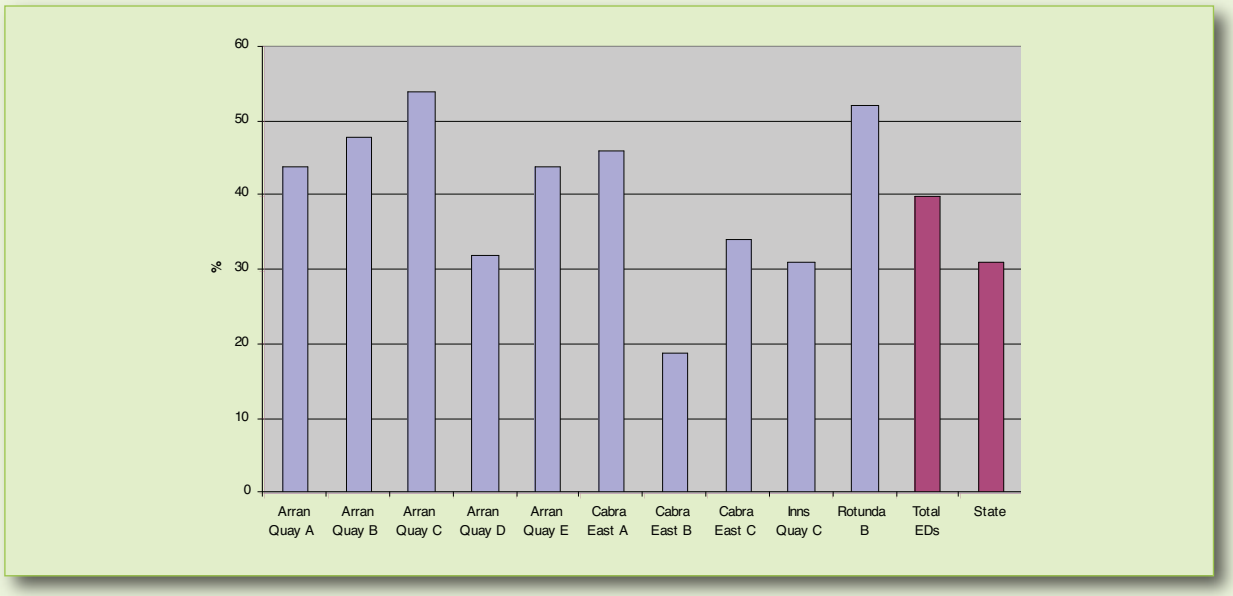


Source: Census 2006

In contrast, nine of the ten ED have a higher proportion of people with third level qualifications than is the case nationally (30%). This may be partly attributed to the higher proportion of young adults living in the area, many of whom may be young professionals. Cabra East B has the lowest level with 19% and Arran Quay and Rotunda B the highest at over 50%, as shown in Figure 2.11.

[6] Arran Quay A only comprises two EAs.

Figure 2.11 Proportion of the Population with a Third Level Qualification



Source: Census 2006

2.6 Poverty and Disadvantage

2.6.1 People at Risk of Poverty

There are a number of experiences which place individuals and families at high risk of poverty and disadvantage. These include early school leaving, low educational attainment, unemployment, disabilities, old age pension and other social welfare dependency, single parenthood and being a child in a single parent family. Housing tenure is also an indicator to poverty. Local authority tenants tend to be in the lowest income groups and in this respect form a homogenous population. Disadvantage can be exacerbated by the grouping of similar households in the same area and further compounded by poor quality accommodation.

2.6.2 Disadvantage in the Study Area

The previous sections have shown that in the study area there are geographically pockets of disadvantage. In five of the ten ED one parent families account for over 50% of households, in four they account for 35% and in the remaining one 22%. Their location generally corresponds to local authority housing. When compared to the rest of the country, the rate of one parent families and local authority tenants is twice the national figure.

Other evidence of the extent of poverty and disadvantage in the area can be found in the number of medical card holders and the existence of government designation of the area or parts of the area as disadvantaged. RAPID is a programme aimed at improving interagency working and access to funding for disadvantaged areas. The NWIC RAPID covers Arran Quay A, B and C and Inns Quay C. Similarly the School Support and the Delivering Equality of Opportunity Programmes (DEIS) which are aimed at disadvantaged schools applies to all the schools in the area.

2.6.3 Medical and GP Visit Cards

A total of 4,286 people in the study area have Medical Cards, providing a further indication of income deprivation. Cabra East C has the highest number of medical card holders, while Rotunda B has the lowest actual number of holders. Only a very small numbers of people in the study area have GP only Visit Cards, just 37 individuals (0.1% of the population) of the across the study area. The overall level of medical card in the study area would appear very low at approximately 14% per cent of the population compared to of 30 per cent nationally. See Table 2.10 for details a breakdown of the Medical and GP Visit Card Holders across the study area.

Table 2.10 A breakdown of the Medical and GP Card Holders across the study area

Area	Total Population	Number of Medical Card Holders	GP Visit Card Holders	Approx % of the Population with Medical Cards	Hasse Deprivation Score 2006
Arran Quay A	1,502	182	1	12%	0.5
Arran Quay B	3,692	303	0	8 %	-4.3
Arran Quay C	3,714	310	2	8%	2.0
Arran Quay D	3,600	569	11	16%	-13.6
Arran Quay E	2,889	568	3	20%	-6.1
Cabra East A	5,366	520	2	10%	8.0
Cabra East B	3,542	934	5	26%	-15.0
Cabra East C	3,352	568	2	17%	-6.2
Inns Quay C	2,672	391	4	15%	-20.0
Rotunda B	2,137	181	2	8%	-0.2
Total EDs	32,466	4526	32	14%	

There is a correlation between the numbers of medical card holders and the Hasse Deprivation Scores, with high numbers of medical card holders in Arran Quay D, Cabra East B and Inns Quay C. The high number of Medical Card holders in Arran Quay E is almost certainly a reflection of the higher levels of older people in that area, all of who up until relatively recently would have up until recently been automatically entitled to a Medical Card.

2.6.4 Relative Levels of Deprivation and Affluence

The deprivation indices developed by Haase and Pratschke have been used to monitor relative and absolute levels of disadvantage and affluence since 1991. Three dimensions of disadvantage – demographic profile, social class composition and labour market situation – are combined to form a Relative Index Score. Relative Index Scores are scaled so as to have a mean of zero at each Census – that is to say, the national average is given a value of zero, so areas/ED with a positive value are relatively affluent, and those with a negative value are relatively deprived. The authors have provided a series of descriptive labels to assist in using the index. These are detailed in Table 2.11.

Table 2.11 Distribution and labels of Relative Index Scores, 2006

Relative Index Score	Description	Number of Irish EDs with this Description in 2006
over 30	extremely affluent	0
20 to 30	very affluent	68
10 to 20	affluent	372
0 to 10	marginally above average	1,393
0 to -10	marginally below average	1,141
-10 to -20	disadvantaged	296
-20 to -30	very disadvantaged	106
below -30	extremely disadvantaged	33

Source: Haase and Pratschke 2008

Scores for the ED's in the study area shown in Table 2.12. Comparing the ED level data over the past four Censuses shows the degree to which the position of these areas has changed relative to the country as a whole in the period from 1991 to 2006.

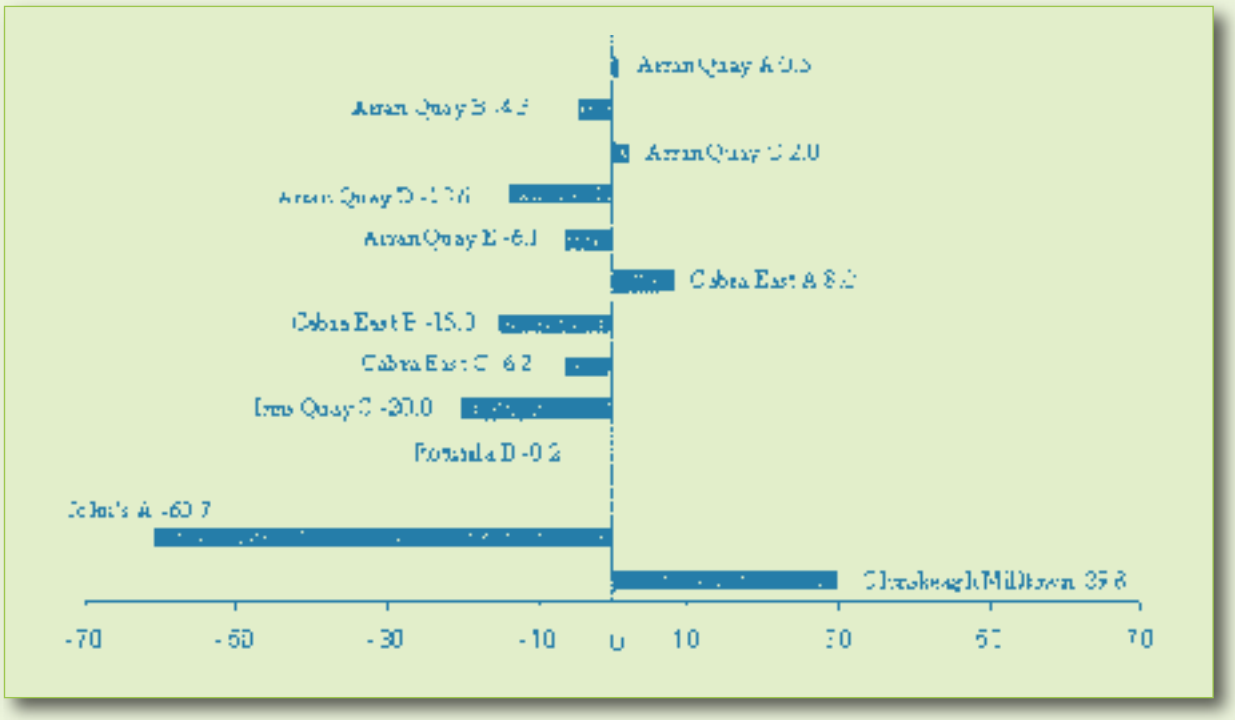
Table 2.12 Relative Index Scores – Haase and Pratschke

DED Name	1991	1996	2002	2006	Trend between 2002 and 2006
Arran Quay A	-0.1	6.0	6.1	0.5	Negative
Arran Quay B	-12.8	-11.3	2.4	-4.3	Negative
Arran Quay C	-25.7	-6.6	9.9	2.0	Negative
Arran Quay D	-18.2	-13.1	-7.5	-13.6	Negative
Arran Quay E	-8.2	-8.9	-6.8	-6.1	Positive
Cabra East A	13.6	13.3	13.6	8.0	Negative
Cabra East B	-11.8	-13.5	-12.0	-15.0	Negative
Cabra East C	-0.2	-3.1	-3.2	-6.2	Negative
Inns Quay C	-25.1	-28.4	-11.8	-20.0	Negative
Rotunda B	-24.1	-17.4	-0.8	-0.2	Positive

Source: Haase and Pratschke, 2008

Two of the ten ED in the study area can be classified as disadvantaged. Inns Quay C with a relative deprivation score of -20 can be classified as 'very disadvantaged'. Three other ED have positive relative index scores in 2006 indicating that they are marginally above the national average. The remaining four ED can be classified as marginally below the national average, as their scores are between zero and minus ten. The relative score of all but two ED in the area fell between 2002 and 2006 meaning that, relative to the country as a whole, the level of deprivation has increased in these areas over this period. Figure 2.12 provides a pictorial representation of the scores in the study area and compares them to John's A in Limerick and Clonskeagh-Milltown in Dún Laoghaire/ Rathdown, which received the lowest and highest score respectively.

Figure 2.12 Haase-Pratschke Index Scores, 2006



Source: Haase and Pratschke, 2008

2.7 A Summary of the Key Findings

In the context health needs planning some of the key findings emerging from the demographic information presented in this section would include:

- The population of the ten EDs that constituted the study area was just under 32,500 people in 2006, with slightly over 50% being male.
- The main distinctive feature of the age profile of the population is that there is a 'bulge' of people in the 20-34 age group. This group made up 44% of the population in the study area in comparison with a national figure of 29%.
- There is a much higher proportion of non-Irish people living in the area than in the country as a whole: 30% in 2006, compared to 12% for the state.
- The non Irish population is not evenly spread across the study area. In two EDs (Arran Quay B and C), the proportion of non-Irish people was almost 50% in 2006 and in one ED (Rotunda B), the proportion was almost 70% in that year.
- The census data shows that half of the non-Irish people in the study area in 2006 are from other parts of Europe and half are from outside Europe.
- There are almost no Travellers living in the study area.
- Information on specific target groups shows:
  - There is a significantly higher proportion of lone parents in the study area, compared to the state as a whole (44% of households with children aged under 15 compared to 21% for the state).
  - There a higher proportion of people aged under 60 with a disability.
  - A higher proportion of older people in the study are live on their own (39% versus 26%).

- There are over 1,000 unpaid carers in the study area, of whom one-third do more than 29 hours per week of caring work.
- There are large numbers of homeless people in the study area reflecting the number of hostels in the Dublin 1 and Dublin 7 areas.
- Some 4,300 people, or 13% of the total population, are covered by medical cards in the study area.

- The proportion of people who are 'owner-occupiers' is much lower in the study area than it is for the state as a whole (38% in the study area versus 73% nationally). With much higher proportions of people renting, compared to the country as a whole (31% for the study area versus 10% for the state) and indeed living in social housing (22% for the study area versus 12% for the state as a whole).
- The proportion of the study area population that is in employment in 2006 was broadly similar to the national proportion in employment.
- The proportion of the population that was unemployed in the study area was higher than the national average (13.5% versus 8%) indicating that, even at a time when the economy was growing, there were significant pockets of unemployment in the area.
- There are more unskilled and semi-skilled workers in the area compared to the country as a whole, with fewer technical and managerial workers.
- Education levels in the area as a whole were close to the national average, with a slightly higher proportion of the population having a third level qualification – this could be partly related to the younger age profile of the area compared to the state as a whole.
- The area could be considered as disadvantaged relative to the country as a whole with seven of the ten EDs in the study area below the national average as regards disadvantage. The remaining three are just above the average, while three of the seven below the average are significantly below the average , with one (Inns Quay C) being classified as 'very disadvantaged'.
- There are distinct pockets of disadvantage within certain parts of the study area. The location of these areas generally corresponds to the areas with high levels of local authority housing. Research has shown that the households living in these areas are the ones most likely to be experiencing intergenerational and multiple deprivation.

CHAPTER 3 AN OVERVIEW OF LOCAL HEALTH AND HEALTH RELATED SERVICES

3.1 Introduction

This section presents the findings of consultation with a variety of public and community based health service providers and health professionals working in the area. Consultation was in the form of semi structured interviews with a number of individuals and focus groups with GPs and Public Health Nurses. See Annex 3 for details.

The purpose of the consultations was to get an overview of the health services available in the area, the constraints on those services, plans for the future etc. The general approach to presenting the information is to provide an overview of the type and scale of services provided and then to present the issues as they arose from the consultations.

3.2 GPs and Pharmacies

Please note that there are 11 GPs (7 Practices) with GMS lists and 2 Private GPs who work in these practices.

There are another 5 GPs (highlighted in red) who are private GPs with no other GMS GP working with them. The HSE has only responsibility for GMS GPs and therefore it is difficult to get accurate details of the names and number of Private GPs providing GP services. My understanding from Anne O'Connor is that these practices will not be involved in the PCTs (only practices that either have all GMS GPs or practices with a combination of GMS GPs and Private GPs).

I would suggest that if Kathy is looking at the type of GP cover provided for all of the population (both GMS and Non GMS) in the Grangegorman area then Kathy could list the number of GMS and Private GPs for the area separately.

Please Note – some of the people living in the Grangegorman area will be attending other GPs not listed who are located outside the Grangegorman area.

3.2.1 GP's

There are 7 GP practices involved in the Primary Care Re-imbursement Service (formerly known as the 'General Medical Scheme (GMS) in the study area). These practises collectively employ 11 GPs, with an additional 2 GP's working in private practice but attached to these practices. There are also at least another 5 GP's working in private practice in the study area.

The HSE only has responsibility for GP's with GMS lists and as such it is only practices that either have all GMS GP's or practices with a combination of GMS GPs and Private GPs that will be involved in the Primary Care Teams. An urgent out of hours GP service is provided by D-DOC. The D-Doc service for the study area is provided at any one of five treatment centres (Hartstown, Swords, the North Strand, Ballymun and Coolock), none of which are located in the area. The service is open from 6pm-8am and on a 24 hour basis over the weekends and bank holidays.

Through the consultation it was clear that the GP practices in the area have patients who were not resident in the area. Sometimes this was because although people had since moved from the area, they maintained their GP. By the same token people resident in the area has GPs outside of it (as evidenced in the findings of the household survey in Chapter 4).

The density of practising physicians in Ireland per 1,000 population in 2005 was 2.8 in Ireland, 1.9 in UK and 2.8 in Finland, 3.5 in Switzerland and 4.1 in Italy: Source OECD 2008 Health Data. It is impossible to assess the density of GP's in the study area, without more detailed information on the number of individual GP's operating in the study area.

A number of issues emerged from the consultation with GPs as follows:

- There was for example a belief among the GP's that there are fewer GP's in Dublin than there are in other locations in the country. Possible reasons cited for this were the high cost of property in the city area and the additional challenges of an inner city population in terms of homelessness, drug use and other problems compared to suburban and rural areas. In this context, it was noted that GPs working in London receive a financial incentive to work in the inner city, but that this is not the case in Dublin but could be introduced to good effect. The GP's also noted that there are a number of older GPs in the study area who are due to retire over the next few years and there were concerns about whether these would be replaced.
- GPs across the study areas reported that they were under huge time pressure and as such were unable to spend more than a

few minutes with each patient. This was seen to result in a focus in the treatment of immediate needs, with more complex or underlying problems often not addressed. One example given was that GP's often cannot find the time to revise methadone care plans.

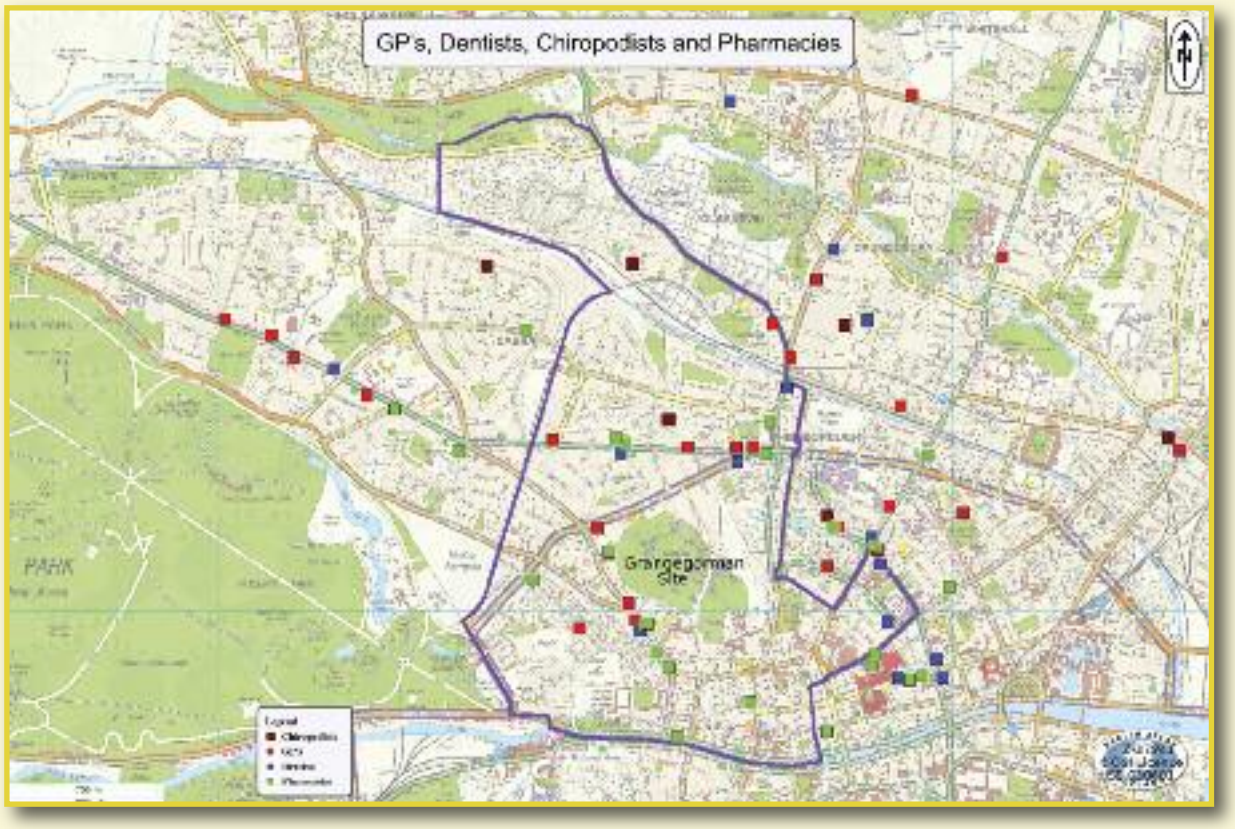
- Some GP's commented on the cramped and often unsuitable nature of GP surgeries – this was related to the age of some GP who were not prepared to invest in improvements when they were approaching retirement and to the higher cost of property in the city area compared to suburban or rural areas.
- The GP's were of the opinion that the employment of more triage nurses could help address some of this pressure and that there was a need for more practice nurses.
- Some GPs reported high levels of foreign nationals attending their services. Where English was not the first language this presented GP's with significant communication challenges. Some used interpreters and some did not.
- Some GPs observed that there was little interaction between health and medical services in the area including public health nurses, drug clinics and A&E.
- It was noted that the referral of patients by their GP's to counselling was quite sporadic and varied from doctor to doctor, due perhaps to their own medical background or opinion on treatment types. Age and gender issues were also seen to be influencing factors in this regard (with referrals more likely from younger and/or female GPs).
- The D-DOC service was viewed as very useful. However, the general perception was that many people were not aware of it or availing of it.

3.2.1 Pharmacies

There are approximately 15 pharmacies located in the study area and 9 pharmacies located just beside the study area. The pharmacies are all privately owned and as such set their own hours of business. There are no late night pharmacies in the study area.

See Map 3.1 for a map of the location of GP's, Pharmacies, Chiropodists and dentists in the Study area.

Map 3.1 GP Practices, Pharmacies, Chiropodists & Dentists located in/close to the Study area



3.3 Health Centres, Public Health Nurses and Home Care Services

3.3.1 Health Centres in the Study Area

There are three health centres (Benburb Street, Quarry Road and Lisburn Street) and one Community Welfare Office (Ellis Quay) in the study area. The Centre in Quarry Road has been upgraded in recent years but the other two centres are in poor condition and are not fully disability accessible. See Table 3.1 for details of the services available in the three centres. See Map 3.2 for the location of the different health centres.

Table 3.1 A Summary of the Services available in the Health Centres/ Community Welfare Offices in the Study Area

Health Centre Services	Benburb Street (Dublin 7)	Quarry Road (Cabra, Dublin 7)	Lisburn Street (Dublin 7)	Ellis Quay (Dublin 7)
Opening Hours/ Customer Services	9am–5pm Monday–Friday (closed 1pm–2pm)	9am–5pm Monday–Friday (closed 1pm–2pm)	9am–5pm Monday–Friday (closed 1pm–2pm)	
Community Welfare Officer	Mon, Tues and Thurs 10am–11.30am	Mon, Tues, Thurs, 10am–11am Mon (2pm-3pm) Thurs (2pm-3pm)	Mon, Tues & Thurs 2pm–3.30pm Wed appointments only, Fri 10am–11.30am emergency only	Mon–Thurs 10–11.30am Fri 10–11.30am (emergency only) Monday 2–3.30pm Thurs 2–2.30pm
Public Health Nurse/ RGN Services	Child Health am Tues, Wed and Thurs Baby Clinic Treatment Clinic (wounds/dressings, etc) by appointment Child Developmental Clinics are provided by PHN by appointment – a drop in service is also provided daily 10.00am–12.00noon	Child Health am Tues, Wed and Thurs Baby Clinic (Tues 10am-12am) Breastfeeding Clinic (Fri 11.30am–12.30am) BCG Clinic twice monthly Treatment Clinic (Tues 9am-12 am)	Child Health (daily) Baby Clinic (daily) Treatment Clinic (Mon, Wed & Fri 11.30–12.30) Breast Feeding support clinics	
Area Medical Officer	Provides a Child Development Clinic twice monthly (Mondays) by appointment	Three times a month	Specific appointments	
Dental Services	Mon–Fri 9am–5pm Appointment only	No	Mon, Tues, Thurs, Fri (9am–5pm) Wed 9am–7pm	
Foot Clinic	No	By appointment	No	
Dietetic Services	No	By appointment	No	
Speech and Language Services	Wednesday 10.00am–4.00pm by appointment	No	Mon–Fri by appointment only	
Community Development Worker Project Worker	Available by appointment Project Worker– working specifically in Blackhall Parade Children's Project (Creche & Afterschools)	No No	No No	

3.3.2 Public Health Nurses

There are 20 whole time equivalent Public Health and Registered General Nurses for the study area. They operate from the three Health Centres (13 are based in Quarry Rd, 4 in Benburb street and 3 in Lisburn Street). They mainly focus on child health and older people. Services for children include: child development assessments, post birth visits, help with breastfeeding, specific help for some families (e.g. where mother has addiction problem), referrals as appropriate to other services. Services for older people include: liaison with other services, referrals, domiciliary care including help with medicines, assessments for care packages, etc. In practice, the work with the elderly is carried out by a general nurse. Referrals to the service are from maternity and acute hospitals, other services, self and by word of mouth.

In addition to the health aspects of the work, public health nurses are often called upon to intervene or address other problems and needs including, housing needs, housing repairs. While this is outside of their official remit the nurses feel they are contacted because people know them and because they are contactable and because no one else is responding to these needs – a sense that the "nurse can sort everything out". Issues arising from the consultations with the PHN included the need for greater liaison between community based services and acute hospitals, which in turn links to a shortage of respite places and of palliative care beds in the area. It is also the case that the other services to which public health nurses make referrals to (e.g. occupational therapy and physiotherapy) have long waiting lists so individuals seen by the Nurses may have to wait a long time to be seen. The absence of a 24 hour community based health service also causes problems for people. Interestingly Public Health Nurses currently do not have the authority to refer patients to hospital and this can only be done by GP.

3.3.3 Home Care Services

Home care services are provided by Blanchardstown and Inner City Home Care. This is an independent company, grant aided by the HSE, although its manager is directly employed by the HSE. It provides home care including home help and home care packages in the area. This includes a wide range of services targeted at four broad groups:

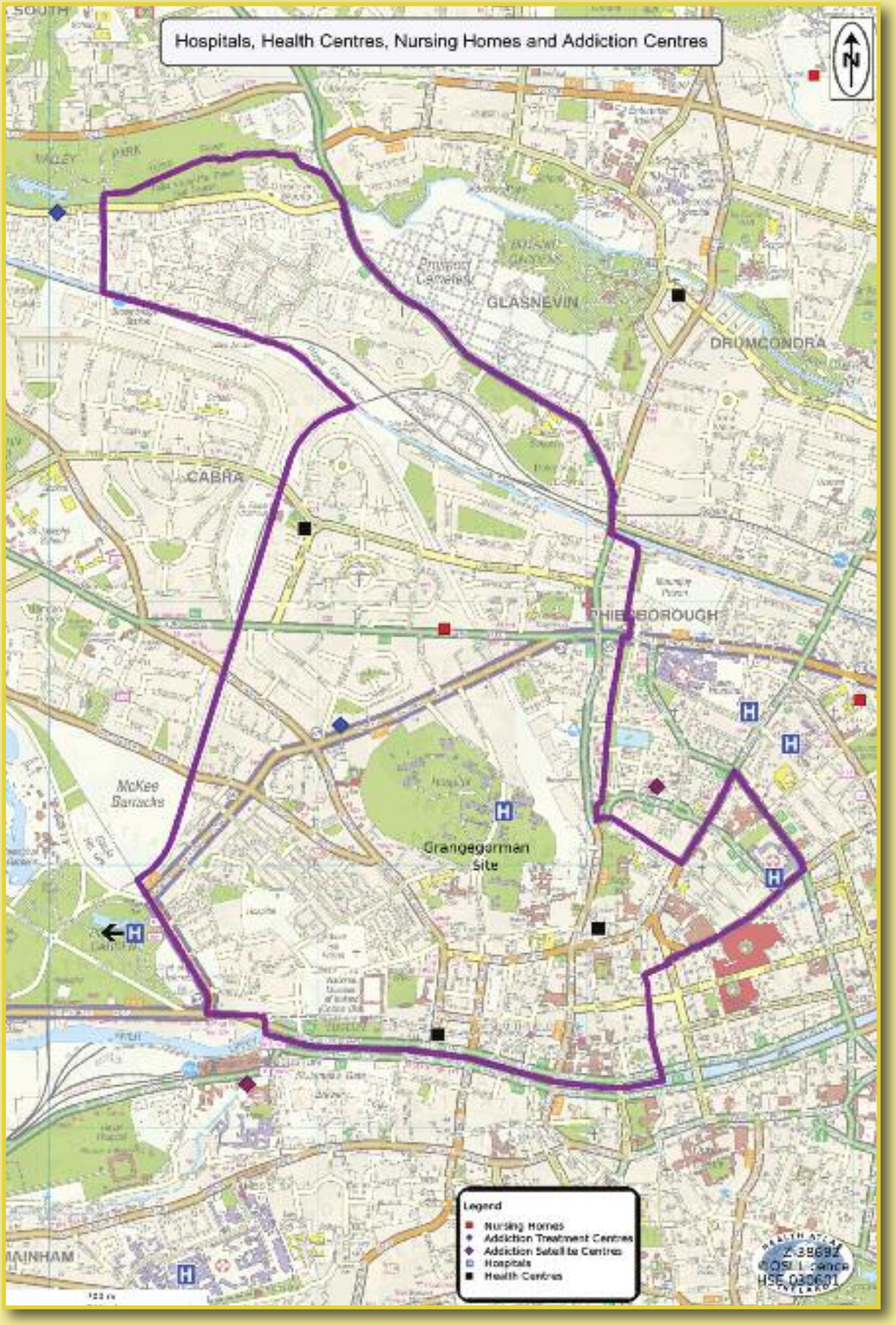
- Older persons – generally living alone, or without necessary supports. Can have a range of health needs resulting from progressive illnesses, post surgery care, illnesses and frailty associated with old age and injuries due to falls etc.
- Disabled – including progressive illnesses, psychiatric disabilities, learning disabilities and physical disabilities and includes childhood illnesses.
- Families in Crisis – multiple births, post natal depression.
- Terminal care.

Approximately 9000 hours of home help services are provided to 720 people a week in the North Inner City. Referrals are made by hospitals, PHN, Social Workers, GPs, families and others. There is currently a waiting list for the services and referrals must be prioritised. This is done on the basis of scoring. In general those requiring palliative care will be given highest priority, followed by those needing short term input (e.g. broken hips, post surgery) and the very elderly.

Home Help generally covers three areas – Household (cleaning, shopping, bed making, laundry, emptying commodes etc); Social Care (collecting pensions, prescriptions, sorting appointments etc); Personal Care (assisted washing, assisted dressing, and assisted toileting). In addition, provides meals on wheels in some circumstances, where other services is not available and can provide ready meals for individuals for heating over weekend and bank holidays for people unable to cook.

Home Care Packages are tailored to individual needs and are targeted at people who would otherwise be in a nursing home. In general they will require over 10 hours a week home care. Care is usually delivered in three visits each day to the home and includes meals, washing, dressing, emptying catheters, etc.

Map 3.2 Location of the Health Centres, Hospitals Nursing Homes and Addiction Centres in the Study Area



The HSE definition and approach to the provision of home help is task orientated, so the more qualitative elements of care such as reading a newspaper to someone or just sitting with them do not qualify as care giving under the HSE definition. There has been significant up-skilling of home helps in recent years though FETAC training and new applicants tend to be well qualified in childcare and social care.

Home care alone is however not sufficient to be effective it requires ancillary support from family or day services. There is a general lack of day services for elderly people in the study area with very little consistency in the range and quality of services provided. Some centres for have waiting lists while others are undersubscribed. A further major obstacle to older people accessing these types of services is a lack of accessible transport.

There are at least five Meals on Wheels services available in the area (there are probably more, given that a number of the churches in the area do a weekly service to some parishioners). There is a lack of coordination between the various services and limited services provided at weekends (St. Bricins is one of the only services that provides a meals service on a Saturday). This is particularly problematic over bank holiday weekends where vulnerable individuals can be left without food for three days. A previous study by Stephen O'Rourke (2007) covering part of the area identified a number of neighbourhoods where local meals-on-wheels services are required.

3.4 Dental and Chiropody Services

3.4.1 Dental Services

Map 3.1 indicates the location of private dental practices in and or close by to the study area. Public dental services largely focus on the oral health needs of school children. These aim to provide a dental exam to all school children in second and sixth class (and where resources permit, fourth class). There is a limited emergency service An Oral Health Promoter and two Dental Nurses provide an early intervention and preventative service to schools and pre schools, promoting dental health and hygiene. There are three dental surgeries in the Quarry Road Health Centre. The services provided there are quite specialist. There is a special needs dental team based in Quarry Road which caters primarily for users of mental health, disability and homeless services. There is also a dental surgery located in the Daughters of Charity Centre on the Navan Road for those attending that Centre. Dental services for adults are provided by private dentists contracted by the HSE, under the Dental Treatment Service Scheme but there is currently only one dental practice (in the Manor Street area) who is accepting new medical card patients. There is no waiting list for dentistry services these are provided on a needs basis. Dentistry is the route into orthodontic services and there is a waiting list for these services. Orthodontic screening is only done in 6th class. There is no national system for out of hours/emergency services. In the study area the Dublin Dental Hospital provides emergency cover for medical card patients.

3.4.2 Chiropody Services

Map 3.1 indicates the location of private chiropodists in and or close by to the study area. There are two services located in the study area, and three located close to the study area. Chiropody services are available on a public and private basis in the study area. Many local private chiropody practices no longer accept new patients. Those with a medical card can avail of three free visits to a chiropodist. Three visits can however be insufficient for some individuals and where this is the case older people have had to buy additional private chiropody services. GPs can request additional free visits to a chiropodist but few people are aware of this.

3.5 Ophthalmic, Physiotherapy, Occupational and Speech Therapy Services

3.5.1 Physiotherapy

The HSE Community Physiotherapy services are mainly provided to people leaving hospital. While the service was originally for over 65s and was domiciliary based, it has expanded in the last four years and is now beginning to address a wider range of needs. As part of this development the service now provides group work sessions. These are considered by the physiotherapists to be more cost effective and beneficial to participants in terms of both socialisation and motivation. Physiotherapy services are also available in hospitals, in the Charter Medical Centre and through private practices in the area.

- The Community Physiotherapy service receives between 40 and 50 referrals a month, from public health nurses. Referrals can be made by public health nurses GP's and by individuals themselves made by PHN, GP, hospitals and self.
- There are 3 whole time equivalent physiotherapists in the community service. The level of demand is such that they cannot deliver the intensive services which are sometimes necessary.

- A specialist paediatric service has just been established in response to specific demand.
- The current focus of physiotherapy services in the study area is older people, and a gap exists around provision of services to younger people who have suffered accidents or stroke or individuals who have degenerative diseases.
- The shift to community care, including the closure of some institutions, has created an increased demand for physiotherapy services and resources have not been provided to address this increased demand.
- There is an absence of suitable accessible space for group based physiotherapy work in HSE premises and the Charter Medical Centre is now being used for this purpose.
- Recruiting physiotherapist to work in the community is a challenge for the health services in general.

3.5.2 Occupational Therapy

The community based Occupational Therapy service is based in Rathdown Road and staffed by 3.5 whole time equivalents occupational therapists. The service is targeted at adults living in the study area. There is currently no occupational therapy service for children based in the study area and those who need OT currently attend the service in Finglas.

- The waiting time to be seen by an Occupational Therapist in April 2009 was 4 months, having fallen in from 14 months in 2008.
- The occupational therapists plan that if waiting times could be eliminated that they would have more time to focus on follow up and preventative care work.
- The service is hoping to re-locate to the re-developed Grangegorman site.
- A key challenge at the moment is the lack of patient follow up particularly post hospitalisation.

3.5.3 Speech and Language Therapy Services

The community based Speech and Language Therapy Services operate from Lisburn and Benburb Street health centres. It has a staff of 1.5 whole time equivalents, although this is due to be reduced to 1 later in 2009. The current focus of the community speech and language therapy service is children. Referrals are made by schools, GP's, Public Health Nurses and parents.

- Outreach speech and language services are currently provided at two local schools and one nursery in the study area. The staff in the service would like to expand these outreach services further but current resources do not allow for this.
- The waiting list for a speech and language assessment is currently three months, which is followed by a three months wait for treatment to begin.
- It was noted that often children referred through their school do not turn up to appointments. The therapist believe that more outreach work in the schools could address this lack of attendance issue.
- There is an unmet need for speech and language therapy for adults, for instance those who have suffered strokes in the study area.

3.5.4 Ophthalmic Services

A child focused Ophthalmic Service based on the Rathdown Road provides service to children in the study area and beyond (HSE Area 6, 7 & 8). The primary focus of this service is children.

- About 200 children and five adults a week are seen at this Rathdown Road facility.
- The services are provided by four staff two Ophthalmic Doctors, an Orthoptist and a nurse.
- Waiting lists to be assessed are currently one year for children and two years for adult patients.
- Adult patients are currently generally referred to the Mater Hospital because of a shortage of staff resources.
- Staff in Unit believes that given the current demand for the service there is a need for additional staff resources.
- The premises in which service is provided is of a very poor quality.
- The staff in the service generally believe that the service would benefit from being provided in a range of location across the North Dublin region.

3.6 Social Work

3.6.1 Social Work Services

There are a number of Social Work teams within the study area. These teams are however not specific focused on the study area as they also cover other parts of HSE Dublin North West. The teams, who report to the Principal Social Worker include Social Work Team Leaders, Social Workers, Childcare Workers, Access Workers and can be broken down as follows:

- The Duty Social Work Team (based in Wellmount Health Centre, Finglas), which deals with all new referrals regarding child protection matters.
- The Long-Term Social Work Team (based in Park House) – to whom long-term cases are referred from the Duty Team for follow-up.
- The Fostering Team (based in Park House) – who carry out fostering assessments and provide on-going support to Foster Parents and children in care.
- The Looked After Team (based in Ormond Quay) – who work with children in long-term care.
- The Primary Care Team (based in ???) – who offer a generic Social Work service as part of the new Primary Care Initiatives.

There is one Community Development Worker based in the NWIC whose role is to liaise with and support local community groups and activities so as to promote 'general health and wellbeing' in the NWIC. This work involves: assessment of community needs, capacity building, resourcing local communities to design and develop local initiatives, management and development of community initiatives, strategic planning and evaluation, supervision and support of staff, securing funding (both from HSE and other sources), financial management, interagency work, representing HSE on various committees, forums etc. There is also a Project Worker in the NWIC, specifically assigned to the Blackhall Parade Children's Project and whose role is to support activities relating to Blackhall Crèche and Afterschool Project. This includes, programme planning and evaluation, staff support and supervision, financial management, liaising with parents, liaising with other agencies, developing and implementing policies and procedures.

The main focus of Social Work (with the exception of the Primary Care Team) services is 'children at risk and their families'. The Dublin North West Local Health Office has one of the highest numbers of children in care in Ireland. See Table 3.2 for details of the numbers of children in care in the local health office area.

Table 3.2 The No. of Children in Care in the Dublin North West LHO

Year	No. in Care	No. of New Admissions
2005	393	207
2006	397	155
2007	412	124
2008	430	133

(HSE, LHO, Dublin North West)

See Table 3.3 for details of the number of new and existing child protection and child welfare referral in the Dublin North West Local health office. (The referral numbers relate to families not to individual children).

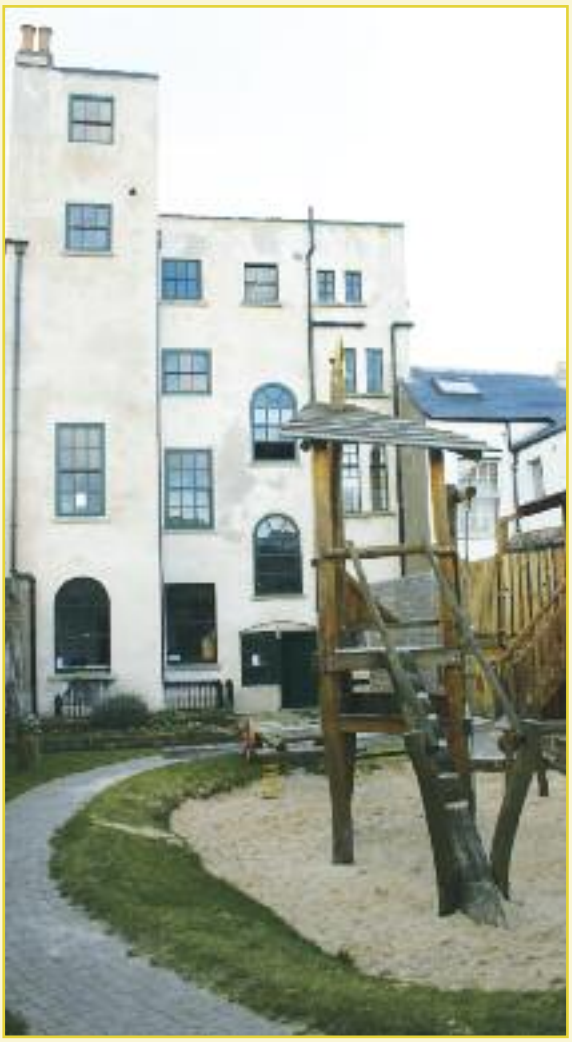
Table 3.3 The No. of New & Existing Child Protection and Child Welfare Referrals

Year	Total No. of New Referrals	Estimated[7] No. in the Study Area	% of Total New Referrals	Total No. of Existing referrals	Estimated[8] No. in the Study Area	% of Total
2005	725	161	22%	881	211	23.9%
2006	573	110	19%	933	232	24.8%
2007	784	165	21%	975	231	23.7%
2008	677	128	18.9%	924	204	22%

(HSE, LHO, Dublin North West)

The Social Work services also have a duty of care in relation to young people appearing before the courts, which involves social workers in investigation and preparation of reports. In addition to its work with at risk children, the service is trying to put increased emphasis on earlier interventions and preventative work. This includes making more proactive assessments, putting in place help with parenting, including parenting classes and providing child care places for pre-school children and specialist interventions for teenagers, through voluntary organisations.

HSE funding is also provided through the team to a number of voluntary organisations. While there is also 1 full time team leader and 1 full time social worker on the older persons team in Area 6. This service is a generic social work service for older people, linking them with appropriate services, arranging home care packages, referrals to Geriatricians and local c. A particular aspect of this work includes mediation between older couples and with older people and their families in the event of difficulties or disputes. An additional team of 3x WTE, works specifically on elder abuse. The team includes one specialist in this area. The team acts on reports from PHN and other bodies, investigates these reports and provides appropriate interventions. In rare cases this will result in applications for someone to be made a ward of court to protect them or their property or goods.



[7] Estimated figures: explanation as above.
[8] Estimated figures: explanation as above.

Issues arising:

- The main focus of Social Work (with the exception of the Primary Care Team) services is 'children at risk and their families'.
- The Dublin North West Local Health Office has one of the highest numbers of children in care in Ireland.
- There is no legal framework for the protection of older people which restricts the action that can be taken in certain instances.
- The poor condition of some accommodation occupied by older people in the area was seen as a problem. Insulation and heating is often poor leading to older people living in one room and some of the houses have no bathrooms and outside toilets.
- In some cases alcohol is a contributory factor in accidents and falls of older people.
- Day services for older people are in short supply and quality is inconsistent. The lack of transport for older people to get to hospital appointments and day centres is also a significant problem for some.
- Isolation was seen as a significant problem for families, particularly immigrant families, and older people.
- The shortage of HSE psychologists and the high cost of contracting private psychologists as an alternative was seen as problematic.
- The challenges of communicating with immigrant families, particularly those from Africa because of the wide range of dialects and the difficulties in getting good quality interpretive services.

3.7 Community Welfare Services

3.7.1 Community Welfare Services

Community welfare services are provided from health centres in the area, in sessional "clinics" usually of two hours durations. Community Welfare Officers are responsible for assessing needs and means and providing payments as appropriate under the Supplementary Welfare Scheme to people resident the state who do not have sufficient means to meet their basic needs. This includes making basic payments, emergency and exceptional needs payments and supplements such as rent and dietary. In addition, they make referrals to other health and medical services and provide general advice, information and support to those presenting. There are currently at least 8 District Community Welfare Officers operating in the study area.

- In 2008, in the North-West Inner-City Area (not including Cabra), there were 11,711 basic payments (totalling €2.60m); 46,761 supplementary payments (totalling €7.65m) and 3,895 emergency payments (totalling €1.06m).
- Demand on the service as increased since the onset of economic recession.
- Community Welfare services are to be moved from the Dept of Health to the Department of Social and Family Affairs in the future.

Issues arising

- The CWOs expressed a concern that they are limited in the support they can offer to a cohort of non-Irish people who are legally entitled to live in Ireland but are not entitled to any social welfare payments.
- They also noted the physical limitations of the Ellis Quay office.
- The different services offered by the CWOs have seen an increase in demand with the onset of the economic recession.

3.8 Mental Health, Counselling, Addiction and Homeless Services

3.8.1 Mental Health Services

Psychiatric services have been provided on the Grangegorman site since 1810 when the Richmond Asylum was constructed. Under the provisions of the mental health strategy Planning for the Future, 1984 the number of inpatients in the current St. Brendan's hospital has been reduced through discharge to low, medium and high support housing in the area. The redevelopment of the Grangegorman site will involve the closure of St. Brendan's and the construction on another part of the site of a secure 66 bed complex to include an intensive care, continuing care and rehabilitation units.

The current range of mental health services in the area include:

- Inpatient services at St Brendan's Hospital for 83 patients.
- Community based supported accommodation to 100 individuals, most of which is older accommodation, in shared rooms.
- Community based mental health services – these are primarily based in Connolly Norman House, they cover two HSE administrative areas – North West Dublin and Dublin North Central. Two teams cover the study area – the Mater and the Cabra community mental health teams respectively. Outpatient, new patients and day hospital services are provided from Connolly Norman House in addition to a number of specialised therapies provided by dedicated team personnel, including clinical psychology, social work and occupational therapy.
- A range of supports and other services are provided to people in this accommodation including community psychiatric nursing, occupational therapy, social work and training.
- In addition to the direct accommodation provided by mental health services, homeless services estimate that between 30 and 40% of people homeless suffer mental ill health. Given that there is accommodation for about 700 people in the study area this amounts to approximately 250 individuals.
- There is a specialist homeless service in North West Dublin which provides a multi-faceted service, including inpatient beds in St. Brendan's Hospital, assertive outreach function and the specialist day services in Ushers Island. This specialist service has a

full multidisciplinary team and has approx. 100 active cases at any time. The team are based in Ushers Island.

- There is also a dedicated mental health assessment and treatment service for homeless individuals living in Dublin City mainly on the Southside but with the nature of homelessness many individuals reside on the North side. Much of the work is provides on an outreach basis. The service is headed by a Consultant Psychiatrist and includes two Community Mental Health Nurses, a Senior Social Worker and a Junior Doctor. The service accepts referrals from frontline staff in hostels as well as medical professionals, hospitals and GP's. The service also provides a range of educational seminars to frontline staff, delivered onsite in hostels. The service has had approximately 540 referrals since 2005. They currently have 64 active patients who are seen between 1-12 times a month, depending on their individual needs. The service links closely with Dublin city Council and other local housing providers. Common conditions seen by the service include:
  - Psychosis.
  - Schizophrenia.
  - Bipolar disorder.
  - Depression with Psychotic features.
  - Any of the above with co-occurring alcohol and substance misuse.
- A day service for homeless people in the city is provided at Ushers Quay and provides assessment, medication, food, occupational therapy and other activities.

Issues arising:

- A number of health professionals and indeed people with mental health problems have highlighted the fact that the diagnosis of mental health problems is complex and can take a long time.
- People with mental health problems often have complex needs and require a range of services. Supports provided should be age appropriate, what is suitable for older people is probably not suitable for younger people.
- It can be difficult for people with mental health problems to access accommodation in the area, particularly when they need supports to live independently. One key service is an outreach service to clients living in the community.
- There is currently a review of adult day services being conducted by the HSE.

3.8.2 Vocational Training linked to the Mental Health Services

Eve Limited (a subsidiary of the HSE) provides training and rehabilitation services for people with disabilities and mental health difficulties. It has 20 centres in Dublin city and surrounding area, with 'The Goirtin Centre' based on the Grangegorman site. Under Phase I of the redevelopment of the Grangegorman site (2010 approx) the Centre will be relocated to the old laundry building following extensive refurbishment.

The Goirtin Centre has five full time staff and a lovely garden. It provides rehabilitation and vocational training for up to 27 people, most of whom are referred from St Brendan's. About 55% of clients are male and 45% female. Trainees can do FETAC level 5 in horticulture and attend for a maximum of three years. People leaving the service generally go on to attend sheltered workshops

Issues arising

There is a particular problem around employment opportunities/occupational services for clients of the mental health services. The more limited availability of CE Schemes the advent of the minimum wage and insurance issues has meant that employment opportunities for people with mental health issues are significantly more limited.

3.8.3 Counselling Services

A range of counselling services are available in the study area, targeting different needs. These are provided by voluntary or community organisations, usually with some state support. Services include those addressing bereavement, family counselling for the Victims and Survivors of Torture (SPIRASI), counselling for people with acquired brain injuries and their families (Headway). Some of these target the local community and others such as SPIRASI and Headway have a wider geographical remit and just happen to be based in the area.

There is one community counselling service in the area. This is funded by the Family Support Agency. Referrals come from local GPs and community groups. Most of the counsellors involved in this service are volunteers or students. The services is discrete, reasonably priced and accessible across the community. The vast majority of clients attending the community counselling services are female. There are few non-Irish attending the community counselling services. The service deals with a range of issues including: bereavement, relationship/ marriage counselling and family break up.

Issues arising

- The level of referral of patients to counselling services among GPs varied widely.
- It is anticipated that the demand for counselling services in the area will increase as local unemployment levels rise.
- Community counselling is seen as valuable because of its links to local community groups, GPs, teachers etc this means that information on the service can reach a large number of people. Its lower prices also make it accessible to a large number of local people.
- Spirasi is a specialised centre working with victims of torture, and has patients from all over the country. All of their patients are non-Irish nationals.

3.8.4 Addiction Services

There would (according to local addiction services), appear to be a significant drug and alcohol problem in the area. Levels of heroin, soft drug, prescription medication use and alcoholism and street drinking levels are high within certain parts of the study area.

The area has a number of services involved in addressing the needs of people with addiction problems and their families but significant weaknesses were identified in their coordination and information sharing.

The number of people with addiction problems in the area is not known but there are 1,000 in treatment in the north inner city and it is estimated that twice this number is addicted to heroin. There are a range of problems related to treatment and rehabilitation of heroin addicts. There is a shortage of detox beds with only 27 available for the whole city and these have a waiting list of about six months.

Methadone treatment is available in two clinics but there is a waiting time of 3 months for Trinity Court and people must be resident in the area for 6 months before they are eligible to apply for the Thompson clinic, although there is a fast track system for pregnant women. See Map 3.2 for the location of the different Centres. Once treatment has been accessed there are still problems. Methadone is the only treatment offered and people must attend clinics every day or every other day for urine tests, leading to long queues and people hanging around for protracted periods. In the absence of alternative therapies people stay on methadone indefinitely without care plans being revised often enough

- There are a number of services and organisations that directly address addiction issues in the area, including Chrysalis, Snug, the North Inner City Drugs Task Force, Soilse and the Training and Development Project, while Outhouse runs weekly Alcohol Anonymous and Narcotic Anonymous meetings which are open to anyone. A number of these services are supported by funding from the HSE and through the Local Drugs Task Force.
- A number of the services have a particular focus on heroin addiction, but there are also other drugs and alcohol users living in the area. There are two large methadone clinics in the area (the Mews Clinic and the Thompson Centre which had 132 and 182 patients respectively in May 2008). These clinics are operating at full capacity.
- When individuals leave the methadone clinics they are transferred to their GPs.
- There is believed to be a general gap in education and treatment in relation to alcohol. This is seen as both a national and a local issue.
- Progression routes for people recovering from addiction issues are often limited. People receiving methadone treatment for example can stay on this treatment for years given that limited opportunities that exist for further rehabilitation training and development. Both of the training and development courses provided by Soilse and the Training and Development Project are continually full with extensive waiting lists.
- There is a significant shortage of detox facilities both locally and in the State as a whole.

Issues arising:

- It is felt that there should be better communication between the clinics and the various local doctors.
- Many of the services in the area are linked to heroin abuse and there is a perception that there is a lack of supports for other drug users.

3.8.5 Homeless Services

There is a high level of accommodation in the area for people who are homeless (as described in Chapter 2). See Map 3.3 for the location of homeless services in the study area. Between the postal districts of Dublin 7 and Dublin 1 there are 875 households or 937 adults. People who are homeless are likely to experience a range of health issues – physical, mental, psychological, and addiction – at greater rates than the population as a whole and to also experience greater obstacles to accessing health and treatment services. In recognition of this situation the HSE has funded a range of health and health related services for people who are homeless.

These include: dedicated community welfare services for women and families and for men; a dedicated mental health service (described under section xx above); a multi disciplinary team comprising a community welfare officer, public health nurse, drugs counsellor, social worker and team leader; and a dedicated dentist service which operates from the clinic in Cornmarket.

In addition to these there is a GP and nursing service which is delivered on site in a number of hostels and a dental service which is available from Merchant's Quay Ireland. Five general nurses are employed to work in 8 homeless services in the city (mostly north inner city) and a GP service is also available in hostels. A number of GPs are involved in this service and a data base system – Safety Net – has been developed to support their work. Safety Net allows them to record and share information on common patients and to coordinate their interventions. This works well and the people whose information is on the system are quite happy for it to be there. There are protocols to cover clinical governance and a common approach.

Some hostels have visiting counselling and occupational therapy services. There is one alcohol detox facility for homeless people in the city while methadone treatment is available in one hostel in the area.

Issues arising

- Under a forthcoming implementation plan, the Homeless Agency plans to reduce the number of homeless services by moving people into mainstream housing. This should reduce the level of homeless accommodation in the area but of course the health status and needs of people will not be transformed by moving home.
- Proposals are underway for the development of a facility for homeless people and for an immediate care facility as part of the services on the developed Grangegorman site. This would provide a step down facility for people homeless people leaving hospital who are not ready to go back to the hostel.
- A challenge and quandary for health services to homeless people is that the effect of continued development of specially tailored services does not address the underlying problems with mainstream services and can serve to lock people into homelessness, where they can be better off in terms of access to services.

3.9 Hospitals and Clinics

3.9.1 Hospitals

In addition to St Brendan's Hospital which is discussed above at 3.8.1, there are two general, one children's and one maternity hospital serving the area. These are:

- The Mater Misericordiae University Hospital
- The Rotunda Maternity Hospital
- St. James's Hospital
- The Children's Hospital Temple Street

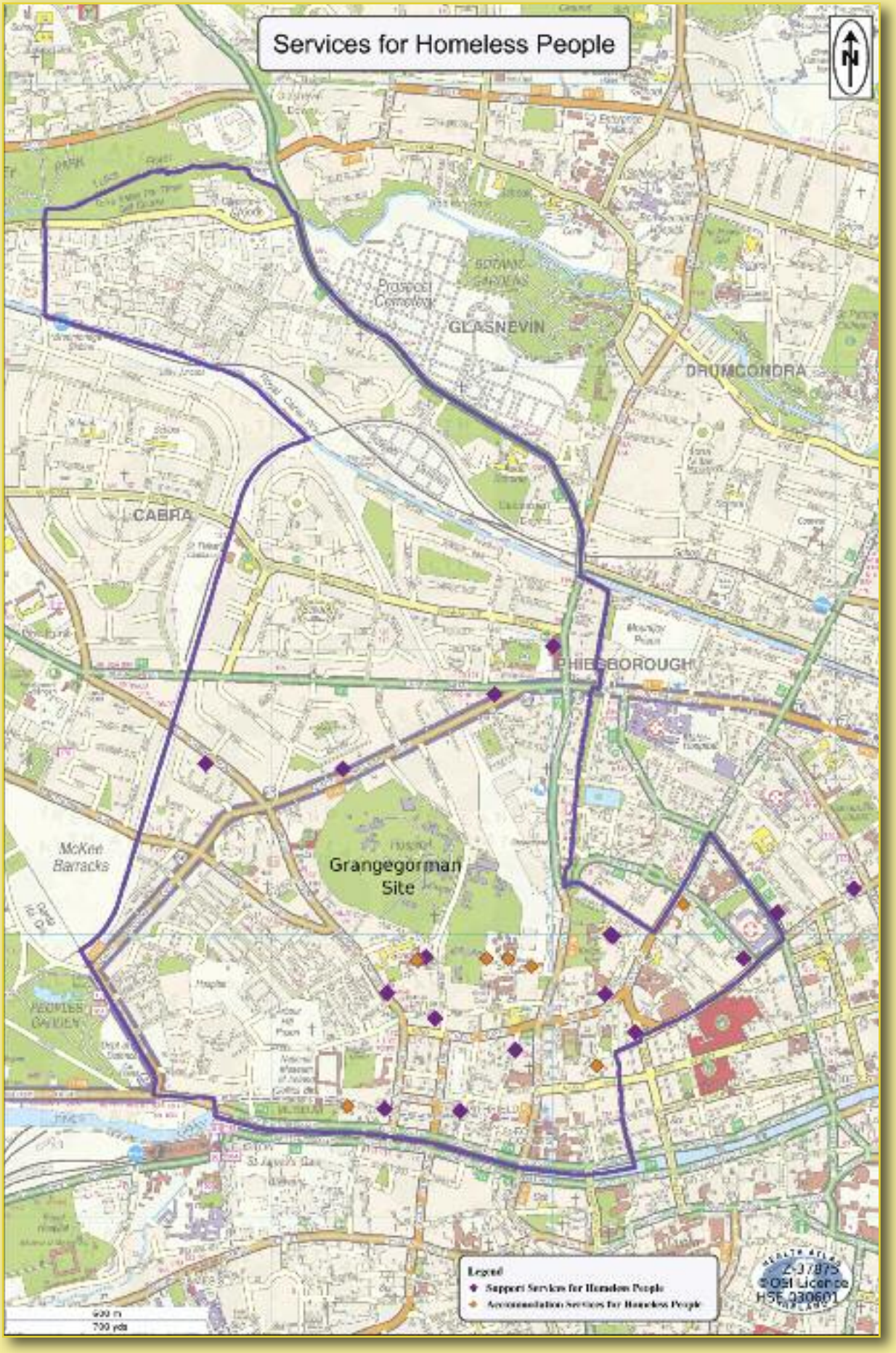
See Map 3.2 for the location of the different hospitals. While it is not possible access the number of people from the study area attending these various hospitals as outpatients, it is possible to access information on the number of people with a Dublin address attending the hospital as an inpatient. See Table 3.4 for details. These figures suggest that the Mater is the hospital that most people in the study area would have contact with. (Patients who attended either A & E or outpatient services are not included in the Table.)

Table 3.4 No of In-Patients with a Dublin 7 Address Attending the Various Local Hospitals in 2007

Age (5 years age groups)	Mater Hospital	Rotunda	St. James's	Temple Street Children's
0 - 4	0	135	0	251
5 - 9	0	0	0	128
10 -14	3	0	0	86
15 - 19	123	41	17	22
20 - 24	181	156	39	0
25 - 29	251	208	87	0
30 - 34	228	191	59	0
35 - 39	267	151	62	0
40 - 44	239	50	56	0
45 - 49	314	13	21	0
50 - 54	283	6	28	0
55 - 59	292	10	19	0
60 - 64	300	2	13	0
65 - 69	338	3	18	0
70 - 74	404	1	21	0
75 - 79	339	0	21	0
80 - 84	282	0	18	0
85 +	219	1	3	0
Totals	**4063**	**968**	**482**	**487**

Source Health Information Unit 2008

Map 3.3 The Location of various Homeless Services in the Study Area.



St Mary's Hospital located in the Phoenix Park, provides services for older persons. It serves all three local health areas offices in Dublin North for many years. It provides a range of residential and extended care options. It also includes a Day Hospital, and has pioneered the development of a Rapid Access diagnostic clinic, operated in partnership with Charter Medical and located in the study area. The Hospital currently accommodates up to 376 patients, plus an additional 25 people per day.

A 100 bed Community Nursing Unit was opened at St Mary's in May 2008. It has increased long-stay capacity for older persons within north Dublin. A new Day Hospital was built along with this facility. This Day Hospital, and its improved therapeutic facilities, has enhanced the service St Mary's provides to older persons living at home.

A new Complex Discharge Unit was also opened in St. Mary's in January 2009. This Unit provides care for persons over 65 years whose acute care has been completed in the Mater Hospital but whose final discharge is delayed for varying reasons, such as the need for further rehabilitation, palliative care or the arrangements of home care packages or adaptation to their homes. The maximum stay in this Unit is twelve weeks. An additional new 50 bed community nursing unit is due to open in the hospital in 2009.

3.9.2 Private Medical Clinics

- Charter Medical a private medical clinic opened in the study area in 2005. It began by providing only diagnostic imaging services.
- It now provides some services specifically for older people. These include a Rapid Access Clinics which provides immediate assessment, diagnostics and care planning for older people referred by their GPs. Patients are referred by their GP to the clinic and appointments usually provided within three days of the referral. These services are provided free of charge to public patients referred by their GP and accepted by the service. The service estimates that the number of older people attending the local A&E have fallen by 40% since the opening of the facility.
- Charter also provides an exercise and well being clinic for older people which helps them to stay supple and healthy through specific exercises and helps them to protect themselves against injuries caused by falls and other accidents.
- Charter also offer a sexual health clinic providing STD diagnosis and treatment and emergency contraception.
- In addition the clinic has an "urgent care centre" which is available seven days a week to paying patients with minor injuries and illnesses.
- Charter Medical are currently planning to expand the services they provide and are considering the possibility of provide both psychology services and a step down nursing facility.

3.10 Childcare and Recreation Facilities

3.10.1 Childcare

Childcare is generally provided either by formal childcare facilities or by childminders. The childminding sector is largely unregulated (you only need to notify the HSE when you are minding 4 or more children). The study area has few if any registered childminders. Map 3.4 indicates the location of the various pre-school and schools in the study area.

A 2006 audit by Dublin City Childcare Committee of childcare facilities identified 27 childcare providers operating within the study area. See Table 3.5 for a breakdown of the type of facilities identified in the Audit. Playgroups were identified as the most common (41%) type of childcare facility in the area. The HSE staff identified 26 childcare facilities operating in or just adjacent to the study area in 2009. A list of these can be found at Annex 6.

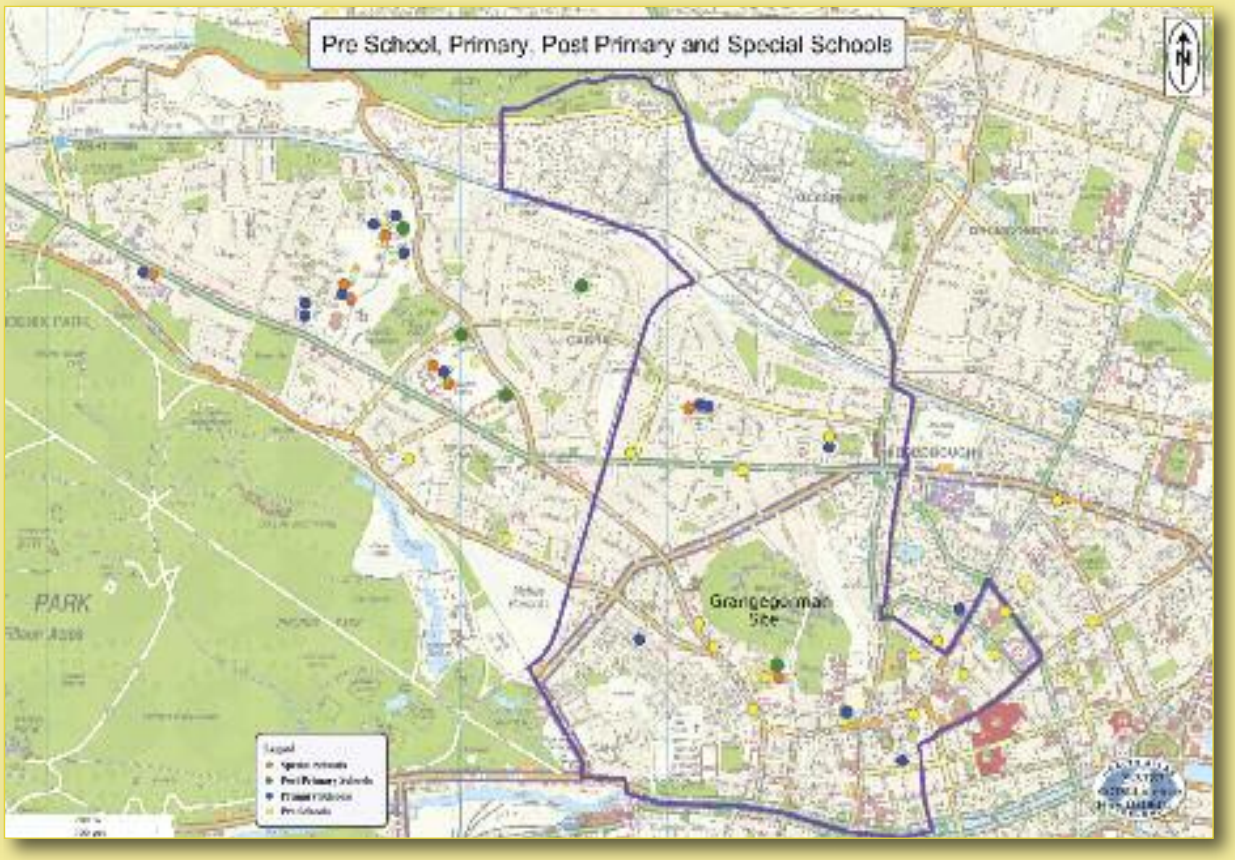
Table 3.5 Nature of childcare facilities in study area, 2006

Nature of Facility	Number
Playgroup	11
More than one category	6
Crèche	4
Montessori	3
Naoinra	1
Not answered	1
Nursery	1

Source: DCCC, 2008

While good practice requires annual inspection of child care facilities these occur less frequently due to the high case loads of inspectors. However, the main issues arising from inspections indicate that ratios of adults to children are lower than those recommended. The Dept of Health and Children 2006 Pre-school Regulations require 1 staff member for every 3 children aged 0-1, 1 staff member for every 6 children aged 1-3 years and 1 staff member for every 8 children aged 3-6 years. It is recommended that 50% of the staff working in childcare facilities should have a childcare qualification, but this is not a legal requirement. In the UK childcare facilities must register, while registration requires the providers to have certain things in place and for the staff to have a certain level of qualification.

Map 3.4 The Location of Pre-school Facilities and Schools in the study area



There are two crèches in the study area (Henrietta Street and Tiny Toes, 42 Manor St) that receive significant levels of HSE funding. The HSE provide up to 90% funding for the Henrietta Street facility and 65% for Tiny Toes, while the children attending this facility are referred to the service by the Public Health Nurses. There is also some part funding for a number of other crèches (Pitter Patter and dedicated personnel support for other crèches (Blackhall Crèche). The HSE also fund a very small number of childcare places in exceptional circumstances. There are only 2-5 places in total funded across HSE Areas 1 & 6. Applications for these places are assessed by a multi-disciplinary HSE team who meet once or twice a year. Where a child attending a Childcare facility needs a Special Needs Assistant these are supplied by St. Micheal's House. The area has a particular issue with providing supports for pre-school children whose parents are drug addicts.

The majority of childcare facilities in the area are private, this is similar to other areas, only 30% of childcare facilities in Dublin North Central are community based and less than 20% of facilities in the Dublin North West are community based. Anecdotal evidence would suggest that community childcare facilities because of their flexibility and their reduced cost are often used by parents and guardians when they are attending courses including FAS course for 2-3 years.

The community crèches generally provide both full time and sessional childcare, while the private provide full time childcare provision is geared at parents working full time. In some instances part time childcare can be available for anything from 3.5 to 5 hours/day. There is a lack of consensus as to whether current provision is meeting demand in the area. The HSE Childcare Officers are of the opinion that current provision is meeting demand (but that a small number of facilities may have a waiting list). Members of the HNA Advisory Group in contrast are very clear that current provision does not meeting demand. A more detailed study is needed to determine the exact position in relation to supply and demand and demand for affordable childcare in particular.

Recent changes in the economy has meant that the number of people in work are falling so too the number of children attending private childcare facilities are falling and this will undoubtedly have consequences for the private providers in the study area. The new Childcare Subvention Scheme (brought in to replace the staffing and operational grants previously funded under the Equal Opportunities Childcare Scheme) has also been the cause of some difficulties. Funding under this scheme is based solely on parental income. The introduction of this new scheme has seen a number of crèches in the area experience a reduction in funding as well as 'operational difficulties' for children how start mid-year and who are often unable to claim a subvention for this part year. Interestingly the numbers attending the community facilities has remained unchanged, although these facilities are currently struggling with the loss of FAS/CE funding and support for staff costs as well as the loss of childcare funding provided through Pobal. It is also important to note that some facilities can be very closely linked with certain employers. There is for example a very good facility with 60 places in Eccles Street, just outside the study area, but the majority of these places are used by the staff of the Mater Hospital.

3.10.2 Play Grounds/Spaces

There is a shortage of inner city play spaces. Some crèche's and childcare facilities have small play areas attached to them but they are generally only for the children attending their services (e.g. St. Mary's Place, the facility in Henrietta Street, Tiny Toes[9] and Blackhall crèche all have purpose built play areas). Similarly there are play and sports areas as part of city council flats complexes but many of these are for the use of residents only. See Table 3.6 for details of the playground in the study area. See Map 3.5 for a map of the location of the different play spaces and parks in the study area.

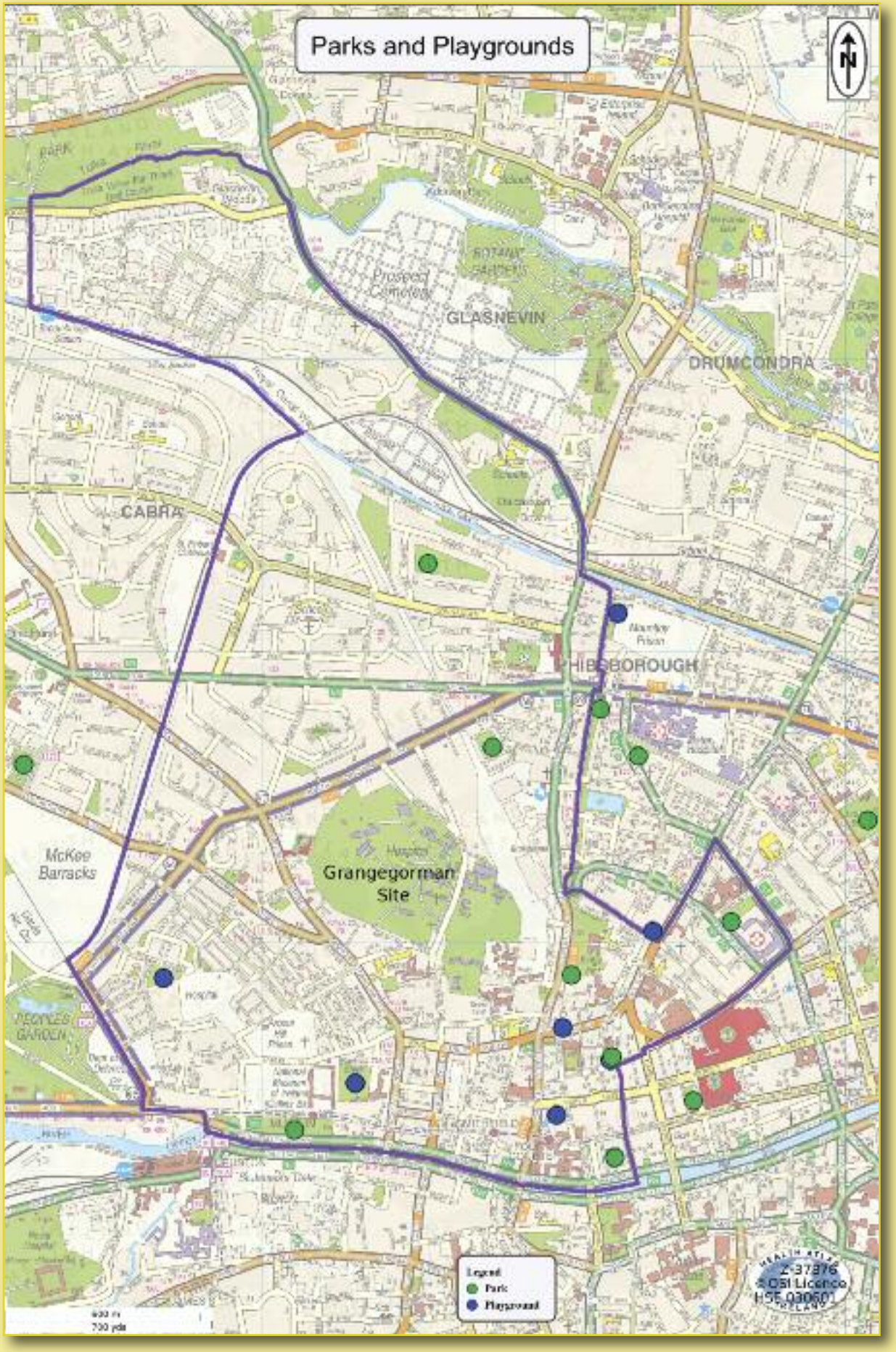
Table 3.6 Playgrounds in the Study Area

Facility Name	Address	DED
Playground O Devaney Gardens	Infirmary Road, Dublin 7	Arran Quay D
Playground Kevin Barry House	King Street North, Dublin 7	Inns Quay C
Playground Blackhall/Marmion	Blackhall Place, Dublin 7	Arran Quay C
Playground Saint Michans House	Greek Street, Dublin 7	Inns Quay C
Playground Dominick Street	Dominick Street Lower, Dublin 1	Rotunda B
Playground Broadstone Park	Royal Canal Bank, Dublin 7	Arran Quay A
Playground Saint Michans Park	Halston Street, Dublin 7	Inns Quay C
Playground Ormond Square	Ormond Quay	Inns Quay C

Dublin City Council Community Facilities Mapping Project, Sept 2007

[9] The HSE provided the funding for the Tiny Toes Crèche Playground.

Map 3.5 The Location of the different Playground and Parks in the study area.



3.10.3 Community, Sporting and Recreational Facilities

The key source of information on community, sporting and recreational facilities in the area is the Dublin City Council Community Facilities Mapping Project completed in September 2007. See Map 3.5 for the location of the various sporting and recreational facilities in the study area. This project found that there were nine church and/or community halls in the study area, while members of the HNA Advisory Group added three (O'Devaney Gardens, Smithfield and Drumalee) small additional community centres to the list presented in Table 3.7.

Table 3.7 Church Halls, Parish Halls and Community Centres in the Study Area

Facility Name	Address	DED
Holy Family Parish Centre	Prussia Street, Dublin 7	Arran Quay B
Christ The King Parish Hall	Annaly Road, Dublin 7	Cabra East B
Macro Community Resource Centre	Green Street, Dublin 7	Inns Quay C
Outhouse LGBT Community Resource Centre	105 Capel Street, Dublin 1	Rotunda B
Community Centre Dominick Street	Dominick Street Lower, Dublin 1	Rotunda B
Community Room Sheridan Court	Flat 3 Dorset Street Upper, Dublin 1	Rotunda B
Community Room Kevin Barry House	Coleraine Street, Dublin 7	Inns Quay C
Community Room Constitution Hill Flats	Flat 23 Constitution Hill, Dublin 7	Arran Quay B
Community Centre Saint Pauls	Blackhall Parade, Dublin 7	Arran Quay C
Community Centre O'Devaney Gardens	O'Devaney Gardens, Dublin 7	Cabra East C
Community Centre Smithfield	Smithfield, Dublin 7	Arran Quay C
Community Centre Drumalee	Stoneybatter, Dublin 7	Arran Quay E

This study identified four 'social centres for older people in the study area, see Table 3.8 for details.

Table 3.8 Social Centres in the Study Area

Facility Name	Address	DED
Markets Area Senior Citizens Service	King Street North, Dublin 7	Inns Quay C
Friends Of The Elderly	25, Bolton Street, Dublin 1	Rotunda B
Christ The King Day Centre	Annaly Road, Dublin 7	Cabra East B
Aughrim Court Centre	Stoneybatter, Dublin 7	Arran Quay E

The study identified nine parks within the study area, three of which are located in Inns Quay C, with two in both Cabra East A and Arran Quay A. See Table 3.9 for details and Map 3.5 for the location of the Parks. There are also five parks just outside the boundary that people living in the study area use. These are Berkeley Road Park, Dunard Park, Mountjoy Square Park, Wolfe Tone Park and Pope John Paul II Park (known locally as the Bogeys). A number of these Parks have playground within them.

Table 3.9 Parks, Gardens and Open Spaces in the Study Area

Facility Name	Address	DED
Garden Of Remembrance	Parnell Square East, Dublin 1	Rotunda B
Saint Michan's Park	Halston Street, Dublin 7	Inns Quay C
Broadstone Park	Royal Canal Bank, Dublin 7	Arran Quay A
Croppies Memorial Park		Arran Quay D
Great Western Square Park	Great Western Square, Dublin 7	Arran Quay A
Kings Inn	Constitution Hill, Dublin 7	Inns Quay C
Mount Bernard Park	Shandon Park, Dublin 7	Cabra East A
Shandon Park Gardens	Shandon Gardens, Dublin 7	Cabra East A
Ormond Square	Ormond Quay	Inns Quay C

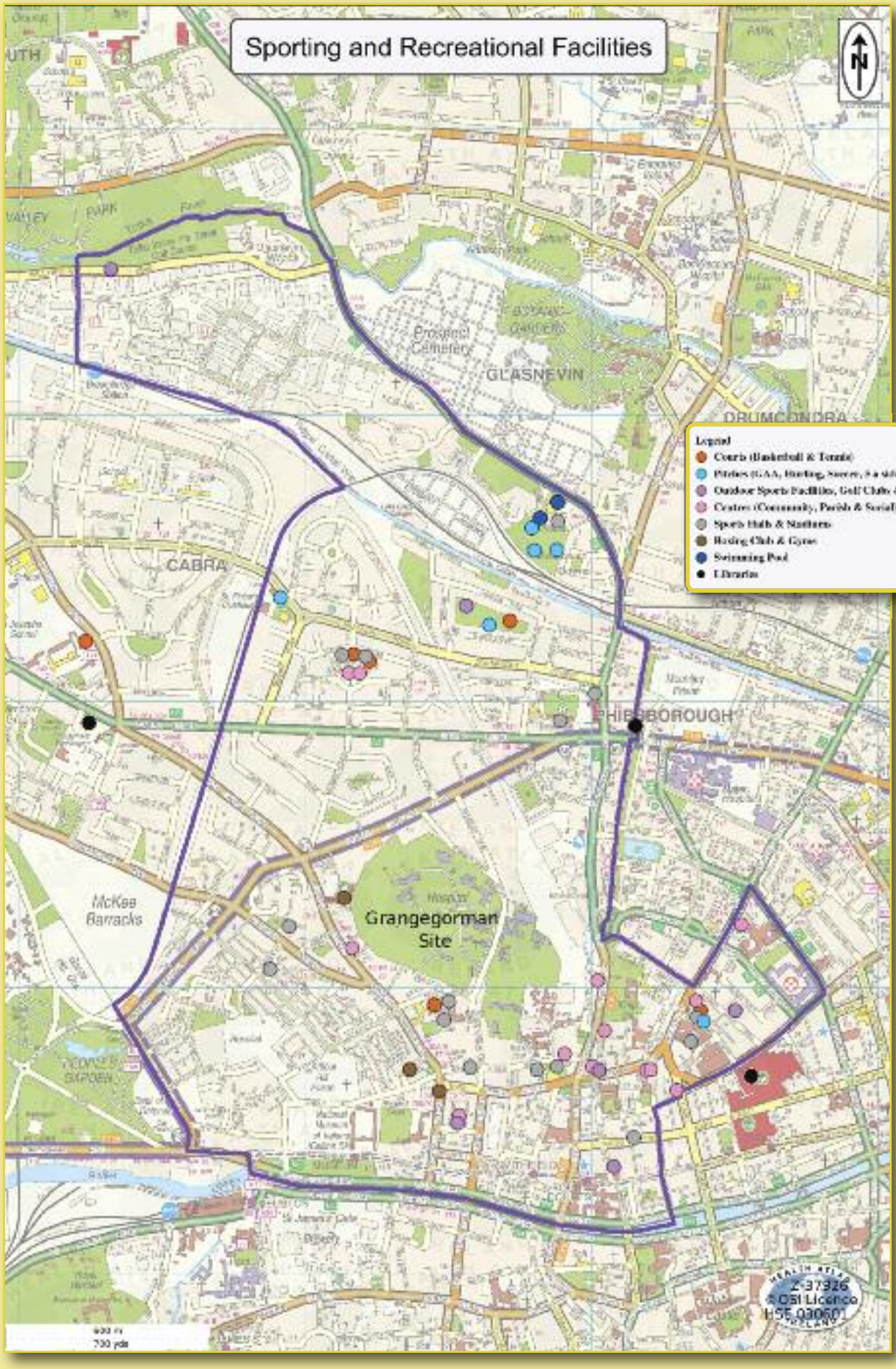
Consultations with a representative from the Parks Division of Dublin City Council found that most of the parks in the area underwent regeneration over the past 10 years, with extra facilities added or existing facilities upgraded. Over the coming years, further work will take place to make the parks more accessible to people with disabilities. This follows from the 2005 Disability Act, which requires that all Local Authorities in the country ensure that all of their services and facilities are accessible to people with disabilities by 2015.

A 2007 study commissioned by Dublin City Council to identify potential accessibility barriers found the following issues of concern:

- Poor directional signage
- Insufficient drop-off points and wheelchair accessible parking spaces
- Lack of adequate handrails
- Lack of adequate tactile paving
- Inadequate seating
- Cracked footpaths

An implementation plan was developed following this study and a series of consultations with stakeholders, disability groups and the general public. This plan details how and when remedial and corrective works will be delivered in each of the parks. Seven parks within, or just outside, the study area are included in what is to be the first wave of accessibility improvements (Broadstone, Croppies Park, Great Western Square Park, Kings Inn, St Michan's Park, Wolfe Tone Park and Mountjoy Square Park). Sporting facilities located in the study area include three gyms, two swimming pools, a sports stadium, pitch and putt and three par golf courses and a range of indoor and outdoor sports facilities.

Map 3.6 The Location of the Sporting and Recreational Facilities



3.11 Disability and Special Needs Services

3.11.1 Disability Services

The World Health Organisation believes that about 8-10% of the total world population have disabilities while nationally the 2006 found that 9% of the population have disabilities (which include age related disabilities). In general terms the disability needs of the area are not very different to any other inner city area. One of the biggest differences between the services available in the study area compared with other areas, is that the study area population can access assessment and diagnosis from the Mater Child Guidance Services. This services is generally for children with behavioural/psychological difficulties but is linked to disability services. There is a waiting list to be seen by this service.

The Daughters of Charity Service on the Navan Road provide services to local people with moderate/severe and profound learning disability (they cover the whole of the Local Area Office). This service has a huge caseload and provide a wide range of services. Similar services in other areas are delivered directly by the HSE.

The Central Remedial Clinic (CRC) in Clontarf provides services for local people with physical and sensory disabilities. People with physical disabilities travel (to either Hartstown or Clontarf) to access day services. While transport is provided to access the day services this can be a very long day for people. People can attend the CRC clinic in Clontarf up to 65 years of age. In the current proposal for the re-development of the Grangegorman site there is a plan is to provide day services for people with physical disabilities on the site.

Headwise who are based in the study area work across North Dublin with people who have acquired brain injury. Acquired Brain Injury Ireland [formerly The Peter Bradley Foundation] who are also based in the study are provide independent living space for people with an Acquired Brain Injury (ABI). Interestingly there are a large number of disability organisations based in the study area, many of them operate out of Carmichael House. A significant number of these organisations provide advocacy services more than local services. Some of the organisations that provide actual services in the area would include the Rehabilitation Training and Guidance Agency, Deafhear (North Frederick Street) and Headway just off Manor Street.

The HSE Rehabilitation Training and Guidance Service (Park House) provides home care supports to 120 people in Area 6. Supports are provided for people with disabilities, for palliative care and for lone parents who may not be coping. Disability services also fund special needs assistants for children in pre-school. The Assistants generally work with one and up to two children. There are 30 places funded in Area 6 (Dublin North West).

Personal assistants are provided linked to the Irish Wheelchair Association. Supporting these posts is challenging in terms of being able to provide sufficient supports in terms of hours available and in terms of supporting the personal assistants themselves. Funding for personal assistants competes with other services provision and a balance has to be found between providing sufficient social hours and the associated risks linked to basic living requirements. There are only a limited number of PA hours available, while there is a huge demand for these services.

There are no residential care facilities for people with disabilities in the study area. St Brendan's Hospital do have a number of patients with disabilities but they are currently treated within the mental health services.

The disability services are currently in the process of establishing an early intervention team to cover the Dublin North area. This team will focus of children aged 0-5 years. It is to be based in Finglas with both senior and basic grade therapists, These therapists will also require a Co-ordinator and an admin team to support them in their work. The plan is that the service would be delivered on an outreach basis but that will depend on what facilities are bookable and available. Quarry Road is a facility that could possible provide a outreach location. The team is being established based on the recognition that multi-disciplinary services are needed for early intervention work. Children are referred to this service by their GP, while the early intervention team will do the screening and provide a mechanism for onward referral.

One of the biggest challenges for disability services is where people have dual diagnosis, this means that they may not fit into particular services. It is also often hard to place and find the right service for people with a mild disability. They are often vulnerable so finding suitable housing and accommodation for them can be challenging. The accessibility of health facility buildings is also an issue, so that having the purpose build primary care units in place on the re-developed Grangegorman site would be a very useful development.

There are gaps in service provision for people with Autism. Services are currently provided from Beachpark to cover all of North Dublin. The

headquarters of this service is in Tallaght with a team based in Santry although they deliver most of the services through Dept of Education schools. There is no pre-school service for children with autism in the study area although there is a proposal to provide autism services in the Dublin 7 Educate Together Primary School to be built on the Grangegorman site.

3.12 Other Services

3.12.1 Ethnic Minorities

Members of the research team met with various organisations who provide services for ethnic minority communities in the study area, including SPIRASI. SPIRASI provide a range of supports for vulnerable migrants, immigrant communities, asylum seekers and refugees including survivors of torture. A number of key issues for ethnic minorities were identified as a result of these discussions as follows:

- Over 50 different nationalities accessed the services offered by Spirasi on the North Circular Road in 2008. The main regions were Africa, Middle Eastern and Eastern European. The status of these individuals varied from asylum seekers, refugees, to undocumented and economic migrants. The growth in ethnic food shops and other facilities in the area is a visible indication of the growth of ethnic minorities – in the area. SPIRASI believes there are a disproportionate number of traumatised people from ethnic minority communities living in the study area.
- The key needs for the ethnic minorities include:
  - Integration Supports: Language and Cultural Orientation Needs.
  - Health Information and Cultural Mediation.
  - Culturally appropriate health services, particularly primary care, mental health support and rehabilitation for asylum seekers and refugees.
  - Employment Support.
  - Social networking support.
  - Appropriate and affordable Housing.
  - Culturally acceptable parental support.
- The health needs of the ethnic minorities are generally related to the complexity of integration, frustrations around communication, access to primary health care, and mental and psychosocial health. Some of service users exhibit psycho-emotional problems, due to pre-migratory trauma which may be accentuated by post-migratory circumstances.
- Language is an enormous challenge and a key difficulty for groups working with ethnic minority communities is the huge cost associated with interpreting. This is generally not factored into HSE and other grants Interpretation for all interactions is the ideal but this has serious resources implications.
- Individuals from immigrant communities can often have quite complex health needs. (SPIRASI's Centre for the Survivors of Torture has about 800 clients annually and estimate that about 21% of these clients came from the Dublin North East Area).

3.12.2 Domestic Violence

The North West Inner City Women's Network (NWICWN) aim to raise awareness on the issue of domestic violence. They also provide support, information, advice etc. for women experiencing domestic violence. The Women's Network also provide training for local projects/groups and individuals living or working in the area.

Women's Aid estimates that one in five Irish women experience domestic violence at some stage in their live. The HSE fund Women's Aid to provide a help line, support, and education for women who may be experiencing domestic violence in the study area. There is some anecdotal evidence[10] to suggest that increased drinking at home as a result of the economic downturn could be behind a rise in domestic violence in some areas.

3.12.3 Lesbian, Gay, Bisexual and Trans-gendered Community (LGBT)

- Outhouse is a resource and community centre for the LGBT community, and runs a range of support groups, including a support group for transgendered people and for non-Irish LGBT people. They also run a series of courses, from art and design to personal development as well as a theatre group.

- Identified gaps in service provision include a shortage of resources of women's health and sexuality with focus instead on the sexual health of gay men.
- Feedback from the transgendered support group suggests that more services are required in relation to personal development, the understanding of endocrinology and voice training for those who are transitioning.

3.12.4 Youth Services

Youth services in the area are provided by Bradog Youth Services, Stoneybatter Youth Services and Cabra Youth Services.

Bradog Youth services operates from the MACRO building and provides a range of activities for young people aged between 10 and 21. These include art, outdoor pursuits, health promotion, sport and digital media, using community development principles. An outreach service for young people who are not involved in activities is also provided. This service currently has about 150 young people using its services on a monthly basis and deals with between 850 and 900 individuals annually.

The Stoneybatter Youth Services works with young people aged between 10-18 from who live in City Council estates and flat complexes including O'Devaney Gardens, Montpelier, Marmion Court, Drumalee and Oxmantown Road areas. The Service also works with 18-21 year olds where the focus of the work is to support their access to education and or employment. The service also offers information and advice to all young people and members of the wider community. There are approximately 240 young people registered with the service who work with 150 of these young people on a weekly basis.

Cabra Youth Services who operate from Cabra Parkside Community Sports Complex, Ratoath Road in Cabra also provide services to young people in the north of the study area.

3.13 Key Findings

Chapter 3 highlighted a range of findings for the different health services examined. This section contains a summary of some of the key findings emerging from this analysis. In some instances the findings related to health services generally in other instances the findings are specific to the services in the study area.

3.13.1 Key General Findings

- Health service providers use different information data collection system, with no overall system of information collection it is not possible to obtain a overall picture of needs or levels of service use.
- There will always be a gap between expectations and the implementation and delivery of health services because as standards improve, expectations will increase accordingly.
- Some health professionals (e.g. Counsellors, GP's, etc) have seen an increase in the demand for public health services in the context of the economic downturn, while others are anticipating an increased demand, with people unable to afford private health care.
- Concerns among those consulted were expressed about weaknesses in the management of the HSE and in the management/administrative infrastructure. Linked to this were concerns that the move to primary care teams would not have the intended impact if these issues were not addressed.
- Individuals from immigrant communities can often have quite complex health needs, while GPs and other health service professionally often have communication difficulties where individuals do not have English language skills, in these instances there is a need for more cultural mediation services.
- There are long waiting lists for many health services (e.g. occupational therapy, physiotherapy, home help and ophthalmic services).
- Pressure on resources means that health services tend to be provided on a reactive rather than proactive/ preventative basis, with limited outreach provision while patient follow up post hospitalisation tends to be limited.
- There is a need for greater integration between the different elements of the health services including public health nurses, drug clinics, A&E, community based services and acute hospitals.
- There is a challenge associated with communicating with immigrant families, particularly those from Africa because of the wide range of dialects and the difficulties in getting good quality interpretive services.
- Language is an enormous challenge and a key difficulty for groups working with ethnic minority communities is the huge cost associated with interpreting. This is generally not factored into HSE and other grants. Interpretation for all interactions is the ideal but this has serious resources implications.
- Accessing mental health services can be difficult.
- One of the biggest challenges for disability services is where people have dual diagnosis, this means that they may not fit into a particular service. It is also often hard to place and find the right service for people with a mild disability.
- Inspections of child care facilities occur less frequently than might be expected due to the high case loads of inspectors. The main issues arising from inspections indicate that ratios of adults to children are lower than those recommended.
- There are only a limited number of Personal Assistant hours available for people with disabilities with a huge demand for these services.
- There are gaps in service provision for people with Autism.
- A significant number of the health professionals consulted believed that community based health service provision works better that acute hospital, and suggested that innovative ways need to be found to support the development of enhanced levels of community based health service provision.

3.13.2 Key Area Specific Findings

- The introduction of primary health care teams is seen as a positive development but they have yet to be established. This needs to be done without further delay.
- Awareness of the D.Doc 24-hour service needs to be increased.
- GPs in the study area are under considerable time pressure and find it difficult to devote sufficient time to patients. This suggests that there may be a shortage of GPs in the area with numerous knock-on effects.
- Some public and some private health facilities in the study area are sub-standard and in need of investment. In some cases upgraded public health facilities will be provided – in the redeveloped Grangegorman site. Examples of sub-standing facilities identified included:
  - Some GP surgeries
  - Benburb Street, and Lisburn Street Health Centres
  - The Ellis Quay Office (Community Welfare services are provided from this office)
  - Rathdown Road
- There is an absence of suitable accessible space for group based work in various HSE premises.
- The conditions for health care staff and service users based/in attending Rathdown Rd are sub-standard and are impacting on staff and service users alike.
- There is need for longer opening hours for some services. There are, for example, no late night pharmacies in the study area nor is there any out of hours/emergency dental services.
- The accessibility of health facility buildings is also an issue, so that having the purpose build primary care units in place on the re-developed Grangegorman site would be a very useful development. (Benburb Street, Lisburn Street Health Centres for example are not fully disability accessible).
- A major obstacle to older people and people with mobility issues accessing health services (including hospital appointments and day centres) is a lack of accessible transport.
- Many local private chiropody practices no longer accept new patients.
- There is a high and visible level of alcohol consumption in some parts of the study area.
- There are a number of key gaps in services in the area as follows:
  - There is a general lack of day services for elderly people in the study area.
  - A gap exists around provision of physiotherapy services for younger people who have suffered accidents or strokes or individuals who have degenerative diseases.
  - The shift to community care, including the closure of some institutions, has created an increased demand for physiotherapy services and resources have not been provided to address this increased demand.
  - There are no occupational therapy services for children based in the study area and those who need OT must attend the Finglas service.
  - There is an unmet need for speech and language therapy for adults, for instance those who have suffered strokes in the study area.

- Day services for older people are in short supply and quality is inconsistent.
- Many of the addiction services in the area are linked to heroin abuse with limited supports available for other drug users.
- There is a lack of coordination between the various Meals on Wheels services and limited weekend service provision (only St. Bricins provides meals on a Saturday).
- There is room for enhanced levels of communication between the local drugs clinics and GP's.
- There is currently only one dental practice in the area accepting new medical card patients.

- A review of adult mental health day services is currently being conducted by the HSE and should inform the future provision of these services.
- Proposals are underway for the development of a mobile hospital for people who are homeless and for an immediate care facility as part of the services on the developed Grangegorman site. This would provide a step down facility for homeless people leaving hospital who are not ready to go back to the hostel.
- There is a need for a more detailed study of childcare in the study area to determine whether current levels of provision meet demand in general and demand for affordable childcare in particular.
- There is a shortage of inner city play spaces. Most of the parks in the area underwent regeneration over the past 10 years, with extra facilities added or existing facilities upgraded. Over the coming years, further work will take place to make the parks more accessible to people with disabilities. Seven parks within, or just outside, the study area are included in what is to be the first wave of accessibility improvements.
- The disability needs of the area are not very different to any other inner city area. In the proposal for the re-development of the Grangegorman site there is a plan is to provide day services for people with physical disabilities on site.
- There are no residential care facilities for people with physical disabilities in the study area.
- The disability services are currently in the process of establishing an early intervention team to cover the Dublin North area.
- There is no pre-school service for children with autism in the study area although there is a plan to provide autism services in the Dublin 7 Educate Together primary School to be located on the Grangegorman site.
- There are no family support services based in the area.

CHAPTER 4 HEALTH SERVICES: THE COMMUNITY PERSPECTIVE

4.1 Introduction

This section presents the views of people living in the area of the health and health related services there. It begins by presenting the results of the household survey in terms of the health profile and use of services. It then goes on to present the views of those who were surveyed, consulted or who participated in focus groups on health services in the area, following the structure used in Chapter 3.

4.2 A Profile of Households Surveyed

4.2.1 A Profile of the households surveyed in brief

- 216 household questionnaires were completed by households spread across the study area. There were 572 individuals living in these 216 households.
- 70% of the individual household members were adults aged over 18 years (48% of adults were male, 52% female).
- 14.8% (32) of the households were headed by a person aged over 65 years, while
- 10% of the households members were children aged four or under, 7% were children aged 5-9 years, 8% aged 10-14 years and 5% aged 15-19 years.
- The average household size was 2.6 people, with a range from one to eight person households.
- Some 25% of the adult household members had a third level qualification, while 31% had only primary level education, indicating that households fell into a number of different social classes.
- 39% of the adult household members were in full time employment, 125 were in part time employment, while 20% were unemployed, which is higher than might have been expected from the Census figures, but may reflect the sharp rise in unemployment since the 2006 census. 12% of the adult population were in full time education.
- 90% of individuals whose nationality was provided by the key survey respondent were Irish, 2% were British, while 4% were from other EU counties.

- 43% of the households surveyed had been living at their current address for under five years, while 19% of households had been living in the area for 21-40 years, and 7% for more than 40 years. This mix reflects the growth and development of the area in recent years as well as the existence of a core of traditional communities.
- 60% of households surveyed lived in houses, which may be higher than the wider area population as many survey administrators reported difficulties gaining access to apartment and flat complexes.
- Over one-quarter of households surveyed were Dublin City Council tenants, with another quarter renting from private landlords. About 20% of households surveyed were buying their house on a mortgage and a further 20% owned their property outright (see Table 4.7 for details). This mix of housing tenure is fairly representative of the mix expected in the study area.

4.3 Health Profile of Households Surveyed

4.3.1 Health Status

The survey respondents were asked to describe their own health status and the health status of the other individuals in their household. 85% of individuals rated or had their health rated as good or excellent, with the health of status of 15% of individuals rated as fair or poor (see Table 4.1 shows for details). The vast majority of people in the households surveyed are therefore in good health.

Table 4.1 Health Status of Individuals in Households Surveyed

Description of Health Status	Total	% of Sample
Excellent	268	47
Good	220	38
Fair	62	11
Poor	20	4
Total	570	100
Missing	4	

4.3.2 Smoking

Some 31% (180 people) of people in the surveyed households smoke with most smoking between 11 and 20 cigarettes per day. See Table 4.2 for details.

Table 4.2 Average Number of Cigarettes Smoked per Day

No of Cigarettes per Day	No of Individuals	% of Sample
1-10	28	16
11-20	100	59
21-30	30	18
31-50	12	7
>50	0	0
Total	170	100
Missing	10	

4.3.3 Medical Cards/Private Insurance

Some 48% of the households surveyed were not covered by a Medical Card, while 50% had at least one person covered by a medical card. Some 10% of the households surveyed had someone covered by a GP Visit Card and 32% had some form of private medical insurance, although in many cases only one or two individuals had this cover.

4.3.4 Regularity of Health Checks

Just over one-third of the households said that everyone in their household had regular health checks, while a further 28% said that some individuals had regular health checks. People in just over a third of households did not have regular health checks. When asked why not, the most common response was that these types of checks were not needed as people in the household were healthy. Other reasons given are shown in Table 4.3.

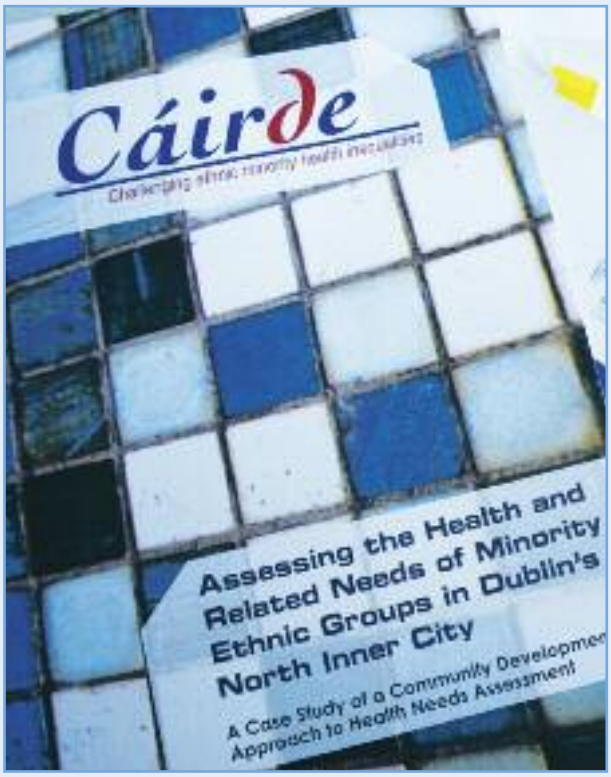


Table 4.3 Reasons given for not having Regular Physical Exam/Check Up

Reason for Not Having Check-ups	No. of Households	% of Households
Not a priority/No time	29	26.6
Cost too high	17	15.6
Insurance does not cover routine physical exams	4	3.7
No Doctor	3	2.8
Not needed/We are healthy	51	46.8
Other	5	4.5
Total	109	100

4.3.4 Usage of GP Services

Some 71% of household members have a GP they attend regularly. Not all survey respondents were comfortable supplying their GP's name. For those who did, it was not uncommon for different individuals in a household had different GPs and over 50 GPs or GP practices were identified by respondents with most located in the study area.

4.3.5 Prescription Medication

Survey respondents were asked if anyone in their household took prescription medication. About 57% of households indicated that they did not, while 41% indicated that they did. The same proportion of 41% availed of prescription medication at least monthly and sometimes weekly.

4.3.6 Admittance as Hospital Inpatient in Previous 12 months

Just over one-quarter of households (26%) said that a household member had been admitted as a hospital inpatient in the previous 12 months.

4.3.7 Ongoing Health Problems

About 20% of households surveyed had at least one person with ongoing health problems and some further information on these illnesses is shown in Table 4.4. This figure compares favourably with the national average and may be affected by the higher percentage of the population that are in the younger age brackets.

Table 4.4 Breakdown of Illnesses for 51 individuals in Households surveyed

Type of Illness	No. of Individuals with Illness
Asthma	4
Respiratory Problems	4
Drug Addiction	4
Heart	4
Depression	3
Arthritis/Heart Problems	3
Rheumatism	3
Down's Syndrome	2
Alcoholism	2
Brain Damage	2
Arthritis	2
Polio	2
Learning Disability	2
Stroke	2
Stomach Problems	2
Sight	1
Spina Bifida	2
Back Problems	1
Blood Pressure	1
Hydrocephalus	1
Hepatitis C	1
Cerebral Palsy	1
Age Related Memory Loss	1
Eczema	1

Of the 42 households that contained people with illnesses, 25 said that help (which was normally sufficient) was available for the people with illnesses, leaving 17 households without help. Respondents were asked to indicate the kind of difficulties the health problems posed on a day to day basis and these are shown in Table 4.5.

Table 4.5 Difficulties Being Experienced in the Households Surveyed

Type of Difficulty	No. of Households	% of Survey
Difficulties with dressing	14	6.5
Difficulties with walking	4	1.9
Difficulties with bathing	10	4.6
Difficulties with eating	4	1.9
Difficulty with getting into and out of bed	4	1.9
Difficulty with reading maps	4	1.9
Difficulty in making a hot meal	5	2.3
Difficulty with shopping	14	6.5
Difficulty with making and answering phone calls	2	0.9
Difficulty with managing/ taking medications	5	2
Difficulty with doing work	20	9.3
Difficulty with managing money	10	4.6

4.3.8 Alternative Health Practitioners/Therapies

Some 55 (25%) of households surveyed had used alternative health practitioners. The most popular type of alternative therapy was acupuncture (14 households) and other popular alternative therapies accessed included a Chiropractor (6 households), Meditation (5 households), Homeopathy (4 households), Yoga/Pilates (3 households), Gym (3 households) Aromatherapy (2 households). Other therapies accessed by respondents included: 'Chinese Medicine', 'Hypnotherapy' Macrobiotic Nutrition' 'Massage Therapy' and 'Reflexology'.

In general terms the vast majority of people who accessed alternative health practitioners were satisfied with the service they received.

4.2 GPs and Pharmacies

4.2.1 General Practitioners

The key issues in relation to GPs in the area is that there were too few and even fewer who were prepared to accept people with medical cards. Particular problems were encountered by people who were homeless or were active drug users. There was criticism too of the length of time spent waiting in GP surgeries. In this respect there was praise for the D-Doc clinics as the experience was that patients were seen at the appointed time, with a nurse undertaking an immediate assessment and action taken immediately if necessary.

There were complaints about doctors on call. These related to the fact that the on call doctors were not familiar with the patient, there were long delays in their arriving and when they did they were tired, and were not as thorough in their examination as they might have been. Those that had bad experiences would now bypass the service and go straight to the hospital.

According to some, the physical quality of surgeries was poor and they were not disability accessible. An additional issue identified by the carers of people with disabilities was that GPs are either not comfortable or not competent to address the particular needs of people with some disabilities and therefore make referrals to A&E resulting in stress for the person and carers, long waiting times and increased cost.

4.2.2 Pharmacies

Pharmacies provide an important first point of contact for people in the area, and particularly for those who are new. Some reported that people without medical cards found the cost of GPs prohibitive and in these circumstances pharmacies were used as an alternative.

Overall there was general satisfaction with the pharmacies in the area but concerns that there was an insufficient number of them and that their opening times were too restricted. Some pharmacists dispense methadone and it was felt that if this practice was more widespread it would alleviate some of the pressure on methadone clinics, although it was acknowledged that there would be security and other implications for participating pharmacies.

Almost 75% (160) of households surveyed had accessed pharmacy services and one-third of these identified difficulties with the service. Half of these related to the limited opening hours of local pharmacies, other difficulties related to the cost of the services. Additional comments from survey respondents illustrated the issues: *'There is no late night pharmacy' (11 respondents); 'opening hours do not suit'; 'there are not enough in the area and those that are there do not have long opening hours…'; 'we sometimes have to do without the medication because cannot afford them after paying the GP'; 'they are all on Manor Street'; 'Need to be able to get prescription drugs delivered to house'; 'Need Sunday opening'.*

At least four respondents commented very favorably on staff at their local pharmacy, e.g. *'Manor Pharmacy has excellent staff, very helpful'; 'The staff are very helpful'.*

4.3 Health Centres, Public Health Nurses and Home Helps

4.3.1 Health Centres

Views on the three health centres were mixed, see Table 4.6 for details. Some people had very good experiences and were satisfied in particular with the services for babies. Most people were satisfied with Quarry Road but others were less happy and there were complaints about the poor quality of the accommodation in two of the centres and the general lack of accessibility for people with disability or mobility problems, and parents which children.

Of the households surveyed 35 (16%) had attended their local health centre. The majority was either satisfied or had no strong opinions on services received. Difficulties raised related mainly to delays in getting appointments (10 households), unapproachable staff (3 households), and unsuitable opening hours (2 households).

Table 4.6 Satisfaction Levels with Local Health Centre

Level of Satisfaction	No. of Households	% of Sample
Not satisfied	2	6.9
Neither satisfied nor dissatisfied	11	37.9
Somewhat satisfied	8	27.6
Very satisfied	8	27.6
Total	**29**	**100.0**
Not answered		6

Additional comments on health centres included the following: *'Reception staff can be rude'; 'Breast feeding clinic excellent'; 'Hard to get there'; 'Fine once you get there'.*

4.3.2 Public Health Nurses

In the context of this consultation, public health nurses were of most relevance to older people, those with disabilities and those with babies. Across the board, people were positive about their experiences and PHN are seen as key to unlocking access to a range of services. That being said, there was a perception that the service was stretched and the nurses were often "on the run" from one situation to the next.

Some 27 (12.5% of the sample) households had had contact with Public Health Nurses. Where these indicated any issues with the service, the main issue (12 respondents) was that gaps between visits were too long, and one household indicated a difficulty relating to unapproachable staff. 60% of the people who indicated that they had accessed the services stated that they were satisfied with the service they received, 8 households were neither satisfied nor dissatisfied, while only 3 households were either not satisfied (2 households) or somewhat dissatisfied. Most comments on the service were positive and there was one on the need for more visits from the baby nurse.

4.3.3 Home Care Services

There was general agreement among older people that there are more home help and home care packages available than there were historically and that these are effective in helping to stay at home for as long as possible. However, there was a concern that the services were under pressure, with demand greater than supply and new places for home care and home help arising only if another person exits the service, which is unusual.

Comments on the Home Care services

Some people who had experience of the home care service (through aging parents), were of the opinion that the supports available to older people were too limited. They noted that there was no overnight support for older people. Home care if required at night had to be accessed privately and cost €20-25 per hour.

Comments on the Home Help Services

Ten (4.5%) households surveyed had had contact with the home help services. Eight had used the public home help services and six identified some difficulties with it. The most common difficulty identified was that the visits were too short (4 households), while one household believed that gaps between visits were too long and another was concerned that the service in not covered by private medical insurance. It would also appear that different HSE offices paid different rates to home helps (For example one office paid €15.08/hour while another paid €14/hour. It was also noted that where on older person lives with someone that was working it is more difficult to access home help services, the priority for the service is people living alone. Comments on the service included the following: '*Service was not available when requested'; 'there is very limited help available only 3 hrs a week'.*

4.4 Dentists and Chiropodists

4.4.1 Chiropody Services

The key issues in relation to chiropody services were that there were too few of them in the area and that some of them were not accessible for people with mobility problems as they were upstairs. Chiropody services are important for older people and the availability of a chiropodist in day centers was seen as positive. There were complaints about the fact that many Chiropodists would not accept medical card holders and that while the standard treatment is three visits many people required more visits. (Medical card holders can apply for extra treatments if required but it would appear that many medical card holders are not aware of this). Some 26 (12%) households surveyed had accessed chiropody services, with 10 households accessing the public chiropody services, 15 private services and one accessing both. The majority of households (17) were somewhat/very satisfied with the services received with three were either not satisfied or somewhat dissatisfied (and the rest 'neither dissatisfied nor satisfied').

Twelve households identified difficulties with the service: six relating to cost and the fact that it was either not covered or not covered sufficiently under their medical card or medical insurance. Four households reported delays in getting appointments or long waiting times for appointments. Additional comments made by survey respondents included 'Have to pay even with medical card' and 'Only able to avail of the service because of home visit'.

4.4.2 Dentistry Services

Key comments on dentistry related to the shortage of dentists in the area and the further shortage of dentists who would see medical card patients. As with other services, there were also complaints that surgeries were inaccessible for people with disabilities or mobility problems. It was noted that potential appointments for active drug users were restricted to the last appointment before lunch or before the end of the day, to facilitate sterilization of equipment.

Almost half (46%) of the survey households used dentistry services, with 51 accessing the public services, 41 a private dentist, and five households using both. A majority (59%) was very satisfied or somewhat satisfied, just under 10% dissatisfied and 29% neither satisfied nor dissatisfied. Common themes related to the difficulty in getting a dentist in the area that will take medical card patients, and the cost of accessing dental services in general. These are reflected in the following additional comments: *'… find it hard to get a dentist that takes medical cards' (6 households); '… long waiting time for appointment' (3 households); 'its getting dearer'; 'the cost is ridiculous'; 'still awaiting braces at a cost of €3,500'.*

4.5 Ophthalmic, Physiotherapy, Occupational and Speech Therapy

4.5.1 Physiotherapy Services

Some 32 (14.8%) households had accessed physiotherapy services – 15 publically and 15 privately, while two households accessed both services. There was a high level of satisfaction with the services received, as Table 4.7 shows.

Table 4.7 Satisfaction Levels with Physiotherapy Services

Satisfaction Level	No. of Households	% of Sample
Not Satisfied	1	3.3
Somewhat dissatisfied	1	3.3
Neither satisfied not dissatisfied	4	13.3
Somewhat satisfied	14	46.7
Very satisfied	10	33.3
Total	**30**	**100.0**
Not answered		2

The main difficulty for people accessing physiotherapy services was the delay in getting an appointment/long waiting time for an appointment (9 households) other difficulties identified related to the cost and the location of the service.

4.5.2 Occupational Therapy (OT) Services

Only 9 households surveyed had accessed OT Services, six having accessed the public service and one a private service. The key difficulties noted related to long waiting times for appointments (4 households) and delays associated with getting an appointment (2 households).

4.5.3 Ophthalmic Services

Some 51 (23.6%) of households surveyed had accessed ophthalmic services, 27 through the public service, 20 privately and the rest through both. The main difficulties related to delays in getting an appointment (9 households), cost (9 households) and long waiting times for appointments (4 households). Satisfaction levels were generally good as Table 4.8 shows.

Table 4.8 Levels of Satisfaction with Ophthalmic Services

Level of Satisfaction	No. of Households	% of Households
Not satisfied	1	2.1
Somewhat dissatisfied	3	6.3
Neither satisfied nor dissatisfied	10	20.8
Somewhat satisfied	16	33.3
Very satisfied	18	37.5
Not answered		3

Additional comments included in the survey related largely to cost and waiting times as follows: *'Despite assistance glasses still cost a lot more'; 'End up putting money toward more modern nicer glasses'; '… expensive'; 'Long waiting time to get appointment'.*

4.5.4 Speech Therapy Services

People consulted reported that it was difficult to be assessed for or to access speech therapy services and that there was limited service available through the schools system. Nine households surveyed had accessed speech therapy services, all on a public basis. Again the main difficulty was the delay in getting an appointment and long waiting times for appointments. Two households said they were somewhat dissatisfied or very dissatisfied with the service, while two households commented on the good quality of the service they received through the school (*'the school are very good with my son…'*).

4.6 Social Work and Community Welfare

4.6.1 Social Work Services

The main experience of social work services is that there are not enough of them in the area and it is very difficult to access a service, unless children are at high risk. Even in such circumstances, some services reported making reports of situations about which they had concerns and which were not responded to in a timely manner.

There was general agreement that there is a major gap in services for people between 18 and 64 – and that even for older people if the problem was not elder abuse then it was impossible to get a social work response.

Only 10 (4.5%) of the households surveyed indicated that they had had contact with social work services. 8 households identified that they had had some difficulties with the service, the difficulties largely related to delays. These delays related to getting appointments and to getting referrals, one or two households were also or the opinion that the supports available were too limited. Interestingly though when asked to rate their levels of satisfaction with the service, 3 households indicated that they were either somewhat satisfied or very satisfied with the service, three households were neither dissatisfied or satisfied, while four households indicated that they were either not satisfied or somewhat dissatisfied. There were only a few additional comments on the service most of which again related to the gaps between visits being too long.

4.6.2 Community Welfare Services

Individuals experiences with the Community Welfare Services seemed to depend to a very large extent on the individual Officer they met. Some Officers were seen to be very supportive while others were more difficult. People generally felt there was a stigma attached to using the services. There were complaints about what some regarded as very personal questions and others about the failure of the CWO to arrive on time for home visits and other appointments. Almost 30% of the households surveys had experience with the community welfare service and as the as Tables 4.9 ad 4.10 show, this was often negative.

Table 4.9 Key Issues with CWO Supports

Issue	No of Households	% of Sample
Delay getting appointment/ long waiting times for appointment	1	2
Clinics very busy	21	36
Visits too short	3	5
Unapproachable/unhelpful staff'	4	6.5
Lack of information on supports available	3	5
Lack of clarity about entitlements	4	6.5
Total	36	

As the table shows, the most common issue was the fact that the service is very busy. In relation to levels of satisfaction with CWO support, there were 60 responses and 24 were either somewhat or very satisfied, with 20 (one-third) somewhat dissatisfied or not satisfied and the remaining 16 households 'neither satisfied nor dissatisfied'. A large number of 50 additional comments (50) were provided on the CWO service, perhaps reflecting the fact that households interact with this service when they may be in a stressful situation and it is not a 'routine' service (See Table 4.10 for details).

Table 4.10 Additional Comments on CW Service

Area of Comment	Comments	No of times comment made
Positive	Very good and helpful	3
Entitlements	Not told about your entitlements	10
Information	There is a lack of information	6
Timing and Conditions	Opening hours too short	3
	Visits too short	4
	Clinic very busy all the time	6
	Clinic very run down	1
Staff Related Comments	They do not listen/would not go back to them	3
	Different person every time I visit/ 5 different staff in as many months	4
	Unapproachable/unhelpful/rude 'CWO makes me feel like that I should not come near them'	10

4.7 Mental Health, Addiction and Homeless Services

4.7.1 Mental Health Services

Most comments on mental health services related to difficulties in accessing them. These difficulties were rooted in a lack of responsiveness by mental health services to expressed need. There were particular problems for people who may have dual or multiple diagnosis, such as addiction or eating disorders with psychiatric disorders. In such cases, the mental health services will not provide treatment and the addiction could not be addressed because the underlying problem was psychiatric. Drugs services estimated that 20% of their service users have dual diagnosis.

Satisfaction with the services among people who were in the system was generally good. There was high satisfaction with Community Psychiatric Nurses, occupational therapy services and training services where these were accessed. A cause of complaint among this group was the high turnover of registrars and the lack of prior information about changes in consultants. Views were mixed about the benefits of shared accommodation, with some people valuing the companionship it brought while others preferred privacy and independence.

Of the households surveyed 8 (3.7%) had contact with mental health services with seven of these having accessed the public services. Four households were either not satisfied or somewhat dissatisfied, the most common difficulty being the delays associated with either getting an appointment or the waiting time for the appointment – other difficulties noted were long gaps between visits, limited supports and cost. Comments included: *'Waiting over 6 months to see a psychiatrist'; 'Waiting six months for appointment and then it's months between appointments'; 'Too expensive (cannot afford to pay)'.*

4.7.2 Addiction Services

There was concern across the board at the high level of addiction in the area. It was acknowledged that the main addiction was to alcohol but that a large number of people bought and consumed cannabis "like they were fags", that there was significant use of other soft drugs and prescription medicines and a high level of combinations of all of these. A matter for particular concern is the use of alcohol by drug users with Hepatitis C, given the implications for liver damage.

Several people commented on the worrying level of street drinking in the area. This was attributed to the high number of hostels for homeless people in the locality and the fact that drinking was not allowed in them, forcing people on to the street.

An emerging problem identified is that of "head shops". These sell "herbal" drugs (they are actually synthetic) which are attractive to young people because they are available over the counter and are perceived to be less harmful than other drugs. There are concerns that they are a gateway to other drugs and in the case of herbal ecstasy, can induce psychosis.

Some 11 (5%) households surveyed had accessed addiction services, of which 8 had accessed public addiction support services. Of the 9 households that rated their satisfaction levels, five were somewhat satisfied/satisfied, 3 were neither dissatisfied nor satisfied and 1 household was dissatisfied with the supports received. Five households had no difficulties with the service, while five households noted the delay in getting an appointment and waiting times between getting the appointment and the appointment date. Other comments included the following: *'The cost is not covered by my medical card'; 'The long waiting list to get on to a clinic or to a program means using street drugs until you get a place'.*

4.7.3 Homeless Services

While all people who are homeless are entitled to medical cards and there is a fast track system in place to facilitate this, this does not appear to work well in practice. Apart from the lack of GPs prepared to accept medical card holders, a homeless person must have three refusals from a GPs before he or she can access the Safety Net GP service. Even when a GP service is accessed, it is usually only when there is an immediate need. There is no ongoing care or medical attention. GPs are not generally equipped to address the needs of people who use drugs and have other addiction problems.

A number of consultees (women with children) spoke about the difficulties they had accessing the services of the Homeless Persons Unit on Wellington Quay. Their offices are only open from 10-12 noon and once the Unit places a family in B&B there is no follow up or help with moving on. In addition there were complaints about the poor quality of homeless accommodation.

4.8 Hospice, Respite and Residential Care

4.8.1 Hospice Services

Of eight (3.7%) households that had had contact with the hospice, only two reported any difficulties with the service. One household had had difficulties with the visiting times and the other had an concern in relation to relation to some costs not being covered under the medical card scheme.

4.8.2 Residential Care Services

Twelve (5.5%) households surveyed had contact with the residential care services mainly for older people, and ten of these had had no difficulties. The others identified difficulties as regards location and visiting times, perhaps reflecting the limited residential care facilities in the study area.

4.8.3 Respite Care Services

The main issue to arise on respite services related to children and young people with disabilities and the sort of respite care available. It was felt that CRC provided an excellent service but that there were too few beds available there. This led to children and young people being placed in facilities designed for older people which was not alone inappropriate but conveyed the message that the young person was being punished.

4.9 Hospital and Clinics

4.9.1 Comments on the Various Hospital Services

- Temple Street was identified as the hospital of choice for children, because they were always thorough and you were quickly seen.
- There were concerns among older people about delays in getting assessed by assessed by a geriatrician for entry to long-term care. The issue of access to specialist services was raised by other respondents.
- Some of the older people expressed concern about the price of attending A&E, and other charges relating to health services. They were very conscious of the prices of the different services reflecting the fact that many older people live on defined budgets and do not want to have to get into any debt.

4.9.2 Day Clinics

About 20 of the households surveyed had used the services of Charter Medical, either the Rapid Access for older people, the urgent care clinic or to access a procedure quickly. All who had used it, found it very efficient but some (5 households) had to borrow the money to go (the services of the Rapid Access Centre are free for older people with medical cards).

A total of 32 (approx 15%) households surveyed had had contact with day clinics in general. Of the 20 that rated their satisfaction levels, 13 were either somewhat satisfied or very satisfied, while only 1 was somewhat dissatisfied (the rest being 'neither satisfied nor dissatisfied'). Where the respondents identified difficulties, they related to opening times (6 households), the location of the clinics (3), and the cost of attending clinics.

4.10 Childcare and Recreation

4.10.1 Childcare and Family Support Services

- There was a general view that childcare services in the area were insufficient and that there was a need for an increased supply of community based services. It was acknowledged that there was a good supply of mother and toddler groups.
- Several people – professionals and residents – referred to the absence of family support services in the area. In this context there was a strong feeling that the area was severely disadvantaged when compared to other areas, including the neighbouring North East inner city. It was suggested that the Grangegorman site presented an opportunity for a local child and family support service or centre.
- The need for a further high-support school was identified as the existing school run by the Daughters of Charity has a significant waiting list.

4.10.2 Recreational Facilities and After School Supports/Summer projects

Survey respondents indentified 15 playgrounds, some in the study area and others outside. Playgrounds generating positive feedback included Griffith Park, Blessington Park and Ormond Park. Playgrounds that people were generally not satisfied with included Ventry Park and O'Devaney Gardens playgrounds. Five recreational facilities were identified, most of which survey respondents were satisfied with.

Seven summer projects were identified, as were six local Sports Grounds and seven community crèches. Respondents identified 10 after-school support services they accessed as well as three locally-based drugs projects.

4.11 Service for Older People

4.11.1 Facilities for Older People

- On a positive note, new facilities, such as Aughrim Court itself, have been put in place in the past decade and residents in this complex were very happy with the facilities. They also praised the meals service provided at the centre and the other activities organised for older people during the week.
- There is a need for supplementary locally-based meals-on-wheels services, as identified for part of the area by the O'Rourke report in recent years.
- The meals service at Aughrim Court (people often travel there by minibus) is generally accessed by older people who are able to get out of their homes. Bricin's meals service delivers meals to people at home.

4.12 Sexual Health Services and Maternity Services

4.12.1 Sexual Health

- There was a view that there was not enough Sexually Transmitted Disease (STD) clinics in the area and that those that existed – in St James and the Mater hospitals – were not attractive to users since it was clear to everyone that this was where you were going. There was also a view that information on STD's should be more readily accessible for people and that it should be given out in a more proactive way.
- The Well Woman Centre on Cathal Brugha Street no longer accepts people with medical cards and this is a problem for women on low incomes.

4.12.2 Maternity Services

- Maternity services, in so far as they were raised were well regarded, as one comment from a woman in the household survey illustrates "excellent Domino scheme midwife visits home every day for a week".
- The women in the focus group believed that more support was need for post natal depression.

4.13 Health Promotion, Education and Prevention

4.13.1 Health Promotion and Prevention

A number of issues arose in the course of the consultations in relation to health promotion. These were:

- Teen pregnancy was seen as significant by some people and it was observed that this was not decreasing over time.
- There were concerns about poor nutrition and in some cases obesity among girls and young women, arising from a lack of exercise and over consumption of take away food. Further concerns related to teen pregnancy among young women with poor nutrition and the implications for child health. Dublin City Council have a healthy eating initiative.
- It was felt that anti drugs education in schools was not forceful enough and the dangers of drugs were not being communicated sufficiently to children.
- There was a recognition that there is a need to do more health promotion work.
- There is also a need to do work around budget management and life skills particularly with young people in the study area.
- Women felt that there should be more information on STD.
- There is a need for better education linked to and enhancing the expectations and life chances for people from the study area, the community groups suggested.
- Gaps were also identified in relation to the provision of more pro-active Cancer Services in terms of the cost of smears, the age limits on cancer screenings and the availability of counselling for people with cancer.
- Older people thought that there was a general need for more activities including fitness, healthy eating and advice around falls.
- There is a need for additional further education facilities in the North-West Inner City.

4.14 A Summary of the Key Findings

4.14.1 General Findings

- There was a general sense of frustration among survey respondents and community groups alike by the delays associated with the re-development of the Grangegorman site, with individuals questioning when and if the site would 'ever' be re-developed.
- There was a lack of confidence that the primary care teams proposed would be implemented.
- There was a sense that despite some progress being made that there is a need for more inter-agency working and integrated approaches.
- There was a strong perception that the area is under resourced in many aspects, compared to other neighbouring inner city areas.
- The issue of poor or negative attitudes to service users was raised several times which in turn raises questions about the training and quality standards in operation among key front line health service staff.
- Interestingly satisfaction levels in relation to services accessed were generally good the challenge seemed to be to get access to the services.

4.14.2 Area Specific Findings

- There was a very high general level of satisfaction with the pharmacies in the area. The pharmacies in the area were indeed seen to provide an important first point of contact with the health services for people in the area. There was a strong view that their opening times were too restricted and needed to be expanded. Public Health Nurses were also seen as key to unlocking access to a range of services and people were again generally very positive about these experiences.
- It was acknowledged that there are more home help and home care packages available than there were historically and that these are effective in helping people to stay at home for as long as possible.
- The consultations identified a number of health services that were seen to be in short supply as follows:
- GP's and GP's that accept medical card patients in particular.
- Dentists and Dentists that accept medical card patients in particular.
- Public Health Nurses.
- Home Help Services and Home Care Packages.
- Chiropodists.
- Social Workers.
- The cost of health services was an issue for many people who did not have medical cards, costs that were specifically mentioned included the cost of GP visits, the cost of glasses and the cost of attending A&E.
- The time taken to get an appointment and the long period between the getting of the appointment and the appointment date were identified as key difficulties for local people seeking to access more specialist heath services (including mental health, addiction, physiotherapy, OT, ophthalmic and speech and language services). Another difficulty associated with accessing specialist services and social work services was that the gap between appointments was often very long.
- People reported often experiencing long waiting times in GP surgeries, despite having an appointment, in contrast the D-Doc clinics were found to efficient.
- The condition of some health premises in the area is poor (e.g. some GP surgeries, Benburb and Lisburn Street health Centres respectively). There is in addition limited accessibility for people with disability or mobility problems, and parents which children at some GP surgeries, Benburb and Lisburn Street Health Centres and at a number of chiropody and dental practices in the area.
- There is a gap in social work services for people between 18 and 64.
- Peoples experiences of the Community Welfare Services depended on the individual Officer involved, some were supportive and while others were difficult. There also appeared to be a lack of clarity about peoples entitlements.
- There appears to be a high level of addiction in the area. The main addiction was to alcohol but people also used cannabis, soft drugs and prescription medicines often in combination with one another.
- People who may have dual or multiple diagnosis, such as addiction or eating disorders with psychiatric disorders often have difficulties accessing mental health services.
- While all people who are homeless are entitled to medical cards this does not appear to work well in practice, given that there are limited numbers of GPs prepared to accept medical card holders.
- The extent of respite care services available to children and young people with disabilities in the area is quite limited.
- Temple Street was identified as the hospital of choice for children.

- Childcare services in the area are seen by some to be insufficient there is a need for an updated assessment of existing provision and demand levels.
- There is an absence of family support services in the area.
- There is a need for a further high-support school as the existing school run by the Daughters of Charity has a significant waiting list.
- Playgrounds local people not satisfied with included Ventry Park and O'Devaney Gardens playgrounds.
- New facilities for older people such as Aughrim Court have been put in place in the past over the past decade and residents in this complex are very happy with the facilities there.
- There is a need for supplementary locally-based meals-on-wheels services, as identified in the 2007 O'Rourke report.
- There was also a view that information on STD's should be more readily accessible for people and that it should be given out in a more proactive way.
- The Well Woman Centre on Cathal Brugha Street no longer accepts people with medical cards and this is a problem for women on low incomes.
- There were concerns about poor nutrition and in some cases obesity among girls and young women, arising from a lack of exercise and poor nutrition. Teen pregnancy was also seen as a significant by some people and it did not appear to be decreasing over time.
- It was felt that anti drugs education in schools was not forceful enough and the dangers of drugs were not being communicated sufficiently to children.
- There was a recognition that there is a need to do more health promotion work and work around budget management and life skills young people.
- Gaps were also identified in relation to the provision of more pro-active Cancer Services in terms of the cost of smears, the age limits on cancer screenings and the availability of counselling for people with cancer.

CHAPTER 5 FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Overview of the Health Needs Assessment Research

This Health Needs Assessment was undertaken between October 2008 and April 2009. It was rooted in a social model of health – where heath is defined as 'a state of complete physical, mental and social well-being' and not merely the absence of disease or infirmity. Adoption of a social model of health meant that consideration was given in the study to the general social and economic conditions in which people live and work.

The population of the study area was over 32,000 people, spread across ten Electoral Districts (EDs). The study area is very diverse, with a more settled older population in the Cabra area, and a more heterogeneous, younger and in some cases more transient population (particularly in newer apartment developments) closer to the Quays. (21% of the population of the study area were aged over 50, compared with a national figure of 27%).

The area included in the research was that defined in the Grangegorman Development Act as the Grangegorman Neighbourhood, plus a number of additional Electoral Districts that form the HSE Grangegorman Network. While the study area coincided with HSE structures for health service delivery, it was different to most other existing administrative boundaries, making detailed data for the study difficult to access. It is usually difficult to gather data even within boundaries, but the development of the health atlas has made this easier.

The study involved five core research modules: 1) Demographics, 2) Consultations with Health Service Providers, 3) Consultations with the Community (interviews with local community groups, focus groups, a household survey and open public meetings. Section 5.2 provides a summary of the key findings emerging from these modules.

5.2 Key Findings and Conclusions

5.2.1 The Population Profile

The population of the area is not homogenous, there are at least two 'populations', if not more. Linking the demographic data and the house ownership data indicates that the study area contains both the 'traditional communities' in the area and another population that is aged 20-34, often renting and therefore mobile, even transient. Visual inspections and the survey back up the data which show that lots of relatively young people have moved into the area and are living in new apartment blocks. Many of these people are immigrants.

5.2.2 Socio-Economic Profile

While some socio-economic indicators suggest that the study area is close to the national average (proportion in employment; proportion with a third-level education), other indicators suggest that the area has considerable pockets of deprivation. These include higher levels of unemployment compared to the state as a whole, more unskilled and semi-skilled workers, considerably more local authority and private rented housing, considerably more lone parents and higher scores on the Hasse and Pratschke deprivation index. As such, provision of health services in the greater Grangegorman area must take into consideration that many of the target population experience poverty and the established health impacts that arise from poverty. The cause and effect direction between health and poverty can indeed work both ways.

5.2.3 Key Groups

The demographic profile suggests a number of target groups that stand out in this area as compared to the country as a whole and that may have either specific health needs or may interact with the health services in particular ways:

- High number of immigrants.
- High proportion of lone parents.
- Higher proportion of people with disabilities aged under 60.
- Greater proportion of older people living on their own.

5.2.4 Health Services in the Study Area

As health service providers in the area use different information data collection systems, there is no overall system of information collection and no real time picture of needs or service use. This is important in terms of health evaluation. The study has found that GPs in the study area are under considerable time pressures suggesting that there may be a shortage of GPs. The assessment found that some public and private health facilities in the study area are sub-standard and in need of investment. There is also a need for longer opening

hours for some services. There are, for example, no late night pharmacies in the area nor is there an out of hours/emergency dental services. Accessibility of health facilities is also an issue, that may ultimately be addressed though development of the Grangegorman site. Ongoing delays surrounding the re-development of the site suggest that some interim measures need to be put in place to enhance the quality of health facilities locally. A number of gaps in health services were identified through the assessment and are listed in Section 5.3.2.

5.2.5 Health Needs and Views of the Local Community

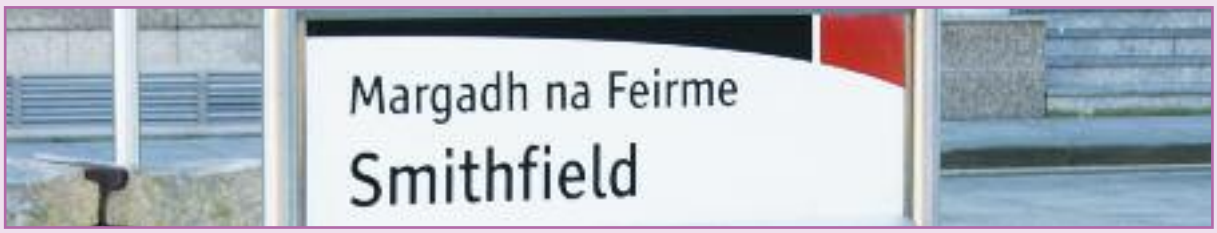
Satisfaction levels in relation to the various health services accessed were generally good – the key challenge appeared to be to access the services. People experienced various different types of access problems. In some cases the buildings/ facilities themselves were in poor condition and/or physically inaccessible. In other cases the cost of the service was a barrier, while in some cases people with medical cards struggled to find a health professional to accept them as a medical card patient. Restricted opening hours of some services posed challenges for local people. In some instances there was a view that there was a shortage of certain health professionals in the local area. Waiting times for appointments are an issue for many local people, who routinely find themselves waiting months to be seen by particular health professionals. Another difficulty with accessing specialist services and social work services was that the gap between appointments was often very long.

5.3 Recommendations

Recommendations arise based on analysis of the findings emerging from the various primary and secondary research modules. There are two types of recommendations, general and areas specific. The key findings are identified at the end of each chapter. The recommendations are divided into two groups: the first relevant to the wider health service in Ireland and the second relevant to the study area.

Many of the general recommendations arising from the study can be directly connected to the implementation of a number of key national health policies and strategies including:

- Quality & Fairness-A Health System for You
- The Primary Care Strategy
- A Vision for Change
- The National Health Promotion Strategy
- Reach out – national suicide prevention strategy 2005-2014
- A strategy for cancer control, 2006
- Working together to reduce the harms caused by alcohol misuse
- The HSE Five Year/Medium Term Development Framework for Palliative Care - 2009
- Slán: Mental Health and Social Well-being Report, 2009
- Teenage Mental Health: What helps and what hurts? Report On The Outcome Of Consultations With Teenagers On Mental Health, 2009
- The National Guidelines on Physical Activity for Ireland 2009
- HIV and AIDS Education and Prevention Plan 2008 – 2012
- Immunisation Guidelines for Ireland (2008)
- National Therapy Research Strategy 2008 – 2013
- Report of the Implementation Group on Alcohol Misuse, 2008
- Report of the Interdepartmental Working Group on Long Term Care, 2006
- SLÁN 2007: Dietary Habits of the Irish Population
- Tackling Chronic Disease – A Policy Framework for the Management of Chronic Diseases
- A Strategy for Cancer Control in Ireland
- Child Care (Pre-School Services) Regulations 2006
- National Childcare Strategy 2006 – 2010: A Guide for Parents
- The Irish Study of Sexual Health and Relationships
- The HSE's Acute Hospital Bed Capacity review



5.3.1 General Recommendations

General Rec 1. Enhance and support greater levels of co-ordination between the different elements of the health service. The different elements of the health services currently function very autonomously and there is needs for enhanced levels of co-ordination between these different elements, for example between the acute hospitals and primary care teams, etc.

General Rec 2. Develop a single information and monitoring system across all areas of the health service, where an individual's health records are accessible to all the health professionals treating them, and where it is possible to aggregate and report on health service performance in a comprehensive and structured way.

General Rec 3. Protect the provision of practical and on-the-ground health supports for individuals, especially in the context of possible expenditure cutbacks. This support facilitates a lower level of use of acute hospitals for ongoing and chronic problems.

General Rec 4. Establish clear and structured mechanisms to support an ongoing dialogue and communication between the community sector and the HSE.

General Rec 5. Produce guidelines and standards for the use of cultural mediators within the health services in general and GP services in particular.

General Rec 6. Develop a register and quality control system for interpreters employed to work in the health services sector.

General Rec 7. Facilitate greater levels of input by local health service providers into the way homeless services are planned, organised and implemented to ensure the resource implications of particular changes are considered and addressed in advance of changes being implemented.

5.3.2 Area Specific Recommendations

This section includes a relatively long list of area specific recommendations. It is accepted that implementation of these recommendations will take time, especially in the context of the extremely difficult economic climate which exists in 2009 and which may exist some time. The recommendations are grouped for ease of access and discussion under a number of headings as follows:

- General Recommendations
- Access
- Health Facilities
- Specialist medical skills/services
- Enhanced communication
- Wider community related issues
- Redevelopment of the Grangegorman Site

General Recommendations

Area Specific Rec 1. Establish and roll out the Primary Care Teams proposed for the area as soon as possible.

Area Specific Rec 2. Undertake a programme of regular monitoring and assessment of satisfaction levels with health services in the area.

Access Related Recommendations

Area Specific Rec 3. The research has shown that local pharmacies and the Public Health Nurses often provide the first point of contact with the health services in the area, both of these services should be used as accessible vehicles for the provision of additional and particular information on the health services available locally.

Area Specific Rec 4. Increase awareness of services provided by the D.Doc 24-hour service.

Area Specific Rec 5. Undertake a detailed review to ascertain whether there is a sufficient level of GPs to service the health needs of the study area. (The consultations undertaken as part of the health needs assessment suggest that there may be a shortage of GPs in the area, however without a more detailed analysis it is not possible to say this with certainty, given that people frequently travel considerable distances to access the GP of their choice).

Area Specific Rec 6. Given the considerable diversity of the local population, greater diversity, equality and social inclusion training should be provided, especially for health services staff in general and for health centre staff and community welfare officers in particular as they often provide the gateway for services.

Area Specific Rec 7. Increase the number of private health care providers that accept medical card holders and, where necessary, target and incentivise private health practitioners that accept medical cardholders to locate services in the study area, especially for:

- GPs/GPs that accept medical card patients in particular
- Dentists/dentists that accept medical card patients in particular
- Chiropodists

Area Specific Rec 8. Make information on sexually transmitted diseases more readily accessible, through the provision of accessible information and promotion work.

Area Specific Rec 9. Introduce longer opening hours for health services in general and encourage late night/out of hours/emergency opening where possible Key health services that would particularly benefit from longer opening hours would include: Dentists, GP surgeries, Health Centres and Pharmacies).

Area Specific Rec 10. Ensure there is a sufficient level of accessible transport services available to assist older people and people with mobility issues to access health services.

Health Facilities

Area Specific Rec 11. Upgrade the Benburb and Lisburn Street Health Centres to ensure they are fit for purpose and accessible.

Area Specific Rec 12. Re-locate services currently provided at Rathdown Road to more suitable premises. Possible delays in the re-development of the Grangegorman site mean that the planned relocation of services from Rathdown Road to a new purpose built centre may be slower than originally anticipated. An interim measure could be for the HSE to take advantage of lower rents and acquire additional space in the local area to quickly improve conditions for patients and staff.

Specialist Medical Skills/Services

Area Specific Rec 13. Improvements in mental health services provision is required in terms of availability and accessibility, with increased emphasis on mental health promotion and early intervention as necessary, taking account of the diverse nationalities in the area.

Area Specific Rec 14. Increase the provision of the following health care providers in the study area:

- Public Health Nurses
- Home Helps Services
- Social Workers

It is interesting to note in this context that that Speech and Language Therapists, Physiotherapists, Occupational Therapists, Clinical Psychologists, Behavioral Therapists, Counselors (Mental Health and Disability Services), Social Workers, and Emergency Medical Technicians are exempt from the general HSE moratorium on recruitment, promotion. It is indeed Government policy to increase the numbers of these professional in order to meet the requirements of integrated care delivery and address community and primary care needs particularly in respect of children at risk, the elderly and those with disabilities[11]. There may also be some scope for voluntary part time work.

Area Specific Rec 15. Address identified gaps in relation to a number of services in the local area, as follows:

- Family support services.
- Day services for elderly people.
- Physiotherapy services for younger people who have suffered accidents or strokes or individuals who have degenerative diseases.
- Occupational therapy services on an outreach basis for children.
- Speech and language therapy for adults.
- Enhanced services for drug users (especially through greater integration of services and through more services for people addicted to drugs other than heroin, including alcohol).
- Day services for people with physical disabilities.
- Community counselling services.
- Services for people with autism.

Area Specific Rec 16. Undertake more health promotion and preventative interventions, in particular in relation to sexual health, nutrition, alcohol, smoking and substance misuse. These should be targeted, e.g. at schools, women's groups and others in the study area, as appropriate.

Enhanced Communication

Area Specific Rec 17. There is a need for enhanced linkages and communication channels for patients between the acute hospitals and the community based services. An office hours service like this exists in the Mater for older people attending the A&E – this could be expanded in terms of the hours it is available and the groups it targets.

Area Specific Rec 18. Enhanced coordination and information sharing is needed with and between community and voluntary health care providers in the study area, e.g. in relation to meals on wheels services, services for older people, drugs, etc.

[11] Moratorium on Recruitment and Promotions in the Public Services – Revised Employment Control Framework for the Health Services. HSE HR Circular 015/2009.

Wider Community Related Issues

Area Specific Rec 19. Ongoing and additional targeting of supports and services at the most deprived communities in the study area, involving joint initiatives between the HSE, Dublin City Council and local community and voluntary organisations, would improve health outcomes for these areas.

Area Specific Rec 20. There is a need for a more detailed study of childcare in the study area to determine whether current levels of provision meet demand in general and demand for affordable childcare in particular.

Area Specific Rec 21. Develop additional locally-based meals-on-wheels services to fill the current gaps (as per the 2004 O'Rourke report).

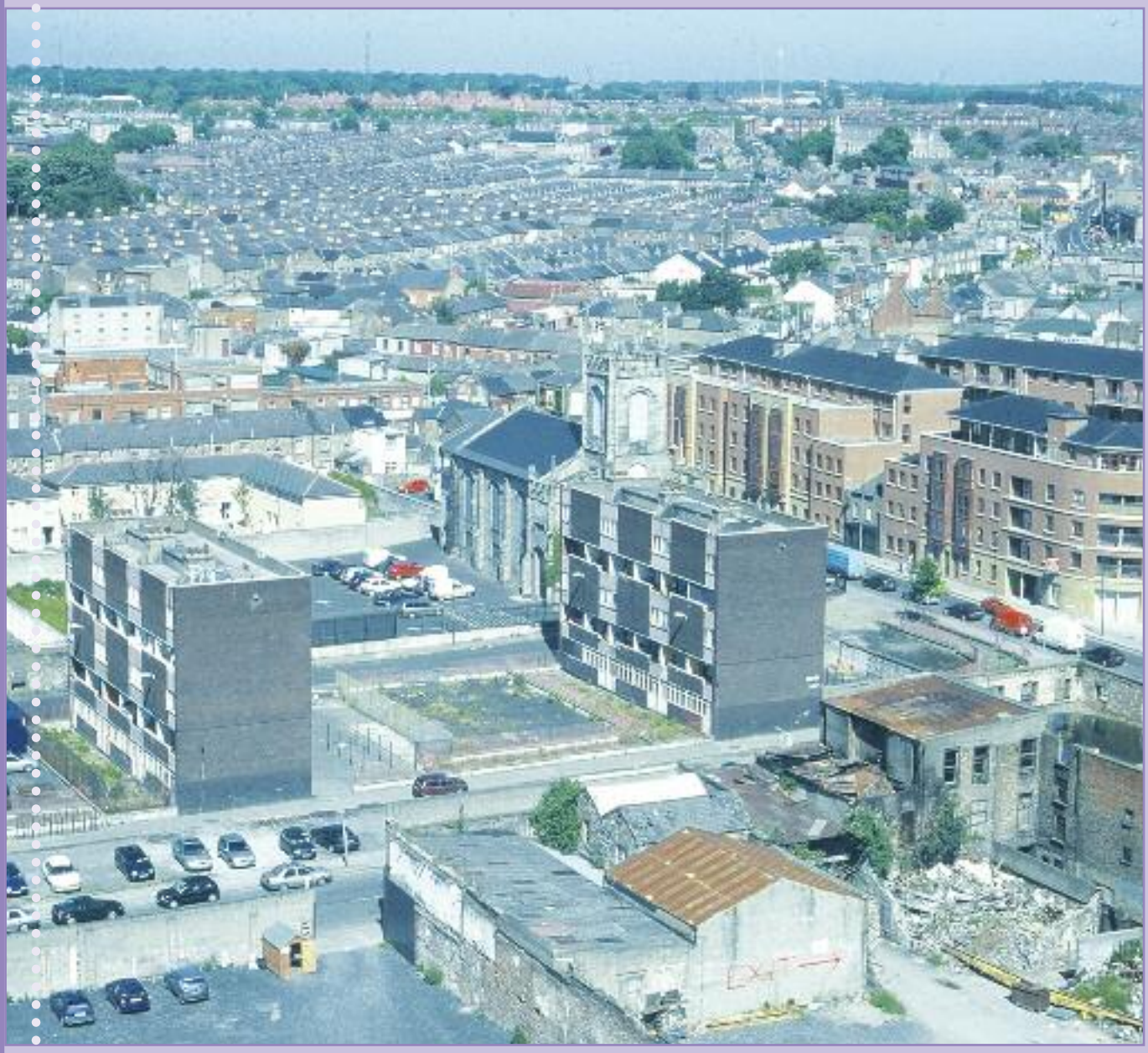
Area Specific Rec 22. Make social work services more available for people between 18 and 64 years.

Redevelopment of the Grangegorman Site

Area Specific Rec 23. The location of DIT and the HSE on the same site provides a unique opportunity for these two organisations to work together in new and creative ways. This opportunity needs to be progressed as re-development of the site progresses, e.g. in the context of architecture and excellence in health premises design.

Area Specific Rec 24. Provide more regular communication in the local media on the progress of the Grangegorman re-development project. Enhanced local relations might also flow from a greater use of the Grangegorman site up for use by the local community, e.g. one local group suggested a short-term allotment scheme.

Annex List



Annex 1

Membership of the HNA Advisory group and Steering Group

Health Needs Assessment Advisory Group Membership

Name	Organisation
Ken McCue	Residents Rep – Markets area
Pirooz Daneshmandi	Residents Rep – Grangegorman Forum
Grainne Foy	Community Groups Rep – NWICAN
Breeda De Vries	Community Groups Rep – An Siol CDP
Fidelma Bonass	HSE – Community Dev. Worker. NWIC
Nova Farris	HSE – LHO office
Deirdre Murphy	HSE – OT Community Mental Health
Kaethe Burt O' Dea	

Health Needs Assessment Steering Group Membership

Name	Organisation
Danny Pender	Residents Rep – Comm. Forum
Ken McCue	Residents Rep – Markets area
Pirooz Daneshmandi	Residents Rep – Grangegorman Forum
Grainne Foy	Community Groups Rep – NWICAN
Carmel Brien	Community Groups Rep – Gateway Project
Breeda De Vries	Community Groups Rep – An Siol CDP
Fidelma Bonass	HSE – Community Dev. Worker. NWIC
Nova Farris	HSE – LHO office
Kathryn Meade	HSE – Health Promotion
Michael Quirey	HSE – Estates Office
Frank Cameron	HSE – Eve Limited
Deirdre Murphy	HSE – OT Community Mental Health

Annex 2

Overview of the Findings of some Key Local Reports

1. Secrecy, Silence and Shame: An analysis of Violence Against Women in the NWIC'

   Small qualitative study of the experiences of 25 women (who had 35 children between them), including in-depth interviews with 6 of these women. Added evident to the need for suitable safe accommodation for women experiencing domestic violence and their children.

2. "Investing in Community, Responding to Changing Landscapes 2006 – 2010", North West Inner City Network, (and summary sheet)

   The NWICN is an independent member based forum of community and voluntary groups in the NWICD. (Arran Quay A, Arran Quay B, Arran Quay C, Arran Quay D, Arran Quay E and Inns Quay C). It was established in 1997. The Network is one of three community networks who receives core funding from Dublin Inner City Partnership. The network also receives part funding from the North Inner City Local Drugs Task force. Key relevant priority needs identified in the plan include: Community and Area Development, Disability, Drugs, Childcare and Family Support Issues, Grangegorman, health issues, inter-culturalism, older persons and women's issues. The Network is committed to developing a framework for the co-ordination of community participation, influence and input into the development of Grangegorman. The Network has both a Disability Working group and a Drugs Working Group. Priority Goal 4 of the Plan relates to the Grangegorman Development and contains 6 actions. `

3. "Joining Forces, The Process of Partnership in Tackling Poverty in Inner City Dublin", Dublin Inner City Partnership

   (DICP Strategic Plan 2001-2006 had a focus on community regeneration and tackling educational disadvantage). A key are of work that emerged over the course of the Plan was the need to address the growing issues of diversity and equality. In 2004 DICP adopted a specific strategy on securing equality and rights. The Partnership supported two local community networks (ICON and SWICN) to employ tenant workers to assist local residents assert their right. It also supported Tenants First network which facilitates local authority tenants to be able to make a critical response to fundamental changes in DCC's public housing policy).

4. "The Grangegorman Development, What would you like to see? A Report on the Proceedings of Six Public Consultation Workshops", Grangegorman Development Agency

   Six public consultation workshops were held in Sept and October 2007. These followed two open days held in May 2007. The workshops were themed. Workshop 1 was on open space and public areas, Workshop 2 was on the campus and the community, Workshop 3 was on linking the site to the city, and on health facilities, Workshop 4 was on Grangegorman and the surrounding neighbourhoods (economic development and social inclusion), while workshops 5 and 6 sought to bring together all the themes. Issues raised in the workshops include:

- The limited nature of green space in the Grangegorman area and the need to provide facilities for the wider comments.
- The need for open access to the site.
- The location of on on-site facilities near the entrance to the site.
- Concerns that off site facilities in the area could be neglected by the HSE going forward as they focus on services on site.
- Education programmes should operate out of the site.
- The need for respite care for three specific groups, those with special needs, older people and children.

Section 9 identified the following needs within the neighbourhood:

- A shortage of GP's and dentists in the area.
- Services for older people such a chiropody are under pressure.
- Pressure on the health services due to a growing population.
- A need for more green spaces and playgrounds for local residents and children.
- Poor physical community infrastructure with inadequate meeting places for groups.
- Insufficient community crèche services and facilities for parents with young children.
- The physical environment in the area is not accessible for people with disabilities.

5. "O'Devaney Gardens Community Development Forum Survey of Local Residents 2001 (Stephen Rourke, 2001)

The findings of this survey fed into the development of the Plan. See report 6.

6. "O'Devaney Gardens Five Year Development Plan (2002 – 2007)" – O'Devaney Gardens Community Development Forum. (Stephen Rourke, 2001)

O'Devaney Gardens (Arran Quay D) is a local authority housing complex built in the 1950's In 2001 it comprised of 276 flats, 260 of which were occupied and had a population of 835 people, 55% were 18 or younger. Area had some serious social and economic problems. The interagency O'Devaney Gardens Community Forum was established in 1999 and it produced the five year plan for the gardens. The survey conducted as part of the plan development found 30% residents were not aware of the services provided by the HSE. Key needs identified in the plan included:

- More playgrounds and play areas, activities for young people.
- A community resource centre.
- More family support services (e.g. FRC) and childcare services for families living in the area more proactive and preventative programmes.
- The establishment of a Young Mothers Groups.
- The development of an integrated childcare plan and a purpose built childcare centre.
- Improvements in services for recovering drug users in the area.
- Enhanced service provision for older people in the area.

7. "Review of 2002 – 2007 Development Plan for O'Devaney Gardens" – O'Devaney Gardens Regeneration Board. (Stephen Rourke,) 2007

The O'Devaney Gardens Regeneration Board was set up in Sept 2005 to oversee the regeneration of the Gardens. They instigated the review of the Plan. The review identified the following progress:

- Tweenies – a childcare service for up to 20 children each day in place.
- 20 other children attending an after schools series.
- The establishment of a youth activity centre.
- The Stoneybatter and MOST project have developed a range of activities and programmes for young people in the area.
- A number of successful events for young people.

The review also noted that the FRC mooted in the earlier plan was not developed nor was there a more co-ordinated and integrated response in place to the needs of children young people and families in the area.
The author of the report made the following recommendations:

- The FRC still needs to be put in place.
- The Childcare facility needs to be expanded.
- There continues to need to be great co-ordination in the delivery of support services.
- The Stoneybatter youth services and MOST project need to continue their work.
- A Youth Forum should be set up.
- Play facilities should be developed further. (A playground was built in 2003 there is a need for more).
- The Summer Festival should be expanded.
- New housing units to be build for older people.
- Activities to be incorporated into the new Community Resource Centre.
- A feasibility study to take place in relation to the potential establishment of a minor injuries unit for older people living in O'Devaney area.

8. "Health & Poverty: A Survey of Blackhall Residents", Blackhall Community Forum 2005

The study area consisted of 166 public houses and flats (Blackhall Parade, Marmion Court, (Arran Quay C ED) Queen Street and North King Street). Activities in the area include crèche facilities 'Little Stars', an after schools project, a youth service, a women's group and a residents organisation. Blackhall Community Forum established to improve the quality of life in the area. 80% local residents participated in the study. 133 questionnaires were completed.

The main gaps identified in health services included:

- A lack of locally based services (St Pauls was suggested as a possible location for a one stop shop for the co-location of health and related services).
- Uncoordinated, linear organisationally led services and facilities.
- Lack of preventative and early interventions services.
- A lack of specific services including crèche, speech and therapy, child assessment, mental health, supports for the elderly, dentistry and family support.

9. O'Rourke, S (2005) "Research Project on Older People Living in Stoneybatter", Council for Services to Older People in the NWIC

The survey involved 240 older people (23% of the total older age population in the area) living in Stoneybatter area (Arran Quay B, Arran Quay D and Arran Quay E) completing a questionnaire as well as interviews with statutory agencies. The study found that:

- Almost 75% of respondents lived alone.
- 36.5% respondents reported that they had mobility problems.
- 46% of the sample indicated that they had an illness.
- Survey respondents were asked what health services were they aware of, and which they used. Public health nurses and chiropodists were the most commonly accessed services and were the services survey respondents were most satisfied with:
- Transport to get to activities was an issue for some older people (especially in St. Bricin's and Montpellier).
- Social isolation and loneliness were issues for many older people in the area.
- The survey respondents identified a need for the provision of a health facility within Stoneybatter that would have a particular focus on the health needs of older people, it was felt that this would significantly reduce the number of people presenting at A&E.
- Suggestions made about how services could be made more inclusive included:
  - The public health nurse to call more frequently (4).
  - A newsletter/guide to services available (7).
  - Meals over weekend and holidays/Christmas dinner (4).
  - A clinic for people who otherwise would need to go to consultants.
  - Help with a balanced diet.
  - Improve the hospitals situation.
  - Ramps and wheelchair accessibility.
  - More follow up when you leave hospital.
  - A medical centre in the area (2).
  - More information on nursing homes and various options available.

- Respondents also identified a need for the development of a further centre which would provide services and activities for older people. Respondents were very grateful for the Aughrim Court Facility but it believed it could be used more especially in the evenings and weekends. They were disappointed that the Drumalee Centre had been closed.
- Recommendations arising from the survey included:
  - The expansion and extension of befriending and visiting services in the Stoneybatter areas (including a good morning telephone call service).
  - The expansion of the HSE community and home based services within the area (need more regular visits from home helps, public health nurses).
  - The provision of more social activities.
  - The Development of more Day Centres (The suggestion was that a substantial and significant Day Care Centre for Older people be developed in the Stoneybatter area, located within the existing Aughrim Court Complex to include a drop-in facility, an advise information service, a medical centre and an activities room.
  - Establishment of a national centre for excellence for older people in the grounds of Grangegorman.
  - Provision of information (a monthly newsletter a card with important numbers, a directory for services for older people).
  - Advocacy and care services (an advocate service to help older people access services, a minor injuries unit for older people (as part of Day care centre) and regular meetings).
  - Safety and Security (including the purchase of more security pendants).

10. O'Rourke, S "Food for Thought", Review of Meals Services to Older People in the NWIC, Council for Services to Older in the NWIC

The review involved interviews with 53 older people in the area who use the meals services in Aughrim Court Centre, the Dominican Day Centre in Dominick Street and St. Bricin's Court Centre. In addition 220 older people completed a questionnaire to determine the number of older people using the services while interviews were also conducted with statutory agencies.

In this context it is interesting to note that *'In the United Kingdom and Ireland it is estimated that between 2% and 3% of older people are linked into a meals service within the area in which they live*. (O'Hanlon et al, 2005). See Table 1 for details of the key findings.

Table 1 Key Findings from the Review of Three Meals Services in the NWIC Dub

Meal Service	Provider	The Service	Uptake	In centre	Delivered	Total
Aughrim Court Day Centre At full capacity	AN SIOL CDP Begun in 1999. The complex is owned by DCC	Service is based in community facility attached to an older persons complex. Does not have a meals on wheels element or delivery element. Does not operate on Bank Holidays and provides a reduced service between Christmas and New Year	40 older people a day. 90% usage on a daily basis In 2006 8,628 meals were served. The catchment area is the unit complex residents (15%) and residents who live in their own homes in the Stoneybatter area of Dublin 7 (85%)	40	0	40
Dominican Day Centre 31 Upper Dominic Street Has some capacity	St. Vincent's Trust (Community Education Agency of the Daughters of Charity)	Does not operate on bank holidays of Christmas holidays Caters for 15 -20 people a day (could cater for up to 30 people) also operates a meals on wheels services for 25 people every day	Provide 371 in house meals and 525 delivered meals a month (10,752 meals over a 12 month period) Caters for areas adjacent to the centre in Dominic street, Dorset street, St. Mary's place and Broadstone	23	25	48
St. Bricins Court Centre Has some capacity	Located in a DCC complex in DCC and run by the St. Bricin's Court management Committee (complex also includes 51 residential units	Does not operate on bank holidays of Christmas holidays Operates a community meals service for 12-15 people a day (could cater for up to 30 people). Also operates a meals on wheels delivery service to 35 people daily	Catchment area is the complex and the wider Stonybatter area. Almost all who attend the centre are residents. The meals on wheel delivers to the area around Infirmary Road, the NCR and Oxmantown Road	12	35	47
No of meals provided on a daily basis It is estimate that 170 older people link into these services on a weekly basis 55% users attend daily 45% attend for between 1 and 4 days a week The study found that 12.35% of the older population in the area were receiving a meals service which is higher than in the national figures and the figures for other parts of the country				75	60	135

11.'Good Practice Guide to Community Participation' which the Community Participation Project – North West Inner City Network & Inner City Organisations Network NEIC – launched in March 2008)

The aim of the Community Participation Project is to encourage and support local people to get involved in the actions and decisions with affect their lives and communities. The project has two part time workers and is funded by the NIC Drugs Task Force. Guide is to support organisations and groups to involve local people more effectively.

Annex 3

Areas of the health services where interviews were conducted

- Area Medical Officer
- Chiropody Services
- Community Based Counselling Services
- Community Welfare Services
- Counseling Services
- Dental Services
- Health Promotion Services
- Home Help Services
- Local GP Services
- Local Health Centers
- Local Health Offices
- Maternity Services
- Mental Health Services
- Occupational Therapy Services
- Ophthalmic Services
- Pharmacies
- Physiotherapy Services
- Private Medical Clinics
- Public Health Nurses
- Social Work Services
- Speech and Language Therapy Services

Supports for particular Groups

- Disability Services/Disability Support Services
- Homeless Services
- Meals on Wheels Services
- Pre-School Supports
- Recreational Facility Providers
- Services for Older People
- Services for Young People
- Social Inclusion Supports
- Supports for Women

Annex 4

A list of Community Based Organistions consulted

- An SIOL CDP
- Belong to
- Blackhall Community Forum
- Bradóg Regional Youth Service
- Cabra Community Council
- Chrysalis Community Drugs Project
- Snug Counselling Service
- Council for Services to Older People
- Daughters of Charity Community Services
- Gateway Women's Training Project
- Grangegorman Community Forum
- Grangegorman Residents Alliance
- MACRO CDP
- North Inner City Drugs Task Force
- North West Inner City Forum
- North West Inner City Network
- NWIC Women's Network
- O'Devaney Gardens Regeneration Board
- SPIRASI
- The North West Inner City Area Network (the Drugs, Intercultural & Disability sub groups) O'Devaney Gardens Community Development Forum
- The Saoilse Project
- Training & Development Project
- Society of St. Vincent de Paul (Aughrim Street Conference)
- North Inner City Drugs Task Force

Annex 5

A breakdown of the population of the Study Area at Enumeration Area (EA) level

ED	EA	Population Census 2006
Arran Quay A	Dublin City 02/334	769
	Dublin City 02/335	733
Arran Quay B	Dublin City 02/321	601
	Dublin City 02/322	584
	Dublin City 02/574	777
	Dublin City 02/575	866
	Dublin City 02/576	776
	Dublin City 02/612[12]	650
Arran Quay C	Dublin City 02/323	906
	Dublin City 02/324	573
	Dublin City 02/325	535
	Dublin City 02/595	1,056
	Dublin City 02/635	644
Arran Quay D	Dublin City 02/311	490
	Dublin City 02/312	570
	Dublin City 02/313	780
	Dublin City 02/314	990
	Dublin City 02/315	770
Arran Quay E	Dublin City 02/316	659
	Dublin City 02/317	514
	Dublin City 02/318	586
	Dublin City 02/319	590
	Dublin City 02/320	540
Cabra East A	Dublin City 02/336	659
	Dublin City 02/337	725
	Dublin City 02/338	593
	Dublin City 02/339	753
	Dublin City 02/340	1,029
	Dublin City 02/341	944
	Dublin City 02/577	663
Cabra East B	Dublin City 02/345	951
	Dublin City 02/346	810
	Dublin City 02/347	904
	Dublin City 02/348	877
Cabra East C	Dublin City 02/612[12]	650
	Dublin City 02/307	797
	Dublin City 02/308	801
	Dublin City 02/309	684
	Dublin City 02/310	508
Inns Quay C	Dublin City 02/326	617
	Dublin City 02/327	704
	Dublin City 02/328	708
	Dublin City 02/613	643
Rotunda B	Dublin City 02/380	670
	Dublin City 02/617	391
	Dublin City 02/618	594
	Dublin City 02/619	482

[12] The EA Dublin City 02/612 crosses the boundary of two EDs - Arran Quay B and Cabra East C.
[13] The EA Dublin City 02/612 crosses the boundary of two EDs - Arran Quay B and Cabra East C.

Annex 6

Details of the childcare facilities located in/adjacent to the study area

No.	Facility Name	Address	Type of Childcare	Nature of Provision
1	Abbey Day Nursery	Abbey Presbyterian Church, Parnell Square Dublin 1	Playgroup	Sessional
2	ABC Crèche	Frederick Court, Off Frederick Street, Dublin 1	Crèche	Full Day Care
3	Mercy Christian Fellowship Crèche	Unit 4, No 125 Parnell Street, Dublin 1	Crèche	Full Day Care
4	NCR Childcare	466 North Circular Road	Crèche	Full Day Care
5	St. Mary's Club	St Mary's Place, Dorset Street Flats, Dublin 1	Childminding	Sessional
6	The Children's Place	40 Parnell Square, Dublin 1	Playgroup	Full Day Care
7	Blackhall Crèche	116 North King Street, Dublin 7	Crèche	Sessional
8	Blackhorse Avenue Crèche	20 Springfield, Blackhorse Avenue Dublin 7	Crèche	Full Day Care
9	Bo-Peeps	2A Quarry Road, off new Cabra Road, Dublin 6		Full Day Care
10	Constitution Hill Playgroup	51 Constitution Hill, Dublin 7	Playgroup	Sessional
11	George's Hill Community Playgroup	Dominic St, Youth that Community Centre, Lwr Dominic Street, Dublin 1	Playgroup	Sessional
12	Pinocchio Playschool	Panama Scout Hall, 70 Royal Canal Bank, Rear of Phibsboro Library		Sessional
13	Pitter Patter Community Crèche and Pre-schools	Macro Resource Centre, 1 Green Street, Dublin 1	Crèche and Pre-school	Full Day Care
14	Portobello Montessori	43 Lower Dominic Street, Dublin 1		Full Day Care
15	Rainbow Community Playgroup	28 Stoneybatter, Dublin 7	Playgroup	Sessional
16	Seven Dwarfs Playgroup	Holy Family Parish centre, 13 Prussia Street, Dublin 7	Playgroup	Sessional
17	Silverspoon Nursery	41 Charleville Rd, North Circular Road, Dublin 7		
18	St. Mary's Day Nursery	Daughters of Charity Community Service, 8-9 Henrietta St, Dublin 1		Full Day Care
19	St. Peters Montessori School (World)	18 St. Paters Road, Phibsboro, Dublin 7		
20	Stanhope Street National School	Manor St, Dublin 7		Sessional
21	Step One Community Playgroup	Stanhope Street National Schools, Manor Street, Dublin 7	Playgroup	Sessional
22	Tiny Toes Crèche	42 Manor Street, Dublin 7	Crèche	Full Day Care
23	Tweenies	The Hut, O'Devaney Gardens, Dublin 7		Sessional

Notes

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