



# Dublin City North Services Mapping & Community Consultation

**TÚSLA**  
An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

  
**Dublin City Council**  
Comhairle Cathrach Bhaile Átha Cliath

Completed in 2016 by:  
 **Quality Matters**  
supporting improvement in social services

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## Foreword

As chairperson of the Dublin City North Children and Young People's Services Committee, it is my great pleasure to present the Dublin City North Services Mapping & Community Consultation research.

The Children and Young People's Services Committees (CYPSC) have evolved as an initiative of the Department of Children and Youth Affairs to bring together statutory, community and voluntary agencies, with the goal of strengthening and building better outcomes for children and young people (0-24 years). The work of CYPSC is underpinned by the Better Outcomes, Brighter Futures (2014) policy framework and implemented through collaborative, coordinated practice.

This document marks a significant milestone in understanding the profile of children and young people's services in Dublin City North. It highlights the extensive breadth of provision, an analysis of service gaps, and socio-economic profile. Through consultations with young people, parents and providers, the research provides a quantitative and qualitative assessment of perceived need within the area. These perceived gaps and needs are highlighted in thematic findings which have been consolidated in a number of recommendations that CYPSC will aim to implement through its Children and Young Person's Plan.

The purpose of this piece of research was to identify particular gaps in service provision and identify the challenges that families and those working in the community face in accessing particular services. This does not undermine the excellent work by individual services and the interagency working that takes place across the area. However, we can always seek to be better and do more with the resources available to us, and this report assists us in the goal.

I would like to acknowledge and thank all the services, schools, parents and in particular the young people who contributed to this report. Without their time and open participation, this would not have been possible. To the members of the CYPSC Research Group for their advice, input and insights into shaping the report, a sincere thanks for your commitment to this project. Thank you also to Dublin City Council and Tusla Child and Family Agency for funding this project; and to the Quality Matters Research Team who worked closely with our CYPSC in developing and guiding us through this research.

I hope this reading provides a useful context from which to grow our learning together, and to address needs collectively so that we can offer our current and future young generations the greatest opportunity to thrive in all their potential.



Joy McGlynn  
Chairperson, CYPSC Dublin City North

# 1 Summary of Findings and Recommendations<sup>1</sup>

## 1.1 Summary of Findings

### Physical Health and Social Services Summary Findings

#### Mapping Analysis Summary

Dublin City North EA and Cabra are the areas of least service provision in relation to physical health and social service provision.

#### Thematic Findings Headings

- There are unsatisfactory waiting times for physical health and social services
- There is a need for improved interagency working
- There are insufficient sexual health and sex education services
- Non-attendance at appointments is a barrier to service access
- There is insufficient out of hours service provision

### Mental Health & Wellbeing Services Summary Findings

#### Mapping Analysis Summary

Cabra is the area of least service provision in relation to mental health and wellbeing services.

#### Thematic Findings Headings

- There is a need for better interagency communication on mental health and wellbeing
- There are insufficient mental health and wellbeing services for children and young people
- There is insufficient local mental health and wellbeing service provision
- There is a need for increased parental support in relation to children and young people's mental health and wellbeing
- There is a need for more outreach by mental health and wellbeing services
- There is a need for further early intervention for mental health and wellbeing
- There are concerns regarding dual diagnosis
- Waiting lists are too long

### Education Services Summary Findings

#### Mapping Analysis Summary:

Dublin City North EA is the area of least service provision in education services.

#### Thematic Findings Headings

- There is a need for more alternative education options
- Early school leaving is a concern, particularly in minority communities
- Restricted education welfare services and poor school attendance
- Need for increased planning or support for transitioning between schools
- Need for better employment supports
- Need to improve interagency communication
- Need to improve health services in schools

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<sup>1</sup> Thematic findings refer to a consultation process with professionals, young people and parents who gave feedback in focus groups, interviews, and surveys on a number of service areas and themes.

## Police and Youth Justice Summary Findings

**Mapping Analysis Summary:** Dublin City Bay and Dublin City North EA are the areas of least service provision in relation to youth justice services.

### Thematic Findings Headings

- Need for improved interagency communications
- Need for more preventative education programmes
- Loss of community policing poses challenges
- Difficulties getting young people to buy-in to projects

## Local Authority Services

**Mapping Analysis Summary:** Dublin City North EA, Dublin City Bay and Finglas are the areas of least service provision in Local Authority services.

### Thematic Findings Headings

- There is insufficient youth and family housing provision
- There is a need for better upkeep and availability of public spaces
- There is a need to better address anti-social behaviour

## Sports and Recreation

**Mapping Analysis Summary:** Finglas is the area of least service provision in sports and recreation services.

### Thematic Findings Headings

- There is a lack of sports and recreation options in some areas
- Services are good, but underfunded
- There are high costs and waiting lists for sports and recreation services

## Drugs and Alcohol Services

**Mapping Analysis Summary:** Dublin City North EA is the area of least service provision in relation to drug and alcohol services.

### Thematic Findings Headings

- The normalisation of drug-taking is prominent
- Need for improved responses by some statutory services to drug and alcohol problems
- Need for more local drug and alcohol services
- Insufficient age appropriate services for young people
- Over reliance on the medical model and lack of outreach

## Disability Services

**Mapping Analysis Summary:** Dublin City North EA is the area of least service provision in disability services for children and young people.

### Thematic Findings Headings

- Need for Further Family Support Services
- Need for Local Disability Support Services
- Need for more Early Intervention Services
- Waiting Lists Are Too Long

## Early Childhood Services

**Mapping Analysis Summary:** Finglas and Cabra are the areas of least service provision in early childhood services.

### Thematic Findings Headings

- Need for improved quality and upskilling
- Potential closure of early childhood services
- Need for improved interagency working
- High costs of, and long waiting lists for early childhood services

## Cross Cutting Themes

This section reviews issues relating to family support services, which run across many of the 9 thematic areas already covered in this report.

- There is a lack of supports for young carers
- There is a need for more parental supports
- Better support is needed for young people experiencing issues in the home such as domestic violence
- There are poor transport options in some areas

## Interagency Working

- There are high rates of interagency working in the area
- CYPSC can provide additional support to the sector by:
  - Acting as an interagency facilitator
  - Supporting better service coordination
  - Supporting better service promotion
  - Advocating on behalf of services
  - Developing a service directory
  - Supporting effective meetings

## Hardiker Analysis

- There are a range of services working across all four Hardiker levels, and the distribution reflects the intensity of provision across the four levels, with the highest number of services operating at level one, and the lowest number of services operating at level four

## Five National Outcomes Analysis

- The range of services in Dublin City North address all five national outcomes. The most common outcome addressed is Outcome 5 "*Connected, Respected and Contributing to their World*" and the lowest number of services are promoting outcome 4: "*Economic Security and Opportunity*".

## 1.2 Summary of Recommendations

### Recommendations:

- **Recommendation 1:** Explore strategies for supporting parents and families to attend appointments
- **Recommendation 2:** Promote and increase positive interagency working through a shared learning approach
- **Recommendation 3:** Advocate for additional resources to meet needs identified through the needs analysis
- **Recommendation 4:** Engage with Local Drug & Alcohol Task Forces in the area to clarify communal strategic actions in relation to young people and drug use / mental health
- **Recommendation 5:** Undertake research / needs analysis into Finglas West and specific small areas of Dublin North East, which are identified as having significant need / and a lack of resources and supports
- **Recommendation 6:** Undertake consultation with young people who are not in education, employment or training (NEET's) in relation to alternative education streams and progress into work and training.
- **Recommendation 7:** Clarify and promote access routes/pathways to services

## 2 Background and Context

### 2.1 About the Dublin City North CYPSC

This report was commissioned by the Dublin City North Children and Young People's Services Committee (CYPSC). In *Towards 2016* (1), the Government's 10-year Social Partnership Agreement, the Government committed to the establishment of local level, multi-agency Children's Committees led by the HSE in each city/county development board area. In 2014, the national policy framework for children and young people ("Better Outcomes, Brighter Futures") was developed. This provides the current framework to coordinate policy and implementation across Government Departments, agencies and sectors to achieve better outcomes for children and young people. Children and Young People's Services Committees are an integral part of this framework. The Department of Children and Youth Affairs subsequently developed a "*Blueprint for the Development of Children and Young People's Services Committees*" (2015) to further guide the development of CYPSC's across the country. The Dublin City North CYPSC is one of 26 that have been established. The purpose of the Children and Young People's Services Committees is to bring together relevant agencies to ensure effective interagency coordination and collaboration to achieve the best outcomes for children and young people. The objectives of CYPSC, as outlined in the Blueprint include:

1. Ensure that the needs of children and young people are identified and addressed.
2. Plan and coordinate services.
3. Ensure effective collaboration and interagency working.
4. Promote quality, evidence-informed planning and practice.
5. Optimise the use of resources.
6. Promote best participation practice.

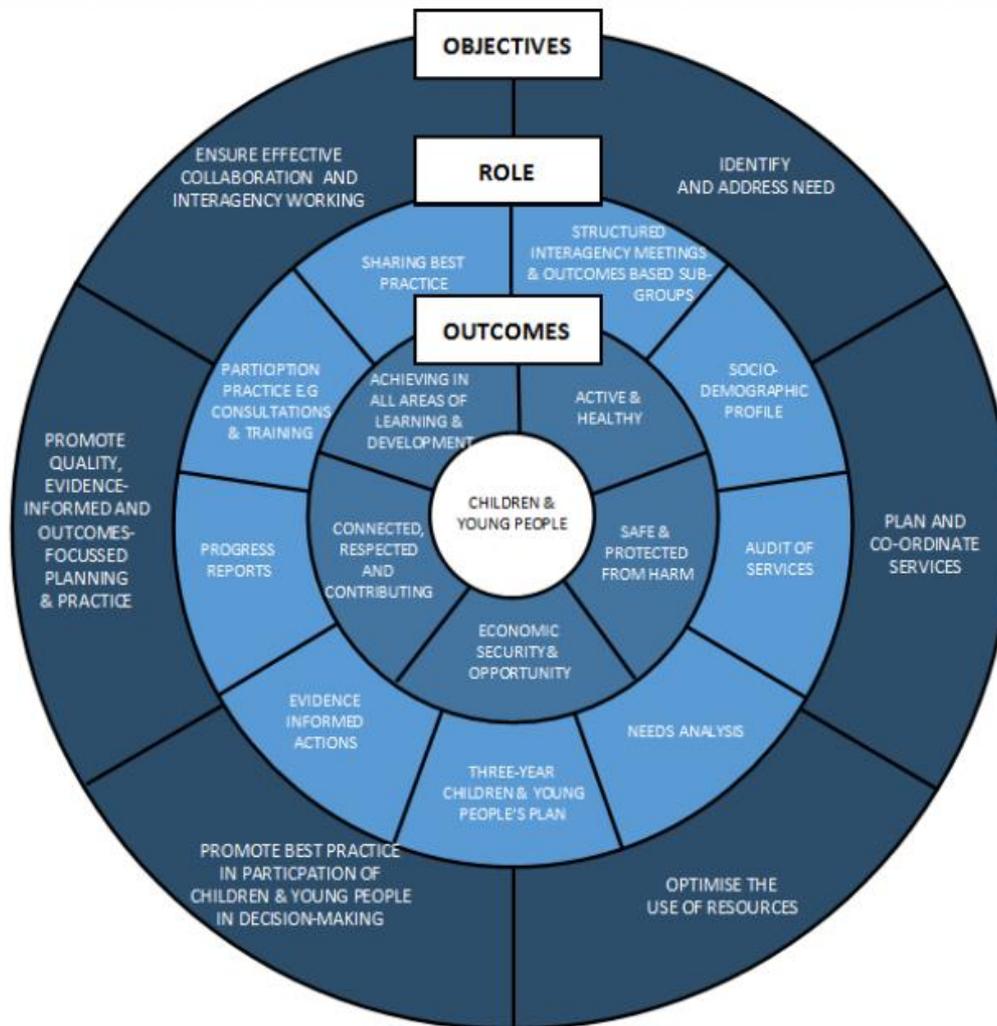
The Dublin City North Committee was established in 2014, with a view to members representing Tusla Child and Family Agency, the Local Authority (City and / or County Council), the Health Service Executive (HSE), the Education and Training Board (ETB), Young People (18 - 24 years), the Probation Service, An Garda Síochána, the Irish Primary Principals' Network (IPPN), the City or County Childcare Committee (CCC), the Department of Social Protection (DSP), the National Educational Psychological Service (NEPS), Third level institutions, the National Association of Principals and Deputy Principals (NAPD), Social Inclusion partners e.g. Local Development Companies, and community and voluntary organisations.

### 2.2 Context for this Report

Figure 1 below shows a graphic representation of the purpose, functions and mandate of a Children and Young People's Services Committee. This report fulfills a number of functions of the Committee, namely to:

1. Conduct a needs analysis
2. Audit and mapping of services currently available
3. Provide a socio-economic profile of the area
4. Identify gaps and priorities in service provision

Figure 1: Functions, Mandate and Purpose of a Children and Young People's Services Committee



## 3 Methodology

### 3.1 Methodology Overview

This comprehensive research project has gathered and triangulated data from 338 individuals by way of focus groups, surveys, interviews and an open call for submissions. This service audit and needs analysis supported the development of a comprehensive database of children's, young persons' and family support services in Dublin City North. This database is now held by the Dublin City North CYPSC and will be available to other professionals upon request. The service audit and needs analysis used a mixed methodology to identify the gaps in service provision for young people and their families. This mixed methods approach - involving desktop research of websites and directories, combined with surveys, interview and focus groups - was chosen in order to provide context and qualitative insight into the findings of the service audit. Using a variety of data sources helped to develop a multifaceted picture of unaddressed needs and gaps in service for the children and young people living in Dublin City North.

Table 1, below, details the methods used to collect information. This process was supported by a desktop review which collected information from sources listed in the reference section which included national databases, service websites, reports and strategies.

**Table 1: Number of People Engaged in Each Data Collection Process**

Data collection process	Number of people engaged in each process
<b>Surveys</b> <ul style="list-style-type: none"> <li>• 112 young people in schools</li> <li>• 38 parents</li> <li>• 131 general professionals</li> <li>• 8 GPs</li> <li>• 5 early years services</li> </ul>	294
<b>Key Stakeholder Interviews</b>	17
<b>Focus Groups</b> <ul style="list-style-type: none"> <li>• Professionals working with Travellers:14 (12 members were parents of young Travellers)</li> <li>• Crinan's Youth Project service users: 4</li> <li>• Focus Ireland Staff: 6</li> <li>• Edenmore<sup>2</sup> young people: 3</li> </ul>	27
<b>Total people engaged</b>	338

A comprehensive service mapping exercise was carried out to ascertain the geographic spread of services. Service numbers are compared across the seven electoral areas to identify gaps in service provision. Data from the desktop review, service audit and the needs analysis (interviews, focus groups and surveys) was analysed using a process of triangulation to produce findings and recommendations.

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<sup>2</sup> To preserve the anonymity of the Edenmore group members, the focus group was carried out in an interview style and for simplicity this feedback has been included in the focus group set of comments.

## 3.2 Data Collection

This section describes the methodologies used in the construction of this report to collect data from multiple sources.

### Surveys

Surveys were sent to 5 different stakeholder groups: parents, young people, general professionals, GPs and early childhood services. Parents and young people's surveys were disseminated by the CYPSC via schools. The three professional surveys were disseminated by the researchers using the database that was developed for this project while the CYPSC also used their networks to increase professional response rate.

The general professional's survey was completed by a wide variety of respondents including health, social and educational service providers.

The returned surveys provided feedback on the following:

- Basic service information such as contact details, location etc. (from service providers)
- Feedback on issues such as waiting lists and ease of access (all stakeholder groups)
- Interagency working (service providers)
- Gaps and blocks in relation to services (all stakeholder groups)
- Discipline specific concerns with children's services (GPs, Early Years and General Professionals)

Questions were asked, where possible, in scaled format to allow responses to be analysed across the stakeholder groups. The five surveys disseminated were:

**Table 2: Survey Responses and Response Rate by Survey Type**

Survey type	Sent	Responses received	Response rate
Young people	3 schools <sup>3</sup>	112	N/A
Parents	N/A	38	N/A
General professionals	795	131	16.5%
GP services	122	8	6.6%
Early year services	40	5	12.5%
Total		296	

Service professionals recorded the highest response rate with 16.5% of professionals returning the survey. Early years services recorded the second highest response rate with 12.5% of workers in the sector responding to the survey. GPs recorded the lowest response rate with 6.5% of GPs responding to the survey. As the young people's survey was distributed to parents and children via schools, specific information on the numbers the survey reached is not known, meaning that it was not possible to calculate a response rate for these two groups.

There were difficulties eliciting survey responses from early childhood services, as many did not have publically available email addresses.

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<sup>3</sup> It is unclear how many students were reached through this

**Table 3: Survey Responses by Type and Area**

Area	Young People	Parents	General Professionals	GP	Early Years	Total
<b>Ballymun / Whitehall</b>	15	6	27	1	1	50 (19%)
<b>Finglas</b>	21	1	15	1	1	39 (15%)
<b>Cabra</b>	8	2	6	0	0	16 (6%)
<b>North Inner City</b>	0	7	24	0	2	33 (12%)
<b>North West Inner City</b>	0	0	8	1	1	10 (4%)
<b>Dublin City Bay</b>	2	0	3	1	0	6 (2%)
<b>Dublin City North EA</b>	63	20	26	4	0	113 (42%)
<b>Total</b>						267

Table 3 illustrates the number of responses to the five surveys that came from each of the seven electoral areas. The electoral areas of Dublin City North EA and Ballymun/Whitehall provided the largest number of responses. The electoral areas of Dublin City Bay and the North West Inner City provided the smallest number of responses.

### Key Stakeholder Qualitative Interviews

Semi-structured interviews were undertaken with 17 service providers to identify professionals across the nine service areas (physical health and social, mental health and wellbeing, education, policing and youth justice, local authority, recreational and sport, drug and alcohol services, disability services and early childhood services) and across the seven geographical areas (Ballymun/Whitehall, Finglas, Cabra, North Inner City, North West Inner City, Dublin City Bay, Dublin City North EA). Interviews were conducted by phone, and lasted on average 35 minutes. The interviewees clarified information on their work and were asked about:

- Gaps in provision of services
- Barriers to accessing services for children and their parents (on the child's behalf)
- Adequacy of existing services
- Geographical spread of services
- Interagency working and local structures
- Priorities for development over the coming years.

Data from the interviews was thematically analysed from which 50 major themes were identified, which was then triangulated against survey results, mapping data and desktop research, resulting in a total of 59 summary findings which are detailed in the relevant findings chapters.

Key stakeholders were identified through purposive sampling, with an aim to ensure a spread of interviewees across the categories of service provision and, where possible, spread across geographic area. Researchers and members of the Children and Young Person's Services & Needs Committee Steering Group developed a list of professionals across the nine service categories and seven geographic areas. The research team attempted to contact all of these, by email or phone. While there were at least three attempts to communicate with all identified individuals, this was not always successful.

There was also an allowance within the methodology for snowballing, for example when key stakeholder suggested other relevant professionals to be interviewed. It should be noted that due to time and resource constraints, not all professionals originally identified or identified through snowballing could be interviewed.

### Stakeholder Focus Groups

Three stakeholder focus groups were held. The selection of focus group participants was undertaken with reference to the Hardiker model. This meant that groups were selected to

represent high-risk young people as well as those representing the whole population. Efforts were also made to engage parents of young people from minority communities.

The aim of the stakeholder focus groups was to explore priorities and concerns from individuals most likely to have complex needs and therefore most likely to be impacted by service gaps. Participants within the three focus groups were:

- 14 professionals working with Traveller's (12 of whom were parents of Traveller youths)
- Four users of the Crinan Youth Project
- Six members of Focus Ireland who work in homeless services

Issues and potential solutions were identified in focus groups using the framework of the five national outcomes for children. The information was documented by facilitators on flip chart, and notes were taken electronically during the focus groups, written up later and collated into the report on a thematic basis. Content from the groups is summarised in the nine service categories in the study.

### 3.3 Data Analysis

This section details how data was analysed to create this report.

#### Service Mapping and Audit

A comprehensive mapping exercise was undertaken to ascertain the geographic spread of service provision in Dublin City North. Information was gathered from key service personnel, public databases, a web search as well as snowballing techniques through the key stakeholder interviews and the surveys. A total of 1,218 services were identified and are included in the accompanying database. The database contains the following categories:

- Service category: E.g. Education
- Service type: E.g. G.P
- Name
- Address
- Phone
- Website address
- Opening hours
- Target group
- Email
- Hardiker (more than one possible)
- National outcome (more than one possible)

In order to analyse the spread of service provision across Dublin City North, the researchers used Google mapping software. Using an online geocoding service, non-confidential information was uploaded and .kml files were generated, downloaded and compiled locally on a mapping client (a program which allows for the creation and manipulation of maps).

Note: Some services such as phone counselling services, though not physically in Dublin City North, were included in the database as they are available to young people in Dublin City North.

#### Mapping Analysis

For the purposes of mapping, service provision was analysed in two main ways:

1. Services available across the seven geographical areas
2. Services available across the nine service categories

Where possible, service provision was analysed per head of population across each of the geographical areas. Population density and the findings of the demographic profile are presented in the mapping sections to highlight where there are areas of greater and lesser service provision in each area for children and young people.

## 3.4 Process for Establishing Recommendations and Findings

This section describes the methodologies used in the establishment of findings in this report.

### Triangulation of Data

Data from the desktop review, service audit and qualitative needs analysis (interviews, focus groups and survey information) was analysed to arrive at a summary of needs under each chapter heading using a process known as triangulation. Triangulating the facts and figures of mapping information with analysis from stakeholders gives additional meaning and depth to the information. The desktop review is useful in contextualising local needs with the agreed priorities of relevant departments or local agencies. By combing all three sources of information, local needs can be considered from a variety of angles meaning that discussions on the next steps can be made with the optimum amount of information.

The summary of each chapter indicates how these three pieces of information have been reviewed to arrive at findings. In general, findings had to be confirmed by two of the three sources: interviews / focus groups, surveys or the desktop review. Generally, numeric data on services and service provision per head of population is contained in the mapping section of each chapter, while qualitative findings are summarised in the thematic findings.

In total, there were 59 findings in the report. Nine of these findings relate specifically to the mapping, showing which geographical areas are areas of lesser service provision in relation to each of the nine areas of service provision. The other 50 emerged from thematic findings and are distributed across the nine service areas. These are presented in the Findings sections of Chapters 7 - 17 of the research.

The final findings were discussed with a service provider focus group to ascertain that the priority issues identified through the research process were coherent, reasonable and took account of all available information.

### Layout of Findings Chapters

There are nine findings chapters, corresponding with the nine service areas. They are presented as follows:

- A summary of the service area under investigation
- Service mapping map and findings
- Findings from stakeholder, focus group, quantitative and qualitative analysis
- Summary of findings

## 3.5 Limitations of the Research

Research of this manner seeks to provide a comprehensive map of all services in a particular area, and include all stakeholder views on this issue. However, it is not possible to obtain full and complete information on all services, or to include stakeholder views on every relevant issue. Acknowledging research limitations assists readers to evaluate the findings of the report.

### Challenges of Obtaining a High Number of Survey Returns

It was possible to obtain generous returns from the young people's survey (n=112), the parent's survey (n=38) and the professional survey (n=131). The GP's survey received a moderate number of responses (n=8). However, there were poor returns from the early years' service

providers' survey (n=5). This was compensated for with extra interviews with key stakeholders in the sector.

### Focus Group Representation

While efforts were made to obtain the views of a variety of stakeholders including young people from different areas, parents, drug service users and professionals working with Traveller's, in each case representation had clear limitations. Each of the focus groups of drug and alcohol service users and Traveller's were unlikely to be representative of the larger populations of Traveller's or drug and alcohol service users, as each of these focus groups drew from a specific population in a particular geographical location (drug and alcohol service users from the North Inner City, and Travellers from Coolock/Darndale). Likewise, the focus group inquiring about issues for homeless people was held with professionals, rather than service users, so this provides a specific stakeholder view on this issue that does not include service user views.

### Non-Response Bias in Survey Returns

The fact that surveys were completed by only some services means that caution must be taken when making inferences from surveys to the whole of Dublin City North. While the return rates represent a large sample size (n = 296), researchers are not able to state whether this sample is representative of all service subgroups within Dublin City North.

### Mapping Public Transport

A number of concerns were raised with regard to the geographical spread of services and the availability of affordable public transport. It is outside the scope of this report to conduct a comprehensive comparative analysis of public transport service provision in this report. A comparison of current service locations with public transport routes and costs would be useful to ensure equality of access to services in the future.

### Services Located Outside of the Mapping Area

Some areas that are underserved by services may border on neighbouring areas which contain greater service provision which is accessible to young people but falls outside their catchment zone in this report. This should be taken into consideration when reading the report.

### Not All Services Could Be Identified

Due to the voluntary nature of many youth service providers such as scouting organisations, voluntary youth groups and sporting clubs, not all service providers have publically available e-mail addresses or contact details. Thus, many of these services, while included in the database and mapping exercise, were not surveyed. In these cases, the research team, as far as practicable, obtained information and verification of data from third party organisations such as national bodies and umbrella groups.

### Absence of Consensus on Some Themes

It should be noted that in many cases, professionals restricted their interviewee comments to their own fields of expertise rather than commenting on broader issues relating to children's and young people's services. Seven of the themes in the report have been raised by two interviewees. This number should not be considered to lessen the impact of the theme in light of the wide scope of the research and the large breath of themes explored within it. Where, for example two professionals raise a particular issue it should not therefore be concluded that the other 15 interviewees did not agree with this point. Rather, it may have been considered a priority issue by these two interviewees, who have expertise or experience pertaining to the issue.

### 3.6 Role of the Steering Group

The steering group played a vital role in quality assuring the process, reviewing methodological issues, such as the list of staff to be interviewed, and in reviewing, critiquing and guiding the work.

## 4 Overview of Dublin City North

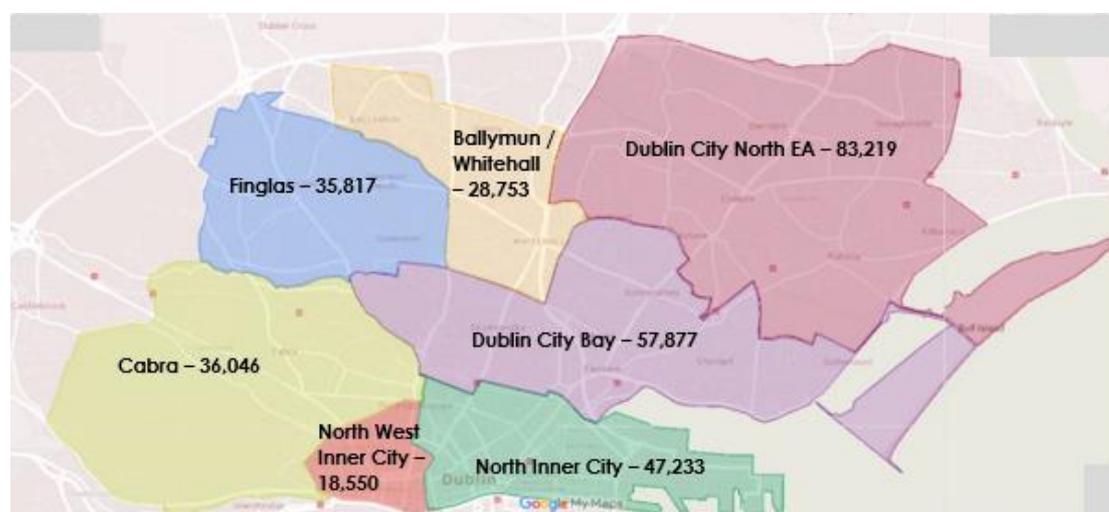
### 4.1 Demographic and Socio-Economic Profile

Dublin City North includes four different Dáil constituencies (Dublin Bay North, Dublin Central, Dublin North West and Dublin West (2)) and is made up of seven distinct electoral areas: Ballymun / Whitehall, Finglas, Cabra, North Inner City, North West Inner City, Dublin City Bay and Dublin City North EA.

For the purposes of reporting and to avoid confusion with the larger area of Dublin City North, the Dublin City North electoral area will be referred to in this report as Dublin City North EA.

Each electoral area is comprised of between 6 and 26 electoral divisions. Map 1 identifies the seven electoral areas and their respective populations based on CSO 2011 census data (3), the latest detailed data available at the time of compiling the report.

**Map 1: The Seven Electoral Areas and their Populations**



### Population in Dublin City North

**Table 4: Electoral Areas and their Population**

Electoral Area	Electoral Divisions	Population
<b>Ballymun/Whitehall</b>	Ballymun A, B, C, D Whitehall A, B, C, D	28,753
<b>Finglas</b>	Ballygall A, B, C, D Ballymun E, F Finglas North A, B, C Finglas South A, B, C, D	35,817
<b>Cabra</b>	Ashtown A, B Cabra East A, B, C Cabra West A, B, C, D Phoenix Park	36,046
<b>North Inner City</b>	Ballybough A, B Inns Quay A, B Mountjoy A, B North City North Dock A, B, C	47,233

	Rotunda A, B	
<b>North West Inner City</b>	Arran Quay A, B, C, D, E Inns Quay C	18,550
<b>Dublin City Bay</b>	Beaumont D, E, F Botanic A, B, C Clontarf East B, C, D, E Clontarf West B, C, D, E Drumcondra South A, B, C Grace Park	57,877
<b>Dublin City North</b>	Ayrfield Beaumont A, B, C Clontarf East A Clontarf West A Edenmore Grange A, B, C, D, E Harmonstown A, B Kilmore A, B, C, D Priorswood A, B, C, D, E Raheny (Foxfield, Greendale, St Assam)	83,219

Table 4 illustrates the electoral divisions contained within each electoral area and their corresponding population.

In 2011, this area in Dublin City North was home to 307,495 individuals consisting of 149,689 males and 157,806 females, this represents 6.7% of the Republic of Ireland's population of 4,588,252 (4). It also accounts for 5.2% of all under 18's (1,148,687) in the country and 6.3% of the total under 25 population (1,559,840) in the state (4). The largest populations in the profiled electoral areas were located Dublin City North electoral area (83,219) and Dublin City Bay (57,877) and the smallest population was contained in the North West Inner City (18,550).

### Population Density

This report profiles seven electoral areas located in Dublin City North using data from the 2011 census provided by the Central Statistics Office. Comprising of 74.29 km<sup>2</sup> and a population of 307,495, the area has a population density of 4139 people per squared kilometre, the area under investigation in Dublin City North is far above both the Irish and Dublin average population density as evidenced in Table 5.

**Table 5: Population Density per km<sup>2</sup>**

<b>Population Density (Persons per km<sup>2</sup>) (5)</b>			
Irish Average	Dublin Average	Urban Average	Dublin City North
67	317.5	1736	4139

## Population Change in Dublin City North

**Figure 2: Population Change between 2006 & 2011**

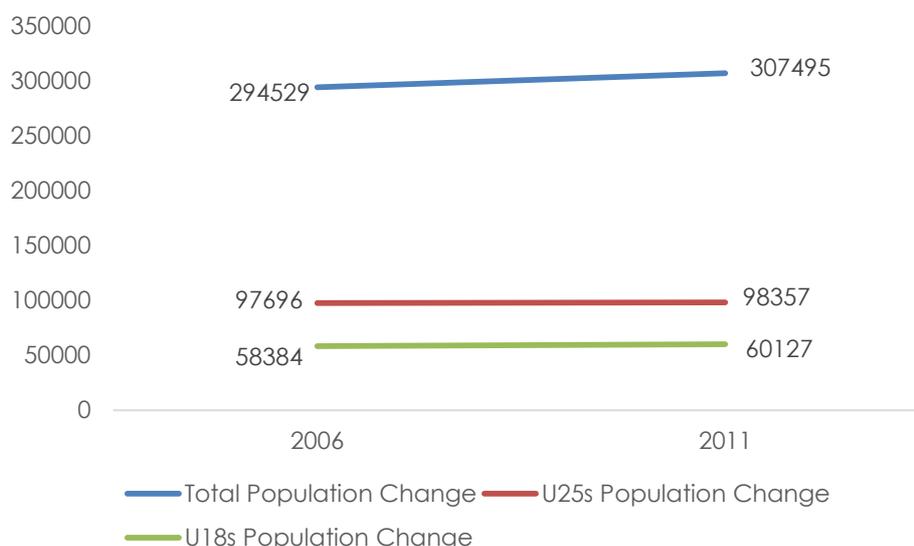


Figure 2 illustrates that Dublin City North has seen a steady growth over the 5 years since the previous census in 2006. The total population of the area increased 4.4%, while the under 25 population increased by 0.68% and the under 18 population increased by 3% between 2006 and 2011. This compares with the population growth in the whole country of 8.1% in the same time period(6).

**Table 6: Population Change since the 2006 Census**

Electoral area	2011 population	Population % change since 2006 census
<b>Ballymun / Whitehall</b>	28,753	+ 1.48
<b>Finglas</b>	35,817	+ 1
<b>Cabra</b>	36,046	+ 6.12
<b>North Inner City</b>	47,233	+ 16.29
<b>North West Inner City</b>	18,550	+ 2.66
<b>Dublin City Bay</b>	57,877	-0.35
<b>Dublin City North electoral area</b>	83,219	+3.89

As illustrated in Table 6, six out of the seven electoral areas have seen an increase in population since the previous census in 2006. The only electoral area to see a decrease in its population was Dublin City Bay which recorded a marginal decrease of 0.35%. The North Inner City saw the largest increase in population with a 16.29% increase in its population with Cabra also reporting a large increase of 6.12% in its population. All other electoral areas saw their populations increase by between one and just under four percent in the time period.

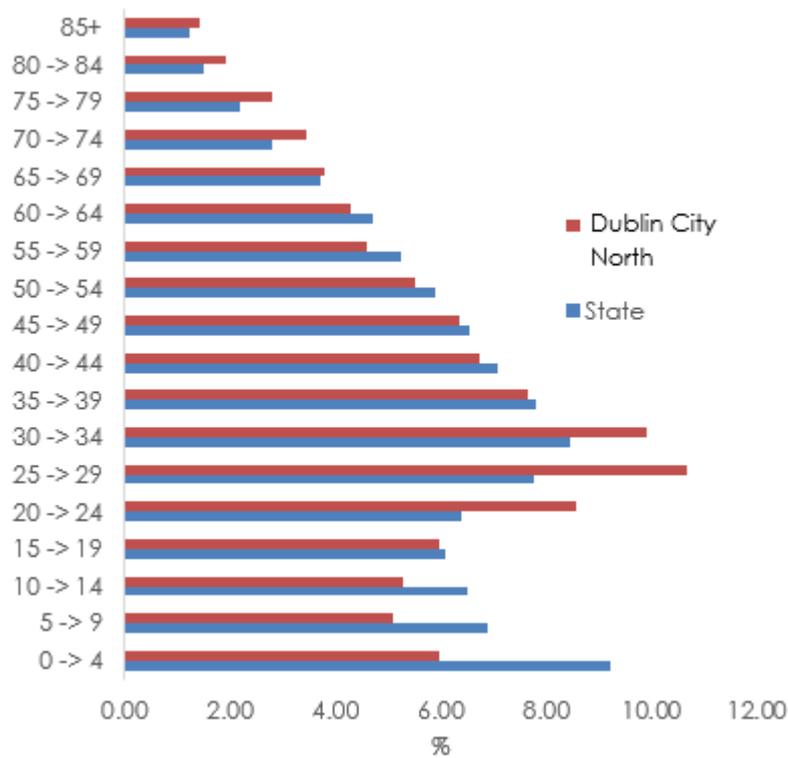
## Demographics in Dublin City North

The 2011 Census identified 60,127 children (0 – 17 year olds) in Dublin City North. When compared with the total population of Dublin City North, the area has 22% less children (0 – 4 year's) than the national average<sup>4</sup>. Analysed further this underrepresentation (figure 3) is

<sup>4</sup> Calculated from CSO 2011 data where:

apparent at all age groups under the age of 18. Figure 3 shows the age profile of children in the area, identifying a higher number of younger children. Extrapolated over time this is likely to result in an increase of around 15.37% in the number of young adults within the next 14 years<sup>5</sup>.

**Figure 3: Age Comparison of People in Dublin City North**




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A = Total population of Ireland (4,588,252)  
 B = Total population of Dublin City North (307,495)  
 C = % of total population living in Dublin City North (6.7%)  
 D = Population of children in Ireland = (1,148,687)  
 E = No. of children if proportionate = (76,962)  
 F = Children in Dublin City North = (60,127)  
 G = The difference between F and E = (-16,835)  
 H = Percentage difference between Dublin City North and the national average (0.22%)  
 And (A ÷ 100 x B = C, 100 ÷ D x C = E, F - E = G, 100 ÷ E x G = H)

<sup>5</sup> This figure has been calculated by the current numbers of zero to three year olds compared with the current number of 14 – 17 year olds. This figure does not account for potential net migration or emigration for the area.

**Figure 4: Population of Children in Dublin City North (0 - 17 years)**

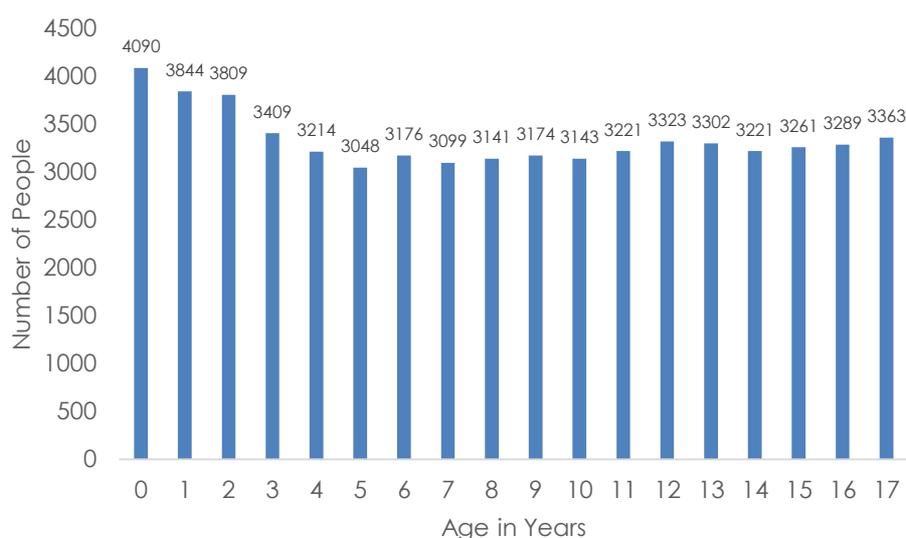


Figure 4 illustrates the number of young people under the age of 18 in Dublin City North. The age groups with the largest populations are zero, one and two year olds.

**Table 7: Number of Children under the age of 18 in Dublin City North**

Year	Number of Children under 18	% Change
2002	62206	
2006	58384	-6.6%
2011	60127	+ 3%

Table 7 illustrates that the number of under 18's in Dublin City North is on the increase after decreasing in the in the early to mid-noughties, rising from a low of 58,384 in 2006 to 60,127 in 2011 but not yet replicating the peak number of 62,206 of the 2002 census.

**Table 8: Population of Under 18's in Electoral Areas**

Electoral area	Total Population in Dublin City North	Population under 18	% of population under 18
Ballymun / Whitehall	28,753	6,548	22.77%
Finglas	35,817	8,319	23.23%
Cabra	36,046	6,630	18.39%
North Inner City	47,233	5,865	12.42%
North West Inner City	18,550	2,361	12.73%
Dublin City Bay	57,877	10,217	17.65%
Dublin City North EA	83,219	20,187	23.49%
Total Dublin City North	307,495	60,127	19.55%
Irish Average	4,588,252	1,148,687	25.04%

Table 8 illustrates that all seven electoral areas in Dublin City North has a disproportionate number of young people and children under the age of 18. Nationally just over a quarter of the population are under 18 (25.04%) whereas the seven electoral districts fall below this figure. This ranges from less than half the population in the general population in the North Inner City electoral area (12.43%) to slightly less than the national average in Dublin City North EA electoral area (23.49%).

## Young People Living in Dublin City North

**Table 9: Percentage of Young People Living in the 7 Electoral Areas**

Area	Percentage of total Irish population who are Under 18 in Dublin City North	Percentage of total Irish population who are Under 25 in Dublin City North
<b>Ballymun/ Whitehall</b>	2.1% (6,548)	3.5% (10,783)
<b>Finglas</b>	2.7% (8,319)	3.8% (11,691)
<b>Cabra</b>	2.2% (6,630)	4.2% (12,834)
<b>North Inner City</b>	1.9% (5,865)	4.3% (13,177)
<b>North West Inner City</b>	0.77% (2,361)	1.9% (5,958)
<b>Dublin City Bay</b>	3.3% (10,217)	5.2% (15,851)
<b>Dublin City North EA</b>	6.6% (20,187)	9.1% (28,123)
<b>Total in the seven electoral areas</b>	19.57% (60,127)	32% (98,444)
<b>Total Population in Dublin City North</b>	(307,495)	(307,495)

Table 9 illustrates the percentage of the total population that are under 18 and under 25 who live in each of the seven respective electoral areas in Dublin City North. The electoral areas of Dublin City North EA and Dublin City Bay are home to the largest numbers of under 18 year olds and under 25 year olds, while the North West Inner City contains the smallest number of under 18 year olds and under 25 year olds.

Dublin City North EA (20,187) contains almost double the number of inhabitants under the age of 18 as the second biggest under 18 population in Dublin City Bay (10,217). Dublin City North EA (20,187) also contains over three times the number of under 18's as Ballymun/Whitehall (6,548), Cabra (6,630), North Inner City (5,865) and the North West Inner City (2,361).

Dublin City North EA (28,123) contains almost double the number of inhabitants under the age of 25 as the second biggest under 25 population in Dublin City Bay (15,851). Dublin City North EA (28,123) also contains over double the number of under 25's as Ballymun/Whitehall (10,783), Finglas (11,691), Cabra (12,834), North Inner City (13,177) and the North West Inner City (5,958). There are proportionally more under 25 year olds in the North Inner City than there is under 18 year olds in the same area.

## Socio Economics

In 2011 the Dublin region is the most affluent region of Ireland, however Dublin City is the second most disadvantaged local authority area within the region (7) . The 2011 deprivation index notes that:

*Dublin City has massively been affected by the economic downturn after 2007, reflected in the drop in the absolute deprivation score from -1.1 in 2006 to -4.9 in 2011. This represents a drop of 'only' 3.8, compared to a nationwide drop of 6.5 and identifies Dublin City as the area that has by far best weathered the downturn of the economy*

The index goes on to discuss a degree of geographic variances within Dublin City North(7):

*Dublin's inner city occupies a special position in that while it is no longer amongst the most deprived areas if measured at electoral district level, there are still significant clusters of high deprivation that are hidden by the large population influx of affluent people during the Celtic Tiger years when the area was gentrified. However, Dublin City North is still home to some of the most disadvantaged areas including Coolock/Darndale, Ballymun, Finglas and Cabra*

The 2011 census recorded the unemployment rate in the whole of Dublin city as 17.4% , a figure slightly lower than the national average of 19% (8).

**Table 10: Dublin City North Population by Sex and Occupation Type: 2011**

Social Class	Male	Female	Total	% of Total Workers
<b>Professional Worker</b>	10,897	9,242	20,139	6.6%
<b>Managerial and technical</b>	35,365	39,552	74,917	24.4%
<b>Non-manual</b>	19,994	33,961	53,955	17.6%
<b>Skilled manual</b>	27,665	15,687	43,352	14.1%
<b>Semi-skilled</b>	16,997	14,960	31,957	10.4%
<b>Unskilled</b>	6,523	7,077	13,600	4.4%
<b>All others gainfully employed</b>	32,248	37,327	69,575	22.6%
<b>Total</b>	149,689	157,806	307,495	100%

Table 10 illustrates the class of job held by people living in Dublin City North. Manual and technical workers (24.4%) make up the largest cohort group with unskilled workers (4.4%) accounting for the smallest cohort group.

### Socio-Economic Comparison of the Seven Electoral Areas

This section contains a socio-economic comparison of the seven electoral areas contained in the report. Key demographic data is explored to evaluate the make-up of the seven areas. The 2011 Pobal HP Relative Deprivation Index (7), developed by Trutz Haase and Jonathan Pratschke, gives an indicator for each electoral area. This score is a combination of census data on demographics, class composition and labour market data, used to construct a national average of 0. Each area has been given a minus or plus score against this average. Scores of -10 to 0 indicates an area is marginally disadvantaged, -10 to -20 indicates that an area is disadvantaged, -20 to -30 very disadvantaged, while a score of 0 to 10 indicates that an area is marginally affluent, 10 to 20 indicates that an area is affluent or 20 to 30 very affluent. This is illustrated below in Table 12.

**Table 11: Comparison of Key Socio-economic Data**

Area	Sole Parents*	Unemployment Average (Male, Female)	Education (Percentage with a 3 <sup>rd</sup> level qualification)	Migration (Percentage of population that is non Irish)	Relative Deprivation Index: (Range) Average
National Average	25.8%	(17.5%, 10.4%)	31%	12%	N/A
Ballymun/ Whitehall	39.5%	(29.8%, 20.3%)	22.5%	13.45%	(-19.8 -> 9.2) -5.6 Marginally Disadvantaged
Finglas	38.2%	(28.3%, 17.9%)	16.3%	8.17%	(-20.3 -> 4) -9 Marginally Disadvantaged
Cabra	31.7%	(25.6%, 15.5%)	31.5%	18.29%	(-14.9 -> 9.2) -1.5 Marginally Disadvantaged
North Inner City	41.4%	(28.4%, 18.6%)	40.3%	44.12%	(-9.2 -> 15) 3.5 Marginally Affluent
North West Inner City	45.5%	(27%, 16.2%)	43.4%	36.19%	(-4 -> 12.7) 4.1 Marginally Affluent

Dublin City Bay	17.1%	(14.4%, 9.3%)	44.9%	12.11%	(-6.2 -> 14.7) 8.1
Dublin City North EA	38.5%	(25.4%, 16.6%)	20%	9.45%	(-20.4 -> 9.2) -6.1

\*Percentage of single parent households with at least one dependent child (aged under 15) as a proportion of all households with at least one dependent child (aged under 15).

All electoral areas with the exception of Dublin City Bay (17.1%) have a higher level of lone parents than the national average of 25.8%, the highest level of lone parents is found in the North West Inner City (45.5%) electoral area followed by the North Inner City (41.4%) electoral area.

The national average for unemployment is 17.5% for males (m) and 10.4% for females (f). All electoral areas, with the exception of Dublin City Bay (m = 14.4%, f = 9.3%) have unemployment levels that are higher than the national average. The highest rate of unemployment is found in Ballymun/Whitehall (m = 29.8%, f = 20.3%).

Regarding third level educational attainment, Finglas (16.3%) and Dublin City North EA (20%) do not reach the national average (31%) of people with a third level qualification. Dublin City Bay (44.9%) contains the largest proportion of inhabitants with a third level qualification followed by the North West Inner City (43.4%), North Inner City (40.3%) and Cabra (31.5%).

Non-Irish national populations are a key factor of socio-economic profiles. The North Inner City (44.12%) and the North West Inner City (36.19%) contain numbers of non-Irish national residents more than three times in excess of the national average of 12%. Conversely Finglas (8.17%) and the Dublin City North EA (9.45%) electoral areas fall below the national average. Ballymun/Whitehall, Cabra and Dublin City Bay have marginally higher levels of non-Irish national residents than the national average.

The aggregated electoral area scores are presented in Table 11 and show that Dublin City North is not a uniformly disadvantaged area. Areas of disadvantage are evident but also areas of affluence. Ballymun/Whitehall (-5.6), Finglas (-9) and Dublin City North EA (-6.1) are the most disadvantaged electoral areas. Dublin City Bay (8.1) is an affluent area and the other electoral areas are either marginally affluent or marginally disadvantaged.

Dublin City North contains 11 of the 50 most deprived small electoral divisions in the whole country (9).

## 4.2 Summary

Dublin City North is one of 26 areas in the country where CYPSC's have been established. Dublin City North has a smaller number of children living in the area proportional to the national average but has one of the largest populations of under 18 year olds in the country. Based on current census data trends, it is likely that the number of young people in the area will have grown and will be illustrated in the 2016 census results when they are released.

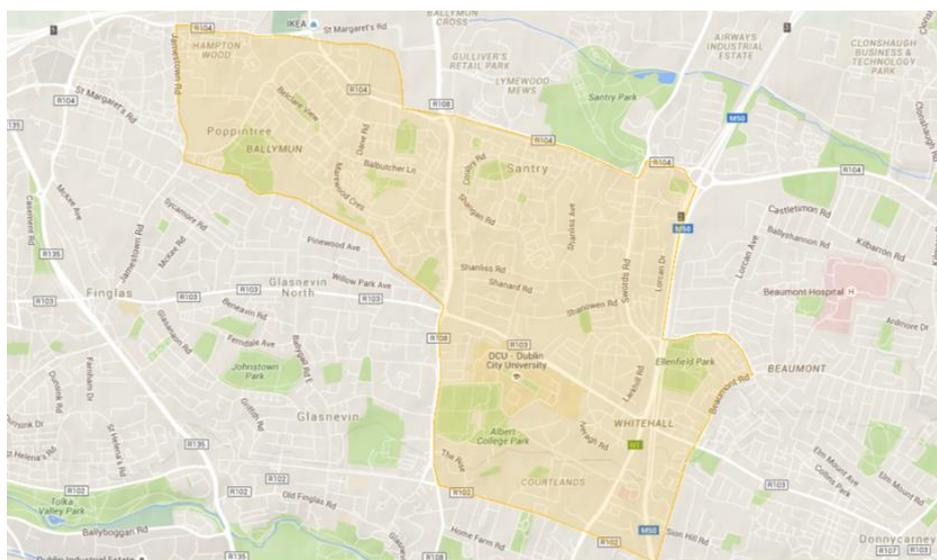
Despite the county of Dublin weathering the economic decline of recent years better than most other areas of the country, Dublin City North's decline in economic stability varies greatly depending on the local electoral area in which its inhabitants reside. Dublin City Bay is the only electoral area under study that contains a lower percentage of unemployed adults compared to the national average. Levels of deprivation vary greatly in the area under study, however it is of particular concern for children and young people that the area contains 11 of the 50 most deprived small electoral divisions in the country.

## 5 Overview of the Seven Electoral Areas

This section focuses on background information relating to the seven individual electoral areas in Dublin City North.

### 5.1 Ballymun /Whitehall

Map 2: The Ballymun / Whitehall Electoral Area



The electoral area of Ballymun/Whitehall covers an area of 6.22 km<sup>2</sup> and incorporates eight electoral divisions. Of the 28,753 inhabitants in the Ballymun/Whitehall electoral area, 6,548 (22.77%) are under the age of 18. This Ballymun/Whitehall population of Under 18s accounts for 2.13% of all inhabitants (307,495) in the area under study in Dublin City North.

The Ballymun / Whitehall electoral area comprises the following electoral divisions: Ballymun A, B, C & D; Whitehall A,B,C & D

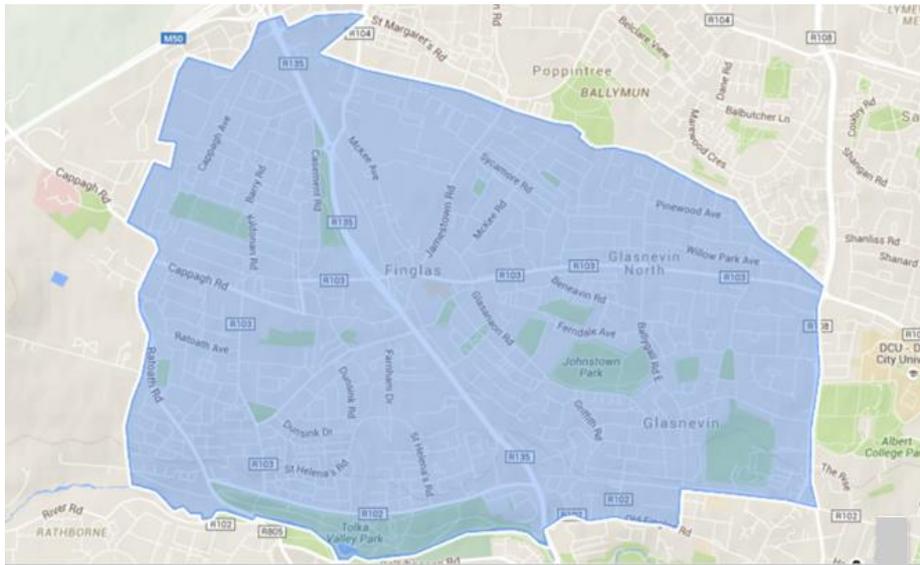
- The Ballymun/Whitehall electoral area scores a -5.6 on the Pobal HP Relative Deprivation Index. This denotes that the area is marginally disadvantaged.
- Ballymun/Whitehall has a higher percentage of lone parent families compared to the national average, accounting for 39.5% of families in the Ballymun/Whitehall area compared with the national average of 25.8%.
- The unemployment rate for both men and women is higher than the national average. 29.8% of males in the area are unemployed compared to the national average of 17.5%. 20.3% of females are unemployed compared to the national average of 10.4%.
- The percentage of the area's population holding a third level qualification (22.5%) is also below the national average of 31%.
- Ballymun/Whitehall has a slightly higher number of non-Irish national residents (13.45%) than the national average of 12%.

**Narrative:** Although the average deprivation score of -5.6 marks the Ballymun/Whitehall electoral area as being marginally disadvantaged, this masks a difference between the Ballymun and Whitehall electoral divisions with Ballymun B, C, D ranging between -13.4 -> -19.8 and scoring as disadvantaged, while the Whitehall electoral districts scores range from -6 -> 9.2 and marking these electoral districts as being marginally above to marginally below average. This indicates that the Ballymun divisions of the electoral area are more disadvantaged than

the Whitehall electoral divisions as well as containing some of the most disadvantaged electoral divisions in Dublin City North. The Ballymun/Whitehall electoral area accounts for the largest proportion of male unemployment (29.8%) and of female unemployment (20.3%) in Dublin City North.

## 5.2 Finglas

Map 3: The Finglas Electoral Area



The electoral area of Finglas spans 8.14 km<sup>2</sup> and incorporates 13 electoral divisions. The Finglas electoral area contains 8,319 (23.23%) inhabitants under the age of 18 out of a population of 35,817. The Finglas electoral area population of Under 18s accounts for 2.71% of all inhabitants (307,495) in the area under study in Dublin City North.

The Finglas electoral area is comprised of the following electoral divisions: Ballygall A,B,C&D; Ballymun E & F; Finglas North A, B & C, and Finglas South A,B,C&D

- The Finglas electoral area scores a -9 on the Pobal HP Relative Deprivation Index. This denotes that the area is marginally disadvantaged.
- Finglas has a higher percentage of lone parent families compared to the national average, accounting for 38.2% of families in the Finglas electoral area compared with the national average of 25.8%.
- The unemployment rate for both men and women is higher than the national average. 28.3% of males in the area are unemployed compared to the national average of 17.5%. 17.9% of females are unemployed compared to the national average of 10.4%.
- The percentage of the area's population who hold a third level qualification (16.3%) is also below the national average of 31%.
- Finglas has a slightly lower number of non-Irish national residents (8.17%) than the national average of 12%.

### Narrative:

Although the average deprivation score of -9 marks the area as being marginally disadvantaged and the most disadvantaged area in the report, this masks a difference between the Finglas electoral divisions and the Ballygall and Ballymun electoral divisions, both of which are marginally disadvantaged. Finglas North A-E electoral divisions range between -5.1 -> -20.3 - disadvantaged to very disadvantaged, while the Ballygall and Ballymun electoral divisions scores range from -8.3 -> 4 and marking these electoral divisions as being marginally above to marginally below average. This indicates that the Finglas area of the electoral district is more disadvantaged than the Ballymun/Ballygall area as well as containing some of the most disadvantaged electoral divisions in Dublin City North. The Finglas electoral area also has the lowest proportion in Dublin City North who hold a third level qualification (16.3%) and the lowest proportion of non-Irish national residents (8.17%) compared to other the other electoral areas in Dublin City North.

## 5.3 Cabra

### Map 4: The Cabra Electoral Area



The electoral area of Cabra spans 14.26 km<sup>2</sup> and incorporates 10 electoral divisions. The Cabra electoral area contains 6,630 (18.39%) inhabitants under the age of 18 out of a population of 36,046. The Cabra population of Under 18s accounts for 2.16% of all inhabitants (307,495) in the area under study in Dublin City North.

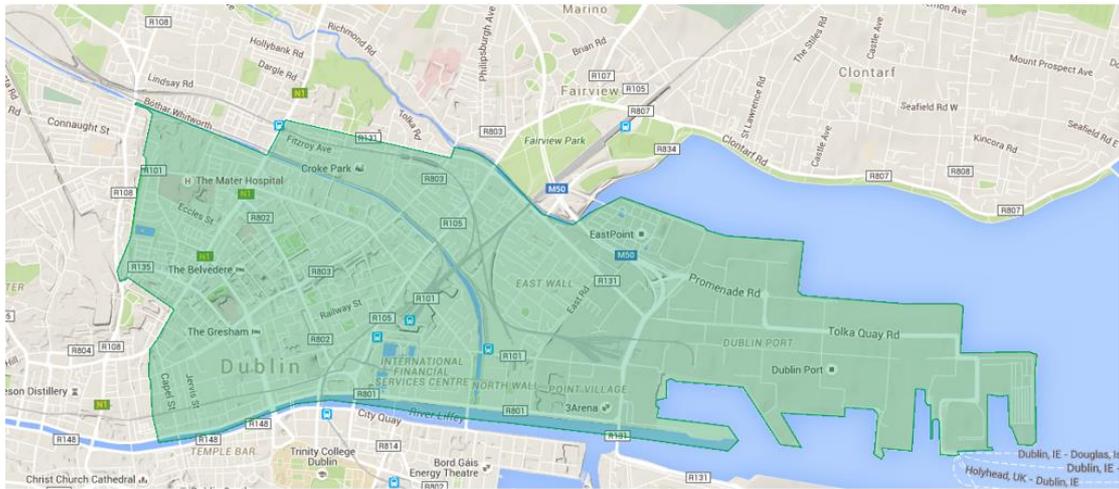
The Cabra electoral is comprised of the following electoral divisions: Ashtown A & B; Cabra East A,B&C; Cabra West A,B,C&D, and Phoenix Park.

- The Cabra electoral area scores a -1.5 on the Pobal HP Relative Deprivation Index. This denotes that the area is marginally disadvantaged.
- Cabra has a higher percentage of lone parent families compared to the national average, accounting for 31.7% of families in the Cabra electoral area compared with the national average of 25.8%.
- The unemployment rate for both men and women is higher than the national average. 25.6% of males in the area are unemployed compared to the national average of 17.5%. 15.5% of females are unemployed compared to the national average of 10.4%.
- The percentage of the area's population who hold a third level qualification (31.5%) is aligned with the national average of 31%.
- Cabra has a higher number of non-Irish national residents (18.29%) than the national average of 12%.

**Narrative:** The average deprivation score of -1.5 marks the area as being marginally disadvantaged. This masks a difference between the electoral divisions of Cabra West A-D and the adjoining Cabra East B which ranges between -6 -> -14.9 on the deprivation scale and denotes them as marginally disadvantaged to disadvantaged. Conversely the electoral divisions of Cabra West A-D and Cabra East B range between 0.8 -> 9.2 on the deprivation scale, denoting them as marginally affluent. This indicates that the Cabra West districts of the electoral area are more disadvantaged than other districts in the electoral area.

## 5.4 North Inner City

Map 5: The North Inner City Electoral Area



The electoral area of North Inner City spans 6.71 km<sup>2</sup>, and 12 electoral divisions. The North Inner City electoral area contains 5,865 (12.42%) inhabitants under the age of 18 out of a population of 47,233. The North Inner City population of Under 18s accounts for 1.91% of all inhabitants (307,495) in the area under study in Dublin City North.

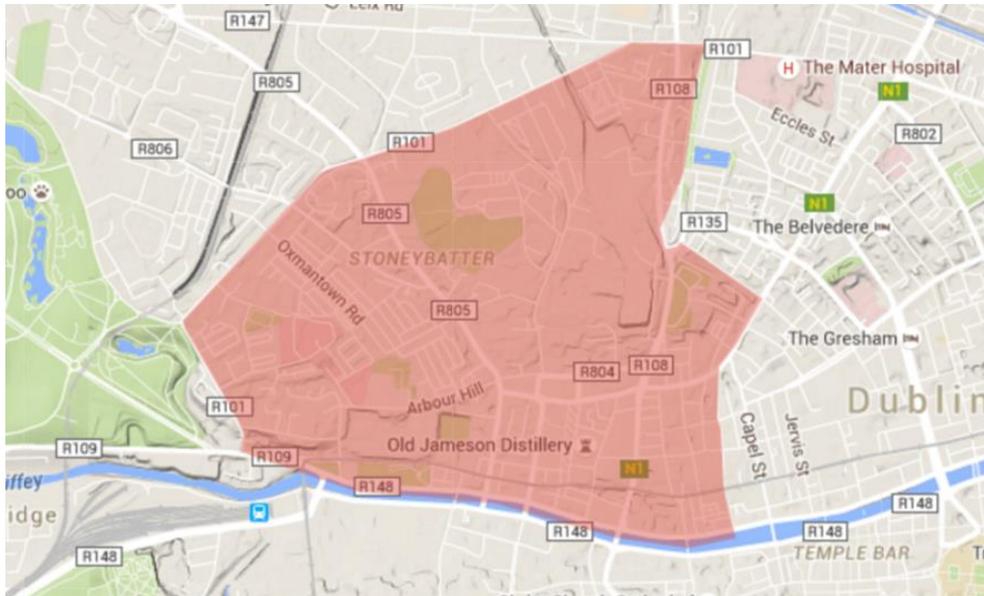
The North Inner City electoral area is comprised of the following electoral divisions: Ballybough A & B; Inns Quay A & B; Mountjoy A & B; North City; North Dock A, B & C, and Rotunda A & B.

- The North Inner City electoral area scores a 3.5 on the Pobal HP Relative Deprivation Index. This denotes that the area is marginally affluent.
- The North Inner City has a higher percentage of lone parent families compared to the national average, accounting for 41.4% of families in the North Inner City electoral area compared with the national average of 25.8%.
- The unemployment rate for both men and women is also higher than the national average. 28.4% of males in the area are unemployed compared to the national average of 17.5%. 18.6% of females are unemployed compared to the national average of 10.4%.
- The percentage of the area's population who hold a third level qualification (40.3%) is greater than the national average of 31%.
- The North Inner City has a higher number of non-Irish national residents (44.12%) than the national average of 12%.

**Narrative:** The average deprivation score of 3.5 marks the area as being marginally affluent. This holds relatively true across the North Inner City electoral divisions with the exception of Ballybough A where a score of -9.2 on the Relative Deprivation Index marks it as being on the cusp of being disadvantaged and conversely North Dock B (10.8) and North City (15) whose scores mark them out as affluent areas. The North Inner City is home to the largest population of non-Irish national residents (44.12%) in Dublin City North with more than 3.5 times the national average of 12%.

## 5.5 North West Inner City

Map 6: The North West Inner City Electoral Area



The electoral area of North West Inner City spans 2.61 km<sup>2</sup>, and 6 electoral divisions making it the smallest electoral area geographically in Dublin City North. The North West Inner City electoral area contains 2,361 (12.73%) inhabitants under the age of 18 out of a population of 18,550. The North West Inner City electoral area population of Under 18s accounts for 0.77% of all inhabitants (307,495) in the area under study in Dublin City North, making it the least populous electoral area.

The North West Inner City is comprised of the following electoral divisions: Arran Quay A, B, C, D & E, and Inns Quay C.

- The North West Inner City electoral area scores a 4.1 on the Pobal HP Relative Deprivation Index. This denotes that the area is marginally affluent.
- The North West Inner City has a higher percentage of lone parent families compared to the national average, accounting for 45.5% of families in the North West Inner City electoral area compared with the national average of 25.8%.
- The unemployment rate for both men and women is higher than the national average. 27% of males in the area are unemployed compared to the national average of 17.5%. 16.2% of females are unemployed compared to the national average of 10.4%.
- The percentage of the area's population who hold a third level qualification (43.4%) is greater than the national average of 31%.
- The North West Inner City has a higher number of non-Irish national residents (36.19%) than the national average of 12%.

**Narrative:** The average deprivation score of 4.1 marks the area as being marginally affluent. This holds relatively true across the North West Inner City electoral divisions with the exception of Arran Quay C where a score of 12.7 on the Relative Deprivation Index marks it as an affluent area. The North West Inner City is home to the second largest population of non-Irish national residents (36.19%) in Dublin City North with 3 times the national average of 12%. Only the adjacent North Inner City has a larger proportion of non-Irish national inhabitants. The North West Inner City also has the second highest proportion of inhabitants who hold a third level qualification (43.4%) in Dublin City North significantly higher than the national average of 31%

## 5.6 Dublin City Bay

Map 7: The Dublin City Bay Electoral Area



The electoral area of Dublin City Bay is comprised of 14.75 km<sup>2</sup> and of 18 electoral divisions. The Dublin City Bay electoral area contains 10,217 (17.65%) inhabitants under the age of 18 out of a population of 57,877. The Dublin City Bay electoral area population of Under 18s account for 3.32% of all inhabitants (307,495) in the area under study in Dublin City North.

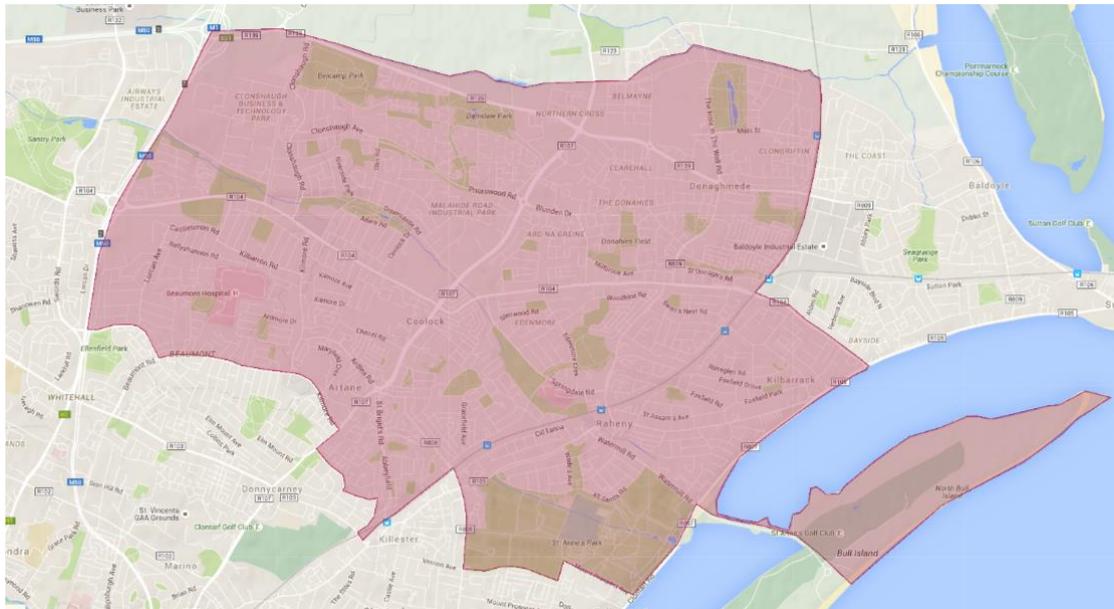
The Dublin City Bay electoral area is comprised of the following electoral divisions: Beaumont D, E & F; Botanic A, B & C; Clontarf East B, C, D & E; Clontarf West B, C, D & E, Drumcondra South A, B & C, and Grace Park.

- The Dublin City Bay electoral area scores an 8.1 on the Pobal HP Relative Deprivation Index. This denotes that the area is marginally affluent.
- Dublin City Bay has a higher percentage of lone parent families compared to the national average, accounting for 17.1% of families in the Dublin City Bay electoral area compared with the national average of 25.8%.
- The unemployment rate for both men and women is lower than the national average. 14.4% of males in the area are unemployed compared to the national average of 17.5% and 9.3% of females are unemployed compared to the national average of 10.4%.
- The percentage of the area's population who hold a third level qualification (44.9%) is greater than the national average of 31%.
- Dublin City Bay has a slightly higher number of non-Irish national residents (12.11%) than the national average of 12%.

**Narrative:** Dublin City Bay is the most affluent of the electoral areas in Dublin City North. The areas average score of 8.1 on the Pobal Relative Deprivation Index is generally true across electoral divisions. Only 2 of 18 electoral divisions are classified as being marginally disadvantaged with the other 16 electoral divisions being classified as marginally affluent or affluent with Clontarf West C being the most affluent electoral division in Dublin City North scoring 14.7 on the scale. Unemployment in Dublin City Bay is the lowest in Dublin City North and is the only electoral area where both male and female unemployment is lower than the national average. Dublin City Bay contains the largest proportion of population who hold a third level qualification (44.9%) across the 7 electoral areas as well as the lowest percentage of sole parent families (17.1%) across the 7 electoral areas and the only electoral area whose percentage of sole parent families is less than the national average of 25.8%.

## 5.7 Dublin City North EA

Map 8: The Dublin City North Electoral Area



The electoral area of Dublin City North EA spans 74.29 km<sup>2</sup> and 26 electoral divisions. The Dublin City North EA electoral area contains 20,187 (23.49%) inhabitants under the age of 18 out of a population of 83,219. The Dublin City North EA electoral area population of Under 18s accounts for 6.56% of all inhabitants (307,495) in the larger area under study in Dublin City North, making it the most populous electoral area as well as the largest geographically.

The Dublin City North EA is comprised of the following electoral divisions: Ayrfield, Beaumont A, B & C; Clontarf East A; Clontarf West A; Edenmore; Grange A, B, C, D & E; Harmonstown A & B; Kilmore A, B, C & D; Priorswood A, B, C, D & E; Raheny (Foxfield, Greendale and St. Assam)

- The Dublin City North electoral area scores a -6.1 on the Pobal HP Relative Deprivation Index. This denotes that the area is marginally disadvantaged.
- Dublin City North has a higher percentage of lone parent families compared to the national average, accounting for 38.5% of families in the Dublin City North electoral area compared with the national average of 25.8%.
- The unemployment rate for both men and women is also higher than the national average 25.4% of males in the area are unemployed compared to the national average of 17.5%. 16.6% of females are unemployed compared to the national average of 10.4%.
- The percentage of the area's population who hold a third level qualification (20%) is lower than the national average of 31%.
- The Dublin City Bay has a slightly lower percentage of non-Irish national residents (9.45%) than the national average of 12%.

**Narrative:** Dublin City North EA's average score of -6.1 on the Pobal Relative Deprivation Index denotes the area as marginally disadvantaged. There is, however, variation in levels of deprivation in the electoral area. Six of the 26 divisions score as marginally affluent on the Deprivation index with six other divisions scoring as disadvantaged and two electoral divisions scoring as very disadvantaged, including the electoral division of Kilmore C which, with a score of -20.4 is the most disadvantaged electoral division in Dublin City North. Dublin City North has the second lowest proportion of inhabitants who hold third level qualification, as well as the second lowest proportion of non-Irish national across the 7 electoral areas.

## 6 Guide to Findings Chapters

The following chapters (7 – 17) present the findings from the analysis of the multiple data sources. There were 11 category areas identified to guide the service mapping and analysis in this report. Each of these category areas is covered individually within the next 11 chapters. The category areas are:

- Health and Social Services
- Mental Health and Wellbeing Services
- Education (Primary and Post-Primary)
- Policing and Youth Justice
- Local Authority Services
- Sports and Recreation Groups
- Drug Prevention / Treatment
- Disability Services
- Early Childhood Care and Education
- Cross-Cutting Themes
- Interagency Working

Each chapter contains:

- An overview of the service area under investigation
- Service mapping gap analysis and findings
- Thematic findings from quantitative and qualitative analysis
- Summary of findings

The service mapping reviews the location of services in the seven electoral areas with the aim of highlighting gaps in service provision. To identify thematic findings, all aspects of the analysis were triangulated from the service mapping, the quantitative analysis and the qualitative needs audit.

## 7 Physical Health & Social Services

### 7.1 Overview of Services in this Section

This chapter details issues relating to physical health and social services in the Dublin City North. Physical health and social services, for the purposes of this report, refers to services including: *art therapy, child protection services and social welfare services, community centres, community health centres, dental services, eye care services, family support, GPs, hospitals, hearing services, homelessness services, HSE services, occupational therapy, play therapy, quit smoking services, rehabilitation and integration services, sexual health services, social worker services, speech and language therapy, teen pregnancy services, Traveller support services and women's refuges.*

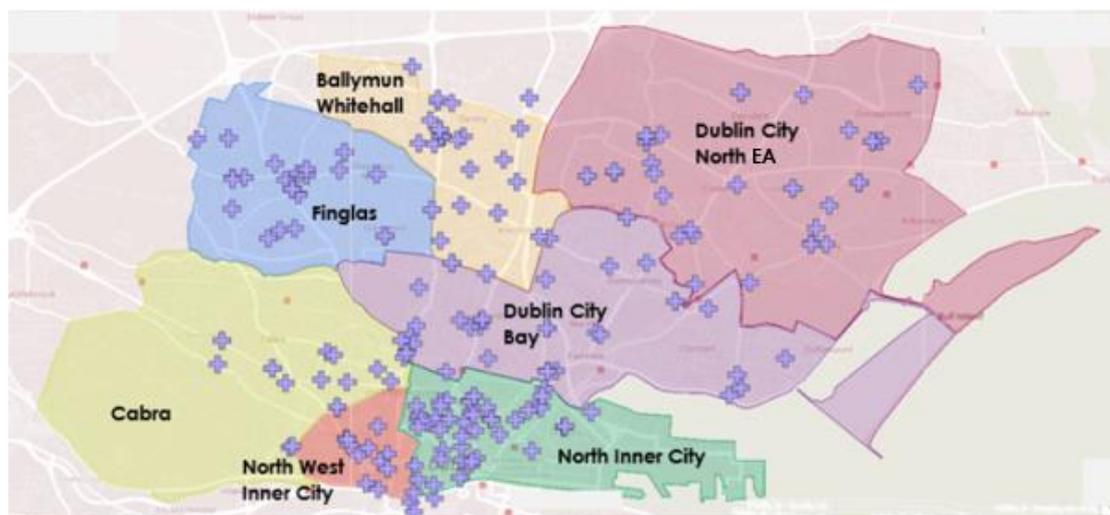
A gap in services was identified through the mapping process and six thematic findings were produced from the analysis. Thematic findings included: the need for reduced waiting lists, the need for improved interagency working, the need for more local services, the need for improved sexual health and sex education services and the need for out of hours service provision.

### 7.2 Mapping Gap Analysis: Physical Health and Social Services

**Summary:** Dublin City North EA and Cabra are areas of the least service provision in physical health and social services

Physical health and social service provision for children and young people in Dublin City North is provided by a number of statutory, community and voluntary services and private providers. Overall, 287 physical health and social services were identified in the services audit as being available to young people in the Dublin City North. 279 of these services are located within the seven electoral areas and seven services are located outside the electoral areas.

**Map 9: Physical Health and Social Services**



Map 9 illustrates that there is a cluster of physical health and social services located in the North Inner City and North West Inner City. There are some services located in Ballymun / Whitehall, Finglas, Dublin City Bay and Dublin City North EA. The Cabra area has fewer physical health and social services based in the area.

**Table 12: Physical Health & Social Services by Electoral Area**

Electoral Area	Number of physical health & social services in the electoral area	% of all U18s in Dublin City North	% of all physical health & social services in Dublin City North	Number of local services per 10,000 residents
<b>Ballymun / Whitehall</b>	44	11%	15%	67
<b>Finglas</b>	38	14%	14%	46
<b>Cabra</b>	19	11%	7%	29
<b>North Inner City</b>	55	10%	20%	94
<b>North West Inner City</b>	20	4%	7%	85
<b>Dublin City Bay</b>	48	17%	17%	47
<b>Dublin City North EA</b>	55	33%	20%	27

Table 12 illustrates Dublin City North EA has the lowest level of service provision per 10,000 residents with only 27 physical health and social services followed by Cabra (n=29) and Finglas (n=46). The North Inner City (n=94) has the most services per 10,000 residents followed by the North West Inner City (n=85) and Ballymun/Whitehall (n=67).

When comparing the under 18 populations in the seven electoral areas with the number of physical health and social services for young people in the areas, the North Inner City (+10%) and Ballymun/Whitehall (+4%) electoral areas are areas of greater service provision in physical health and social services with the largest proportion of services relative to their population size. Cabra (-4%) and Dublin City North EA (-13%) are areas of lesser service provision and Dublin City North contains the smallest proportion of physical health and social services for young people.

### 7.3 Thematic Finding One: Unsatisfactory Waiting Times for Services

11 out of the 17 key informants identified a concern regarding waiting lists for physical health and social services for children and young people. Six of these informants identified that waiting times were a particular barrier in relation to speech and language therapy. Waiting times were stated as being between six months and two years. Informants were concerned about the impact of this on the rate of young people's development, as illustrated in the following comments:

*It is very difficult to get a dyslexia assessment, which can impact on a child's ability to stay in school. (Key Informant 2)*

*There is a lack of funding for specialist services like speech and language therapy. Potentially these services should be universal but the whole system is now so two-tiered that disadvantaged families don't have much chance of getting the services they need and waiting list for services can be up to 18 months for assessments of school children (Key Informant 9)*

These views are supported by quantitative survey responses from parents.

**Figure 5: Young People Have Timely Access to the Following Services:**

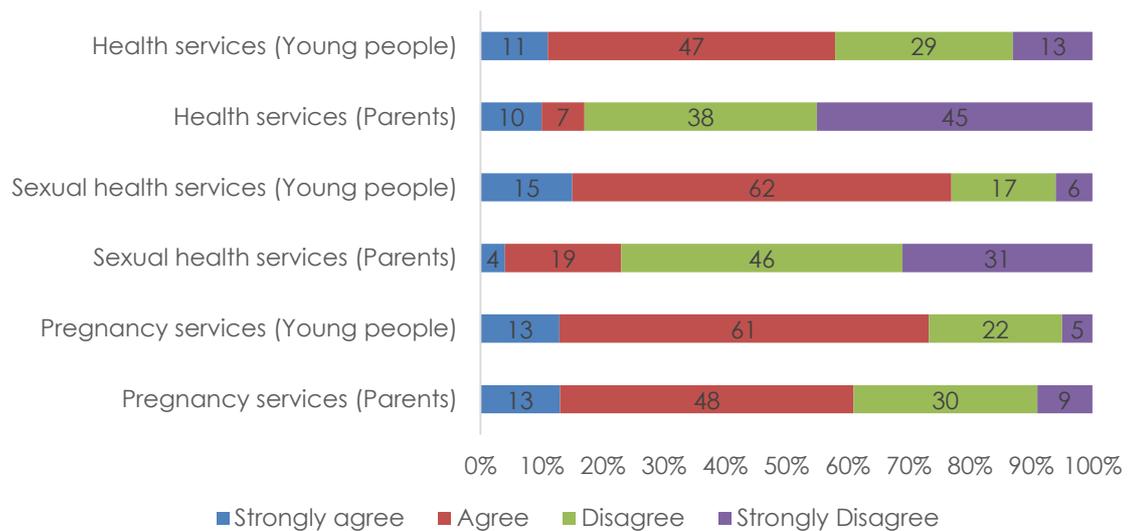


Figure 5 illustrates young people's and parents' evaluation of waiting times for physical health and social services in the Dublin City North. Of those who responded, 83% (n = 24) of parents do not agree that their children have timely access to physical health services. Of those who responded, 78% (n = 20) do not agree that their children have timely access to sexual health services. More than 6 in 10 of parents who responded (61%, n = 14) agree that their children have timely access to pregnancy services.

Figure 5 illustrates that young people have a more positive outlook on timely access to physical health and sexual health services than their parents. 58% (n = 53) of young people who responded agree that they do have timely access to physical health services, 78% (n = 66) of young people who responded agree that they have timely access to sexual health services and 74% (n = 58) of young people agree who responded that they have timely access to pregnancy services.

**Figure 6: Professional and GP Satisfaction with Waiting lists for Appointments for 5 -12 Year Olds**

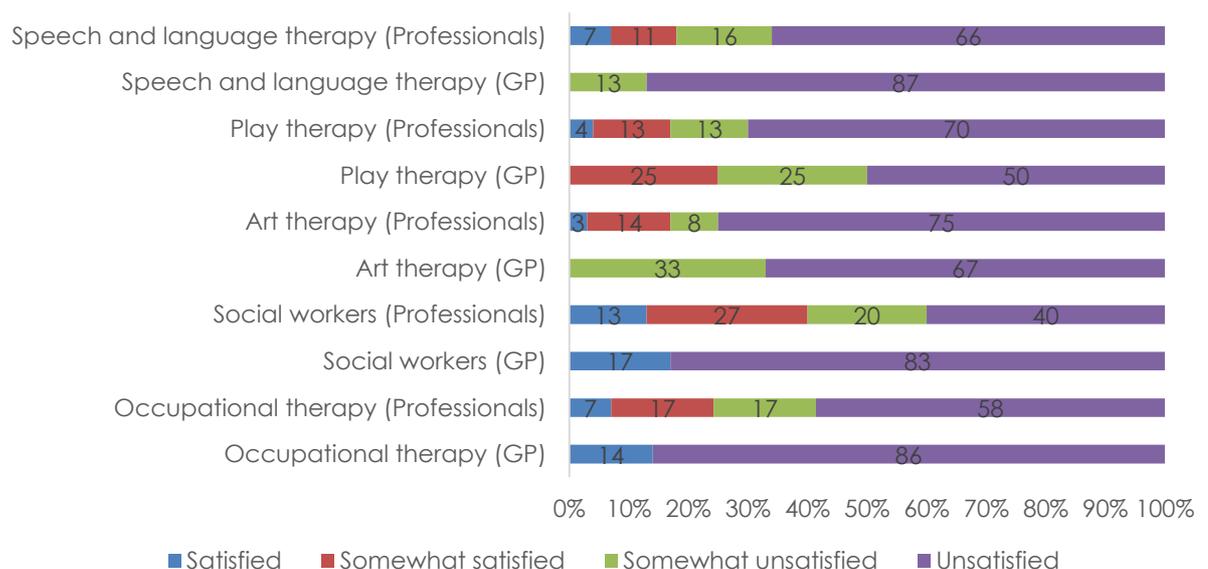


Figure 6 illustrates a general dissatisfaction among professionals and doctors with waiting list times for health and social services for children aged between 5 – 12 years of age. All GPs are somewhat unsatisfied with the waiting times for art therapy sessions (n = 8) and speech and language session (n = 8). More than three quarters of professionals who responded reported being somewhat unsatisfied with waiting times for speech and language therapy sessions (82%, n = 75), play therapy sessions (83%, n = 57), art therapy sessions (83%, n = 64) and occupational therapy sessions (76%, n = 52). Satisfaction among professionals with waiting times for an appointment with a social worker was more positive, although the majority - six in ten professionals who responded (60%, n = 56) - reported dissatisfaction with waiting times.

Focus group participants also identified gaps in follow-up appointments in the community. New-born services used to be carried out by the health care nurse automatically but informants noted that more recently it often required a phone call from the client in order for the nurse to call out to their home. This, it was felt, could cause problems in service delivery to those who do not shout the loudest. Participants acknowledged that within some minority communities there are also gaps in culturally appropriate services as illustrated in the comment:

*A man wouldn't let another man dress his bandages (Focus Group Participant).*

## 7.4 Thematic Finding Two: Need for Improved Interagency Working

Four of the 17 key informants identified that in order to close gaps in service provision for young people; better interagency working and processes should be encouraged in the area. This is illustrated in the following comments:

*There are gaps in services, as the social workers don't have the resources or power to carry out their role. You can get a kid a social worker eventually, though that will take time, however there is a gap in what social workers are trying to do and what they are legitimately allowed to do. Meitheal looks like it is a good multi-level approach (Key Informant 12)*

*Young Ballymun have good prenatal services that run all the way to teenage years. However, the ending of its funding in June 2016 is a major threat to all the gains the area has made in recent years. (Key Informant 6)*

10% of professional service providers (n = 11) identified better interagency communication among physical health and social services as a priority. This is illustrated in the following comments:

*I know individual services are responding in very practical ways and DePaul Ireland are attempting to case manage families. However, there does not appear to be a multi-agency approach to responding to this issue at local level (Professionals Survey)*

*Stakeholders too often tend to work independently and much of the existing provision is fragmented and therefore less effective. Improved cooperation between health services and community services is necessary (Professionals Survey)*

## 7.5 Thematic Finding Three: Insufficient Sexual Health and Sex Education Services

Five out of the 17 key informants identified a gap in youth service provision with regard to a lack of sex education services in the community and schools. Informants were concerned about the impact of this on young people's general health and their reaction to crisis pregnancies. This, and the dearth of appropriate clinical services as highlighted below, is illustrated in the following quote:

*There are huge rates of concern about STI's, lack of information and no clinics in the area. Having clinics and drop-in centres would help as would increasing education in schools. Currently services are very much school-led but child protection becomes an issue if a youth discloses in schools. Young people need a space like Sphere 17 in which they can access trained medics for STI's services and information or to be referred on (Key Informant)*

Young focus group participants identified school as an inappropriate place for sexual health education as they stated that they did not listen in school. They felt that youth groups were better placed to deliver this information and that this needed to be delivered to youth aged 12 – 14 years old as many youths are already sexually active at 15 when these sessions are often delivered.

These views are supported by quantitative survey response data.

**Figure 7: Professionals Evaluation of Whether there is Sufficient Sexual Health/Pregnancy Service Provision in the Area**

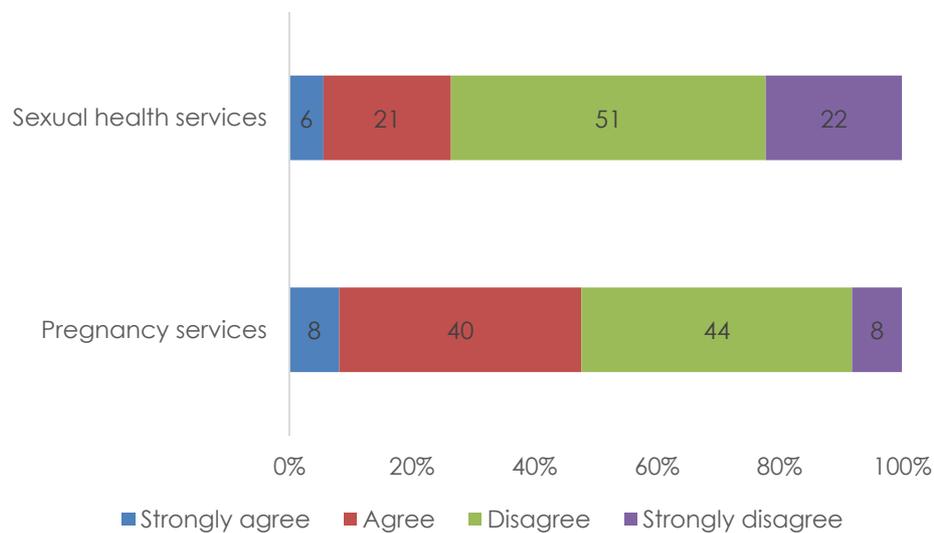


Figure 7 illustrates professional service providers' evaluation regarding appropriate service provision in their area for sexual health and pregnancy services. More than seven in ten professionals who responded (73%, n = 45) disagree that there are sufficient sexual health services in their area and more than half of professionals who responded (52%, n = 53) disagree that there are sufficient pregnancy services in their area.

**Figure 8: Young People's and Parents Evaluation of Sexual Health and Pregnancy Services in the Area**

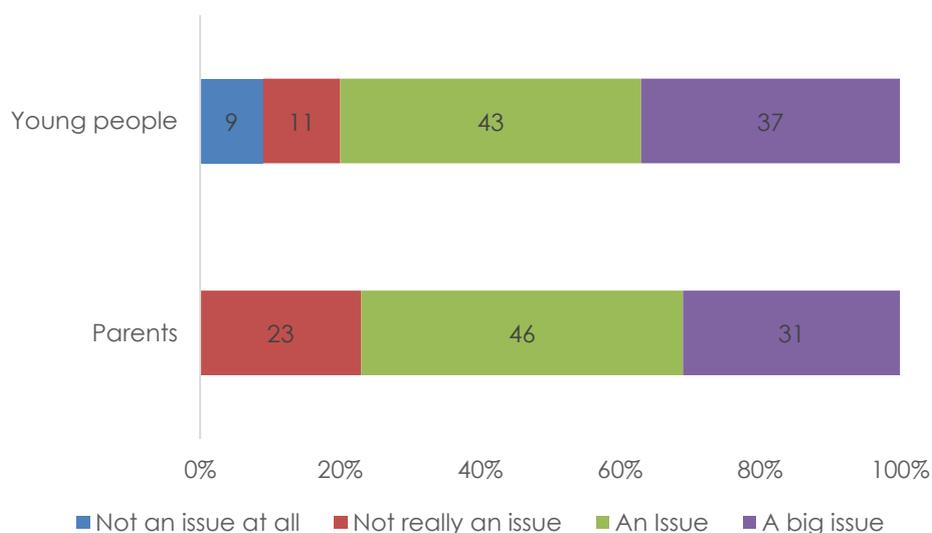


Figure 8 illustrates that more than eight in 10 young people who responded (81%, n = 66) and more than three in four parents who responded (77%, n = 20) report that a lack of sexual health and pregnancy services is an issue for young people in their area.

3% of professional service providers (n = 3) when surveyed regarding what could improve youth services identified gaps in their area in sexual health services for young people. This is illustrated in the following quotes:

*There are no sexual health clinics in the area, no information outside of schools and nowhere we know of for young people to get information - only family planning clinic (Professionals Survey)*

*There are problems down to access to services and information on crisis pregnancy. There is fear around addressing certain issues by young people which means they have a reluctance to come forward (Professionals Survey)*

Informants were concerned about the impact of this on young people's access to sexual health support:

*I don't know any sexual health services for teens in the area, there is a gap in the market, you have to go to St James's Hospital to get a STI screening (Key Informant)*

*There is a severe lack of teen parenting resources, there are only two-part time teen pregnancy project workers out there, they are unable deal with the need on a one to one basis, there is also nothing for teen fathers in the area (Key Informant)*

## 7.6 Thematic Finding Four: Non-Attendance at Appointments

Three out of the 17 key informants identified as a problem the impact on service provision where families do not turn up to appointments for services. Informants were particularly concerned about the impact of this when families do not show up to appointments for services

where there is a long waiting list, and the service needs to be provided to the child at a specific age:

*Because the waiting lists for some services for two-year olds are around 10 months, often kids have left our service by the time of the appointment. I would like to be able to call GPs with the clients pre agreed permission to follow up on the child's attendance but at the moment the GPs will not allow this as sometimes the parents tell us they have brought the children to an appointment and they have not (Key Informant)*

*Even when services are provided, some families do not keep up with appointments that they get (Key Informant)*

Focus group participants identified that attending appointments can be difficult for people who live far from the services and where public transport is poor:

*As many sites are based on the outskirts of towns, this means that Travellers have to travel in order to get to appointments in mainstream services. This can lead to missed appointments because of poor transport infrastructure in the areas where Traveller sites are located (Focus Group Participant)*

Professionals also identified concerns in relation to keeping appointments with physical health and social surveys. As one survey respondent notes:

*Young people whom I have referred to health services didn't get the services because their families couldn't or wouldn't take them to appointments or because they had to travel over to Clondalkin/Ballyfermot or into the city (Professionals Survey)*

## 7.7 Thematic Finding Five: Insufficient Out of Hours Services

Five out of the 17 key informants identified a gap in youth service provision regarding the availability of services outside of office hours. Informants were concerned about the impact of this on young people, as issues affecting young people can take place at any hour of the day and not having access to services outside of office hours can hamper the response to the young people's needs. This is illustrated in the comments:

*There are not enough out of hours services, we need access to the Guards and social workers out of hours, currently the only out of hours access we have is via email (Key Informant 3)*

Of those parents who discussed the issue, 19% (n= 3) identified the need for out of hours services. This is illustrated in the following quote:

*We need to open services for longer hours. Some are only open a half day on Saturday and this is not good at all (Parents Survey)*

## 7.8 Summary

Across the board parents, professionals and young people commented on a deficit in current service provision and recognised that young people and children need accessible & locally based physical health and social services. The need for sexual health support, out of hours support and potentially support for families who do not attend appointments was highlighted.

Dublin City North EA and Cabra electoral areas are the areas of least service provision in physical health and social services. They contain the fewest number of physical health and social services per 10,000 residents and the largest discrepancy when their populations are

compared to the total number of physical health and social services in Dublin City North. The North Inner City and Ballymun/Whitehall electoral areas have the greatest service provision.

## 8 Mental Health & Wellbeing

### 8.1 Overview of Services in this Section

This chapter reviews issues relating to mental health and wellbeing service provision. Mental health and wellbeing in this report refers to services including: *anti-bullying services, bereavement services, counselling services, HSE mental health services, mental health information, phone counselling services, psychotherapy, psychiatric services, self-harm and suicide prevention services.*

A gap in services was identified through the mapping process and seven thematic findings in relation to needs were produced from the analysis. These themes included: need for improved interagency communications, the need for more mental health and wellbeing services for children and young people, the need for services to be provided locally, the need for outreach to improve access to services, the need for more early intervention services and the need to address dual diagnosis.

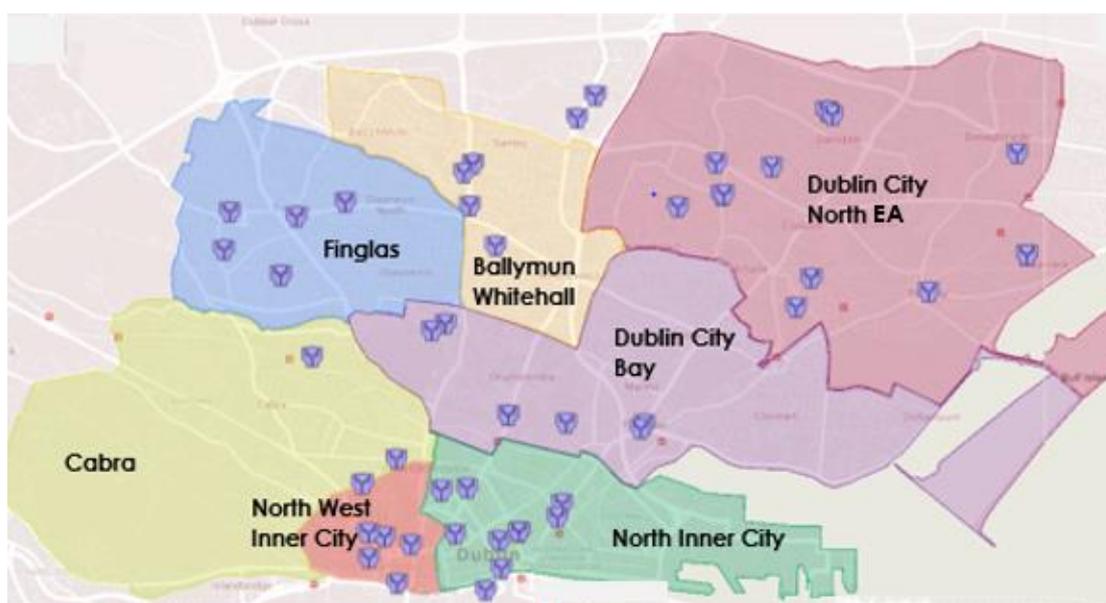
### 8.2 Mapping Gap Analysis: Mental Health & Wellbeing Services

**Summary:** Cabra is the area of least service provision in relation to mental health and wellbeing services

\*Although the mapping illustrates that the Cabra area is underserved in mental health and wellbeing service provision, St Patricks Hospital is located just outside of the area which is accessible to young people from the area, however this falls outside of the catchment zone of this report. This information should be considered when reading this report.

Mental health and wellbeing service provision in the Dublin City North for children and young people is provided by a number of statutory, community and voluntary services. 58 mental health and wellbeing services were identified in the services audit as being available to young people in Dublin City North. 47 of these services are located within the seven electoral areas and 10 services are located outside the electoral areas.

**Map 10: Mental Health and Wellbeing Services in the Dublin City North**



Map 10 illustrates that there is a cluster of mental health and wellbeing services located in the North Inner City / North West Inner City. While there are some services located in Ballymun / Whitehall, Finglas, Dublin City Bay and Dublin City North EA, Cabra has very few mental health and wellbeing services based in the area.

**Table 13: Mental Health and Wellbeing Services in the Seven Electoral Areas**

Electoral Area	Number of mental health and wellbeing services in the electoral area	% of all U18s in Dublin City North	% of all mental health and wellbeing services in Dublin City North	Number of local services per 10,000 residents
<b>Ballymun / Whitehall</b>	6	11%	13%	9
<b>Finglas</b>	5	14%	10%	6
<b>Cabra</b>	3	11%	6%	5
<b>North Inner City</b>	9	10%	19%	15
<b>North West Inner City</b>	4	4%	8%	17
<b>Dublin City Bay</b>	6	17%	13%	6
<b>Dublin City North EA</b>	15	33%	31%	7

Table 13 illustrates that Cabra contains the lowest level of service provision with only 5 mental health and wellbeing services per 10,000 residents followed by Dublin City Bay (6) and Finglas (6). The North West Inner City (17) has the most services per 10,000 residents followed by the North Inner City (15) and Ballymun/Whitehall (9).

When comparing the under 18 populations in the seven electoral areas with the number of mental health and wellbeing services for young people in the areas, the North Inner City (+9%) and North West Inner City (+4%) electoral areas of greatest mental health and wellbeing service provision with the largest proportion of services relative to their population size. Finglas (-4%), Dublin City Bay (-4%) and Cabra (-5%) are the areas with least service provision in mental health and wellbeing services. Cabra (-5%) contains the smallest proportion of mental health and wellbeing services for young people in the seven electoral areas.

### 8.3 Thematic Finding One: Need for Better Interagency Communication on Mental Health & Wellbeing

Five out of the 17 key informants identified that mental health and wellbeing services are not engaging sufficiently with other agencies and organisations. Informants were concerned about the impact of this on young people, specifically that this made it more difficult for young people to access services, increased the likelihood of certain children and young people falling through gaps in services, and reduced service provision quality. This view is illustrated in the following comments:

*Mental health and wellbeing services tend not to connect well with other services in the community for kids. Some services work in a cocoon and don't engage in cross agency services – (Key Informant 12)*

*Increasing collaboration between education services and the HSE is needed. Jigsaw projects do well to bring youth together with coffee mornings/setting up youth cafes. However, there is a need for a driver or leader within cafes so that it is possible to have all necessary mental health and wellbeing services advertised. This works in other jurisdictions such as Donegal and Sligo (Key Informant 8)*

Participants in the focus groups also commented that a lack of interagency working impacts young Travellers' engagement with mental health and wellbeing services. They stated that due

to funding cutbacks, links are being lost with the primary care teams and Traveller workers. When there were more resources available, they would have more access to services and therefore better links and access to mainstream services. The GP is now seen as gatekeeper to health services and if it takes three to four weeks to get forms filled in which significantly affects service provision to the Travelling community.

In order to deal with poor interagency communications, focus group participants suggested that a mental health nurse and public health nurses specifically for Travellers could improve communication between services. Traveller health workers previously engaged with Beaumont Hospital. However it was reported that there was no longer good communication between Beaumont and local Traveller health workers. Participants said that there needs to be better interagency communications between the two groups if they are to better provide Traveller youths with services. For example, SCAN (suicide crisis assessment) nurses in Beaumont need to engage with Traveller local health care workers so that Travellers in the area have better information regarding and access to mainstream mental health and wellbeing support services.

The issue of the importance of interagency communication and leadership in this regard can be inferred from the following: in surveys, general professionals were asked to prioritise seven mental health and wellbeing services for funding. Table 15 illustrates the overall level of prioritisation by those who responded.

**Table 14: Professionals Prioritisation of Mental Health and Wellbeing needs for Youth in the Dublin City North**

Rank	Issue
1	Screening and early intervention for mental health and wellbeing issues in schools
2	Evidence-based mental health and wellbeing promotion programmes in primary and post primary schools
3	CAMHS (Child & Adolescent Mental health and wellbeing Services - HSE)
4	Community or voluntary services offering a range of 1-2-1 supports
5	Counselling
6	Home-based HSE visits / assertive outreach
7	Inpatient services for under 18s

The top ranked issues where professionals believe that an increase in funding support is required are those where strong interagency coordination is most needed. All others can generally (although not necessarily) be provided by standalone agencies such as the HSE or a community voluntary service.

## 8.4 Thematic Finding Two: Insufficient Mental Health & Wellbeing Services for Children and Young People

Four out of the 17 key informants identified that there are no youth specific mental health and wellbeing services in certain areas. Informants were concerned about the impact of this on young people as it requires them to utilise adult services which are not tailored to their needs, this is illustrated in the following comments:

*There is a huge problem with young people with mental health and wellbeing problems arising from taking drugs. There is no mental health hospital specifically for youth. Under 16s are supposed to go to the kid's hospital in Crumlin and over 16s to the Mater. Neither services are suited to young people (Key Informant)*

*For young people with acute psychological issues we work with St Vincent's Hospital but it is pretty tough to get into and there a lot of adults so it is not appropriate for young people (Key Informant)*

Participants in the focus groups also identified a lack of mental health and wellbeing services for young people as being an issue in their area. A group member commented:

*Mental health and wellbeing services are scarce, it's difficult to find help and get services for self-harm as well (Focus Group Participant)*

These views are supported by quantitative survey response data.

**Figure 9: There are Sufficient Youth Mental Health and Wellbeing Services in your Area**

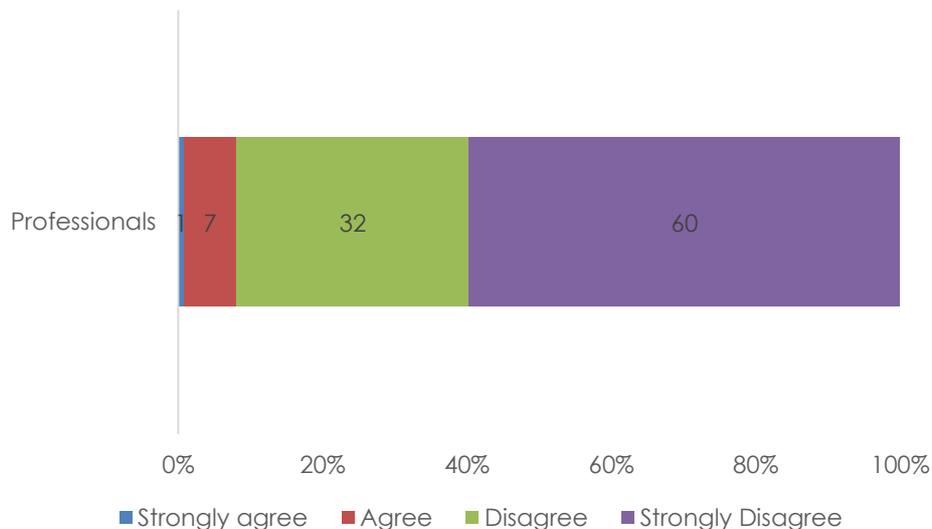


Figure 9 illustrates that 92% (n = 114) of professionals who responded reported that they disagreed that there are sufficient youth mental health and wellbeing services in the area in order to cope with the demand.

## 8.5 Thematic Finding Three: Insufficient Local Mental Health & Wellbeing Service Provision

Four out of the 17 key informants identified that there are gaps in service provision for young people regarding the lack of accessible local mental health and wellbeing services for young people. Informants were concerned about the impact of this on young people as it forces them out of their own area to avail of services, this is illustrated in the following comments:

*There is nothing of note for young people's mental health and wellbeing services in our area, other than a psychology service twice a month which is for half an hour and cannot cope with the need (Key Informant)*

*There are not enough local assessments; there are a few local voluntary services but not a lot of statutory services and no walk-in service for young people to access (Key Informant)*

Focus group participants suggested that getting access to mental health and wellbeing services is difficult with most Travellers not aware of where they would go in order avail of mental health and wellbeing services. There is no link up between A&E and further care so Travellers are particularly at risk of falling through cracks in the system even if they were to

present at A&E. In response to these issues the group suggested the creation of a service for mental health and wellbeing specifically for Travellers is needed.

## 8.6 Thematic Finding Four: Need for Increased Parental Support

While parents and young people all agree that mental health and wellbeing is a big issue for communities, there is a general consensus among parents that there is a lack of support for them in dealing with mental health and wellbeing difficulties among their children and young people. This is illustrated as follows:

**Figure 10: Is Mental Health and Wellbeing Service Provision an Issue in the Area**

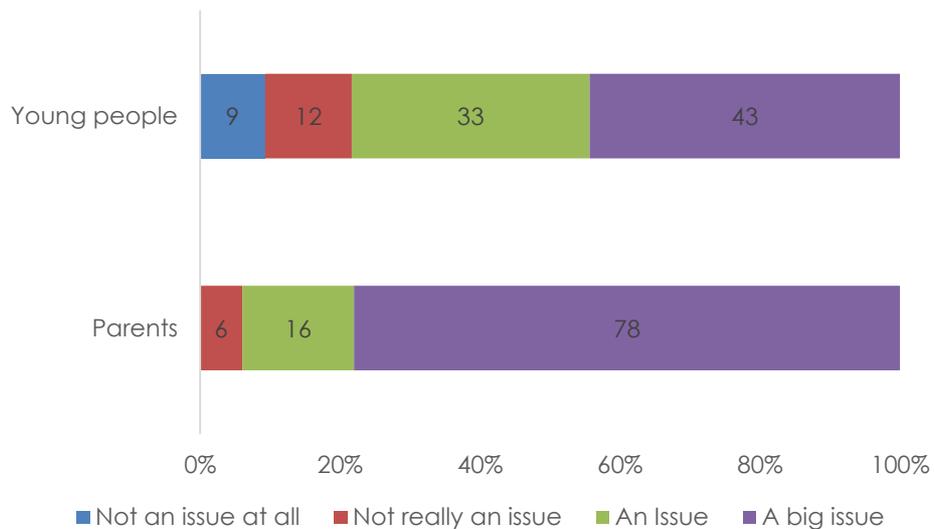


Figure 10 illustrates parents (n = 32) and young people's (n = 97) evaluation of mental health and wellbeing services in their area. More than three quarters of parents surveyed reported that mental health and wellbeing service provision for young people in their area to be a big issue (78%, n = 25). More than three quarters of young people surveyed reported that mental health and wellbeing service provision in their area was an issue or a big issue (76%, n = 74).

**Figure 11: Is there Sufficient Supports for Parents Dealing with Mental Health Issues in the Area**

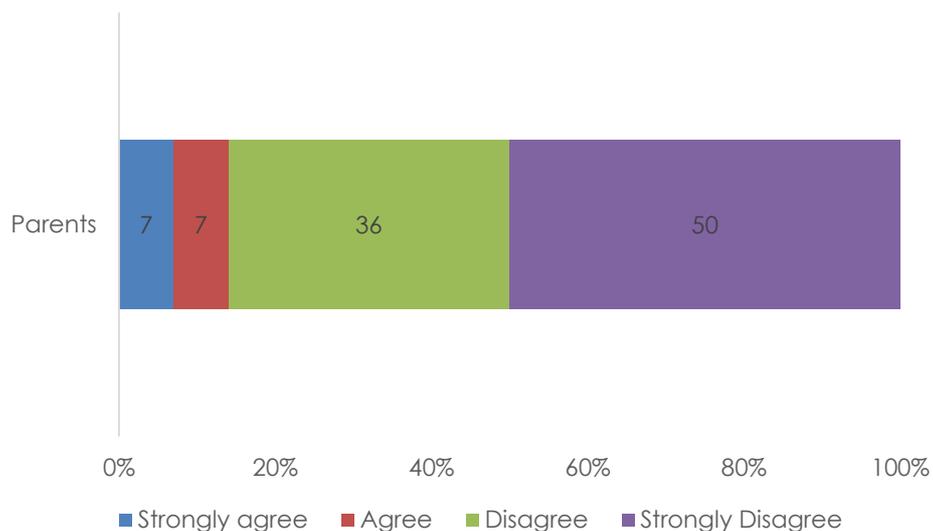


Figure 11 illustrates parents' attitudes to there being sufficient supports for parents dealing with mental health and wellbeing issues in their local area. More than eight in ten parents (86%, n = 26) disagree that there are sufficient local supports.

## 8.7 Thematic Finding Five: Need for Outreach by Mental Health & Wellbeing Services

Four out of the 17 key informants discussed the fact that young people who should be seen in the community are being forced to use services provided in clinics, which are inappropriate to the level of need experienced by the youth. Informants were concerned about the impact of this on young people as a disincentive to access the available services, this is illustrated in the following comments:

*Mental health and wellbeing services should be provided through outreach rather than clinic work, where people go into teen's homes and deal with their problems there rather than making them come to a clinic (Key Informant)*

*The current system is a medically based system rather than a community based system, schools as well as GPs should be able to refer young people to CAMHS as they are more likely to have an overall picture of what a child is experiencing (Key Informant)*

*Mental health and wellbeing is not like the hospital system where once you are in a hospital system you are ok, with mental health parents don't really understand how it is structured and the model maybe also too medicalised, if you have private health care services are top class but not if you are working class, the gap is shocking (Key informant)*

Participants in two of the focus groups identified a lack of outreach for young people as being an issue in their populations. Participants in the Travellers focus group suggested that better outreach to the Traveller community would improve access and information to mental health and wellbeing services for young people. This could take the form of professionals visiting halting sites. A member of the St Crinan's focus group stated that:

*Mental health and wellbeing outreach services need to be more available in this area (Focus Group Participant)*

10% of parents (n = 3) and 34% professionals (n = 39) who responded when surveyed regarding what could improve youth services identified mental health and wellbeing provision as an issue. A lack of services in the local community is a barrier to achieving positive outcomes for young people with mental health and wellbeing issues. This is illustrated in the following quotes:

*We need mental health and wellbeing services to be community based and provided at flexible accessible facilities (Parents Survey)*

*There are no CAMHS services within a 10-mile radius of Finglas. Parents have to travel to Cherry Orchard in Ballyfermot to get this service and this can take a very long time when they have to travel by public transport. A service nearer the area or on a direct bus route would greatly help this (Professionals Survey)*

## 8.8 Thematic Finding Six: Need for Further Early Intervention for Mental Health & Wellbeing

Four out of the 17 key informants identified that there are gaps in service provision for young people regarding there being few early intervention/prevention programme in their areas. Two

of these informants specifically commented on the lack of a Headstrong programme in the area. Informants were concerned about the impact of this on young people's knowledge of and access to the mental health and wellbeing system, as illustrated in these comments:

*Headstrong used to be in our area but they have now left, leaving a gap in services, they used to have a psychologist but there are fewer resources now (Key Informant 2)  
Resources should be targeted in school awareness programmes for mental health and wellbeing, although youth services are probably the best bet in order to reach out to young people in their communities (Key Informant)*

Focus group participants identified a lack of early intervention mental health and wellbeing services as an issue within their community. Within the Travelling community, participants reported that there is considerable stigma around having a mental health and wellbeing issue. Members of the community, especially men, do not present themselves for treatment early enough. They noted that this can feed into self-harm and other negative behaviours as the issue is not dealt with early and gets worse without intervention. This is illustrated in the comment:

*The first time that they present may be when they have self-harmed and need to be hospitalised." (Focus Group Participant)*

31% (n = 39) of general professionals who responded to what services should be developed locally, reported that mental health and wellbeing services for under 18 year olds should be improved in their local areas. 3% (n = 3) of respondents specifically highlighted the issue of a lack of early intervention services in mental health and wellbeing. This is illustrated in the following quotes:

*Early intervention methods like support counselling need to be rolled out in the area (Professional Survey)*

*Early intervention and prevention is not given priority within the area. The focus and funding is on older children, who are already experiencing problems rather than supporting children and their parents from an early age (Professional Survey)*

## 8.9 Thematic Finding Seven: Concerns with Dual Diagnosis

Four out of the 17 key informants identified that there are gaps in service provision for young people regarding dual diagnosis. Informants were concerned about the impact of concurrent problematic substance use and mental health difficulties and how these problems can exacerbate one another:

*The damage done by drugs is getting worse. Skunk weed is being replaced by zimmovanes, the normal gateway drug process still exists only now mixing alcohol with skunkweed or zimmovanes is causing more mental health problems. (Key Informant)*

*Mental health is a powder keg, ready to blow, it is blowing in some areas already especially mixed with drugs (Key Informant)*

Participants in the Crinan's focus group identified concurrent drug use and mental health and wellbeing difficulties as an issue with a group member stating that:

*There are few mental health options so with nothing left for young people to do they turn to drugs, which only makes things worse (Focus Group Participant)*

4% (n = 4) of general professionals who responded regarding how to improve services reported dual diagnosis and the resources allocated for dealing with it to be an issue. This is illustrated in the following quotes:

*More funding and supports need to be given to young people who are suffering mental health issues particularly to young people under 18. There is a huge problem for young people who have a dual diagnosis with many services refusing to assist the young person without their drug issue being tackled first (General Professional)*

*CAMHS is virtually unavailable to teens with mild to moderate mental health problems or with dual diagnosis. Most services offer a limit on the number of sessions available. All services dealing with teens should also offer support to the parents (General Professional)*

## 8.10 Thematic Finding Seven: Waiting Lists are Too Long

Five out of the 17 key informants identified a concern with waiting lists for mental health and wellbeing services. Informants were concerned about the impact of this on young people as it could exacerbate mental health and wellbeing problems when they are not seen in a timely manner. This is illustrated in the following comments.

*There is about a 10-month waiting list for referrals for a psychological assessment. If we notice an issue as soon as the child gets here at three, we then have to convince the parents to approve an assessment so they may only get the results when they are finishing preschool at which stage we can do nothing for them (Key Informant)*

*There is a huge problem with waiting lists, 6 - 10 months for psychology services. If a kid has a problem, it could be well compounded if it takes the best part of a year to get seen to. Kids need to move through the system more quickly (Key Informant)*

*Access to mental health and wellbeing services, in particular to state run services, is a class-based thing. If you are middle class you can pay to get your kids into services privately, if you live here and you cannot buy privately you will have to deal with long waiting list times (Key Informant)*

These views are supported by quantitative survey response data.

Figure 12: GPs Satisfaction with Waiting List Times

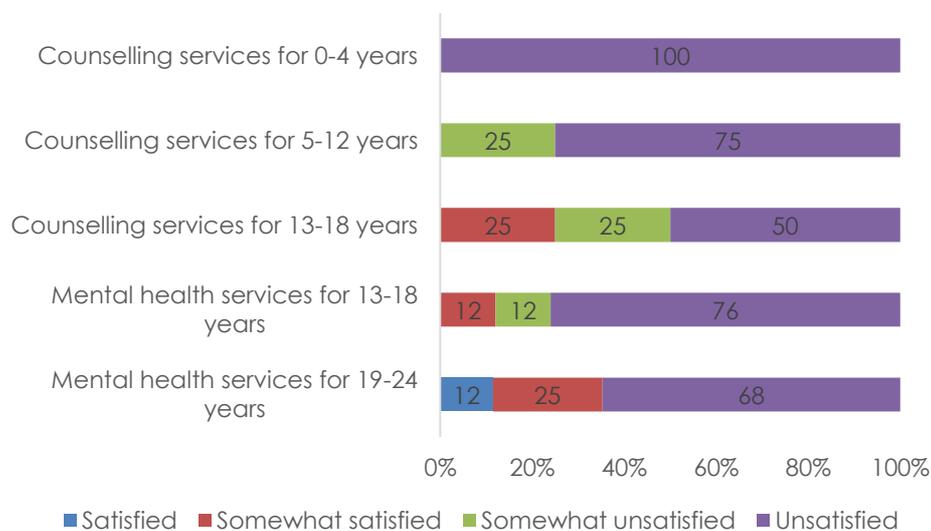


Figure 12 depicts GPs' (n = 8) satisfaction with waiting list times for mental health and wellbeing services for all age groups. All GPs (100%, n = 8) were unsatisfied with the waiting list times for 0 – 4 years counselling services. More than two thirds of GPs (n = 6) were at least somewhat unsatisfied with all other selected services for all age groups.

**Figure 13: General Professionals Satisfaction with Mental Health and Wellbeing Waiting Lists**

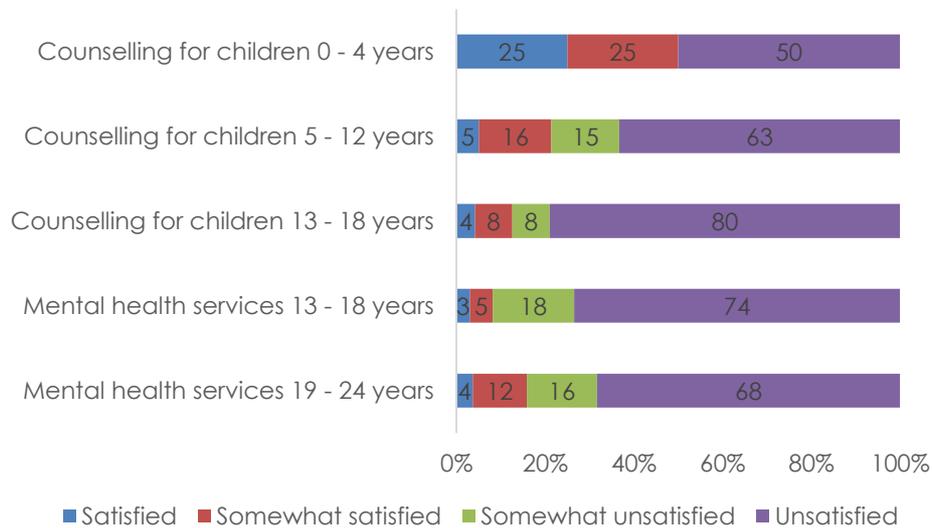


Figure 13 illustrates general professionals' satisfaction with waiting lists for mental health and wellbeing services for all age groups. More than nine in ten professionals who responded were somewhat unsatisfied with mental health and wellbeing services for 13 – 18 year olds (92%, n = 90). More than eight in ten professionals that responded were somewhat unsatisfied with counselling services for 13 – 18 year olds (88%, n = 84) and mental health and wellbeing services for 19 – 24 years old (84%, n = 69). More than three quarters of professionals who responded were somewhat unsatisfied with counselling for 5 – 12 years old (78%, n = 59) and half of early childhood professional respondents are unsatisfied with counselling for children aged 0 – 4 years (50%, n = 2).

### 8.1.1 Summary

Parents, professionals and young people recognised that young people and children need accessible local mental health and wellbeing services and commented on a deficit in current service provision. The concurrent experiences of mental health difficulties and substance use, and a dearth of services to support this was one of the many gaps in service provision identified, as well as a general lack of mental health and wellbeing services, a need for outreach services that might support young people who otherwise won't engage in services.

Dublin City North EA and Cabra electoral areas are the areas served least in mental health and wellbeing services. They contain the fewest number of mental health and wellbeing services per 10,000 residents and the largest discrepancy when their populations are compared to the total number of mental health and wellbeing services in the Dublin City North. The North Inner City and North West Inner City electoral areas are the areas of greatest service provision.

## 9 Education Services

### 9.1 Overview of Services in this Section

This chapter reviews issues relating to education services. Education services in this report includes: *after school education, educational support, education welfare officers, homework clubs, prevention of early school leaving services, primary schools, secondary schools, and Youthreach.*

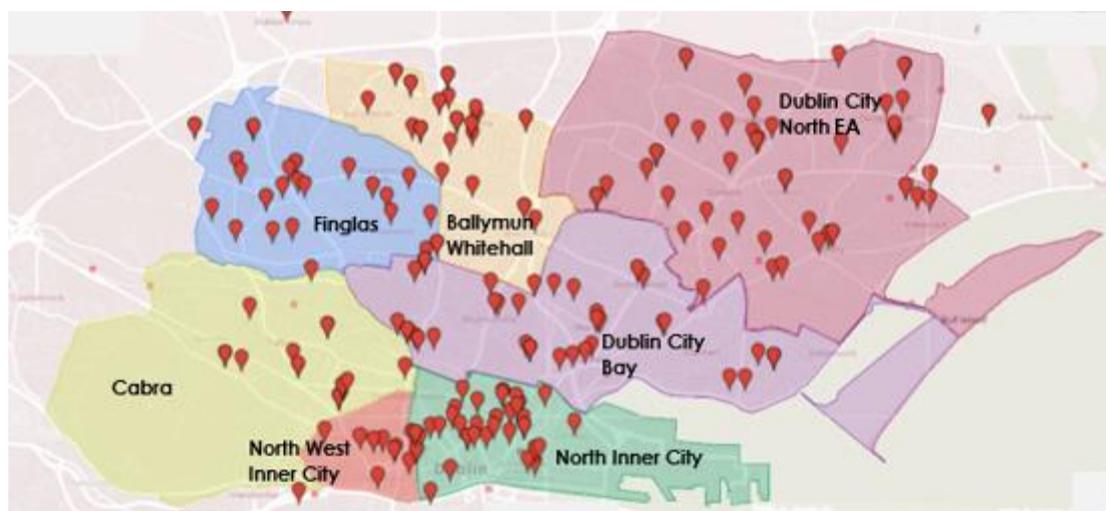
A gap in services was identified through the mapping process and seven thematic findings were produced from the analysis. These themes included: a need for more alternative education options, concerns regarding early school leavers especially in minority communities (e.g. the Travelling community), limitations for education welfare officers and poor school attendance, a need for increased support for children and young people transitioning between schools, a need for better employment supports, a need for improved interagency communications and the need for better health services in schools.

### 9.2 Mapping Gap Analysis: Education Services

**Finding:** Dublin City North EA is the area of least service provision in education services

Education services in Dublin City North for children and young people are provided by a number of statutory, community and voluntary services. 240 education services for children and young people were identified in Dublin City North.

**Map 11: Education Services**



Map 11 illustrates the location of education services in Dublin City North. The map suggests that education services are relatively evenly distributed throughout Dublin City North with fewer services based in Cabra and more services being based in the North and North West Inner City electoral areas.

**Table 15: Distribution of Education Services**

Electoral Area	Number of education services in the electoral area	% of all U18s in Dublin City North	% of all education services in Dublin City North	Number of local services per 10,000 residents
<b>Ballymun / Whitehall</b>	36	11%	15%	55
<b>Finglas</b>	30	14%	13%	36
<b>Cabra</b>	22	11%	9%	33
<b>North Inner City</b>	43	10%	18%	73
<b>North West Inner City</b>	11	4%	5%	47
<b>Dublin City Bay</b>	39	17%	16%	38
<b>Dublin City North EA</b>	58	33%	24%	29

Table 15 illustrates that Dublin City North EA has the lowest level of service provision per 10,000 residents with only 29 education services per 10,000 residents followed by Cabra (33) and Finglas (36). The North Inner City (73) has the most services per 10,000 residents followed by Ballymun/Whitehall (55) and North West Inner City (47).

When comparing the under 18 populations in the seven electoral areas with the number of education services for young people in the areas, the North Inner City (+8%) and Ballymun/Whitehall (+4%) electoral areas are the areas of greatest service provision in education services with the largest proportion of services relative to their population size. Cabra (-2%), Finglas (-1%) and Dublin City Bay (-1%) are areas of lesser service provision and Dublin City North EA (-9%) contains the smallest proportion of education services for young people.

### 9.3 Thematic Finding One: Need for More Alternative Education Options

Eight of the 17 key informants identified that there is a lack of alternative education options needed to keep young people in education. Five of these informants identified that using alternative learning methods such as trades education and FETAC courses can increase engagement in education for early school leavers. Informants were concerned about the impact of the lack of alternative education options on early school leavers, as disengagement from education lessens their employability prospects. This is illustrated in the following comments:

*Academic schoolwork is not geared to everyone. In some places, large proportions cannot manage it. The task is to pick these young people up and link them into alternative educational options. Apprenticeships or professions involving working with your hands are totally missing from the area (Key Informant)*

*The current system does not take into account different learning styles. Alternative education systems should be encouraged for non-academic students as not everyone is capable of completing a formal education qualification. (Key Informant)*

6% (n = 6) of general professionals identified in surveys the need for increased alternative education options for people Under 18, as illustrated here:

*An alternative to the Leaving Cert, other than Youthreach or FÁS is necessary. The course 'LEAP' which ran in Coláiste Dúlaigh in Kilbarrack until 2014, was a fantastic alternative for those aged 16 plus that wanted to do an alternative leaving*

*cert/Youthreach. It suited young mothers and young people with commitments due to its shorter hours and supportive staff (General Professional)*

5% (n = 4) of general professionals noted in the survey the need for increased access to alternative education options for people aged 19 – 24, as captured here by one survey participant:

*Most 'training/education programmes' for young people do not effectively prepare young people for real work, in terms of skills, but especially in terms of attitudes and motivation. There is a need for programmes that recognise the obstacles to equal participation in the labour market and address these systematically (Professionals Survey)*

## 9.4 Thematic Finding Two: Early School Leaving is a Concern, Particularly in Minority Communities

Seven of 17 key informants named concerns with keeping young people in the education system. Three informants reported concerns about the impact on young people of early school leaving, by not allowing them to have equal opportunities in the job market. This is illustrated in the following comments:

*Early school leavers are cutting out options for a better/different future. Their options in the labour market are severely narrowed especially in a recession (Key Informant)*

*Getting students to remain in school is the biggest problem as there are more mickey mouse jobs about now than a few years ago, so it is hard to get kids to stay in education. The kids just see the money and do not see the potential for going on to university a few years down the road (Key Informant)*

Focus group participants reported that young Travellers in particular are leaving school early. It was felt that the education system is failing young Travellers, and other approaches could be identified for addressing this need.

**Figure 14: There is Adequate Support Services Available to Young People at Risk of Leaving School Early**

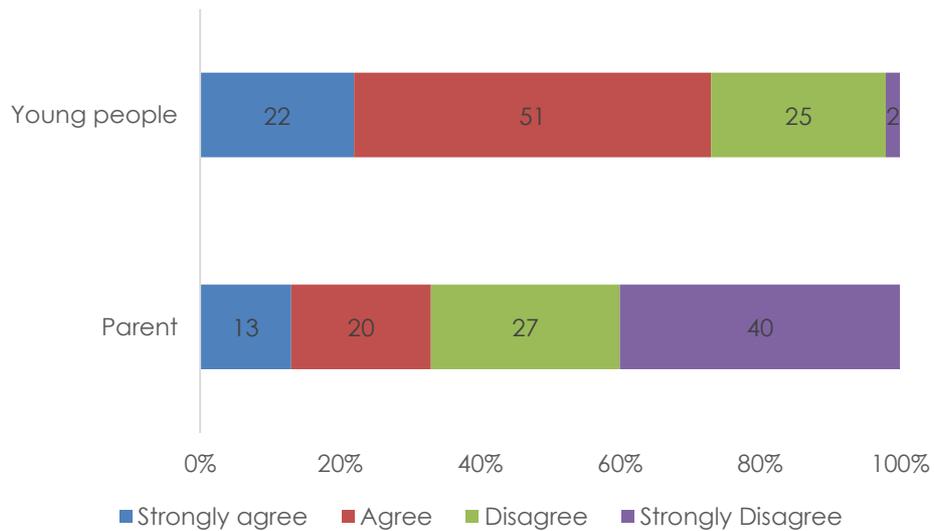


Figure 14 illustrates a difference in the perceptions of young people and of parents regarding supports to stay in education. Two thirds of parents (67%, n = 20) do not feel that there are adequate supports available to their children if they are at risk of leaving school early. However only 27% (n = 23) of young people feel these supports are not adequate.

**Figure 15: Is it an Issue That There Aren't Enough Supports for the Following**

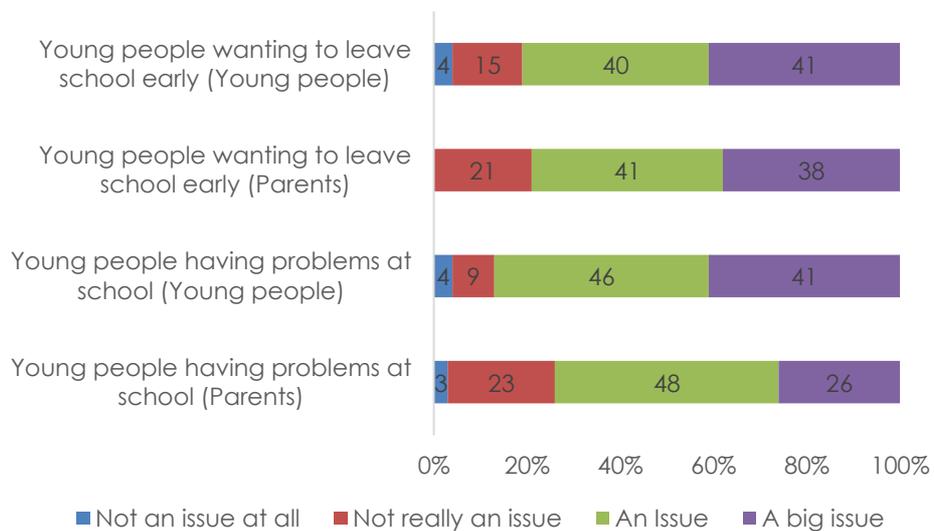


Figure 15 illustrates young people's and parents' rating of whether there is a gap in relation to supports provided to young people who want to leave school early and young people having problems in school. Eight in ten young people (81%, n = 77) and parents (79%, n = 29) who responded, agreed that young people wanting to leave school early, and not receiving sufficient supports, is a problem. 87% (n = 89) of young people and 74% (n = 23) of parents who responded report that it is an issue that young people do not receive sufficient supports if they are having problems while in school.

## 9.5 Thematic Finding Three: Restricted Education Welfare Services and Poor School Attendance

Five out of the 17 key informants were concerned about poorly resourced Education Welfare Officers (EWO), and their capacity to address poor school attendance by young people. Three of the informants mentioned the lack of resources or powers available to EWO's in order to combat poor attendance. This is illustrated in the comments:

*There are lots of young people but not enough EWO's....I am very concerned about kids missing up to 100 days of school but EWO's are inundated. We need to target attendance in primary school before the kids get to secondary school and it is too late (Key Informant)*

*There are problems with school attendance within minority communities, especially Travellers. Education [Welfare] Officers should be given powers to go onto campsites to see if Traveller youths are attending schools. Proper sanctions should be imposed for not sending kids to school, people need to be empowered to enforce services. (Key Informant)*

Focus group participants identified a lack of support from Education Welfare Officers in their areas as a gap in education service provision for young people. Participants reported that EWO's used to deliver early warnings about absenteeism ... but this service has been curtailed due to cutbacks in funding. This is illustrated in the comment:

*Since all cutbacks the system is not working, if the kids are off for 21 days, then someone used to come around to check as to why this absence occurred but this doesn't happen now. The Traveller parents and the school systems are failing the children individually (Focus Group Participant)*

Focus group participants identified transportation to and from schools as a barrier to improving school attendance and also noted the need for targeted support for homeless young people. Participants proposed that this pressure could be alleviated as illustrated here:

*Increased transportation cost support could enable families to get their children to school as could education programmes around the importance of school and homework time, including the creation of homework clubs for young people in emergency accommodation (Focus Group Participant)*

Concerns in relation to EWOs and attendance are echoed in the survey findings as illustrated below:

Figure 16: Professionals Satisfaction with EWO Waiting Times<sup>6</sup>

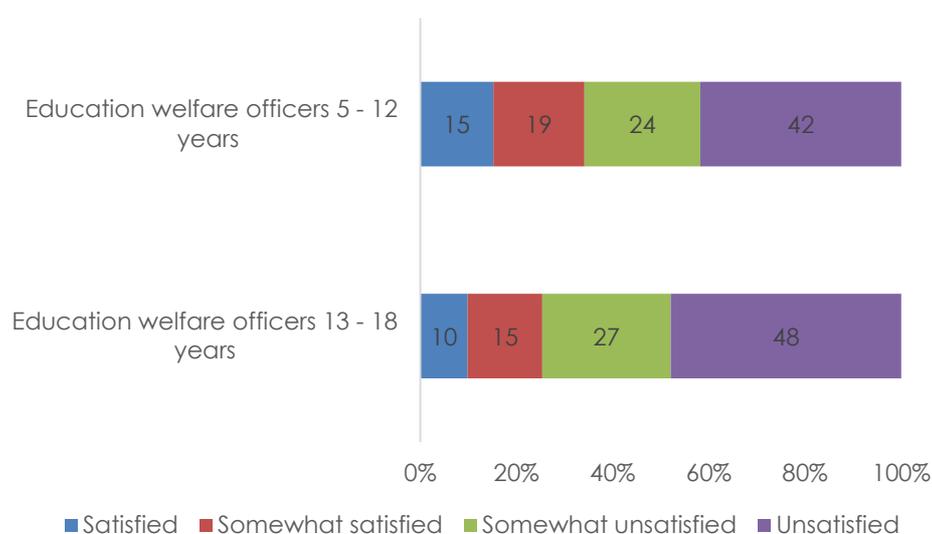


Figure 16 illustrates professional service provider's satisfaction with the time it takes Educational Welfare Officers to meet with a child who has been absent from school. Two thirds of professional services providers (66% n = 53) who responded are at least somewhat unsatisfied with EWO waiting times for five to 12 year olds. Three quarters of professional service providers (75%, n = 53) who responded are somewhat unsatisfied or unsatisfied with EWO waiting times for 13 – 18 year olds.

## 9.6 Thematic Finding Four: Need for Increased Planning or Support for Transitioning Between Schools

Four of the 17 key informants identified that there are gaps in service provision for young people regarding transitioning between schools. Two of the informants mentioned issues specifically regarding transitioning between crèches/preschool and primary school, this is illustrated in the following comments:

*Preschool to primary school transitioning needs work, preschools don't see the importance of returning the Child Snapshot Parent Consent Form to primary schools before intake in September. The more information schools have on incoming junior infants the more we can design solutions to children's needs. (Key Informant 4)*

Focus group participants identified the transition from primary to secondary school as the point where real issues arise for young people from the general community and for Traveller youth and that more education is needed for the settled community on Traveller culture to challenge some existing myths:

*Problems arise with kids who are too young for Youthreach and what to do with them until they reach 16, this is a small number of kids aged 12/13 that don't make school transitioning very well (Key Informant 9)*

<sup>6</sup> The Tusla, Education Welfare Service is the statutory body for addressing school attendance. The legal remit for this service extends from 6-16 years of age and operates alongside other school attendance supports such as school completion programmes, and Home School Community Liaison service.

Focus group participants also identified transitioning from the secondary education system to higher education as an issue for Travellers.

Participants reported that a number of Travellers in the wider area have accessed Community Employment programmes and developed skills and Level 4 to 5 FETAC certification. However there were few reported pathways to higher education or work from this. This was viewed as a significant issue as a lack of progression enforces a common cultural idea that education does not lead to better life prospects.

## 9.7 Thematic Finding Five: Need for Better Employment Supports

Survey participants identified a gap in relation to the provision of employment and training supports for school leavers.

**Figure 17: There is Sufficient Service Provision in Employment and Training Opportunities when Young People Leave School**

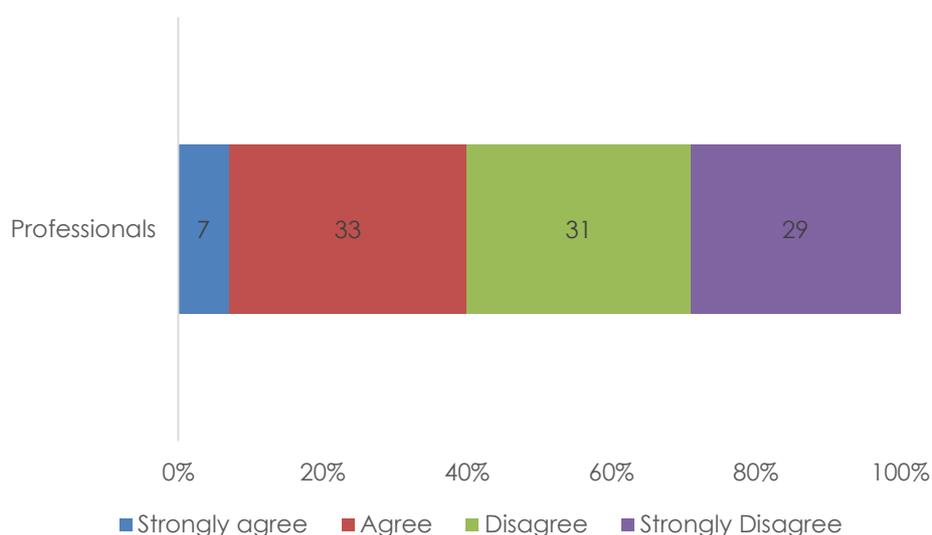


Figure 17 illustrates that six in ten (60%, n = 64) service professionals who responded do not feel there is sufficient employment and training supports for young people when they leave school.

**Figure 18: Professionals Satisfaction with Training/Employment Services for 19-24 Year Olds**

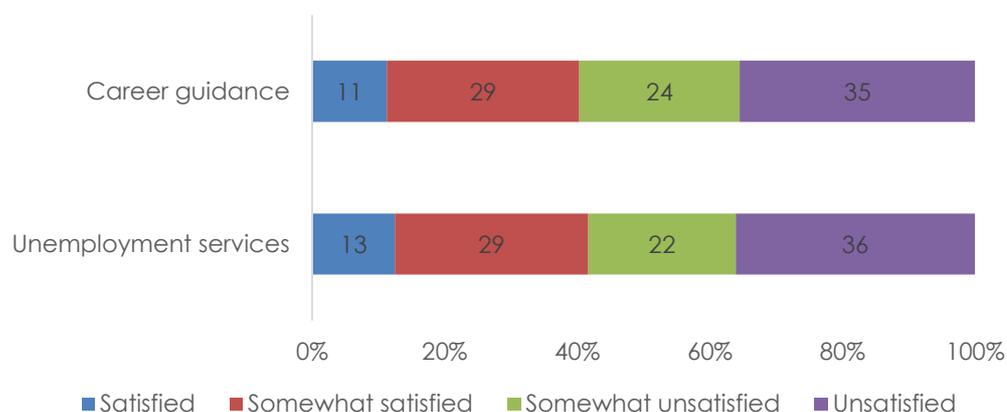


Figure 18 illustrates that 59% (n = 37) of service professionals who responded are somewhat unsatisfied with career guidance for 19 – 24 year olds in the Dublin City North and 58% (n = 42) are somewhat unsatisfied with unemployment services for 19 – 24 year olds in the area. This is illustrated in the following quote:

*They should roll out a CE scheme to include a younger age group- CE schemes are more likely to appeal to young people than older adults as young adults are still motivated towards progression. It can be a good stepping stone to further education (Professionals Survey)*

## 9.8 Thematic Finding Six: Need to Improve Interagency Communication

Two of the 17 key informants identified a concern with poor interagency communication resulting in duplication of services:

*More links are needed between youth services so that there is no duplication in services (e.g. no 2 services are running an after schools group in the same area at the same time as it is a waste of resources) (Key Informant)*

Focus group participants identified that improved interagency communication could be used to better integrate minority groups into mainstream education:

*To build bridges between the Traveller and settled communities there is no longer a need for Traveller specific schools; these should be phased out when current pupils finish their schooling cycle. These resources would be better targeted at Travellers who are struggling to stay in the education system (Focus Group Participant)*

General professional survey respondents mentioned potential improvements such as reorientation of interagency communications in order to improve outcomes for young people in the area. An idea for how this might be done is presented here:

*At this age, citizen's information and services advising young people about college, work and benefits need to be put in place which could be targeted through sports and social clubs rather than a stand-alone service. Most young people will not engage with social welfare services as they currently stand. A mobile service could be looked at to target specific areas or put in place through secondary schools on set days (Professionals Survey)*

## 9.9 Thematic Finding Seven: Need to Improve Health Services in Schools

Three of the 17 key informants identified gaps in service provision for young people regarding the quality of certain health services in schools. They noted that through schools, better access to the health system can be available to all young people; this is illustrated in the following comments:

*Health services need to be looked at in schools. Hearing, vision and immunisation are all looked after but there is a gap in services in other areas as there may be no full time health person in the school who has the knowledge to link up kids to services. There is a need for school health teams, connections to link young people with other health and social services like the British model (Key Informant 8)*

Health nurses do not have much of a role in secondary except immunisation, no school nurses are involved however they would be good to provide links to kids looking for teenage services (Key Informant 9)

These views are supported by quantitative survey response data.

**Figure 19: Satisfaction with Primary School Screening Tests for Hearing and Vision for 5 - 12 year olds**



Figure 19 illustrates that more than 6 in 10 (61% n = 31) of professionals who responded are somewhat satisfied with school screening tests for 5 - 12 year olds in the Dublin City North. This suggests that where there are health services available in schools they are looked upon favourably.

7% (n = 7) of professional survey respondents when asked what services should be developed for youth in the area, identified insufficient health services delivered through schools as an issue. This is illustrated in the following quote:

*Well-being and mindfulness which can come under mental health umbrella should be delivered in schools to provide more preventative/information services for all school aged children (Professionals Survey)*

## 9.10 Summary

Parents, professionals and young people recognised that young people and children in the Dublin City North are at risk of leaving school early and commented on the need for alternative streams of education to keep young people engaged in the education system. Stakeholders identified the key role played by Education Welfare Officers as an important response to early school leaving and the concern that restrictions on their funding was having. The need for transitioning support and improved health services was also highlighted.

Dublin City North EA and Cabra electoral areas the least well served electoral areas in education services. They contain the fewest number of education services per 10,000 residents and the largest discrepancy when their populations are compared to the total number of education services in the Dublin City North. The North Inner City and Ballymun/Whitehall electoral areas are the areas of greatest service provision.

## 10 Policing & Youth Justice

### 10.1 Overview of Services in this Section

This chapter reviews issues relating to policing and youth justice services. Policing and youth justice in this report refers to services including: *community development, community support, education and prevention programmes, Garda stations, Gardaí, youth diversion programmes, juvenile liaison officers and probation services.*

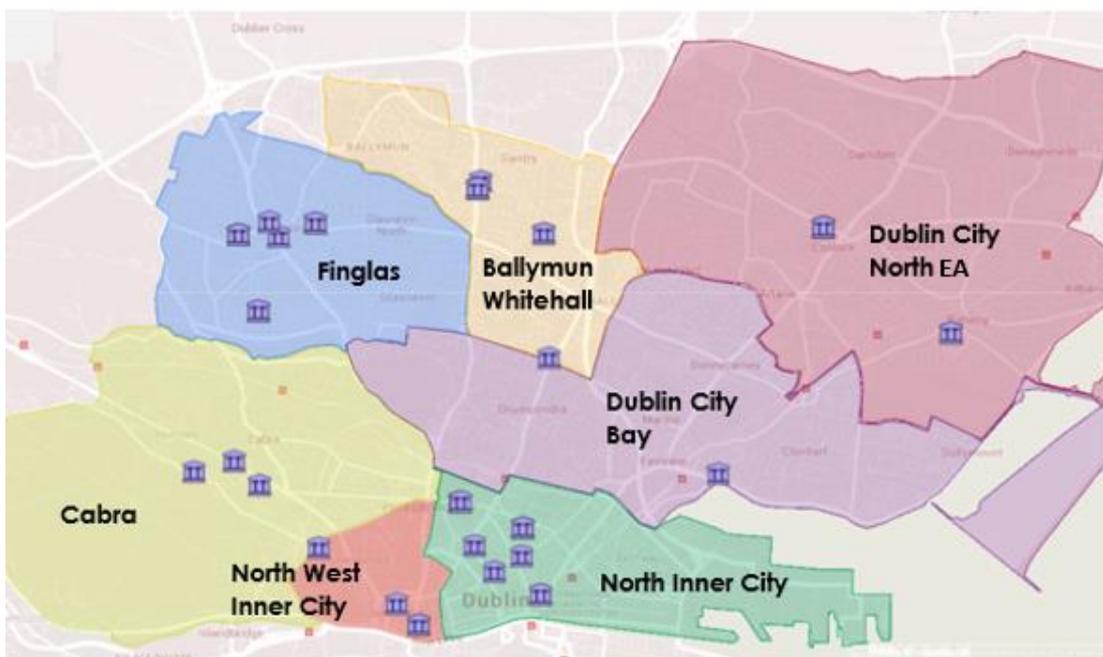
A gap in services was identified through the mapping process and four thematic findings were produced from the analysis. These themes included the need for improved interagency communication, the need for more preventative education programmes, the loss of community policing as a concern, and difficulties getting young people to buy-in to projects.

### 10.2 Mapping Gap Analysis: Policing and Youth Justice

**Summary:** Dublin City Bay and Dublin City North EA are the areas of least service provision in relation to youth justice services

Policing and youth justice service provision in Dublin City North for children and young people is provided by a number of statutory, community and voluntary services. 42 policing and youth justice services were identified in the service audit as being available to young people in the Dublin City North.

**Map 12: Police & Youth Justice Services**



Map 12 illustrates the location of all identified policing services in the Dublin City North. Policing and youth justice service provision in the Dublin City North is uneven in its geographic spread. 42 youth justice services were identified in the services audit as being available to young people in the Dublin City North. The map suggests that policing and youth justice services are less well served in the Dublin City Bay and Dublin City North EA electoral areas.

**Table 16: Youth Justice Services in the Seven Electoral Areas**

Electoral Area	Number of police & youth justice services in the electoral area	% of all U18s in Dublin City North	% of all police & youth justice services in Dublin City North	Number of local services per 10,000 residents
<b>Ballymun / Whitehall</b>	11	11%	26%	17
<b>Finglas</b>	7	14%	17%	8
<b>Cabra</b>	4	11%	10%	6
<b>North Inner City</b>	10	10%	23%	17
<b>North West Inner City</b>	4	4%	10%	17
<b>Dublin City Bay</b>	1	17%	2%	1
<b>Dublin City North EA</b>	5	33%	12%	2

Table 16 illustrates that Dublin City Bay has the lowest level of service provision with only one youth justice service per 10,000 inhabitants followed by Dublin City North EA (2) and Cabra (6). Ballymun/Whitehall, the North Inner City and the North West Inner City jointly contain the most services per 10,000 residents with 17 each.

When comparing the under 18 populations in the seven electoral areas with the number of youth justice services for young people in the areas, Ballymun/Whitehall (+15%) and the North Inner City (+13%) electoral areas are the areas of greatest service provision in youth justice services with the largest proportion of services relative to their population size. Dublin City Bay (-15%) and Cabra (-1%) are less served and Dublin City North EA (-21%) contains the smallest proportion of youth justice services for young people.

### 10.3 Thematic Finding One: Need for Improved Interagency Communications

Five out of the 17 key informants identified that there are gaps in service provision for young people due to lack of interagency work and good communications between service organisations. Informants were concerned about the impact of this on young people as it creates cracks in the system and duplication of work, this is illustrated in the comments:

*More multi-disciplinary teams in the whole area so that knowledge can be shared among professionals regarding problems in the area. (Key Informant)*

*In a multi-agency approach, youth agencies can offer an alternative from where the young person is at in the justice system, tailored specifically to where the young person wants/needs to go. (Key Informant)*

10% (n = 10) of professionals who responded when asked how services could be improved for youth in the area identified better interagency communication, including delivering youth justice services. This is illustrated in the following comment:

*It would be good to have a meaningful and joined up approach to addressing some of the social issues negatively impacting on young people, when stakeholders work independently and service provision is fragmented it is less effective (Professionals Survey)*

13% (n = 2) of parents surveyed when asked how they could improve youth services in the area reported that better interagency working would have a positive effect. This is illustrated in the following quote:

*There are lots of mixed cultures in the area and no agencies are trying to bring them together - gangs are becoming a problem (Parents Survey)*

## 10.4 Thematic Finding Two: Need for More Preventative Education Programmes

Five out of the 17 key informants identified that there are gaps in service provision for young people regarding a lack of crime prevention education programmes. Informants were concerned about the impact of this on young people through a lack of awareness of the possible course that their actions may have on their lives, this is illustrated in the following comments:

*JLO's used to come in and give talks to the kids, the Copping On programme used to show kids around Mountjoy to scare them straight and used to work very well but it seems there is not enough crime prevention schemes anymore (Key Informant)*

*JLO's do a good job but they need to expand the youth diversion projects to cover (i) kids in residential care, (ii) the Traveller and Roma community, (iii) the LGBT community (Key Informant)*

These views are supported by quantitative survey response data.

**Figure 20: There are Sufficient Supports for Young People Involved in Crime**

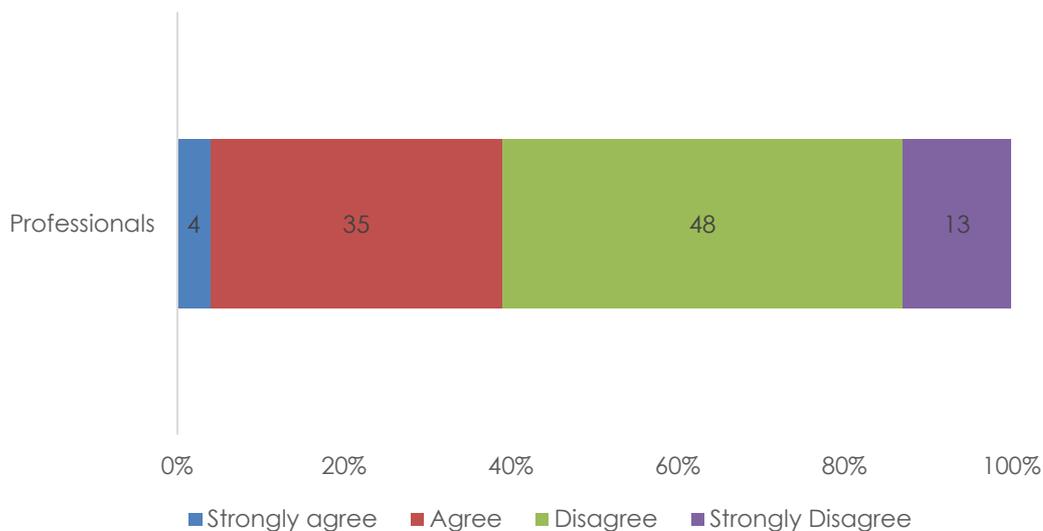


Figure 20 illustrates that more than six in ten professionals (61%, n = 60) who responded report that they disagree that there are sufficient supports for young people involved in crime in the area.

13% (n = 2) of parent survey respondents when asked if they could make one thing better for 19 – 24 year olds identified more resources for the Gardaí for preventative education programmes. This is illustrated in the following comment:

*For the gun crime to stop or for more Guards to educate young people more from a young age would improve things (Parents survey)*

2% (n = 2) of professionals who responded when asked what services should be developed locally identified that education programmes related to crime prevention would improve young people's situation, this is illustrated in the following quote:

*There needs to be increased number of education places for young people places and increased investment in Garda diversionary projects (Professionals Survey)*

### 10.5 Thematic Finding Three: Loss of Community Policing Poses Challenges

Three out of the 17 key informants identified that there are gaps in service provision for young people regarding a lack of community policing. Two of these identified problems with relationships between the community and the Gardaí. Informants were concerned about the impact of this on young people through the failure to develop positive relationships with law enforcement. This is illustrated in the following comments:

*There is not a good relationship between Gardaí and youth in the area, community policing was cut back in the recession so kids in the area do not know the name of a Guard (Key Informant)*

*The Gardaí need to be more visible, it helps to build a good relationship in communities, around here. The community don't feel respected by the Gardaí and vice-versa; this disconnection can be challenged by putting more Gardaí on the street (Key Informant)*

Focus group participants identified a lack of community Gardaí to be an issue for youth in minority communities. Participants proposed that more Gardaí resources be employed in policing Traveller drug dealing in order to crack down on the dealers. They felt that this could involve more frequent searches of known dealers within the community. The group commented that drug dealers seem to be untouchable and able to carry on as they wish, as Travellers and sites in general seem to be less rigorously policed than the settled population. This is illustrated in the quote:

*The same problems that are in the settled community are there in the travelling community. Everyone knows who it is that is dealing drug but no one does anything about it (Focus Group Participant)*

These views are supported by quantitative survey response data.

**Figure 21: Is Young People in Trouble with the Gardaí not Having Sufficient Support an Issue in Your Area**

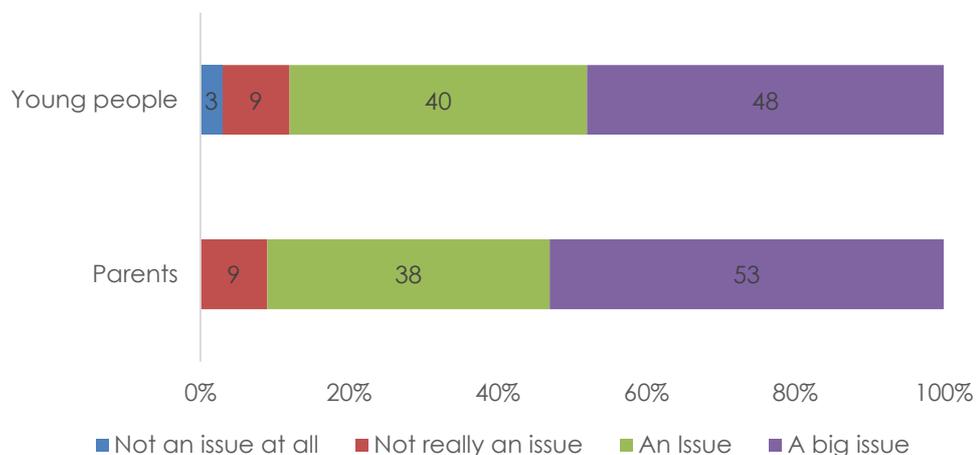


Figure 21 illustrates that more than eight in ten young people (88%, n = 96) and more than nine in ten parents (91%, n = 31) who responded reported that young people in trouble with the Gardaí not receiving enough support is an issue with over half of parents (53%) reporting that it is a big issue in the area.

3% (n = 3) of professionals survey respondents when asked how they could improve services for young people identified more resources being spent of Gardaí as a means of achieving this. This is illustrated in the following comment:

*We need more outreach at the crime prevention stage and to increase the profile of Gardaí and Garda youth diversion projects (Professionals Survey)*

## 10.6 Thematic Finding Four: Difficulties Getting Young People to Buy-in to Projects

Two out of the 17 key informants identified that there are gaps in service provision for young people regarding the difficulty of getting young people to buy-into services. This is illustrated in the following comments:

*This is an underprivileged area and the kids are in the teenage phase, it can be very difficult to engage them even if the services are in place as it is very hard to get buy-in from teens (Key Informant)*

*You can't make young people go to services, they have to want to go themselves (Key Informant)*

These views are supported by quantitative survey response data.

**Figure 22: Satisfaction with Garda Diversion Projects for Young People Aged 13 - 18 years**

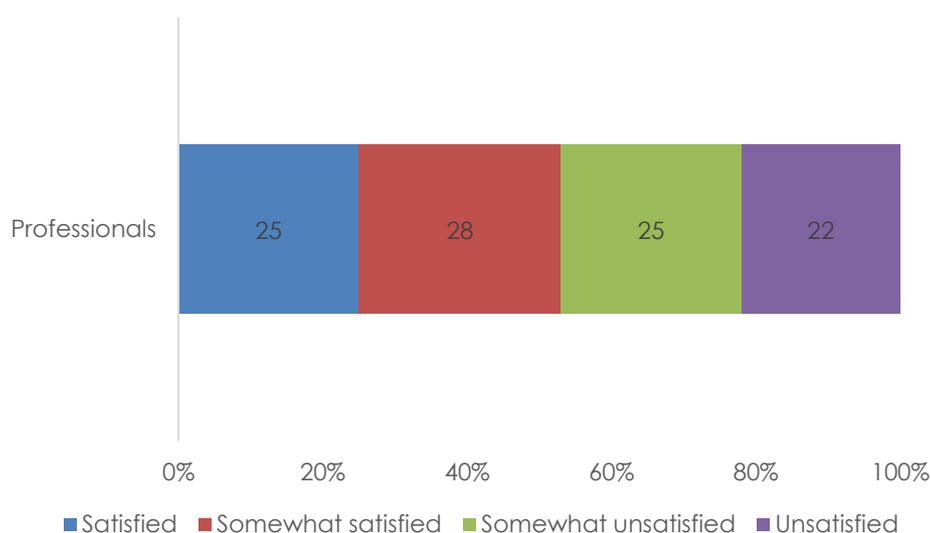


Figure 22 illustrates that more than half of professionals (53%, n = 98) report that they are satisfied with Garda Diversion Projects for 13 – 18 year olds in the area.

2% (n = 2) of professional survey respondents when asked how they could improve services for young people identified increasing Garda resources to improve young people's engagement in programmes as a potential solution. This is illustrated in the following comment:

*There are not enough programmes for crime prevention and it is hard to engage young people in them (Professionals Survey)*

## 10.7 Summary

Parents, professionals and young people recognised that there is a lack of youth justice services based locally and commented on a deficiency on interagency communication in the sector. Concerns shared by stakeholders also included the loss of the model of community policing as one that was supportive to young people and the community, the lack of buy in from young people in projects and the need for more preventative education programmes in schools and other settings.

Dublin City North EA and Dublin City Bay electoral areas least well served in policing and youth justice services. They contain the fewest number of policing and youth justice services per 10,000 residents and the largest discrepancy when their populations are compared to the total number of policing and youth justice services in the Dublin City North. Ballymun/Whitehall and the North Inner City electoral areas are the areas of greatest service provision.

# 11 Local Authority Services

## 11.1 Overview of Services in this Section

This chapter reviews issues relating to local authority services. Local authority services in this report refer to services including: *athletics facilities, community development services, legal aid, libraries, parks and playgrounds.*

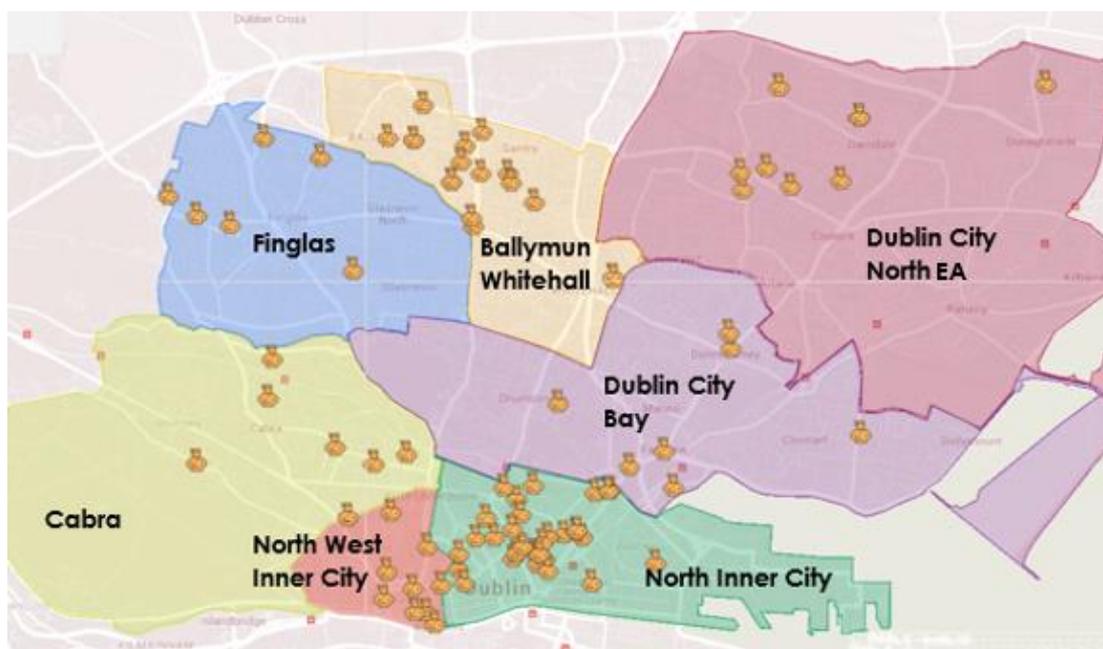
A gap in services was identified through the mapping process and three thematic findings were produced from the analysis. Themes included: the need for more youth and family housing, the need for better upkeep and availability of public space and a concern with anti-social behavior.

## 11.2 Mapping Gap Analysis:

**Summary:** Dublin City North EA, Dublin City Bay and Finglas are the areas of least service provision in Local Authority services

Local authority service provision in the Dublin City North for children and young people are provided by Dublin City Council. 85 local authority services were identified in the services audit as being available to young people in the Dublin City North. All of these services are located within the seven electoral areas.

**Map 13: Local Authority Services**



Map 13 illustrates that local authority service provision in the Dublin City North is uneven in its geographic spread. There is a cluster of local authority services located in the North Inner City / North West Inner City. While there are fewer services located in Ballymun / Whitehall there are fewer services still based in Finglas, Cabra, Dublin City Bay and Dublin City North EA.

**Table 17: Local Authority Services in the Electoral Areas**

Electoral Area	Number of local authority services in the electoral area	% of all U18s in Dublin City North	% of all local authority services in Dublin City North	Number of local services per 10,000 residents
<b>Ballymun / Whitehall</b>	16	11%	19%	24
<b>Finglas</b>	6	14%	7%	7
<b>Cabra</b>	7	11%	8%	11
<b>North Inner City</b>	31	10%	37%	55
<b>North West Inner City</b>	8	4%	9%	34
<b>Dublin City Bay</b>	5	17%	6%	7
<b>Dublin City North EA</b>	12	33%	14%	4

Table 17 illustrates that Dublin City North EA has the lowest level of service provision with four local authority services per 10,000 residents followed by Dublin City North EA (7) and Finglas (7). The North Inner City (55), North West Inner City (34) and Ballymun / Whitehall (24) contain the most services per 10,000 residents.

When comparing the under 18 populations in the seven electoral areas with the number of local authority services for young people in the areas, the North Inner City (+27%) and the Ballymun/Whitehall (+8%) electoral areas are the areas of greatest service provision in local authority services with the largest proportion of services relative to their population size. Dublin City Bay (-11%) and Finglas (-7%) are areas of lesser service provision and Dublin City North EA (-19%) contains the smallest proportion of local authority services for young people.

### 11.3 Thematic Finding One: Insufficient Youth and Family Housing Provision

13 out of the 17 key informants identified that there are gaps in service provision for young people regarding the provision of housing. Two informants identified problems of young people who are homeless and living in hotel rooms. Informants were concerned about the impact of this on young people by removing stability from their lives. This is illustrated in the following comments:

*There are a lot of the 'hotel families' in the area (28 to 30 families have young children with them); these kids have little stability in their lives, being brought up in one room. – (Key Informant)*

*There is no new housing being built in the area, communities are aging and starting to crack. People are caught in a vicious cycle where they will never be able to afford their own house and will be dependent on the state for the rest of their lives. (Key Informant)*

Focus group participants identified a number of issues with a lack of housing support for young people and their families including a lack of stability for families in emergency accommodation. This is illustrated in the following comment:

*In emergency accommodation with no cooking facilities, an allowance should be provided to families. Vouchers for local cafes and restaurants would allow the family to eat together at a table to provide a sense of normality (Focus Group Participant)*

Focus group participants identified that the stress and worry of parents in emergency accommodation can produce adverse effects on children, causing behavioural changes such

as internalising their emotions or becoming more challenging in school. Participants identified a possible solution to this, illustrated in the following comment:

*Every family living in emergency accommodation should be given the option of being allocated a child support worker as soon as they move into this accommodation (Focus Group Participant)*

Focus group participants identified a lack of a youth specific service for homelessness contributing to young people engaging in drug taking and anti-social behaviour. This is illustrated in the following comment:

*A young people's homeless team should be established to stop young people from falling through the cracks and taking drugs (Focus Group Participant)*

These views are supported by quantitative survey response data.

**Figure 23: Professionals Evaluation of Youth Housing Services**

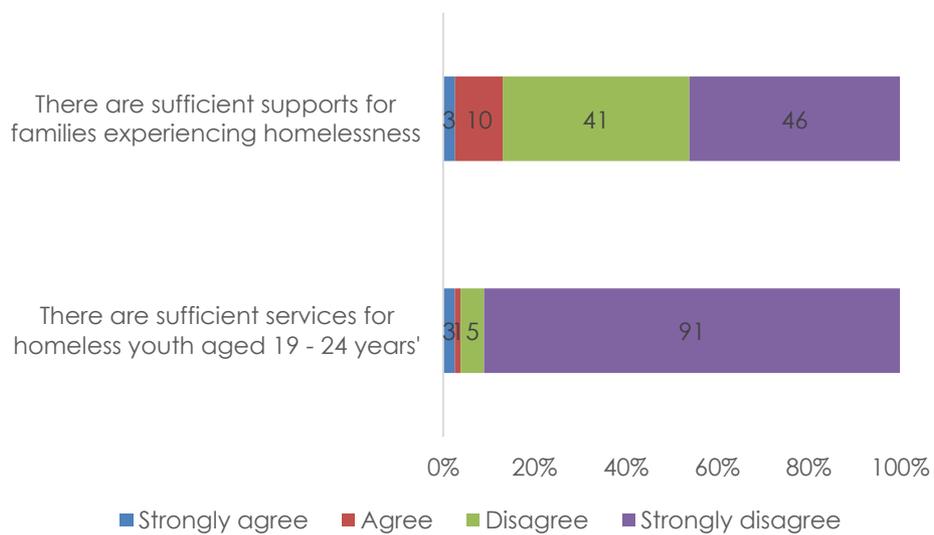


Figure 23 illustrates that more than nine in 10 professionals (91%, n = 105) who responded disagree that there are sufficient supports for families in their area experiencing homelessness. More than nine in ten professionals (91%, n = 71) report that they strongly disagree that there are sufficient homeless services for youth aged between 19 and 24 years old.

**Figure 24: Is a Lack of Housing an Issue in your Area**

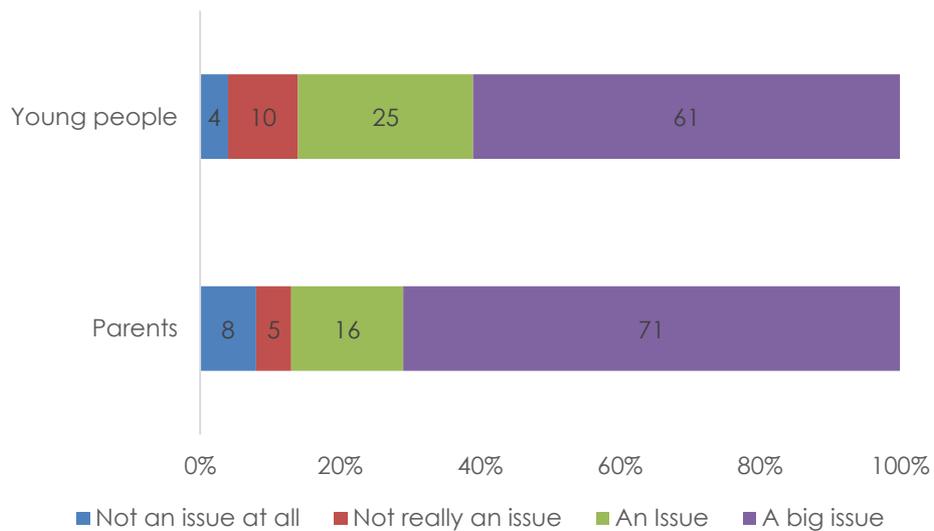


Figure 24 illustrates that more than eight in 10 young people (86%, n = 83) who responded report that a lack of housing in their area is an issue. More than eight in 10 parents (87%, n = 33) who responded report that a lack of housing in their area is an issue.

Five percent (n = 4) of professional who responded when asked what services should be developed for youth in the area identified that services for homeless youth needs to be improved. This is illustrated in the following comment:

*Homeless services for under-18s should be locally based. Forcing vulnerable teenagers to come into the city centre in order to be accommodated is extremely detrimental (Professionals Survey)*

## 11.4 Thematic Finding Two: Need for Better Upkeep and Availability of Public Spaces

Five out of the 17 key informants identified that there are gaps in service provision for young people regarding the upkeep and use of public space. Informants were concerned about the impact of this on young people by denigrating the environment in which they live. This is illustrated in the following comments:

*With motorbikes and horses, public space becomes an issue, parents buy horses for the kids, this year 9 kids received them as Christmas presents and they don't realise they are a lifelong commitment (Key Informant)*

*The physical landscape (of) communities in the area feeds into wellbeing. The grass is nicely trimmed in leafy south Dublin whereas often there is rubbish and overgrown areas here. DCC needs to be better maintaining of public space (Key Informant)*

These views are supported by quantitative survey response data.

**Figure 25: Is not Enough Parks an Issue in your Area**

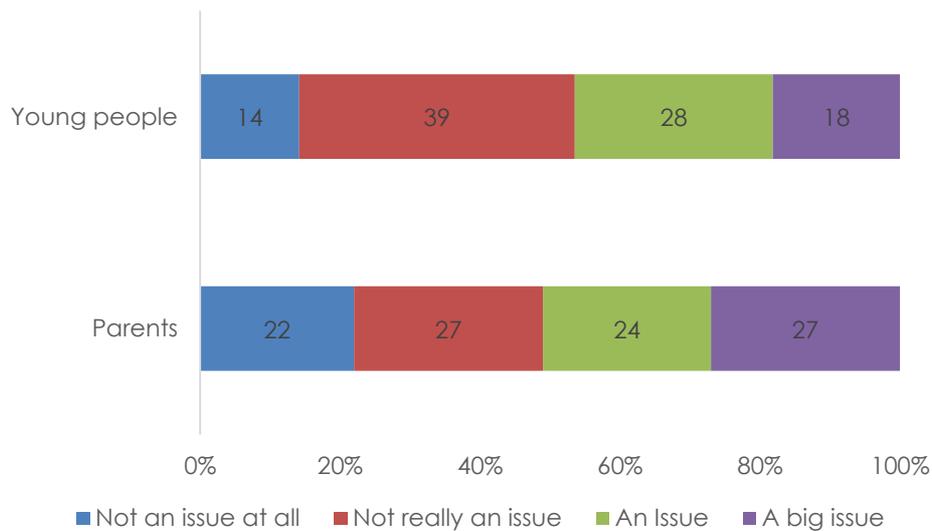


Figure 25 illustrates that more than half of young people (53%, n = 52) report that a lack of parks in their area is not really an issue. More than half of parent (51%, n = 19) report that a lack of parks in their area is an issue.

10% of respondents (n = 7) to the young people's survey when asked what services should be developed for youth in the area identified a lack of parks as an issue for young people, while eight percent (n = 6) of young people suggested that facilities for young people with motorbikes could be developed by local authorities. This is illustrated in the following comment:

*We need more parks and activities to do so they are not walking around bored getting into trouble (Young People's Survey)*

### 11.5 Thematic Finding Three: Need to Better Address Anti-social Behaviour Issues

Three out of the 17 key informants identified a concern with social inclusion/anti-social behaviour:

*There are more play areas for children since the regeneration. However, these are not maintained very well and they have been set on fire, DCC have tried to maintain it however they are getting destroyed. (Key Informant)*

*There are beautiful parks in Ballymun but anti-social behaviour stops people going to the parks, they are looked upon as areas where youths loiter (Key Informant)*

Focus group participants identified that anti-social behaviour in teenagers can be compounded by a lack of engagement and facilities provided by the authorities. This is illustrated in the following comment:

*Boredom and nothing to do in the evenings are the main reasons that we were doing drugs, drinking and breaking stuff. Having local youth workers working with us helps stop misbehaviour (Focus Group Participant)*

Three percent of respondents (n = 2) to the young people's survey when asked what could be done to improve services for youth identified putting an end to anti-social behaviour as a means for the council to better engage in the area. This is illustrated in the following comments:

*The council need to stop the violence and wrecking of the parks (Young People's Survey)*

*If they stopped under-age drinking in the area and maybe if the council did a clean-up project and involved everyone it would improve things (Young People's Survey)*

## 11.6 Summary

Parents, professionals and young people recognised that there are gaps in services provided by local authorities for young people. Dublin City North EA and Dublin City Bay electoral areas are the areas of least service provision in local authority services. They contain the fewest number of local authority services per 10,000 residents and the largest discrepancy when their populations are compared to the total number of local authority services in the Dublin City North. The North Inner City and Ballymun/Whitehall electoral areas are the areas of greatest service provision.

Concerns shared by stakeholders in the thematic analysis included the lack of suitable housing available for young people and their families, the need for better upkeep of public facilities and to address anti-social behaviour.

## 12 Recreation & Sports Services

### 12.1 Overview of Services in this Section

This chapter reviews issues relating to recreation and sports services. Recreation and sports services in this report refers to services including: *arts and crafts, athletic services, boxing clubs, community services, GAA clubs, girl guides, scouts, golf clubs, hockey clubs, mentoring, rugby clubs, soccer clubs, sporting services, sporting and youth organisations, swimming pools, theatres, youth clubs and groups.*

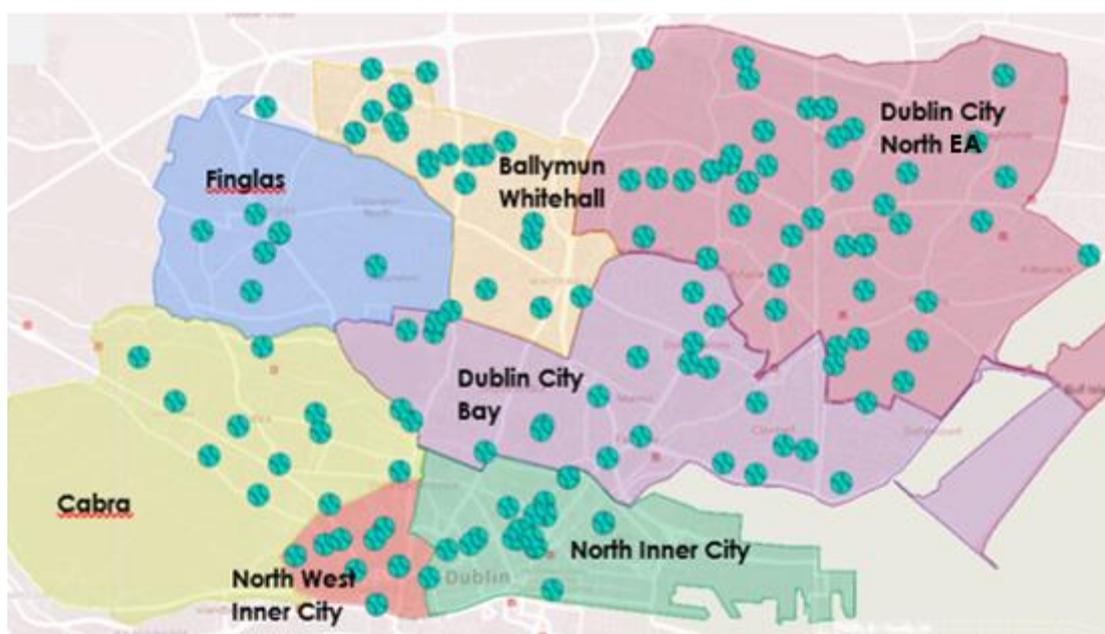
A gap in services was identified through the mapping process and three thematic findings were produced from the analysis. Themes included: need for more recreation and sports options in some areas; services are good but underfunded; and the costs of services are too high for young people.

### 12.2 Mapping Gap Analysis

**Summary:** Finglas is the area of least service provision in sports and recreation services

Recreation and sports service provision in the Dublin City North for children and young people is provided by a number of statutory, community and voluntary services. 153 recreation and sports services were identified in the services audit as being available to young people in Dublin City North.

**Map 14: Location of Sports and Recreation Service in the Dublin City North**



Map 14 illustrates that recreation and sports services are spread relatively evenly across six of the seven electoral areas, the exception being Finglas which contains fewer services than the other six electoral areas.

**Table 18: Sports and Recreation Services in the Electoral Areas**

Electoral Area	Number of recreation & sports services in the electoral area	% of all U18s in Dublin City North	% of all recreation & sports services in Dublin City North	Number of local services per 10,000 residents
<b>Ballymun / Whitehall</b>	24	11%	16%	37
<b>Finglas</b>	7	14%	5%	8
<b>Cabra</b>	14	11%	9%	21
<b>North Inner City</b>	23	10%	15%	39
<b>North West Inner City</b>	8	4%	5%	34
<b>Dublin City Bay</b>	23	17%	15%	23
<b>Dublin City North EA</b>	52	33%	35%	26

Table 18 illustrates that the North Inner City (39) and Ballymun/Whitehall (37) contain the most recreation and sports services per 10,000 residents. Finglas (8) contains the fewest recreation and sports groups per 10,000 residents.

When comparing the under 18 populations in the seven electoral areas with the number of recreation and sports services for young people in the areas, the North Inner City (+5%) and the Ballymun/Whitehall (+5%) electoral areas are the areas of greatest service provision in recreation and sports services with the largest proportion of services relative to their population size. Dublin City Bay (-2%) and Cabra (-2%) are areas of lesser provision and Finglas (-9%) contains the smallest proportion of recreation and sports services for young people.

## 12.3 Thematic Finding One: A Lack of Sports and Recreation Options in some Areas

Six out of 17 key informants identified gaps in recreation and sports service provision where young people did not have sufficient activities in which to engage. Two of the informants mentioned there not being enough pitches/facilities for young people to use. Informants were concerned about the impact of this on young people and its potential to lead to anti-social behaviour:

*There are not enough football pitches and the kids seem to have a mentality of hanging around. There is the Youth Centre in the area but what I hear from young people is that they go there to hang out but don't have to do any activities while there (Key Informant)*

*There is a gap in sports service provision/engagement especially for young girls. They drop out when they are 13 and it is very hard to reengage them, it is a problem with obesity levels on the increase and with self-esteem and body image (Key Informant)*

Focus group participants identified that there is not enough sports and recreation facilities in the area. This lack of services is especially acute for 16-18 year olds both in the Traveller and settled communities. Within the Travelling community, focus groups participants noted a significant number of Traveller young people do not engage with mainstream services as:

- (i) Sometimes they do not feel welcome
- (ii) They are excluded from services as overt anti-Traveller prejudice is still an issue
- (iii) Parents view these services as spreading negative behaviours, i.e. talking about things they shouldn't be talking about or doing things that they shouldn't be doing. This primarily refers to 'moral issues' around sex, especially in relation to girls

To respond to this lack of engagement with mainstream services, focus group participants identified outreach to Traveller youth by community services as key to building trust with the community:

*A local youth worker comes in and takes your phone number, he talks to parents, sets up activities that built trust in him in the area. If he was involved parents would not mind their kids being involved in the activity “(Focus Group Participants)*

Many of these views are supported by quantitative survey response data.

**Figure 26: Is Insufficient Recreation and Sports Activities an Issue in your Area**

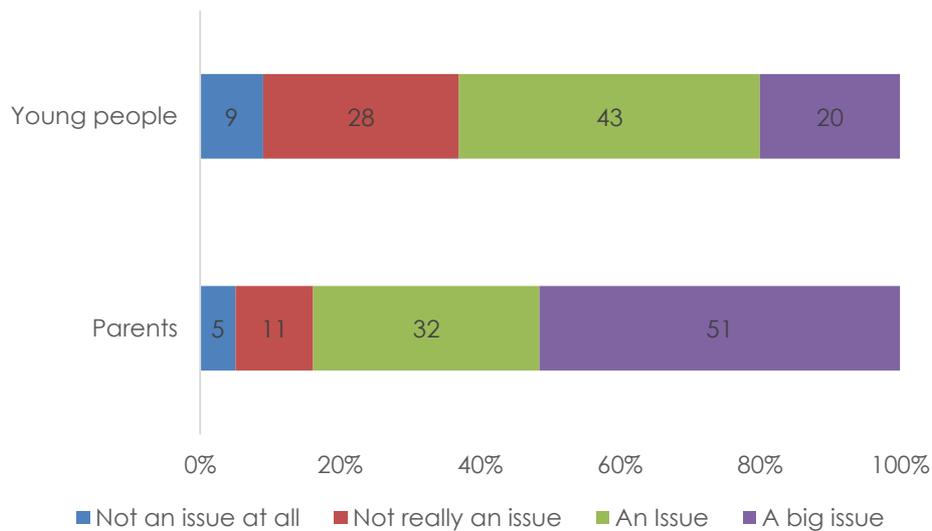


Figure 26 illustrates that more than six in ten young people (63% n = 68) who responded reported that a lack of recreational and sports services in their area is an issue. More than eight in ten parents (83%, n = 31) who responded reported that a lack of recreation and sports activities for youth in their area is an issue.

**Figure 27: Are there Sufficient Numbers of the Following Services in your Area**

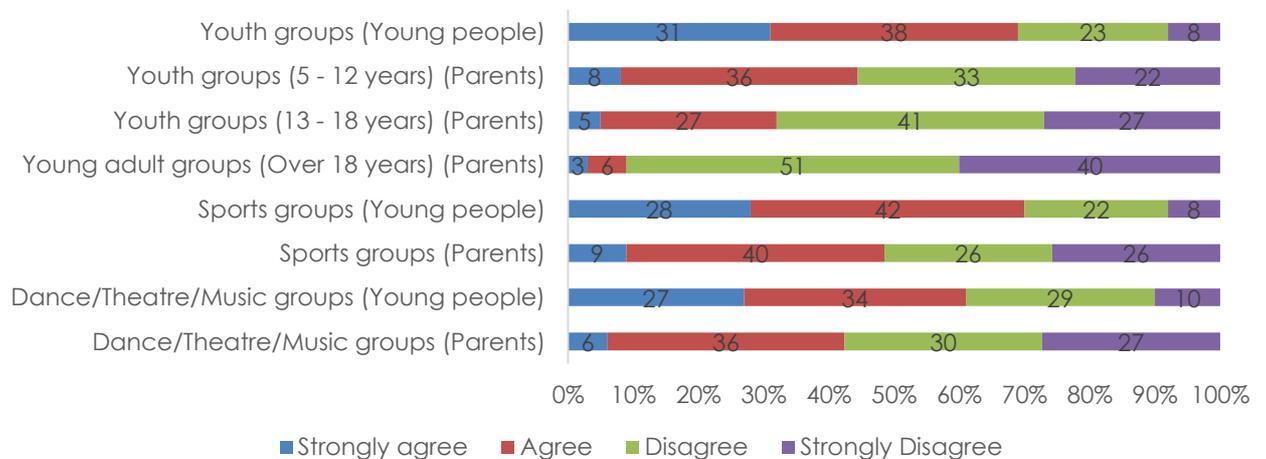


Figure 27 illustrates that six in ten or more young people who responded agree that there are sufficient youth groups (69%, n = 70), sports groups (60%, n = 62) and dance groups (61%, n =56)

in their area. This contrasts with parents where less than half of parents who responded report that they agree that there are sufficient sports groups (49%, n = 17), youth groups for 5 – 12 year olds (44% n = 36), youth groups for 13 – 18 year olds (33%, n = 37), and dance/theatre/music groups (42%, n = 14) in the area. Parents in particular do not believe that there is a sufficient number of youth adult groups for over 18 year olds in the area with only 9% (n = 3) of those who responded reporting that they agreed there was sufficient young adult groups in the area.

## 12.4 Thematic Finding Two: Services Are Good, but Underfunded

Five out of 17 key informants identified existing sports and recreation services as being good but saw gaps in the resourcing of services. Informants were concerned about the impact of this on young people's quality of experience:

*There is a lot of recreational services for youth but have all experienced cuts in the past few years putting pressure on their capacity to engage young people (Key Informant)*

*(service) has had too many cutbacks at weekends in particular. There are not enough activities to interest young people. However, there is a lot of good sports facilities (Key Informant)*

These views are supported by quantitative survey response data.

**Figure 28: Young People Rate the Local Sports and Recreation Groups that they have Used**

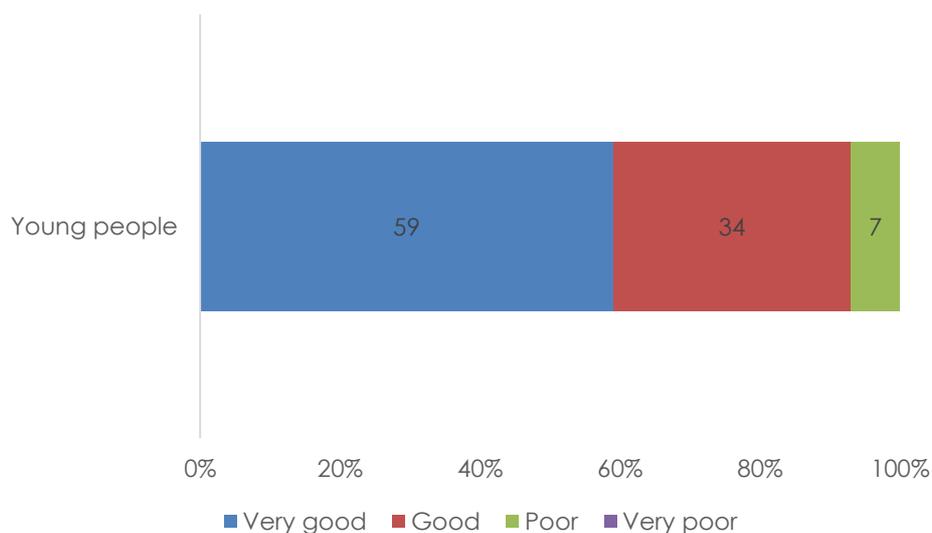


Figure 28 illustrates that more than nine in 10 young people (93%, n = 88) who responded reported that the recreation and sports facilities in their areas were good.

27% (n = 31) of professionals identified a lack of funding as being an obstacle in providing youth services in the Dublin City North. This is illustrated in the comment:

*I believe services could be improved if there was more funding for youth projects which would go towards funding programmes in the youth centres and also improving funding that would go towards resourcing people (Professionals Survey)*

## 12.5 Thematic Finding Three: There are High Costs and Waiting Lists for Sports and Recreation Services

Two out of 17 key informants identified gaps in recreation and sports service provision where young people had to pay for or wait for services. One of the key informants referred to waiting list for some services to be an issue even if you didn't have to pay. Informants were concerned about the impact of this on young people as it may exclude them from certain activities and foster anti-social behaviour. This is illustrated in the following comments:

*There is an issue with kids expecting to be given free services... then when the kids have to pay to join groups, they don't have the money to pay for the likes of guitar lessons. More community led, council funded schemes could be set up to engage youth in the area better (Key Informant)*

*The problem is that a lot of services cost money and the kids cannot afford them and in an area like Finglas/Cabra there are times when services are unnecessarily duplicated (Key Informant)*

These views are supported by quantitative survey response data.

**Figure 29: Professionals Satisfaction with Waiting Times for Recreation Services for 19 - 24 Year Olds**

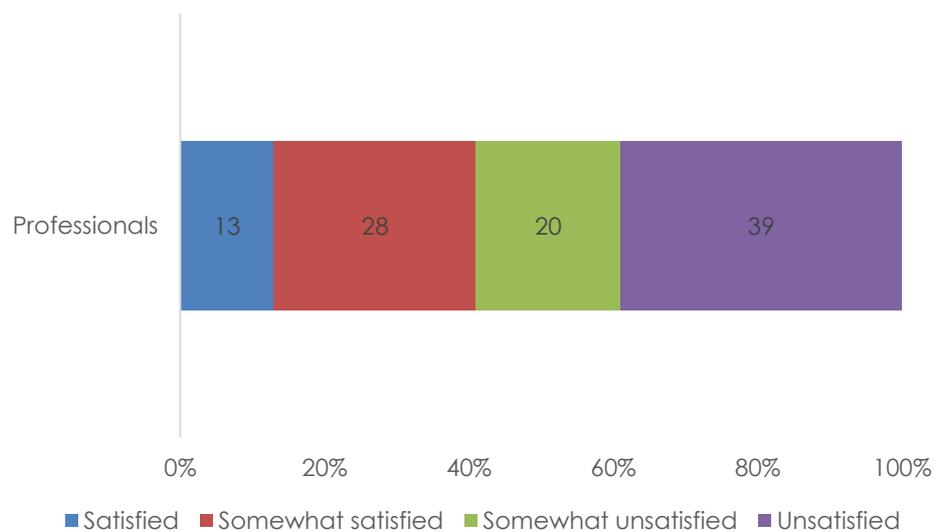


Figure 29 illustrates that more than one in two professionals (59%, n = 64) who responded reported being somewhat dissatisfied with the waiting times that 19 – 24 year olds in the area had to access recreational services.

20% of parents (n = 3) who responded identified the better funding of recreational services as a means of improving recreation and sports services for youth in the area. This is illustrated in the comment:

*They could open the Coolock swimming pool at Northside shopping centre to the public not just for clubs out of hours. It is only open a half day on Saturday and this is not good at all (Parents survey)*

## 12.6 Summary

Stakeholders were concerned about the lack of access to sports and recreation facilities for young people in some areas, and also about the barrier to participation posed by costs and entry fees for some services. A number of stakeholders felt that services were good but underfunded.

Finglas and Cabra electoral areas are the areas of least service provision in recreation and sport services. They contain the fewest number of recreation and sports services per 10,000 residents and the largest discrepancy when their populations are compared to the total number of recreation and sports services in the Dublin City North. The North Inner City and Ballymun/Whitehall electoral areas are the areas of greatest service provision.

## 13 Drug and Alcohol Services

### 13.1 Overview of Services in this Section

This chapter reviews issues relating to drug and alcohol services. Drug and alcohol services in this report includes: *treatment services (drug/alcohol), community development supports, community rehabilitation and support programmes, counselling, drug and alcohol support, clinics, prevention services, residential rehabilitation services, addiction education, HSE addiction services, local and regional drug and alcohol taskforces, rehabilitation and integration services, voluntary drug services.*

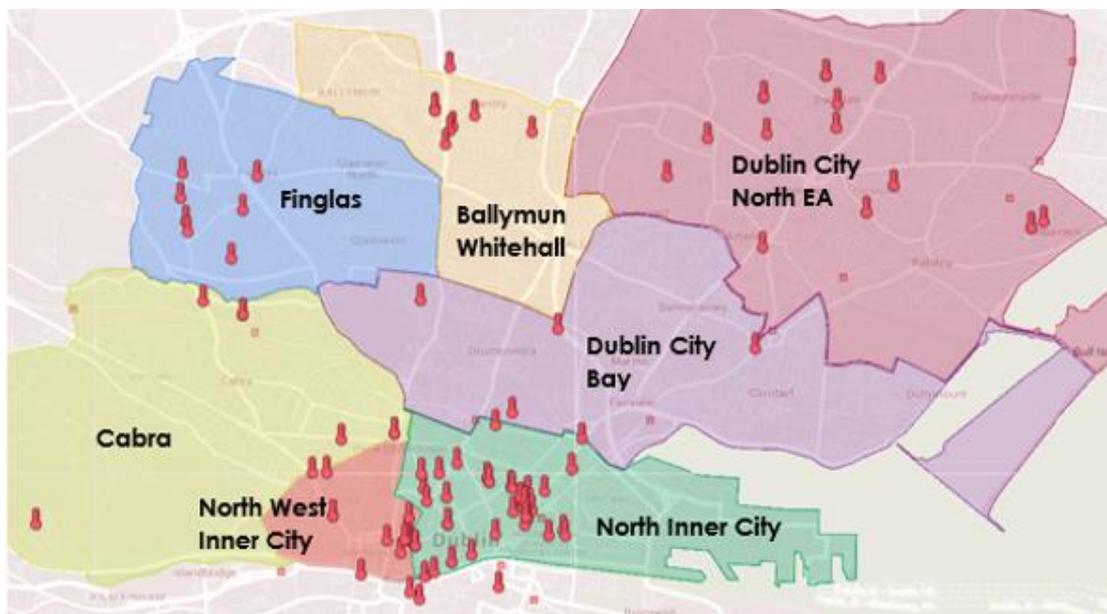
A gap in services was identified through the mapping process and five thematic findings were produced from the analysis. Themes included: concerns with normalization of drug-taking, the need for increased local and age-appropriate services and dependence on medical model of service provision.

### 13.2 Mapping Gap Analysis:

**Summary:** Dublin City North EA is the area of least service provision in relation to drug and alcohol services

Drug and alcohol service provision in the Dublin City North for children and young people is provided by a number of statutory, community and voluntary services. 121 drug and alcohol services were identified in the services audit as being available to young people in Dublin City North. 113 of these services are located within the seven electoral areas and eight services are located outside the electoral areas.

**Map 15: Drug Addiction & Treatment Services in the Dublin City North**



Map 15 illustrates that there is a cluster of drug and alcohol services located in the North Inner City and North West Inner City. While there are some services located in Ballymun / Whitehall, Finglas, Cabra and Dublin City North EA, Dublin City Bay area have less drug and alcohol services based in the area.

**Table 19: Drug and alcohol Services by Electoral Area**

Electoral Area	Number of drug addiction & treatment services in the electoral area	% of all U18s in Dublin City North	% of all drug addiction and treatment services in Dublin City North	Number of local services per 10,000 residents
<b>Ballymun / Whitehall</b>	8	11%	7%	12
<b>Finglas</b>	9	14%	8%	11
<b>Cabra</b>	10	11%	9%	15
<b>North Inner City</b>	50	10%	44%	85
<b>North West Inner City</b>	10	4%	9%	42
<b>Dublin City Bay</b>	5	17%	4%	5
<b>Dublin City North EA</b>	21	33%	19%	10

Table 19 illustrates that Dublin City Bay has the lowest level of service provision with only 5 drug and alcohol services per 10,000 residents with Dublin City North EA having the second lowest service provision with 10 per 10,000 residents. The North Inner City has the most services per 10,000 residents with 85, followed by North West Inner City with 42 services per 10,000 residents.

When comparing the under 18 populations in the seven electoral areas with the corresponding number of drug and alcohol services for young people, the North Inner City (+34%) and the Northwest Inner City (+5%) electoral areas are the areas of greatest service provision in drug and alcohol services with the largest proportion of services relative to their population size. Dublin City Bay (-13%) and Finglas (-6%) are areas of lesser service provision and Dublin City North EA (-14%) contains the smallest proportion of drug and alcohol services for young people.

### 13.3 Thematic Finding One: The Normalisation of Drug-Taking is Prominent

Six out of the 17 key informants identified that there is a normalisation of drug taking among young people:

*In certain areas drug- taking behaviour has become 'normalised'. A clear strategy on how to deal with drugs would make policing it much simpler (Key Informant)*

*Taking cannabis is a norm in some groups of young people (Key Informant)*

Focus group participants also identified normalisation of drug taking among young people as an issue for minority communities:

*Although drug taking used to be stigmatised in the Traveller community, now the use of drugs has become normalised behaviour, with women also using drugs. (Focus Group Participant)*

3% of professional service providers (n = 3) surveyed regarding what could improve youth services for 19 – 24 year olds identified issues with the normalising of drug taking. This is illustrated in the following quote:

*Unfortunately for the young people of this age group they are usually gone too far in the drug scene. There should be a service developed that would give these young people a qualification that would enable them to help the people younger than themselves to be more self-sufficient and assertive. This would help them to move forward in their lives, making choices that can be beneficial to their livelihood. When young people see their*

*older siblings taking drugs and having young pregnancies in a lot of cases they aspire to be like their older siblings (Professionals Survey)*

11 % (n = 12) of professional service providers who responded regarding what could improve youth services for under 18 year olds identified improvements in drug and alcohol services as a priority.

### 13.4 Thematic Finding Two: Need for Improved Responses by Some Statutory Services to Drug and Alcohol Problems

Five out of 17 key informants identified gaps in drug service provision for young people regarding the capacity of statutory services such as the Gardaí, schools and psychology services:

*There is a whole attitudinal problem with police and judges not wanting to know about kids smoking hash. They would rather wait for drug taking to escalate to harder drugs before it is worthwhile busting them. Their attitude needs to change, drug dealing and use has become normalised and accepted in the area and it leads to misery (Key Informant)*

*The schools don't have resources to implement drug prevention activities. They don't have enough SPHE officers (Key Informant)*

*It should be easier to get a referral to get assessed if young people have an addiction. Why does everyone I deal with have ADHD for example? I would like better contact with psychological service colleagues to understand better kids with addiction problems (Key Informant)*

3% (n = 3) of professionals who responded regarding what could improve youth services for under 18 year olds identified inadequate responses from authorities as an issue. This is illustrated in the following quote:

*There is little or no incentive for children and young people using and dealing drugs (in particular Xanax and Benzo's) to move away from this lifestyle as it supports the local economy and the family. There is no deterrent. Drug dealing is overt and public and there is little Garda enforcement... some of this is due to lack of legislation. (Professionals Survey)*

### 13.5 Thematic Finding Three: Lack of Local Drug and Alcohol Services

Five out of 17 key informants were concerned about the impact of a lack of drug and alcohol services in the locality on young people's ability to access supports. They noted a reluctance on the part of young people to attend their GP for drug and alcohol concerns:

*Access to system when dealt with by GPs, or drug support outside of the young person's locality can be off-putting. Kids don't want to leave the area and are intimidated / embarrassed by using their GP. (Key Informant)*

*There are no programmes for under 16s and 18s in the area, SASSY [Substance Abuse Service Specific to Youth] will take referrals but there is nothing local, there is a need but a geographic gap in service. (Key Informant)*

These views are supported by quantitative survey response data

**Figure 30: There is Sufficient Access to Drug Services in the Area for Young People?**

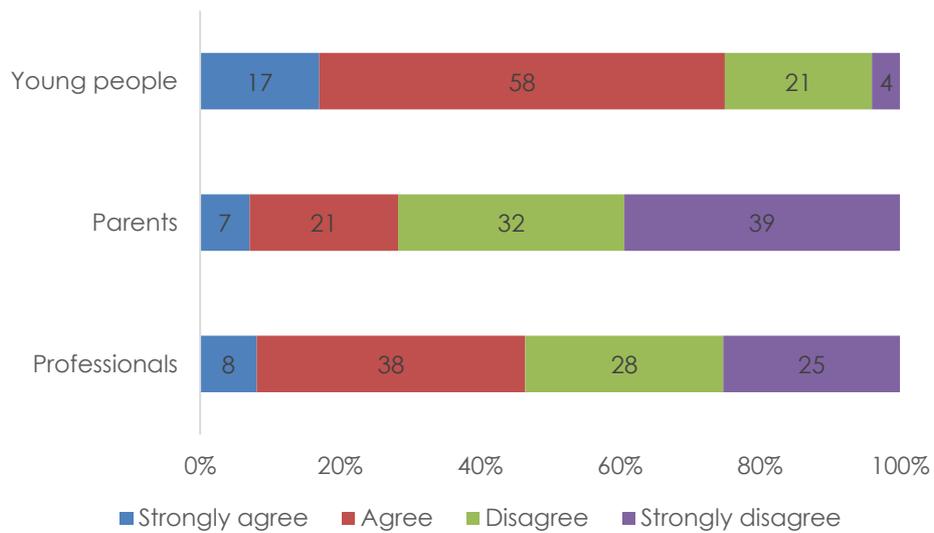


Figure 30 illustrates young people's, parents' and professionals' attitude to drug service provision in their area. As with many other areas, there was a divergence of levels of satisfaction with service provision, with young people largely satisfied and parents and professionals less so: three quarters of young people (75%, n = 65) who responded agreed that there is sufficient access to drug services in the area. 69% (n = 19) of parents who responded disagree that there is sufficient access to drug services in the area and more than half of service professionals (53%, n = 58) who responded disagree that there is sufficient access for to drug services for young people in the area.

**Figure 31: Is Young People with Drug Problems not Having Sufficient Supports an Issue in your Locality?**

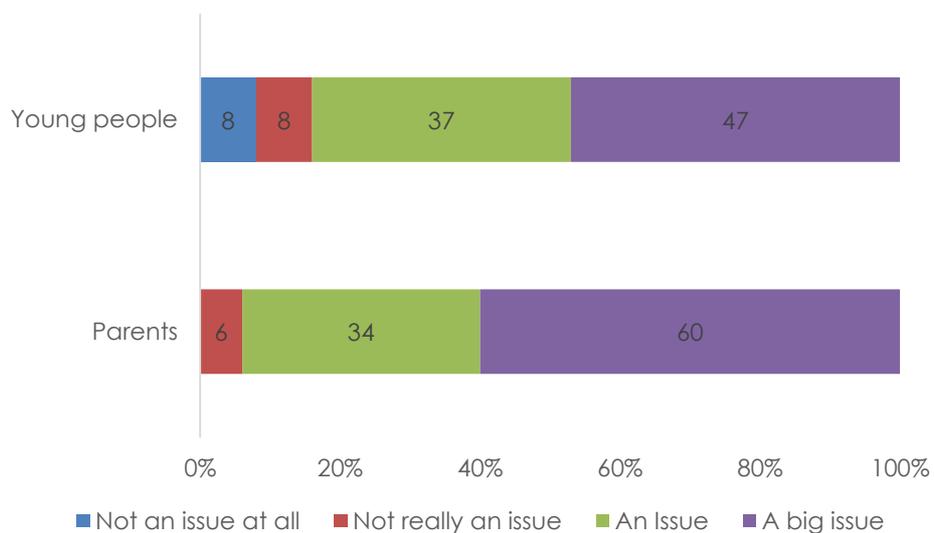


Figure 31 illustrates that the majority of young people and parents note a lack of access to supports as an issue. More than eight in ten young people (84%, n = 76) who responded and nine in ten parents (94%, n = 30) reported that a lack of drug services in their locality as an issue for young people.

2% (n = 2) of professional service providers who responded regarding what could improve youth services for under 18 year olds identified a lack of services in the local area as being an issue. This is illustrated in the following quote:

*Alcohol misuse is a serious problem in this area and there are very few services available around here to address this issue for families and individuals affected by this problem (Professional survey)*

## 13.6 Thematic Finding Four: Insufficient Age Appropriate Services for Young People

Three out of 17 key informants identified gaps in drug service provision for young people regarding service provision for young people. A lack of drug services in the locality impacts on young people's ability to access drug services; this is illustrated in the following comment:

*Once you get over the age of 18 there are supports but until then access to the system is difficult to get. (Key Informant)*

*There are no drug services for under 18's. Once you get over the age of 18, there are supports but until then access to the system is difficult to get (Key Informant)*

Focus group participants identified the lack of age-appropriate drug services as an issue for young people, which can discourage engagement with support systems:

*There should be more teenage drug centres as opposed to adult drug centres (Focus Group Participant)*

2% of professional service providers (n = 2) who responded regarding what could improve young people's services identified a lack of age appropriate drug and alcohol services as an issue.

## 13.7 Thematic Finding Five: Over Reliance on the Medical Model and Lack of Outreach

Three out of 17 key informants identified a potential improvement in drug and alcohol services in shifting focus from the medical model and increasing outreach service provision:

*Outreach will get buy-in from kids. Sphere 17 are very good for outreach, out and about in the community, this means providing practical help and seeing people in their own homes, a clinical setting can alienate youths. (Key Informant)*

Focus group participants identified lack of outreach as an issue for minorities and proposed that halting-site based outreach is needed at regular events. Participants also commented that Beldale View Addiction treatment centre in Darndale is closing and that there is a worry that this will have an adversely negative effect on Travellers in need of addiction related assistance.

3% (n = 3) of professional service providers who responded regarding what could improve youth services for under 18 year olds identified a lack of community based outreach as being an issue. This is illustrated in the following quotes:

*We need a new way to tackle children who are vulnerable to drugs. In general home supports need to be more available earlier so they are then not coming into a crisis (Professionals Survey)*

*There are few drug services in the area and if they do exist they are difficult to access, they need to be in the community, coming from a youth service with family support with no stigma attached to it (Professionals Survey)*

## 13.8 Summary

Stakeholders were concerned with the normalisation of drug-taking on young people, and the lack of local, age-appropriate services to support them. There were also concerns voiced about the need for further outreach services and for a movement away from over-reliance on the medical model.

Dublin City North EA and Dublin City Bay electoral areas are the areas of least service provision in drug and alcohol services. They contain the fewest number of drug and alcohol services per 10,000 residents and the largest discrepancy when their populations are compared to the total number of drug and alcohol services in the Dublin City North. The North Inner City and the North West Inner City electoral areas are the areas of greatest service provision.

## 14 Disability Services

### 14.1 Overview of Services in this Section

This chapter reviews issues relating to disability services. Disability services in this report refers to services including: *ADHD support services, community services, dyslexia services, early intervention services, hearing services, services for visually impaired people, special needs services, remedial services, wheelchair services and autism services.*

A gap in services was identified through the mapping process and four thematic findings were produced from the analysis. Themes included: the need for more family support services, the need for more support services for children and young people with disabilities and the need for more early intervention services, as well as a concern about lengthy waiting lists.

### 14.2 Disabilities Reported in the Seven Electoral Areas

**Figure 32: Do you/your Child have a Disability**

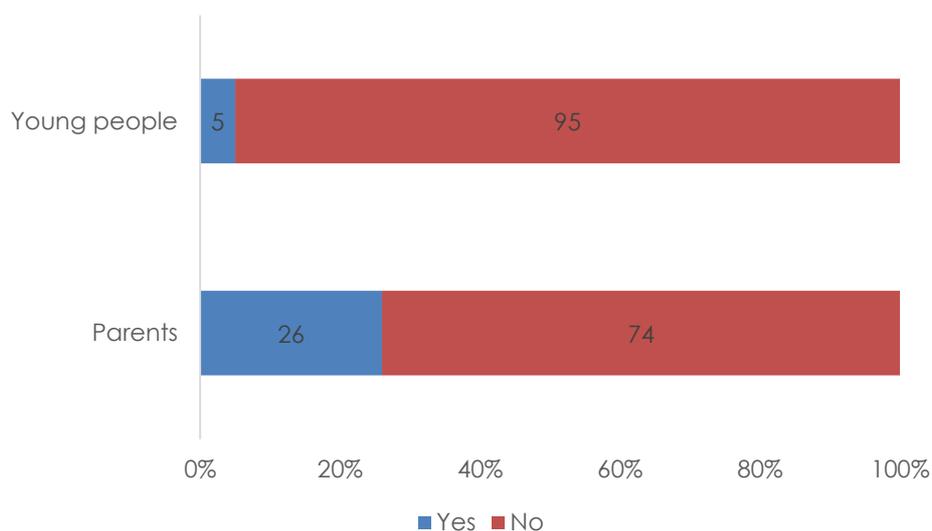


Figure 32 illustrates young people's and parents' evaluation of whether or not they have a disability. 26% (n = 10) of parents in the area reported that their son or daughter have a disability. Five percent (n = 5) of young people reported that they have a disability

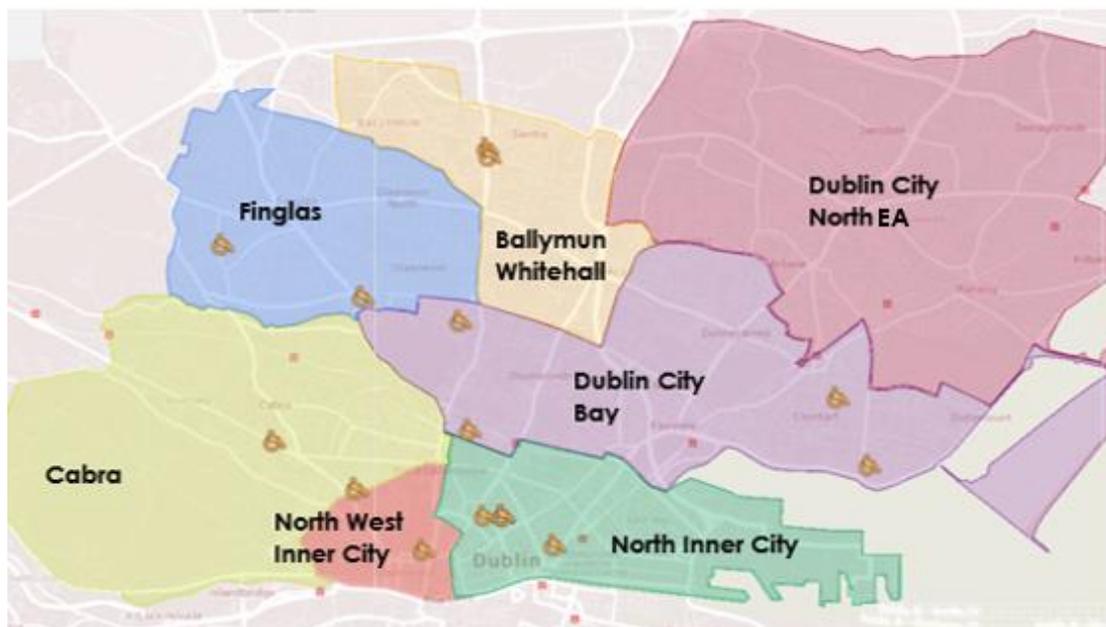
The types of disabilities reported in the young people's and parents' surveys included ADHD, autism, dyslexia, dyspraxia, learning disabilities and hearing impairment.

### 14.3 Mapping Gap Analysis:

**Summary:** Dublin City North EA is area of least service provision in relation to disability services for children and young people.

Disability services in Dublin City North for children and young people are provided by a number of statutory, community and voluntary services. 19 disability services were identified in the services audit and 16 of these services are located within the seven electoral areas and three services are located outside the electoral areas.

**Map 16: Disability Services in the Dublin City North**



Map 16 illustrates that despite there being relatively few services they are spread relatively evenly across six of the seven the electoral areas, the exception being Dublin City North EA which was found to contain no specific services for disabled youth.

**Table 20: Disability Services across the Seven Electoral Areas**

Electoral Area	Number of disability services in the electoral area	% of all U18s in Dublin City North	% of all disability services in Dublin City North	Number of local services per 10,000 residents
Ballymun / Whitehall	2	11%	12%	3
Finglas	3	14%	19%	4
Cabra	2	11%	12%	3
North Inner City	5	10%	31%	9
North West Inner City	1	4%	7%	4
Dublin City Bay	3	17%	19%	3
Dublin City North EA	0	33%	0	0

Table 20 illustrates that Dublin City North EA has the lowest level of service provision with no disability services per 10,000 residents. The North Inner City has the most services per 10,000 residents with nine followed by North West Inner City and Finglas with four services per 10,000 in habitants.

When comparing the under 18 populations in the seven electoral areas with the number of disability services for young people in the areas, the North Inner City (+21%) and Finglas (+5%) electoral areas are the areas of greatest service provision disability services with the largest proportion of services relative to their population size. Dublin City North EA (-33%) is the area of least service provision as it contains the smallest proportion of disability services for young people.

## 14.4 Thematic Finding One: Need for Further Family Support Services

Four out of 17 key informants identified gaps in disability service provision for young people regarding lack of family supports. Two of the informants refer to the lack of residential respite places available to support families. Informants were concerned about the impact of this on young people as it can place additional strain on the family unit as illustrated in the following comments:

*Respite care and other supports needed for young carers, school attendance drops when young people are carers (Key Informant)*

*I have concerns around parents who are struggling to manage a child with complex disabilities, autistic kids sometimes needed residential care as parents cannot cope and this may not be available (Key Informant)*

These views are supported by quantitative survey response data.

**Figure 33: Is Young People with Disabilities not having Sufficient Supports an Issue in the Area?**

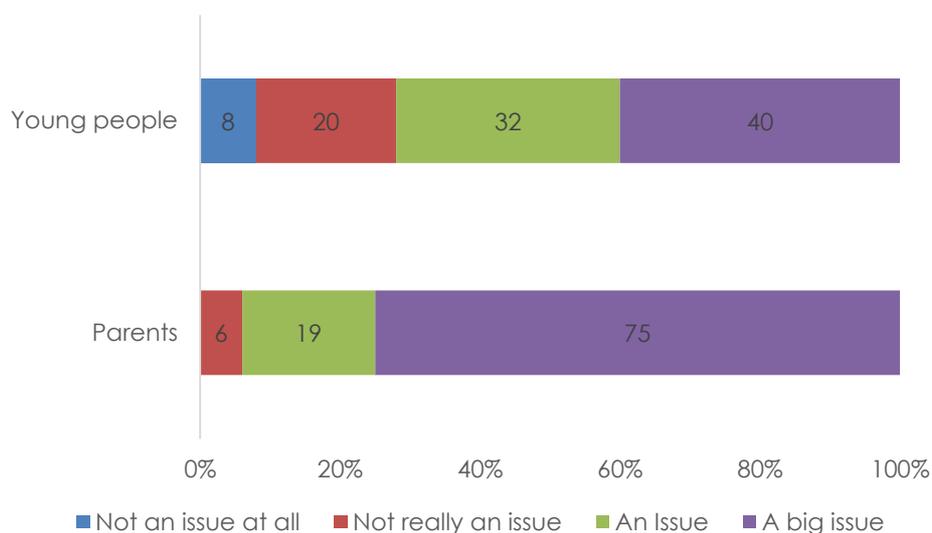


Figure 33 illustrates young people's and parents' evaluation of how much of an issue young people with disabilities not receiving sufficient supports is in the area. More than seven in 10 young people (72%, n = 63) who responded reported that young people with disabilities are not receiving sufficient supports in the area. More than nine in 10 parents (94%, n = 29) who responded, reported that young people with disabilities not receiving sufficient supports in the area is an issue, with three quarters (75%, n = 23) of parents reporting that it is a big issue in the area.

Four percent (n = 4) of professionals when asked what services should be developed locally for youth identified supports services for children and young people with disabilities and their families. This is illustrated in the following comment:

*There is only one specialist paediatric service for brain injury in Ireland, based at the National Rehabilitation Hospital, but community services are also needed (Professionals Survey)*

## 14.5 Thematic Finding Two: Need for Local Disability Support Services

Four out of 17 key informants identified as a concern a lack of supports for young people with disabilities in the local area:

*There is not a great supply in the area, children on autistic spectrum have few options, there are no local supports for disabilities they are all national (Key Informant)*

*Services are a little behind the curve, special units for autism that come out to the community would be ideal (Key Informant)*

These views are supported by quantitative survey response data.

**Figure 34: There is Sufficient Service Provision in your Area for: (Professionals Survey)**

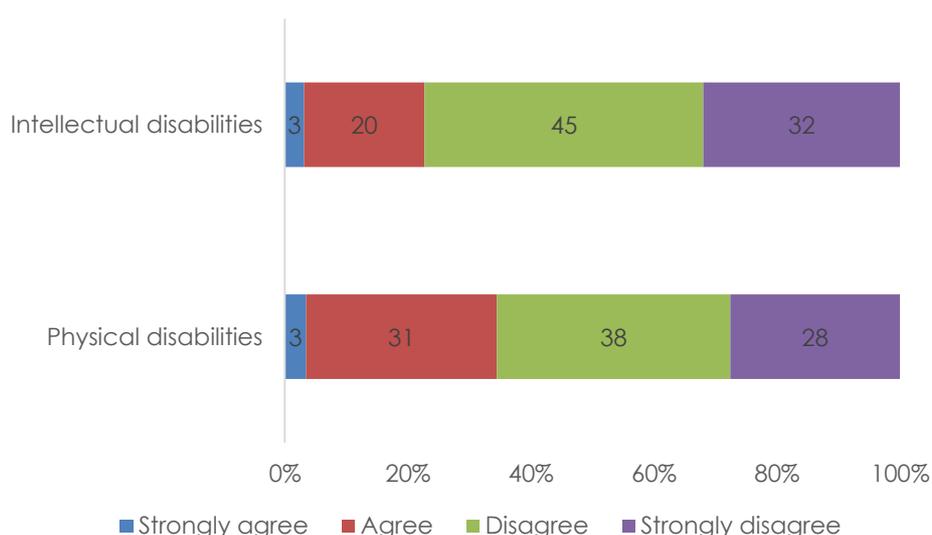


Figure 34 illustrates professional service provider's evaluation of service provision for intellectual disabilities and physical disabilities (n = 87) in the area. More than three quarters of service professionals (77%, n = 75) disagree that there are sufficient services for young people with intellectual disabilities in their area. Two thirds of service professionals (66%, n = 58) who responded disagreed that there are sufficient services for young people with physical disabilities in their area.

4% (n = 4) of professionals who responded when surveyed as to what could make services for young people in the area better identified improvements to disability services in the locality. This is illustrated in the comments:

*Those with intellectual and physical disabilities (except hearing) also have to travel outside the Finglas area for supports we need more local services (Professional Survey)*

*There needs to be great resourcing for after-school programmes targeted to groups with specific needs, e.g. classes and support groups for children with dyslexia, dyspraxia, ADD, etc. More access to support for parents and practitioners is also important to enable better support in the home, and to ensure practitioners and professionals properly understand the impact of these conditions. They can signpost parents and young people to relevant agencies in the community and voluntary sector who offer relevant support services (Professional Survey)*

## 14.6 Thematic Finding Three: Need for More Early Intervention Services

Four out of 17 key informants identified gaps in disability service provision for young people regarding a lack of early intervention services. The lack of access to services can compound issues that the young person is experiencing at an age where action may result in a positive outcome:

*Early intervention is still evolving and is relatively new. There is a problem with those who shout loudest getting the most attention. I believe that service provision is good when kids are in school but when they come out of the school programme kids are left in limbo (Key Informant)*

Six percent (n = 6) of professional respondents also identified early intervention services as a priority:

*Financial commitment to early intervention services with a long-term goal as opposed to a reactive response to current problems is a better model (Professionals Survey)*

*Early intervention and prevention is not given priority within the area. The focus and funding is on older children, who are already experiencing problems rather than supporting children and their parents from an early age. There needs to be a review of what is available to parents and what they are accessing (Professionals Survey)*

## 14.7 Thematic Finding Four: Waiting Lists Are Too Long

Two out of 17 key informants identified gaps in disability service provision for young people regarding the length of waiting lists to avail of disability services. The lack of access to services can compound issues that the young person is experiencing:

*Getting into the services is the problem, GP to specialist takes a long time, 14 - 17 months to get some services for olfactory problems; one girl got an appointment this month (February 2016) for an appointment in September 2017 (Key Informant 11)*

These views are supported by quantitative survey response data.

**Figure 35: Satisfaction with Waiting List Times for Intellectual and Physical Disability Services**

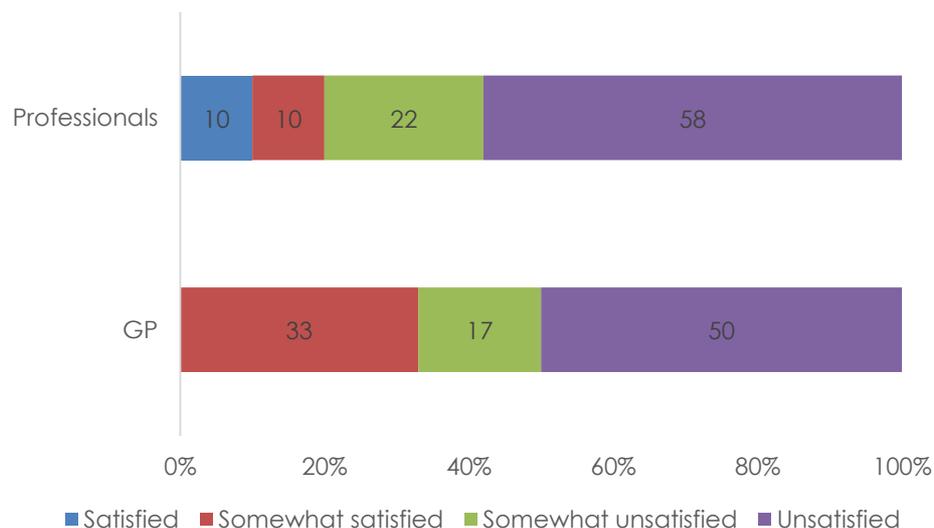


Figure 35 details professional service providers and GP's satisfaction with the length of time children and young people with disabilities spend on waiting lists services. Seven in 10 (70%, n = 45) professional service providers who responded are somewhat unsatisfied with the length of time it takes children and young people with disabilities in the area to get an appointment with more than half (58%, n = 39) of respondents reporting to be unsatisfied. Two thirds of doctors (67%, n = 5) are somewhat unsatisfied with the length of time it takes children and young people with disabilities in the area to get an appointment with half (50%) reporting that they were unsatisfied.

2% (n = 2) of professional respondents when asked how services in the area could be improved for young people in the area identified disability services as a priority, and tackling the length of waiting list for services was identified as a method of doing this. This is illustrated in the following comment:

*Waiting lists for assessments, for disability services and the early intervention team need to be shortened (Professionals Survey)*

## 14.8 Summary

The Dublin City North EA electoral area contains the least service provision in disability services. It contains the fewest number of disability services per 10,000 residents and the largest discrepancy when its population is compared to the total number of disability services in the Dublin City North. The North Inner City and Finglas electoral areas are the areas of greatest service provision.

Priorities identified by stakeholders included needs for better supports for children and young people with disabilities and their families, the need for better early intervention supports and the need to reduce waiting lists for support services. Concerns shared by stakeholders in the thematic analysis included: a lack of family supports, a lack of local supports for children and young people with disabilities, a lack of early intervention services and waiting list being too long.

# 15 Early Childhood Services

## 15.1 Overview of Services in this Section

This chapter reviews issues relating to early childhood services. Early childhood services include: *child protection and social welfare, childcare, child-minders, community centres, crèches, early education intervention, education, family centres, maternity education and services, playgroups and preschools.*

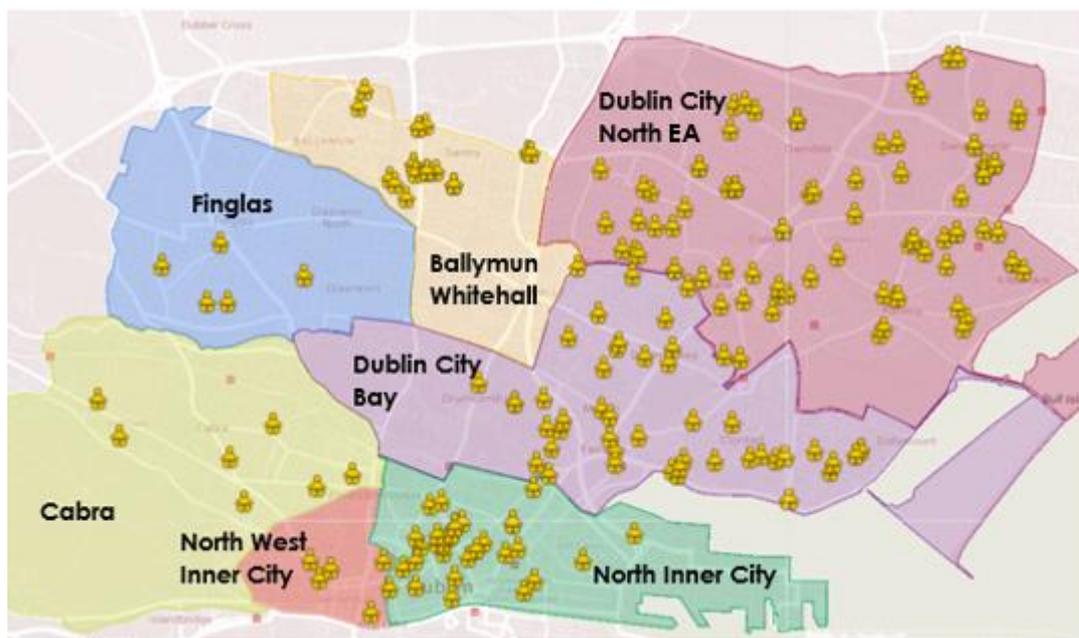
A gap in services was identified through the mapping process and four thematic findings were produced from the analysis. Themes included: a need for improved quality and up-skilling, concerns regarding the potential closure of early childhood services, the need for improved interagency working and the high costs and long waiting lists for early childhood services.

## 15.2 Mapping Gap Analysis:

**Summary:** Finglas and Cabra are the areas of least service provision in relation to early childhood services

Early childhood service provision in the Dublin City North for children and young people is provided by a number of statutory, community and voluntary services. 212 early childhood services were identified in the services audit as being available to young people in the Dublin City North.

**Map 17: Location of Early Childhood Services**



Map 17 illustrates that early childhood services are more numerous in Dublin City North EA, Dublin City Bay, the North Inner City and the North West Inner City than Finglas, Cabra and Ballymun/Whitehall.

**Table 21: Number of Early Childhood Services by Electoral Area**

Electoral Area	Number of early childhood services in the electoral area	% of all Under 5's in Dublin City North	% of all physical services in Dublin City North	Number of local services per 10,000 residents
<b>Ballymun / Whitehall</b>	24	10%	11%	37
<b>Finglas</b>	5	13%	2%	6
<b>Cabra</b>	7	12%	3%	11
<b>North Inner City</b>	35	12%	17%	60
<b>North West Inner City</b>	5	5%	2%	21
<b>Dublin City Bay</b>	50	17%	24%	49
<b>Dublin City North EA</b>	86	31%	41%	43

Table 21 shows that Finglas has the lowest level of service provision, with only 6 early childhood services per 10,000 residents followed by Cabra, which contains 11 services per 10,000 residents. The North Inner City (60) and Dublin City Bay (49) contain the largest number of services per 10,000 individuals.

When comparing the under 5 populations in the seven electoral areas with the number of early childhood services for young people in the areas, Dublin City North EA (+10%) and the Dublin City Bay (+7%) electoral areas are the areas of greatest service provision in early childhood services with the largest proportion of services relative to their population size. Cabra (-9%) and the North West Inner City (-3%) are areas of lesser service provision while Finglas (-11%) contains the smallest proportion of early childhood services for young people.

### 15.3 Thematic Finding One: Need for Improved Quality and Up-skilling

Five out of the 17 key informants identified a concern with quality standards in early childhood service provision. Informants were concerned about the impact of this on children and young people and their parents, as it can compromise quality of service provision:

*Quality of early care services is a mixed bag, quality of teaching and learning can be ok or awful, as nothing focusing on quality, the workforce need to be supported to upskill and become degree educated (Key Informant)*

*More training for crèche staff in; equality and diversity and training. The workers can develop skills in listening to children and adapting the classes to the children's needs, HighScope has been so successful here as it creates lifelong skills (Key Informant)*

*Preschool places have all been brought up to good standard by Young Ballymun so its defunding will have a major knock on in service quality in the area (Key Informant)*

One professional survey participant identified staff up-skilling in early childhood services as a gap in the area. This is illustrated in the following quote:

*Early year services need more training for people in the service to improve standards (Professionals Survey)*

**Figure 36: Evaluation of Sufficiency of Early Childhood Services for 0 – 5 Year Olds**

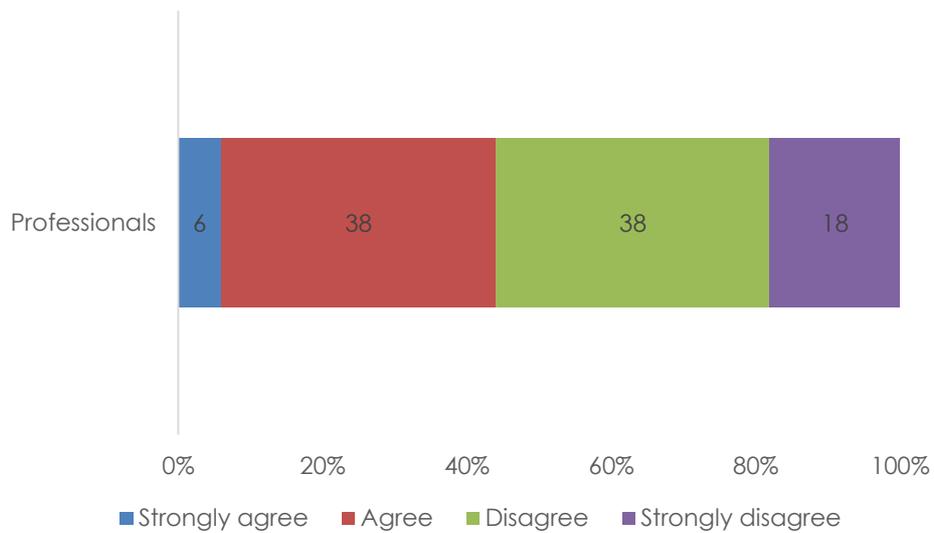


Figure 36 illustrates professionals' evaluation of the sufficiency of early childhood service provision in Dublin City North. More than half of professionals (56%, n = 54) who responded report that they disagree that service provision for early childhood services is sufficient in the area.

**Figure 37: There are Sufficient Services for 0 - 4 Year Olds in your Area**

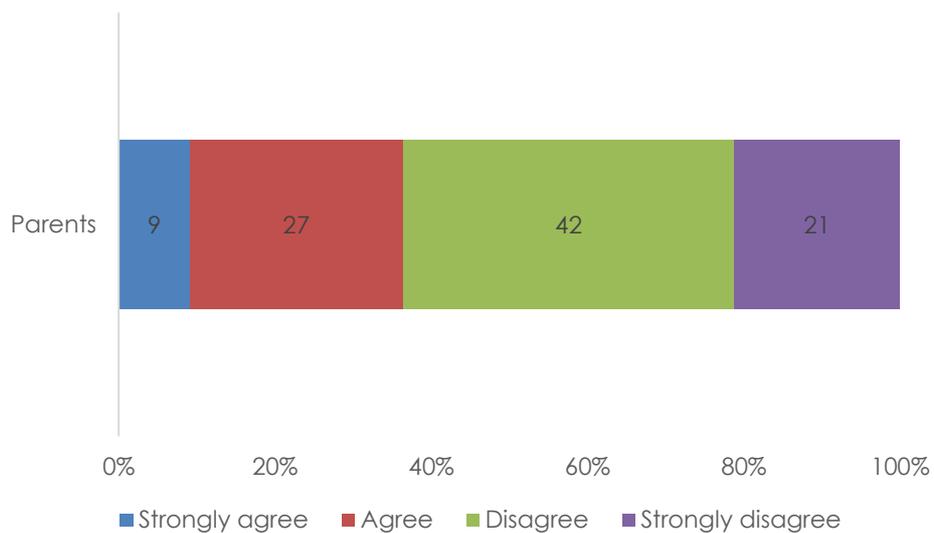


Figure 37 illustrates parents' evaluation of the sufficiency of services for 0 – 4-year olds in their area. More than six in 10 parents (63%, n = 21) who responded disagree that there are currently sufficient services in the area for children aged 0 – 4 years of age.

## 15.4 Thematic Finding Two: There is a Potential Closure of Early Childhood Services

Four out of the 17 key informants were concerned about the shutting down of early year services in the area, in particular Young Ballymun in June of 2016. Informants were concerned about the potential impact on service provision and standards on young people and their parents:

*There is adequate service provision in this area currently, however I have major concerns that services supported by the Young Ballymun network will dissipate when it shuts down in June 2016 (Key Informant)*

These views are supported by quantitative survey response data: 13% of parents (n = 4) when how to improve conditions for under 18s in the area identified increasing the number of services for young children. This is illustrated in the comment:

*I would have supported play areas for children with extra support needs. Children in this area spend a lot of time with adults listening to adult conversations and issues because they have nowhere to play independently (Parents Survey)*

## 15.5 Thematic Finding Three: Need for Improved Interagency Working

Four out of the 17 key informants identified gaps in service provision for young people regarding the quality of some interagency work. Two of the key informants mentioned issues regarding the transitioning of young children from preschool to primary school. Informants were concerned about the impact a lack of communication between agencies has on the child's ability to learn once they reach primary school, this is illustrated in the following comment:

*Improvements can be made to preschools having better links and communication with primary schools. (Key Informant)*

*Bringing together agencies is a great support, statutory, community and voluntary groups all brought together create a lot of interconnectedness, will make a project work very successfully and should be supported (Key Informant)*

4% of professional service providers (n = 4) when how to improve conditions for under 18s in the area identified better interagency working as a method to increase standards of service provision. This is illustrated in the comments:

*More early care & education centres with baby & toddler units are needed; this can be facilitated through more communication between community services, linking all family supports (Professionals Survey)*

## 15.6 Thematic Finding Four: High Costs of, and Long Waiting Lists for Early Childhood Services

Four out of the 17 key informants identified the costs of early childhood services for parents as a concern. Informants were concerned about the impact on the child's ability to access early childhood services as their parents are costed out of the service:

The costs of childcare are still an issue for parents, the children need supports, sometimes the parents fall into arrears and the crèche cannot afford to continue without this contribution (Key Informant)

Parents struggling with costs to pay for preschools could be better subsidised (Key Informant)

**Figure 38: Early Years Services Providers Satisfaction with Waiting Times**

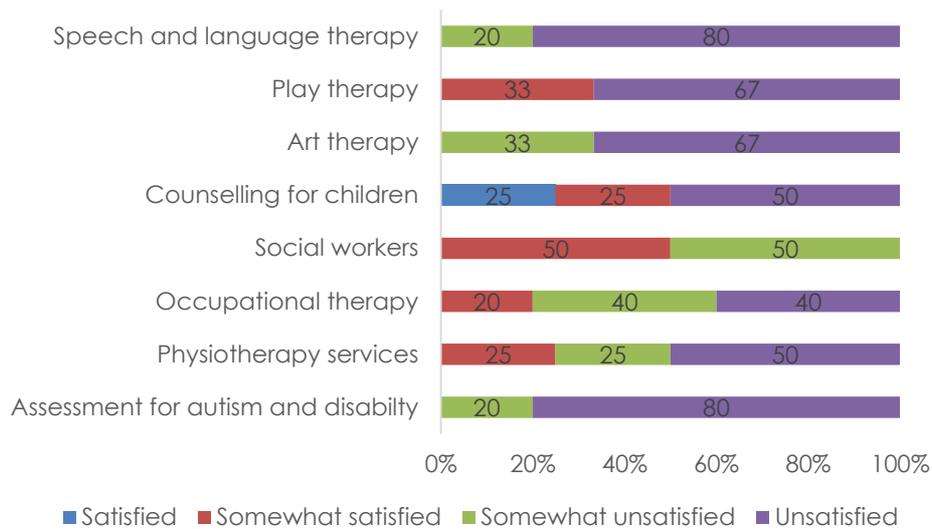


Figure 38 illustrates early childhood service provider's evaluation of waiting list times for children aged 0 – 5 years old. Half of early childhood service providers report that they are somewhat satisfied with waiting list times for appointments for social workers (50% n = 2) and counselling appointments for children (50%, n = 2). Eight in ten or more early childhood service providers report that they are somewhat unsatisfied with appointment waiting list for assessments for autism and disability (100% n = 5), occupational therapy (80%, n = 4) and speech and language therapy (80%, n = 4)

## 15.7 Summary

Finglas and Cabra electoral areas are the least serviced areas in early childhood services. They contain the fewest number of early childhood services per 10,000 residents and the largest discrepancy when their populations are compared to the total number of early childhood services in the Dublin City North. The Dublin City North EA and Dublin City Bay electoral areas are the areas of greatest service provision. Priorities identified by stakeholders include the need for improved quality and up-skilling, concerns with potential closure of certain services, the high costs of services and long-waiting lists for many services.

## 16 Crosscutting Themes

As service mapping for all areas is contained in other chapters, this chapter documents overarching themes, needs and solutions corresponding to these needs as identified by interviewees, survey respondents or focus groups. **This section reviews issues relating to family support services, which run across many of the 9 thematic areas already covered in this report.** Family support services in this report include: *parental supports, young carer supports, domestic abuse supports, family support services, transport services and certain education services.*

Four thematic findings were produced from the analysis. Themes included: lack of supports for young carers, lack of parental supports, young people experiencing issues in the home and poor transport options in some areas.

### 16.1 Thematic Finding One: Lack of Supports for Young Carers

Two out of the 17 key informants identified gaps in service provision for young people who are carers. Informants were concerned about the impact on the child's ability to fully participate in activities such as recreation and education and can stunt their progress. This is illustrated in the following comments:

*A lot of the parents have mental health issues, and this impacts on the children, when mum is down we can see that the kids are slow and are sometimes relied on for support (Key Informant)*

*Respite care and other supports are needed for young carers, school attendance drops when young people are carers, (Key Informant)*

*Many young people get on with their caring role because of fear of speaking up and causing further trouble for their family (Professionals Survey)*

Focus group participants report that when there are problems with alcohol abuse in the Traveller community this can leave young people in charge of their own younger siblings with little or no supports. This is illustrated in the following comment:

*This use of drugs impacts on the care of children as it can lead to a scenario where you have 12 year olds minding younger siblings while their parents are abusing drugs or alcohol (Focus Group Participant)*

These views are supported by quantitative survey data.

**Figure 39: Is Young People Caring for Members of their Family without Supports an Issue?**

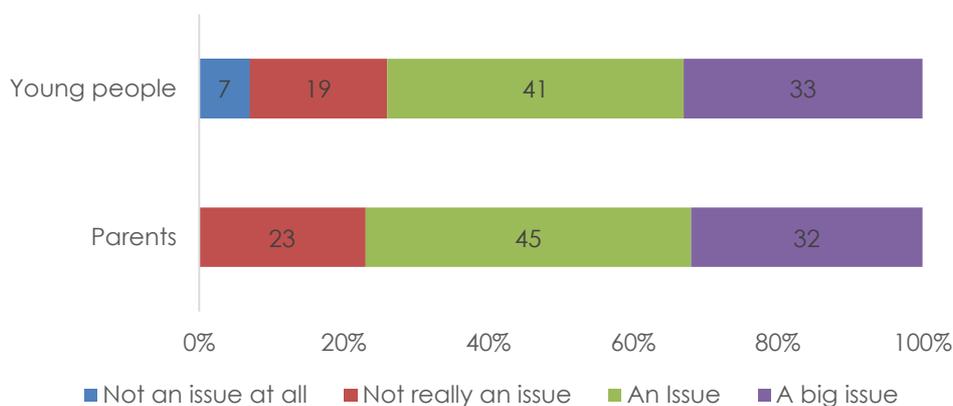


Figure 39 illustrates young peoples' and parents' evaluation of whether or not young people caring for family members is an issue in the area. More than seven in 10 young people (74%, n = 65) and parents (77%, n = 24) who responded report that young carers not receiving support is an issue in their area.

**Figure 40: There are Sufficient Supports for Young People Caring for Members of their Family**

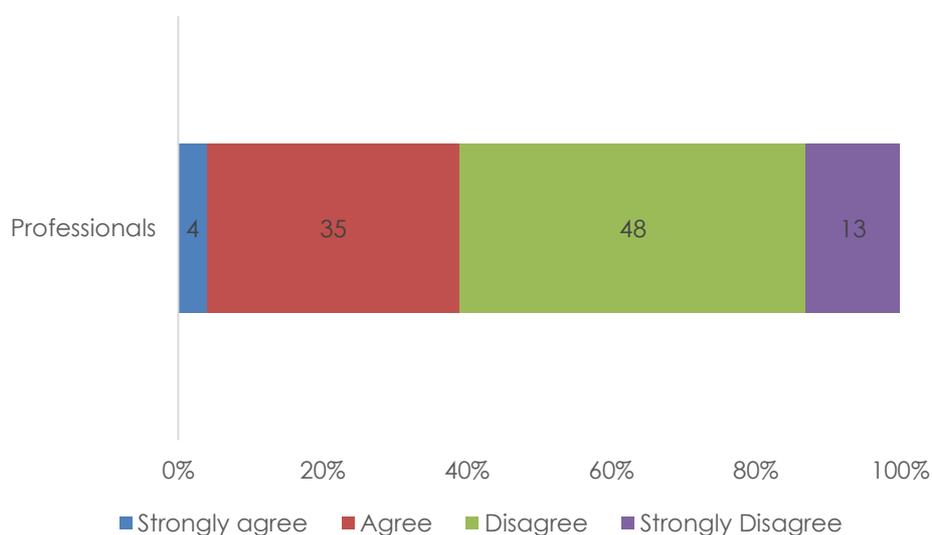


Figure 40 illustrates professionals' evaluation as to whether there are sufficient supports for young people who care for members of their family in the area. More than eight in 10 (61%, n = 67) professionals who responded disagree that there are sufficient supports available for young people caring for their family members.

## 16.2 Thematic Finding Three: A Need for Improved Parental Supports

Two out of the 17 key informants identified gaps in service provision in parental supports. Informants were concerned about the impact on the parents and the child as the parent cannot provide an adequate level of support to their children. This is illustrated in the following comments:

*An increase in staffing and funding in family services is happening now, there is a good plan but it will need time to see how it works through the system. Parents will need support of voluntary and statutory groups in order to properly provide care to their young people (Key Informant)*

*Getting to school is an issue, maybe they could use a family support worker to get a kid up and out to school in the morning and teach the kids and their families basic skills for getting to school, practical help in the morning to show parents what to do so they can continue this practice, practical support not to encourage dependency on the social welfare system (Key Informant)*

Focus group participants report that without the proper family supports it is difficult for families to be able to create positive daily routines. This can affect children's behaviour in different ways; the child may become more challenging in school or in the family, they may also become withdrawn from family and friends and internalize their emotions. Focus group participants suggested that to tackle this issue, more funding is needed to provide the family

supports that are needed in the area and that current supports should be better advertised so that families know what is available to them.

These views are supported by quantitative survey data.

**Figure 41: Are there Sufficient Parenting Courses in the area for (Parents):**

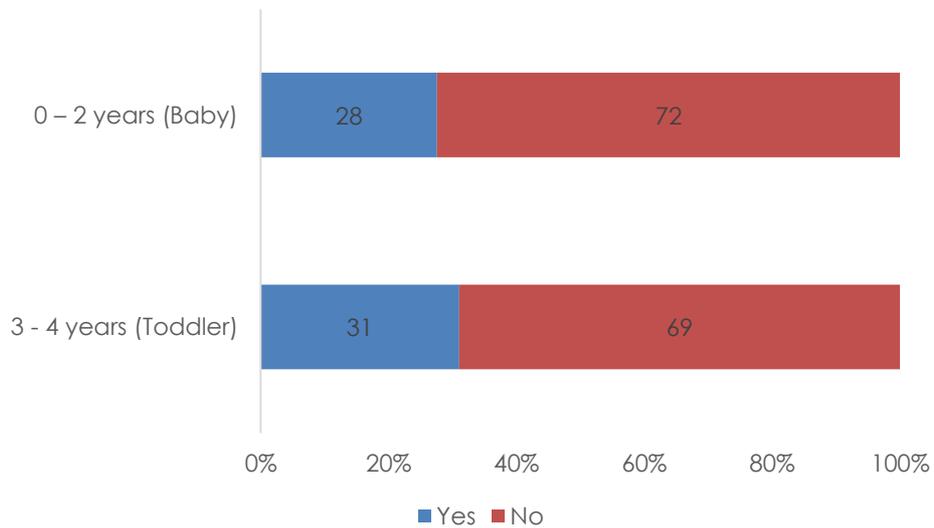


Figure 41 illustrates parents' evaluation of the sufficiency of parenting course in their area. More than seven in 10 parents (72%, n = 21) who responded report that there are not sufficient parenting courses pertaining to 0 – 2 year olds in their area. More than two thirds of parents (69%, n = 20) report that there is not a sufficient number of parenting courses in their areas pertaining to 3 - 4 year olds.

**Figure 42: There are Sufficient Supports for Challenges to Parenting**

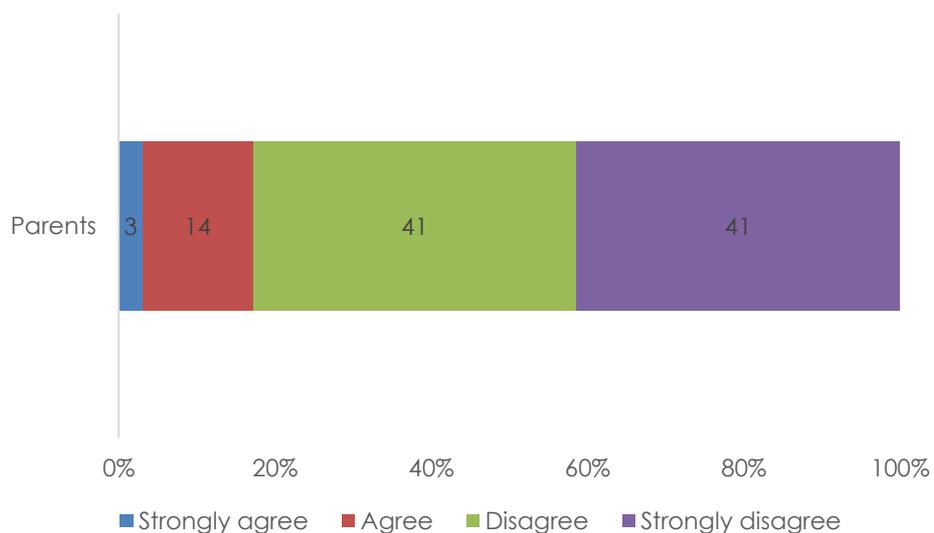


Figure 42 illustrates parents' evaluation of the sufficiency of supports in the area pertaining to challenges to parenting. More than eight in 10 parents (82%, n = 24) who responded disagree that there are sufficient supports for parents experience parenting challenges in the area.

**Figure 43: Are there Sufficient Parenting Courses in your Area for the Following Age Groups: (Parents)**

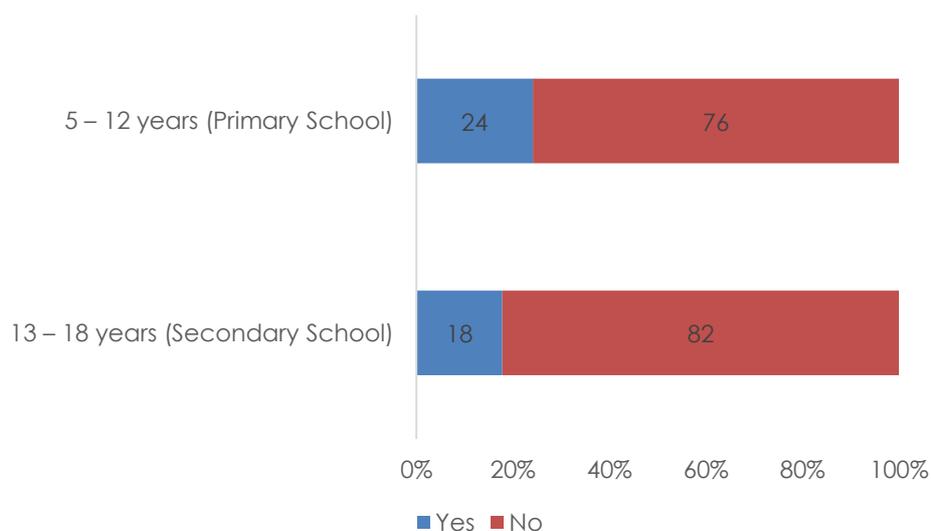


Figure 43 details parents' evaluation of whether there are sufficient parenting courses in their area. More than three quarters of parents (76%, n = 22) who responded report that there is not a sufficient number of courses in the area for parenting 5 – 12 year olds. More than eight in ten parents (82%, n = 23) who responded, report that there is not a sufficient number of parenting courses for parents of 13 – 18 year olds.

### 16.3 Thematic Finding Three: Support Needed for Young People Experiencing Issues in the Home

10% (n = 11) of professional service providers when asked how to improve conditions for young people in the area, identified improving supports for young people dealing with issues at home, including domestic violence. This is illustrated in the comments:

*Problems at home range from normal challenging teen development and parents not coping, to child violence towards parents who cannot cope with the situation. A variety of appropriate home based support and interventions need to be in place from teen mentors, parenting support to nonviolent response model (NVR). In addition, the number of children and young people witnessing domestic violence is deeply concerning and indicating the need to prepare DV programmes for the future (Professionals Survey)*

*Domestic violence is a huge problem in Ballymun and as a community & voluntary project we don't have the resources to do any real work on this issue. There are no specialist services locally and I would be unsure where to send someone, other than into the city centre, which is not ideal. A designated worker on this issue could really support Young people living with this violence (Professionals Survey)*

*Domestic violence services are extremely limited and still somewhat viewed as a taboo subject. Often they are the trigger in terms of adolescent mental health issues but yet it is not mainstream in terms of a support service (Professionals Survey)*

These views are supported by quantitative survey data.

**Figure 44: Are the Following Issues in your Area**

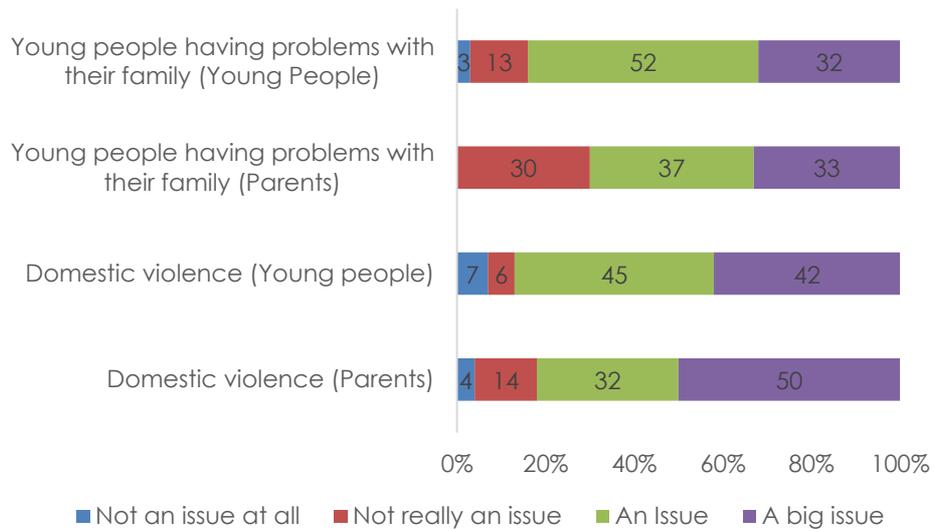


Figure 44 depicts young people's and parents' evaluation of whether the issues of young people having problems with their family and domestic violence are issues in their area. More than eight in 10 young people (84%, n = 78) and seven in 10 parents (70%, n = 21) who responded report that young people having problems with their family is an issue in their area. More than eight in 10 young people (87%, n = 75) and parents (82%, n = 22) who responded, report that domestic violence is an issue in their area with 50% (n = 11) of parents reporting that domestic violence is a big issue in their area.

**Figure 45: There Are a Sufficient Number of the Following Services in the Area (Professionals)**

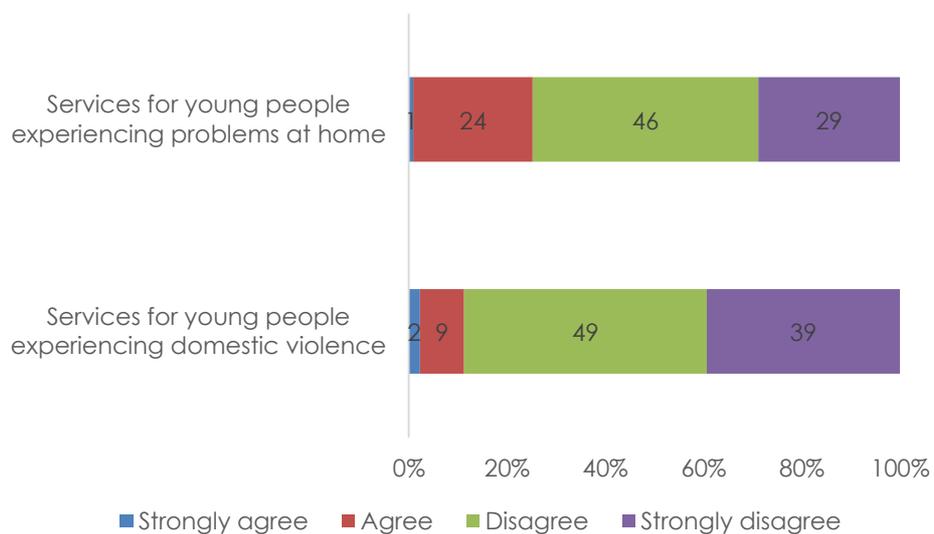


Figure 45 illustrates professional service provider's evaluation as to whether there are sufficient services for young people who require support for dealing with problems in the home and for domestic violence. Three in four professionals (75% n = 83) who responded report that they do not agree that there are sufficient services for young people experiencing problems at home. More than eight in 10 professionals (88%, n = 78) who responded report that they disagree that there are sufficient services for young people experiencing domestic abuse in the area.

## 16.4 Thematic Finding Four: Poor Transport Options in some Areas

One of the 17 key informants identified gaps in service provision of public transport in the area. Informants were concerned about the impact on children with disabilities especially as it affects their ability to travel to use services. This is illustrated in the following comment:

*Our organization is very conscious of disability issues, such as access to public transport, the state of roads and the need to build better road and path surfaces to allow equal access to disabled youth (Key Informant 3)*

Focus group participants report poor transport infrastructure to and from schools impacts on young people's school attendance and educational outcomes. Participants identified that adding transports and educational supports to parents regarding the importance of school could alleviate this issue. This is illustrated in the following comment:

*We need increased transportation supports to enable families to get their children to school, education programmes around the importance of school and homework time and the creation of homework clubs for children in emergency accommodation (Focus Group Participant)*

These views are supported by quantitative data.

**Figure 46: I/My Child can get Public Transport to use a Service if I/They Need to**

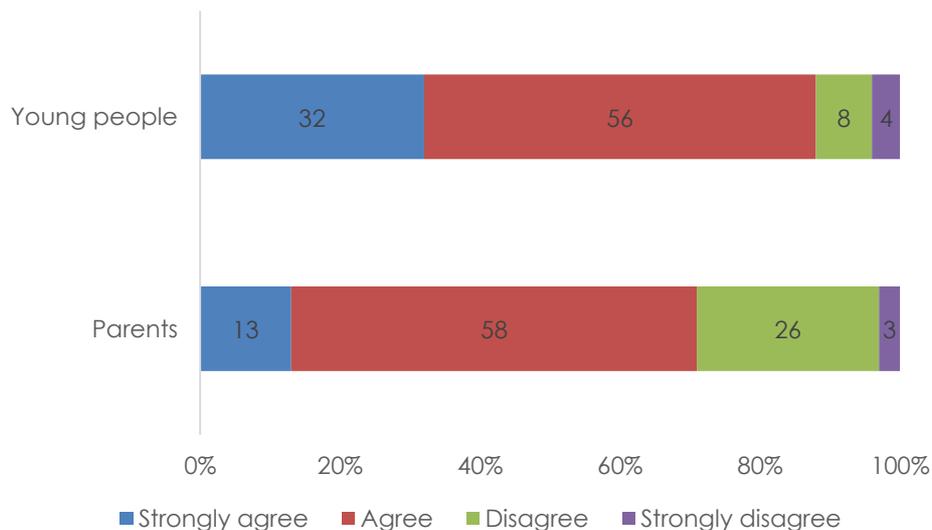


Figure 46 reveals young people's and parents' evaluation of access to public transport services for young people in the area. More than eight in ten young people (88%, n = 88) and seven in ten parents (71%, n = 22) who responded report that they agree that if they or their child needed to get public transport to use a service than they would be able to do so.

One service provider when asked how to improve conditions for under 18s in the area identified supporting better provision of public transport in certain areas. This is illustrated in the comment:

*There are no CAMHS services within a 10-mile radius of Finglas. Parents have to travel to Cherry Orchard in Ballyfermot to get this service and this can take a very long time when they have to travel by public transport. A service nearer the area or on a direct bus route would greatly help this (Professionals Survey)*

## 16.5 Summary

Concerns shared by stakeholders in the thematic analysis included: lack of supports for young carers, lack of parental supports, young people experiencing issues in the home and poor transport option in some are

## 17 Interagency Working

This chapter analyses the feedback from key stakeholders and professionals regarding their experience of interagency networks in the Dublin City North. Five thematic findings were produced from the analysis. Themes included: CYPSC can act as an interagency facilitator, a need for better service coordination, CYPSC can advocate on behalf of other services, CYPSC can build a service directory and CYPSC can support services with their expertise.

### 17.1 High Rates of Interagency Working in the Area

**Figure 47: Do You Engage in Interagency Networks? (Professionals)**

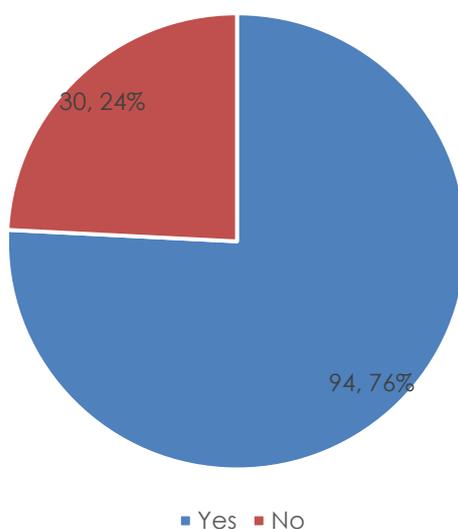


Figure 47 shows that more than three quarters of professionals (76%, n = 71) engage in interagency networks. Professionals were asked to name and rate on a scale of 1 – 10 (1 = not satisfied at all, 10 = very satisfied) the interagency networks that they worked with.

**Table 22: Satisfaction with Interagency Working Across Service Areas**

Interagency Network Type	Number of Services	Average satisfaction with interagency work (0-10)
All or multiple service areas	17	6.8
Physical health and social services	15	6.7
Education services	17	6.9
Youth justice services	11	6.6
Local authority services	4	6.0
Mental health and wellbeing services	11	6.5
Sports and recreation	4	8.5
Drug and alcohol	18	7.4
Disability	5	5.2
Family support	18	7.2
<b>Total</b>	<b>127</b>	<b>6.8</b>

Table 22 illustrates professional survey respondent's satisfaction with interagency networks that they or their organisation engaged with. Professionals reported being most satisfied with interagency networks that pertained to sports and recreation services with an average score of 8.5. Professionals also rated a high satisfaction with interagency networks pertaining to drugs and alcohol (7.4) and family support (7.2). Professionals reported being least satisfied with interagency working that pertained to disability services with an average score of 5.2. Professionals also rated moderate satisfaction with interagency work pertaining to the local authority (6) and mental health and wellbeing (6.5).

## 17.2 Potential Supports by CYPSC

### Act as an Interagency Facilitator

25% of professionals (n = 17) who responded when asked 'how can CYPSC improve interagency working for children and young people's services in the area?' identified that CYPSC could take the role of interagency facilitator. This is illustrated in the comments:

*CYPSC can engage in REAL consultation with partner agencies. Facilitate (not lead) people coming together at middle management level. Consult with people who are on the ground, who see and know the gaps and how to fill them and then actually put into practice what they suggest (Professionals Survey)*

*Improve links between HSE and local services to avoid duplication of work and quality of service delivery (Professionals Survey)*

### Support Better Service Coordination

17% of professionals (n = 12) when asked 'how can CYPSC improve interagency working for children and young people's services in the area?' identified that CYPSC could better coordinate services. This is illustrated in the comments:

*Provide coordinated community responses through information and other forums and ensure that services are aware of developments impacting on children and young people (Professionals Survey)*

*They could set up interagency meetings to co-ordinate services, share knowledge and identify what is available (Professionals Survey)*

### Support Better Service Promotion

17% of professionals (n = 12) who responded to the question 'how can CYPSC improve interagency working for children and young people's services in the area?' identified that CYPSC could better advertise their own service as well as the range services currently available across the sector. This is illustrated in the comments:

*They could do more advertisement of courses and services availability in the area (Professionals Survey)*

*CYPSC could be more visible, offering to attend staff meetings to state what their role is and how their work can complement services (Professionals Survey)*

### Advocate on Behalf of Services

7% of professionals (n = 5) who responded to the question 'how can CYPSC improve interagency working for children and young people's services in the area?' identified that CYPSC could fulfil a role advocating for resources within the sector. This is illustrated in the comments:

*Advocate for more resources for the area, especially a dedicated child/ youth/ family premises for the area (Professionals Survey)*

*Advocate for services that have been identified by interagency groups working in the area (Professionals Survey)*

### Develop a Service Directory

7% of professionals (n = 5) who responded to the question 'how can CYPSC improve interagency working for children and young people's services in the area?' identified that CYPSC should compile a directory of services and make it available to young person's services. This is illustrated in the comments:

*Start with a directory of services for each area in North Dublin (Professionals Survey)*  
*Supply detailed lists of services that are available for all workers and young people (Professionals Survey)*

### Support Effective Meetings

Eight of the 17 key informants highlighted that in order to create a successful Interagency network, the network needs to be well supported by effective meeting elements such as efficient communication, a strong chairperson and an open, pleasant environment where people who are committed to their sector can be facilitated to meet. This is illustrated in the following comments:

*A strong chair makes for a good interagency network, parties involved need to commit their resources to it (Key Informant 3)*

*A network that gives a lot of notice in the run up to meetings so that good preparation can be put in constitutes a good network, also a good chair and secretary to map out important agendas and included everyone helps as does an open welcoming environment in which to hold meetings (Key Informant 5)*

## 17.3 Summary

More than three quarters of professional survey participants and key informants reported that they worked with interagency networks. Participants reported that they were most satisfied with interagency networks which referred to the areas of sports and recreation and drug and alcohol while they were least satisfied with interagency networks which dealt with disability services and local authority services.

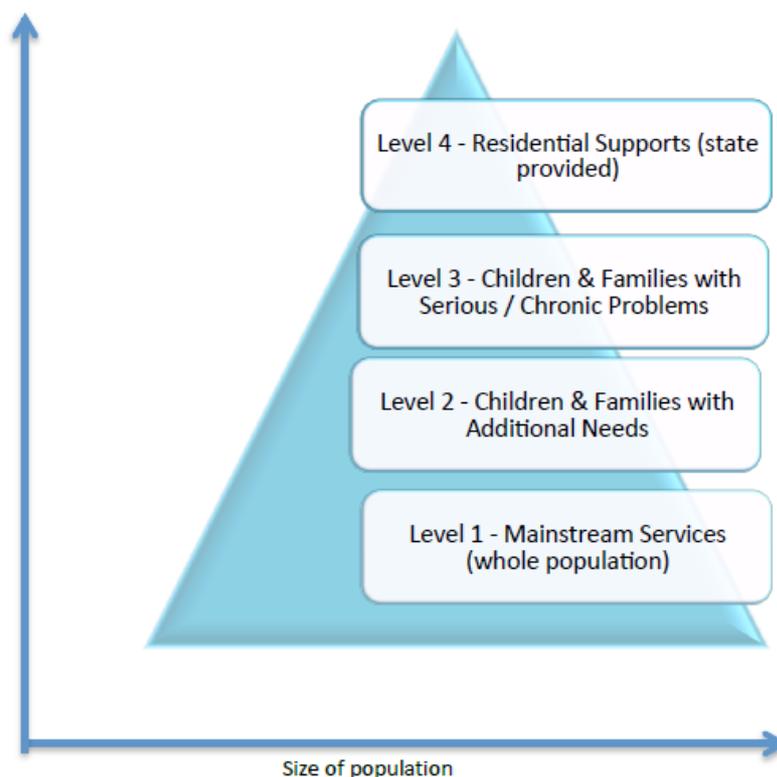
In order for CYPSC to support improved interagency working, professional respondents identified that CYPSC could act as an interagency facilitator, help to coordinate better interagency workings, produce a service directory of youth services currently available, lobby for resources on behalf of the sector and support effective meetings in the area.

## 18 The Hardiker Analysis

### 18.1 Hardiker Model Overview

The Hardiker Model was developed in the UK in the 1990s and is used to understand different levels of children's needs. The model is widely used in Ireland and the UK for national planning. Hardiker outlines four levels of need and corresponding service provision, outlined in the diagram below. This model is utilised by CYPSC to understand the categorisations of services available in their area and to support planning for potential service gaps.

**Figure 48: Level of Support Provided**



This graph in Figure 48, and the descriptions below are based on the work of Hardiker:

#### **Level One**

This level consists of whole population services provided by community, voluntary and statutory services, examples include: education, recreational and youth work. These services may include whole population preventative work, which aim to reduce risk or enhance protective factors to minimize the need for services at a level two or three.

#### **Level Two**

This level encompasses services provided to youth and families with some additional needs. Services that will meet these needs will work with parental consent and services may be provided through statutory or community and voluntary setting. Examples include: additional educational supports, health, low intensity mental health and wellbeing and drug and alcohol supports or parental supports. Level two services may be provided with the intention of preventing escalation to level three services.

### Level Three

Services at level three are provided to children and families with more serious problems. At this level there is frequently a need for coordinated or case management approaches due to the complexity of need and number of services involved. Level three may be provided by community, voluntary or statutory service provision. Examples of services provided at this level include family support, community mental health and case management services.

### Level Four

Services falling into this category are normally provided where there is temporary or long-term breakdown in the family or other reason that requires care of the youth by the state. Level four requires state intervention. It can include children's homes for children who have been taken into care, youth in custody for justice related issues or youth in hospital or a treatment centre for mental health or drug and alcohol related issues.

### Transition Between Levels

A vital aspect of Hardiker is the need for clear processes and coordination to facilitate ease of movement of children and families up or down the four levels. For example, whole population services need to have access to information and knowledge of a variety of services to enable positive referrals and signposting into services at level two or three. Services at level two or three require capacity to refer into appropriate high intensity or residential services.

Systems also need to be in place for youth and family with high needs to be referred from higher intensity service to lower intensity service provision in a way that provides continuity of support and provides a safety net should higher intensity supports be required at a later time.

## 18.2 Mapping and Audit against the Hardiker Model

There are 1218 services identified through the service audit. These services were categorised by Hardiker level based on survey and interview responses, or by supporting literature where this was not possible.

There are a range of services working across all four Hardiker levels, and the distribution reflects the intensity of provision across the four levels, with the highest number of services operating at level one, and the lowest number of services operating at level four. In many cases services were not easily characterised by exact Hardiker level: 185 services were recorded as working across Hardiker levels, which represents the majority of services operating at levels two and three.

**Table 23: Services Breakdown by Hardiker Type<sup>7</sup>**

Hardiker Level	Number of Services
1	878
2	297
3	163
4	25

The number of services by Hardiker type can be seen in Table 24. For a detailed breakdown of all services by Hardiker level, see the service directory. 64% (n = 878) of services were identified as working at level one on the Hardiker model. These included pre-schools, schools, parks,

<sup>7</sup> The combined number of services identified in this table is higher than the total number of services identified. Where a service works at more than one point on the Hardiker scale it has been included twice for the purposes of this illustration.

general medical practitioners, youth groups and sports clubs. The remaining 534 services operated at other levels of Hardiker, providing targeted, rather than universal services.

# 19 Five National Outcomes for Children

## 19.1 Overview of the Five National Outcomes

In 2007, the Office of the Minister for Children identified seven national outcomes for children's services that reflect the main goals of contemporary policy targeted at improving the lives of children. In 2014, the Department of Children and Youth Affairs further condensed these seven outcomes in to five national outcomes for children and young people in Ireland (11). These five outcomes are at the centre of the work of the Department of Children and Youth Affairs and guides each Children and Young People's Services Committee.

The five national outcomes are :

- **Outcome 1** – Active and Healthy, physical and mental wellbeing.
- **Outcome 2** – Achieving in all areas of learning and development.
- **Outcome 3** – Safe and protected from harm.
- **Outcome 4** – Economic Security and opportunity.
- **Outcome 5** – Connected, Respected and Contributing to their world.

This chapter reviews the services audit and the needs and findings under the 5 national outcomes.

## 19.2 Service Audit and the Five National Outcomes for Children

The service audit identified 1218 services/resources for children and young people across Dublin City North. This chapter provides a breakdown of services by way of the main national outcome towards which they work. This categorisation was reviewed in consultation with the Department of Children and Youth Affairs documents, *Toolkit for the Development of a Children's Services Committee (2012)*; and aligned with *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020 (2014)*; and *Blueprint for the Development of Children and Young People's Services Committee (2015)*(10, 11,12). It should be acknowledged that many, if not most, service providers actively promote more than just one national outcome.

**Table 24: Services Identified by National Outcome**

<b>National Outcome</b>	<b>Services Identified through Audit</b>
<b>1 - Active and healthy, physical and mental well-being</b>	399
<b>2 – Achieving full potential in all areas of learning and development</b>	277
<b>3 – Safe and protected from harm</b>	71
<b>4 – Economic security and opportunity</b>	8
<b>5 – Connected, respected and contributing</b>	463

Table 24 illustrates the number of services in the service directory by National Outcome. 38% of services were classified as National Outcome five (n = 463). 33% of services were classified as National Outcome one. 23% of services were classified as National Outcome two (n = 277). Six percent of services were classified as National Outcome three (n = 71). One percent of services

were classified as National Outcome four (n = 8). For a detailed breakdown of all services by National Outcome level, see the service directory.

**Table 25: Services by Hardiker and National Outcome**

<b>Hardiker Level</b>	<b>National Outcome 1</b>	<b>National Outcome 2</b>	<b>National Outcome 3</b>	<b>National Outcome 4</b>	<b>National Outcome 5</b>	<b>Total</b>
<b>1</b>	352	211	32	6	277	878
<b>2</b>	68	55	10	2	16	151
<b>2 &amp; 3</b>	110	10	15	0	12	147
<b>2, 3 &amp; 4</b>	8	0	4	0	0	12
<b>3</b>	9	1	3	0	4	17
<b>4</b>	5	0	7	0	1	13
<b>Total</b>	552	277	71	8	310	1218

Table 25 cross references services by Hardiker Level and National Outcome.

## 20 Recommendations

### 20.1 Overview

The recommendations outlined below were developed to address the findings of the area wide needs analysis. The recommendation would be implemented over 2017 and 2018.

Recommendations were developed through the following process:

- The findings and potential recommendations, which were based on stakeholder's feedback throughout the needs analysis, were presented by Quality Matters to a CYPSC steering group.
- In a half day facilitated workshop the CYPSC steering group, drafted final recommendations, based on two key considerations:
  - What could be progressed within the existing scope of CYPSC's work and resources
  - What actions would have the most significant impact on the issues raised within the report
- The researchers redrafted the recommendations, which were approved by the steering group by email.

#### Recommendation 1: Explore strategies for Supporting Parents and Families to attend Appointments

Missed appointments were considered to be a significant contributor to waiting list times in the areas of mental health/wellbeing, physical health and disability. In the instance that a child or young person misses an assessment or other key appointment this can significantly delay the start or effectiveness of treatment. This in turn, can have a significant impact on future development and wellbeing.

To address this issue, CYPSC will explore strategies and learning from other appointment based services, to support parents and families to attend appointments. There are numerous methods for reducing DNA's, many of which can be for a comparatively low cost, these include; text and phone reminders for all clients, in-reach assessments into services where clients are attending, i.e. childcare, schools, and supporting appointment, and accompaniment for at risk families to appointments. The learning will be recorded and shared with Dublin City North appointment based services.

#### Recommendation 2: Promote and increase positive interagency working through a shared learning approach.

There is a desire within CYPSC, and local services working within these structures, to support the continued development of co-ordinated, evidence based interagency responses to identified issues. At the current time there are few additional resources available to develop new services, and existing services are also stretched to meet current demand. However, within this context there is also an acknowledgement that potential exists to develop better ways of working within existing systems and services. Supporting this process is key to the work of CYPSC.

The CYPSC Co-ordinator will undertake research into evidence based effective interagency responses to themes from the needs analysis. Twice a year a report and presentation will be developed and delivered to each of the CYPSC Sub Groups on one key theme. Each report will aim to identify three responses with at least two of these being based on new or better interagency working responses which can potentially be implemented without substantial new resources. This action aims to ensure that local services are informed about innovative or good practice responses that are working well in other areas of Ireland. These presentations and

reports will be available to all services engaged with CYPSC. Themes from the needs analysis, which will be prioritised over the coming years include (not in order of preference):

- The accessibility of sex education and sexual health services to adolescents
- A lack of supports for homeless families (i.e. day programmes that are provided one day each in various services, washing machines in services)
- Age appropriate mental health services
- Health services being accessible through schools (i.e. extended school models)
- Increasing access to sports and recreation activities
- Supports for young carers
- Supports for young people experiencing domestic violence in the home
- Community responses to justice and policing issues (i.e. restorative practice)

Where it is agreed that a local area will implement a response locally, this will be supported where possible by the CYPSC Co-ordinator.

Acknowledging that a number of interagency networks are or have been in existence for some time, CYPSC will liaise with these networks to understand their local strategies to address need. This will avoid duplication in the Children and Young Persons' Plan and will seek to increase joint understanding and working relationships to improve outcomes for children and young people.

### Recommendation 3: Advocate for additional resources to meet needs identified through the needs analysis

On behalf of service users and local services engaged with CYPSC there is a need for CYPSC to advocate for additional resources to progress issues that arose in the needs analysis and cannot be adequately or entirely addressed through interagency working or existing resources. The following list, are priorities for advocacy:

- After hours crisis service for young people under the age of 24
- Continued development of mental health and wellbeing services specific to youth
- Mental health and wellbeing to be a core element of the education curriculum
- School readiness programmes
- Targeted responses and specialised supports that focus on increasing Traveller school attendance rates
- Appropriate housing for families and under 24 year olds
- Establish clear referral pathways for young people with mental health needs. Implementation of a ratio for youth mental health services to population and/or implementation of Vision for Change recommendations (CYPSC will seek to contribute to the review of Vision for Change)
- The expansion of family support services for parents of disabled children

### Recommendation 4: Engage with Drug & Alcohol Task Forces in the area to clarify communal strategic actions in relation to young people and drug use / mental health

CYPSC to organise a half-day meeting with Drug & Alcohol Task Forces (DATF's) in the area (North Inner City LDATF, Dublin North East LDATF, Ballymun LDATF and Finglas/Cabra LDATF) to identify key strategic issues that CYPSC and Task Forces can collaborate on.

A submission has been made by CYPSC to the National Drugs Strategy regarding the issues identified in the needs analysis such as the issue of concurrent problematic youth substance use and mental health.

### Recommendation 5: Undertake research / needs analysis into Finglas West and specific small areas of Dublin North East, which are identified as having significant need / and a lack of resources and supports

Finglas West and small areas in Dublin North East have been identified through the large area needs analysis and through discussions with the research steering group as being areas of significant need and low resources. The full extent of needs at the community level and potential responses has not been detailed in the large area needs analysis. CYPSC to source funding for this or will undertake research on these issues internally. The aim of the research/community needs analysis is to engage local people in identifying community issues and to engage services in planning responses to these issues.

### Recommendation 6: Undertake consultation with young people (NEET's) in relation to alternative education streams and progress into work and training

CYPSC to engage with young people out of work or education to explore their needs and interests in relation to move on programmes, as well as any barriers which prevent them from engaging in existing programmes. CYPSC to then engage with stakeholders (Education and Training Board, Department of Education & Pobal) to explore how issues can be implemented local good practice initiatives.

### Recommendation 7: Clarify and promote access routes/ pathways to services

CYPSC to address some of the perceived gaps in accessing services including lengthy referral processes, waiting lists etc. CYPSC will seek to clarify referral pathways and access routes and promote this information with the wider community for easier access. This will be particularly relevant for children /young people with particular needs (mental health, disability, drug use, educational needs etc.). Information on pathways will be shared with services and may be used to highlight service gaps and blocks and to identify areas of ongoing strategic focus.

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