



CHILDREN & YOUNG PEOPLE'S SERVICES COMMITTEES
COISTÍ NA SEIRBHÍSÍ DO LEANAÍ & DO DHAOINE ÓGA

Dublin City South
Cathair Bhaile Átha Cliath Theas

Health and Wellbeing Strategy Implementation 2019-2021

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An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Dublin City South CYPSC
Healthy Ireland
Health and Wellbeing Strategy Implementation 2019-2021

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Glossary of Terms

Reference	Description
ABC	Area Based Childhood Programme
BCP	Ballyfermot and Chapelizod Partnership CLG
BOBF	Better Outcomes Brighter Futures: The National Policy Framework for Children and Young People 2014-2020
C&V	Community and Voluntary
CAMHS	Child and Adolescent Mental Health Services
CFSN	Child and Family Support Network
CSO	Central Statistics Office
CYPSC	Children and Young People's Services Committee
DCS	Dublin City South
DEIS	Delivering Equality of Opportunity in Schools
DOES	Department of Education & Skills
DMR	Dublin Metropolitan Region (DMR)
GMS	General Medical Services
HI	Healthy Ireland: Framework for Improved Health and Wellbeing
HSE	Health Service Executive
ISA	Integrated Service Area (Tusla)
LA	Local Authority
LHO	Local Health Office (HSE)
NCI	National College of Ireland
SAP	Small Area of Population (CSO)
SWO	Social Welfare Office
SEN	Special Educational Needs

Executive Summary

The Dublin City South CYPSC Health & Wellbeing Plan identified a suite of 17 strategic actions that reflect policy priorities identified in Healthy Ireland Strategy; Better Outcomes Brighter Futures and other related strategic policies.

The committee has a clear implementation strategy that is designed to maximise public good through widespread engagement with and support for community led and strategic activities outlined in the 36 implementation actions.

The Dublin City South CYPSC: Healthy Ireland programme outlines that an application detailing the *programme of work* will be submitted to POBAL (the funding administrator). In order to meet the criteria for approval of funding each programme of work will be underpinned by the following principles:

- **A targeted approach**, to ensure a clear focus on supporting health and wellbeing of disadvantaged groups and communities, in order to address health inequalities;
- **A partnership approach**, to ensure effective involvement and co-ordination of relevant local stakeholders in the planning and delivery of actions;
- **A focus on leverage**, to ensure that the Healthy Ireland agenda is promoted within other funding programmes and local delivery mechanisms.

The minimum budget for each action is €7,500 and the maximum number of actions that can be delivered is five.

Evaluation and monitoring will generate policy-relevant knowledge that will clarify the outcomes and impacts of the Funding Model within the wider context of Dublin City South CYPSC.

Sustainability will be reviewed to ensure a lasting legacy in line with strategic priorities.

1 DCS Health and Wellbeing Plan

Dublin City South (DCS) Strategic Health and Wellbeing Plan 2018-2021 was compiled in 2018¹. The plan was developed through a comprehensive consultation process that was designed to identify the Health and Wellbeing related needs of the population of Dublin City South Children and Young People's Services Committee (CYPSC) area of 0-24 years of age.

The Plan is founded on six key cross-cutting principles: -

1. Support working partnerships including children, families, professionals, communities; service users and providers;
2. Be outcomes-led;
3. Have a clear focus on the voice of children and young people;
4. Promote the view that effective interventions are those that strengthen informal support networks;
5. Promote the principal of social inclusion; *and*
6. Promote quality services, quality initiatives, models of best practice and evaluation.

1.1 Stakeholder Survey

A Stakeholder Survey was undertaken in 2018 with statutory agencies; community and voluntary groups.

1.1.1 Mental Health Issues

The survey identified that mental health issues were among the primary concerns of the population and noted the following key findings:

- ☐ 50% of respondents identified existing community health services related to the provision of mental health activities;
- ☐ 26% highlighted the importance of extending current provision of mental health services across Dublin City South; *and*
- ☐ Activities relating to mental health identified as the top priority by all respondents (ranked second after more support for parents and families in other health priorities).

The majority of mental health supports in DCS communities related to *Talk-Therapies* such as counselling. Many respondents identified mental health in a wider context of wellbeing. Also, high incidences of existing family-focussed services were reported by multiple respondents.

1.1.2 Physical Health Issues

The majority of activities relating to **Physical Health** identified that the existing infrastructure and facilities consisted of clubs, leisure centres and recreational spaces located across Dublin City South. Inference from the most common responses in relation to **Weight Health** indicated that the

¹ www.cypsc

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provision of nutritionally-balanced meals and healthy-eating options within school canteens should be targeted.

1.1.3 Sexual Health

Sexual Health was identified as the most under-resourced and under-delivered health domain in the number of responses. The majority of current sexual health interventions/campaigns relate to educational programmes.

1.1.4 Families

The role of families was a recurrent theme in responses, with many services being wholly family-focussed. Support for families was seen as an important priority in relation to additional resources that need to be met.

1.1.5 Service Collaboration

A desire to see more collaboration between services was another recurrent theme. This ranked as the sixth most important (from 61 identified actions) and featured in multiple responses: -

- ☐ Mixed resourcing of existing provision of what appear to be the same service at local levels, including youth clubs that are core-funded by the state whilst others always rely on voluntary support;
- ☐ Interest in seeing health being managed at local level, with more community leadership for it emerging from interagency stakeholders;
- ☐ Example of community talks shared as a model to engage communities in health messages and learning. However, there was some concern as to the extent of inclusive engagement in this model by all groups within DCS communities;
- ☐ Interest in introducing new models of holistic health such as Social Prescribing.

1.2 Stakeholder Workshop

A Stakeholder Workshop was facilitated as a follow-up to the survey. At this workshop subsequent actions were discussed on cross-cutting health themes including mental, physical, weight and sexual health domains, all of which contributed to the structuring of the DCS Strategic Health and Wellbeing Plan 2018-2021.

A synopsis of the key points arising from the stakeholder s deliberations are identified in the table below.

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Table 1 – Stakeholder Workshop Outcomes

Theme	Identifies Initiatives and Issues
Mental Health	<input type="checkbox"/> Counselling/Therapeutic Interventions <input type="checkbox"/> Earlier Intervention and Prevention: - <ul style="list-style-type: none"> ○ Play/Art Therapies ○ BEwell Programme (ABC Ballyfermot) <input type="checkbox"/> Parental Support <input type="checkbox"/> SLEEP Well <input type="checkbox"/> Teachers Health and Wellbeing Programmes
Physical Health: Home Based	<input type="checkbox"/> ABC programmes <input type="checkbox"/> Home support projects such as National College of Ireland (NCI) <input type="checkbox"/> Early years family supports <input type="checkbox"/> Parental Awareness courses <input type="checkbox"/> Fundamental Skills programmes
Physical Health: School Based	<input type="checkbox"/> Running clubs in schools <input type="checkbox"/> Promotion with parents <input type="checkbox"/> Active School Flag Programme <input type="checkbox"/> Physical health and activities as <i>homework</i>
Physical Health: Community Based	<input type="checkbox"/> Street/Community play or small areas for designated play in communities <input type="checkbox"/> Traffic calming safety measures <input type="checkbox"/> Lack of sports and youth clubs in disadvantaged areas
Weight Health: School Based	<input type="checkbox"/> Cooking in schools e.g. <i>Cook It, Healthy Food Made Easy</i>
Weight Health: Home Based	<input type="checkbox"/> Parent/Family nutritional eating <input type="checkbox"/> Influence of TV cookery shows on healthy eating
Weight Health: Community Based	<input type="checkbox"/> Facilitating programmes, such as <i>Change for Life</i> <input type="checkbox"/> Linking to Mental, Physical and Emotional health programmes
Sexual Health: Prevalence of Social Media	<input type="checkbox"/> Negative effects of <i>screen time</i> e.g. smartphones, gaming, pornography <input type="checkbox"/> Programmes about appropriate knowledge for appropriate age groups
Sexual Health: Sexual Health Clinics	<input type="checkbox"/> Scandinavian models whereby young people can go in and ask about sexual health matters safely and confidentially in community settings
Sexual Health: Additional Supports	<input type="checkbox"/> Link to LGBTI/Belong To programmes already in existence

1.3 Analysis

The summation of the available primary and secondary data sources together with the analysis of the identified health and wellbeing needs resulted in the formulation of a series of evidence-based actions. These were set against strategic health priorities identified within a policy context of Healthy Ireland, BOBF, and other related strategic policies.

The suite of actions that emerged from the process provided for a thematic focus on Mental Health; Physical Health; Nutrition & Weight Health and Sexual Health.

2 Implementation Framework

2.1 National Policy Context

2.1.1 Better Outcomes Brighter Futures

Better Outcomes Brighter Futures (BOBF) is the National Policy Framework for Children and Young People (2014-2020) to *coordinate policy across Government with the five national outcomes and to identify areas that, with focused attention, have the potential to improve outcomes for children and young people (0-24 years)* and to transform the effectiveness of existing policies, services and resources.

Running on a complementary path to Healthy Ireland, BOBF provides a six-year strategy designed to ensure that all children and young people achieve the best possible outcomes. This strategy is delivered across five national outcomes: -

1. Active and healthy, physical and mental wellbeing;
2. Achieving full potential in all areas of learning and development;
3. Safe and protected from harm;
4. Economic security and opportunity; *and*
5. Connected, respected and contributing to their world.

BOBF has an explicit focus on involving parents and young people in the design and review of actions to achieve targets in relation to the achieving the best possible health outcomes.

2.2 Healthy Ireland Framework

The Healthy Ireland Framework (2013-2025) is the Government-led initiative that aims to create an Irish society where everyone can enjoy physical and mental health, and where wellbeing is valued and supported at every level of society.

At local level Healthy Ireland (HI) funding is distributed through two the follow implementation bodies as follows: -

1. Local Community Development Committees; *and*
2. Children and Young People's Services Committees.

Funding is also made available through Healthy Ireland Strategic Plans and these funds are also evident locally and delivered through the following : -

1. Health Service Executive (HSE); *and*
2. Local Authority Library Network.

Each stream of funding is locally contracted to the respective delivery agents and aligned to the Local Economic and Community Plans under the Local Community Development Committee (LCDC) and Strategic Plan under the CYPSC respectively, to reflect local priorities.

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At operational level the CYPSC HI fund is administered by the Local Coordinator under the auspices of TUSLA. For LCDC's the fund is administered by HI Coordinators through Local Councils.

The HSE funding stream is aligned to local strategies developed by each of the nine regional Community Health Organisations (CHO), reflecting priorities laid out as national actions in the HSE National Policy Priority Programmes 2018-2022 (May 2018).

The Healthy Ireland Library Programme is a Department of Health funded initiative designed to ensure up-to-date, HI policy-related health information is available to the public through the local library network.

The funding for Dublin City South CYPSC HI Actions Round 3 is a two-year programme commencing Mid 2019- 2020 and 2020 – 202, €48,000 pa.

2.3 Dublin City South CYPSC

Dublin City South CYPSC brings together the main statutory, community and voluntary providers of services in a forum for joint planning to enhance interagency co-operation and to realise the national outcomes set out in BOBF. Dublin City South CYPSC is also tasked with overseeing the distribution of HI funding to reflect agreed local strategic priorities.

2.4 Dublin City South CYPSC – Health and Wellbeing Plan

DCS Strategic Health and Wellbeing Plan (2018-2021) serves as the strategy through which Healthy Ireland funds will distributed to reflect priorities set out in the Plan.

The Plan has seventeen core actions reflecting key cross-cutting principles and four specific HI related themes as set out below.

Table 2 – Health and Wellbeing Plan Core Actions

Cross-cutting Priorities <ul style="list-style-type: none"> <input type="checkbox"/> Promotional Campaigns and Events <input type="checkbox"/> Prevention and Early Intervention: Target Groups <input type="checkbox"/> Lead partner-led, community-based priorities <input type="checkbox"/> Online, user friendly, Directory of Services 	
Mental Health <ul style="list-style-type: none"> <input type="checkbox"/> Early Interventions <input type="checkbox"/> Sleep Well Programme <input type="checkbox"/> Teacher wellbeing 	Physical Health <ul style="list-style-type: none"> <input type="checkbox"/> Home Supports <input type="checkbox"/> Early Years Awareness Activities <input type="checkbox"/> Physical Activities in Schools <input type="checkbox"/> Physical Activities in Community <input type="checkbox"/> Increase disability access
Weight Health/ Nutrition <ul style="list-style-type: none"> <input type="checkbox"/> Awareness and Information – Schools <input type="checkbox"/> Local community programmes 	Sexual Health <ul style="list-style-type: none"> <input type="checkbox"/> Schools Programme <input type="checkbox"/> Sexual Health Clinic <input type="checkbox"/> LGBTI initiatives

The full table of Health and Wellbeing priorities is shown in Appendix 3.

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2.5 Dublin City South CYPSC Area

DCS CYPSC aims, as far as is practical, to focus its activities locally through six Dublin City South Child and Family Support Networks (CFSN): -

1. Ballyfermot CFSN;
2. D12 CFSN;
3. Islandbridge CSFN;
4. Pembroke/Rathmines CSFN;
5. South East Inner City CSFN; *and*
6. South West Inner City CSFN.

2.6 Dublin City South CYPSC HI Funding

It is intended that Dublin City South CYPSC distributes on behalf of Healthy Ireland, funding priorities for the area in line with the Healthy Ireland programme objectives and Dublin City South Health & Wellbeing priorities.

2.6.1 The Implementation Process

In implementing Healthy Ireland priority actions, all children & young people within the Dublin City South CYPSC area will be targeted with an additional focus being placed on addressing the needs of vulnerable groups. Resource allocations will maintain a consistent focus on the wider social determinants of health, seeking new partnerships to engage actions that address general wellbeing, particularly in the context of health inequalities.

The Health and Wellbeing Strategy proposes a local implementation structure based around three key dimensions of community living: -

1. Family
2. School
3. Community

A partnership approach is envisaged, with schools or community facilities primarily serving as the landmark centre for activities.

2.6.2 National Programme Implementation Guidelines

In addition to specific Pobal funding criteria and public funding guidelines, implementation decisions are guided by the guidelines set out in the Healthy Ireland Strategy. The criteria are shown in the table below,

Table 3 – Implementation Guidelines

Guiding Principles	Assessment Considerations
Clear Focus: Target Population	How is the project clearly focused to improve the health and wellbeing of the target population?
Work in Partnership?	Are you working with other community stakeholders who work in your area? How does this activity link in with other services? Can the young people easily go from your activity into another service?
Be Outcomes Led	In what way will your activity make a difference to the individual, to the community? How many young people are taking part?

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	How is the young person benefitting (e.g. better informed, more exercise, more confident etc)?
Strengthen Informal Support Networks	What secondary social benefits can happen with this activity? Examples include activities where young people might sit around or go for a coffee together after the activity.
Promote Social Inclusion	Does your activity promote the inclusion of the most vulnerable?
Quality Oriented	Have you planned this activity to make the best use of space, resources and the people that are there to support you? Is the management and operation of the project transparent?

2.6.3 The Action Path

The Strategy document outlines headings under; theme, action, partners and timescale; in the implementation plan these categories are added to with information on location, resources, suggested partner and reporting metrics. This format allows a transparent overview of the fund distribution. It is intended as a working document that can be updated as the actions are implemented.

Table 4 – Example of Action Structure

Action Number	HI Outcome	Action	Location	Resources	Timing	Reporting Metric	Partners	Lead	Notes
1	Mental and Physical Health	Develop Park Runs in all DCS Parks	Appropriate Public Parks	Park Run Website http://www.parkrun.ie/		Number: Groups; Runners; Events	Volunteers, Running Groups	Sports Partnership	Activity has begun in some parks (Bushy Park)

The action (e.g. *Park Runs*) is described in terms of the HI outcome that it seeks to addresses. The level of detail is necessarily scarce at draft stage.

As the action is implemented targeted parks can be set down as locations with specific timelines. The reporting metric can also be added to.

The National Park Run website (parkrun.ie) has fourteen relevant indicators appropriate to different formation stages. Partner groups are included, and where volunteers are noted this may also represent a call for local community members to get involved.

2.6.4 Factors Supporting Successful Strategy Implementation

Effective implementation of the actions is dependent on the following five key factors:

Table 5 – Implementation Key Factors

Key Factor	Description
People	In terms of the people proposing the action success potential relates to the time and skills capacity to implement the activity. Many successful projects have a champion with the skills, knowledge, and competencies required to ensure that the tasks are completed in a spirit of collaboration. Support and training may be made available through the Board or a partner member. This is especially the case where health and safety or child protection are mandated for particular activities.
Resources	In terms of strategy implementation, the Board is responsible for the allocation of resources. Resource allocation is built upon adding to existing resources, rather than creating new streams of funding.
Structure	A local implementation structure should be considered, with responsibilities defined in the context of a leadership and support team. An effective and clear communication network will facilitate the implementation process.
Systems	If people bring the energy (spark) required to start initiatives, then the capacity to put systems place to maintain will often determine the ultimate success of implementation.
Culture	The culture, or the overall atmosphere within which the activity is implemented can be critically important to success, particularly in terms of actions that are targeted at vulnerable people. A culture of respect, inclusivity and accountability creates an atmosphere where people feel more motivated to contribute to the implementation of strategies.

3. Implementation Actions

Healthy Ireland funding recognises that health and wellbeing are affected by all aspects of a person's life; economic status, education, housing, and the physical environment in which people live and work. The funding is designed to bring about real, measurable change and promotes a partnership approach in all of the actions set out in the Framework. The Dublin City South approach to implementation embraces the vision that health and wellbeing activities are designed to

'harness the energy, creativity and expertise of everyone whose work promotes health and wellbeing, and encourages all sectors of society to get involved in making Ireland a healthier place to live, work and play' (Healthy Ireland Action Plan: A Framework for Improved health and Wellbeing).

DCS Health and Wellbeing Strategy 2018-2021 comprises of actions that underpin the five themes of physical health, mental health, weight health, sexual health, and cross-cutting issues.

It is recommended that in the majority of cases, actions implemented should be demand-led. This is a relatively small-scale fund and multiplier effects will only occur where there is a local champion with a vision for change. Strategic funding should be considered where there is evidence-based research that supports implementation in the CYPSC area.

The CYPSC has in place an advisory group to oversee the application process and distribution of funds. The group meets to select projects and oversee implementation and reporting. A report is collated after each funding round, accounting for the project finances and detailing standard outcomes and output data.

Implementation actions are shown in the following pages in the context of the recommended actions based on strategic priorities from five Healthy Ireland action areas (Physical Health, Mental Health, Weight Health /Nutrition, Sexual Health and Cross-cutting Actions).

3.1 Mental Health

Mental Health is a significant issue in Ireland and while it has been opened up for positive public discourse it remains a health and social stigma. As such it lends itself to broad partnership and promotion activities

3.2. Physical Activity

The National Physical Activity Plan notes that there is strong evidence of benefits to health and wellbeing from taking part in physical activity. On the other hand, physical inactivity is associated with ill-health and numerous chronic diseases. Many are no longer as physically active as they should be, increasing risk to health and wellbeing. There are particular concerns about the fitness levels of primary and secondary school populations. In noting that everyone in Irish society is part of the solution that plan promotes partnership between state agencies, the business community, the sports community as well the rest of the community and voluntary sector in developing projects

3.4 Weight Health /Nutrition

The national Plan, A Healthy Weight for Ireland notes that overweight and obesity are common conditions with multiple. complex determinants. Efforts to address weight, perhaps more so than any other theme, requires a cross-sectoral approach particularly in the realm of physical activity, exercise and leisure activity. The report highlights the interdependencies between health and other policy areas such as education, transport, environment and social protection. Healthy Weight Activities will benefit from strong and lasting collaborative partnerships and will generally seek funding at level 2.

3.3 Sexual Health

The National Sexual Health Strategy notes the need for detailed implementation plans that work in partnership with statutory and non-statutory agencies/bodies and the community and voluntary sector. With a focus on identifying priorities that can be commenced in the short term the strategy promotes specific actions to support engaging with children and young people on sexual health issues, including actions to improve access for young people in relation to sexual health education in the education system by providing better training and resources for teachers and youth workers.

3.4 Cross-Cutting Actions

Cross-cutting actions are a logical extension of the focus on partnership in terms of Healthy Ireland funding. Within this theme actions may be implemented across a range of themes. Similarly, specific HI target groups may engage different themes in a single action.

4. Conclusion

The suite of actions that emerged from the process provided for a thematic focus on Mental, Physical, Weight and Sexual Health.

The DCS CYPSC Evidence Baseline Report 2017 provides the demographic and socio-economic context against which the funding model and implementation actions have been recommended.

Dublin City South CYPSC has a clear implementation strategy that is designed to maximise public good through widespread engagement with and support for community led activities reflect the five national outcomes and aspire to the HI vision of 'increasing the potential to improve outcomes for children and young people (0-24 years) and to transform the effectiveness of existing policies, services and resources'.

The funding distribution model provides for a mix of grassroots and strategic projects that throughout the CYPSC area. The distribution process is transparent and ensures that the relatively modest public funding will accrue significant gains in terms of beneficiaries, target groups and at community level.

The focus of this funding reflects the local implementation structure based around three key dimensions of community living, family, schools and community:

5. Monitoring and Evaluation

Evaluation and monitoring will be required to generate policy-relevant knowledge concerning the outputs and outcomes of the HI funding. To achieve this the design approach must examine the following factors: -

- Clarify the outcomes and impacts of HI Funding Model, as expressed in terms of the outcomes outlined in the report.
- Situate the impact of HI Funding Model within the wider context of DCS CYPSC.
- Determine the extent to which implementation has progressed according to the planned process.
- Establish the cost and cost-effectiveness of the implementation of HI Funding Model.

The design stage will also need to consider the financial aspects of the evaluation. There are many aspects of assessing value-for-money of the HI Funding Model process that could be explored. These include: -

1. Efficiency – to what extent do the benefits or outcomes exceed the intervention costs (and can these be measured against any previous benchmarks – cost-benefit or cost-effectiveness ratios)?
2. Effectiveness – the extent to which the HI Funding Model objectives have been met – whether this is related to outcomes (or targets) or services to clients, the achievement of milestones or the meeting of expectations.
3. Economy – whether all activities been delivered to maximise value for money guidelines.
4. Relevance – whether the objectives of HI Funding Model remain relevant to contextual needs and strategic policy priorities.
5. Sustainability – whether HI Funding Model has had an impact in ways that can be expected to last after the intervention has been completed.

The evaluation should provide information that will inform the direction for the Programme, and provide insights into the impact of activities on the target population

Recommendations will then allow for changes that can guide future actions and their respective implementation pro

Appendices

A1 Appendix 1: References

- ❑ BOBF
- ❑ Healthy Ireland (HI) – A Framework for Improved Health and Wellbeing (2013-2025)
- ❑ National Physical Activity Plan (8 Actions)
- ❑ A Healthy Weight for Ireland – Obesity Policy and Action Plan (2016-2025)
- ❑ Mental Health
- ❑ Sexual Health – National Sexual Health Strategy (2015-2020)
- ❑ Reducing Harm, Supporting Recovery – Drug and Alcohol use in Ireland (2017-2025)
- ❑ CH07– HSE Regional Plan for Dublin City South, Dublin South West, Dublin West, and Kildare/West Wicklow
- ❑ Vision for Change – Report of the Expert Group on Mental Health Policy
- ❑ Connecting for Life – Ireland's National Strategy to Reduce Suicide (2015-2020)
- ❑ Healthy Cities and Counties of Ireland Network
- ❑ HSE Healthy Eating Guidelines in Ireland
- ❑ Tobacco Free Ireland
- ❑ Healthy Workplaces

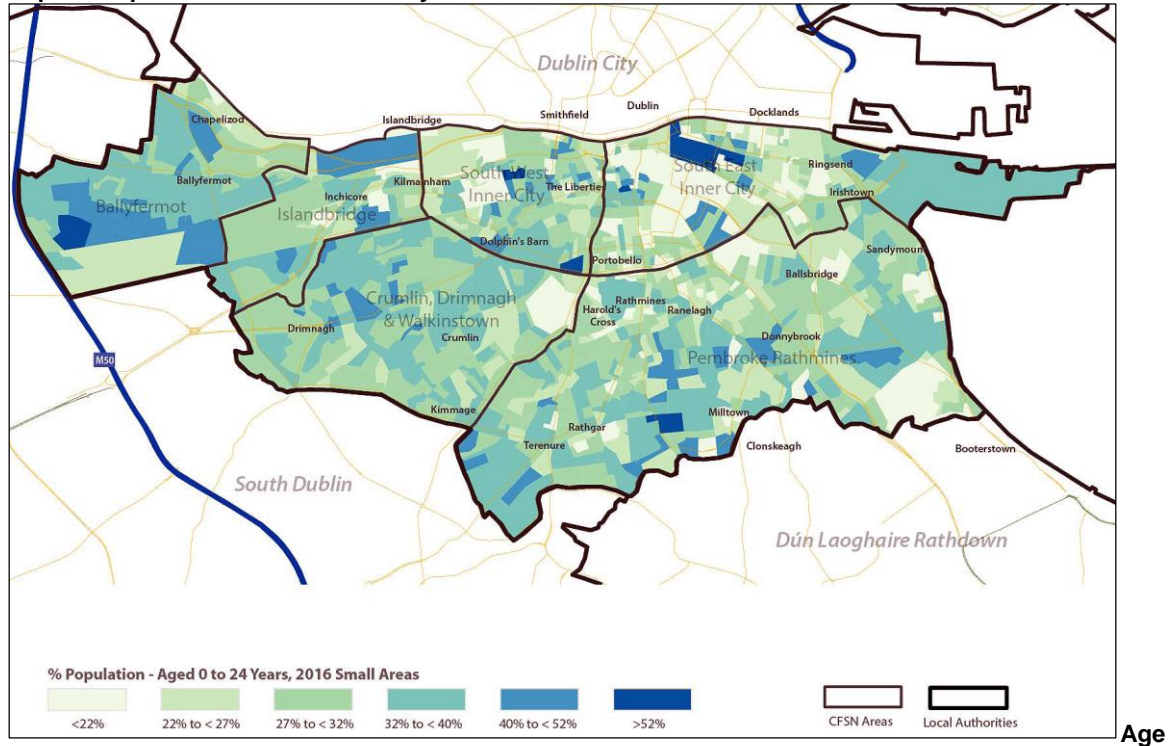
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A2 Appendix 2: DCS CYPSC Area Profile

A2.1 Demographics

In 2016, the CSO Census of Population recorded a population of 229,169 in the DCS CYPSC area, with 60,799 (26.5%) of these being young people of 0-24 years of age. DCS had the lowest proportion of 0-24-year olds in the Dublin Region, and was considerably lower than both the State (33.2%) and the Eastern and Midland Regional Assembly (EMRA) (33.5%).

Map 1 – Population Distribution 0-24yrs



Source: DCS CYPSC Evidence Baseline Report 2017

Ballyfermot CFSN had the highest proportion of 0-24-year olds (7,252 – 32.1%), however variations were evident with the distribution of the 0-4 age cohort. Ballyfermot CFSN had the highest proportion with a rate of 6.5% (1,459) followed by Islandbridge with a rate of 6.3% (934). These rates were higher than all other CFSNs; Crumlin, Drimnagh and Walkinstown (6.0% or 2,420), South West Inner City (5.6% or 1,883), Pembroke Rathmines (4.8% or 3,692) and South East Inner City (3.8% or 1,526).

The Evidence Baseline Report noted that consideration of the distribution of the 0-4 age group at SAP (Small Area of Population) level provided a clear spatial distribution of the highest population proportions outside of the city centre in areas such as Dolphins Barn, Crumlin and Sandymount. The SAs with the highest proportions of over 14% included the Synge Street Flats and Grand Canal Place.

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A2.2 Youth Dependency Ratio

In 2016 the Youth Dependency Rate² in the DCS area was 18.3%. This rate was lower than the State ratio of 32.3%, the Eastern and Midlands Region rate of 31.6% and the Dublin regional rate of 28.2%. Ballyfermot CFSN had the highest rate in the DCS area of 26.9%.

A2.3 Young Mothers

The Evidence Baseline Report records that in 2016 there were 32 registered births to mothers aged 10 to 17 years in Dublin

City in 2016. Based on the population of females aged 10 to 17, the rate of births to mothers aged 10 to 17 in Dublin City was 6.8 per 10,000. This was the third highest rate in the State.

A2.4 Intellectual and Physical Disability

In 2016, there were 2,246 children and young people registered with an **intellectual disability** in the Dublin region (formerly Co. Dublin)³. Of this number, 13.1% (294) were aged 0-4 years, 28.8% (647) were aged 5-9 years, 28.5% (641) were aged 10-14 years and 29.6% (664) were aged 15-19 years. In comparison to the State figures, the Dublin region had a higher representation in the 0-4 age group and a lower representation in the older age groups of 10-14 and 15-19 years.

In 2016, there were 1,182 children and young people registered with a **physical disability** in the Dublin region. Of this number, 3.4% (40) were aged 0-4 years, 17.3% (205) were aged 5-9 years, 31.0% (366) were aged 10-14 years and 48.3% (571) were aged 15-19 years. In comparison to the State figures, the Dublin region had a higher representation in the 15-19 age group and a lower representation in the younger age groups of 5-9 and 10-14 years.

A2.5 Mental Health

In 2016, there were 1,975 children and young people referred to the Child and Adolescent Mental Health Services (CAMHS) in CHO6 and 2,401 in CHO7. This figure represents a rate of 227.5 per 10,000 children and young people under the age of 18 years in CHO 6 and a rate of 138.2 in CHO 7. Relative to the other CHOs, CHO 6 recorded the highest rate and CHO 7 recorded the fourth lowest rate.

A2.6 Self-Harm

Relative to the four LHOs that fall within the DCS CYPSC area the Dublin South West recorded the highest rate of male presentations (209.34) and was the fourth highest in the country. This rate was above the State average of 161.6 and was higher than the other LHOs; Dublin West (183.5), Dublin South City (161.5) and Dublin South East (55.8).

Relative to the four LHOs that fall within the DCS CYPSC area the Dublin South West recorded the highest rate of Female presentations (384.85) and was the highest in the country, above the State average of 253.2. Dublin West also recorded a high rate of 355.2 and was higher than the other LHOs; Dublin South East (268.0) and Dublin South City (254.6).

A2.7 Substance Misuse

Relative to the four LHOs that fall within the DCS CYPSC area the Dublin South West recorded the highest number of young people (under 18 years) recorded as seeking treatment for Substance Misuse in 2015 at 10.2 (per 10,000 pop <18 years) and was above the State average of 6.8. This rate was the seventh highest rate in the country and higher than the other LHOs; Dublin West (8.7), Dublin South City (7.3) and Dublin South East (0).

² The Youth Dependency Rate is calculated by taking the population aged 0 to 15 and calculating it as a proportion of the population aged 15 to 64.

³ Dublin region had a population of 1,347,359 in 2016. 17% of the Dublin region population lived in the DCS area.

⁴ Males aged under 24 years per 100,000 recorded as presenting to hospital following self-harm.

⁵ Females aged under 24 years per 100,000 recorded as presenting to hospital following self-harm.

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A2.8 Education

In 2014/15, 15% of the students in mainstream primary schools in Dublin City were absent for 20 or more days. This rate was the second highest in the State and was higher than the State average of 10.4%.

In 2009, a total of 5,306 students entered the first year of the junior cycle in Dublin City. By 2012, a total of 5,109 students in that cohort had completed their Junior Certificate. This equates to a retention rate of 96.3%. This was marginally below the State average of 96.7%. Relative to other local authorities this rate was the fourteenth lowest rate in the country with Mayo recording the highest retention at 98.2% and Carlow the lowest at 94.6%.

In 2014/15, 19.2% of the students in mainstream post-primary schools in Dublin City were absent for 20 or more days. This was more than the State average of 17.3%. Relative to other local authorities this was the eighth in the State with Wexford having the highest proportion of students absent for more than 20 days at 23.9%.

In 2016, the total students that sat the Leaving Certificate examination in the DCS area was 2,184. Of this figure, 73.1% or 1,597 of the students progressed to third level. This proportion was below the State average of 77.8% and relative to all other local authorities (including DCN) it was the fifth lowest rate of progression in the country.

Of the 2,184 students that progressed to third level education in Dublin City, 25.4% or 417 attended UCD. This was by far the most popular option for students from the DCS area with high numbers also attending, DIT (19.9% or 327) and TCD (18.7% or 307).

In 2016, 9 out of the 37 post-primary schools in the DCS area recorded progression rates of 100%. Eight out of ten schools that recorded progression rates of 40% or less were schools with a DEIS allocation; Christian Brothers Westland Row, St Johns College De La Salle, Ringsend College, Kylemore College, St. Dominic s Secondary School, Our Lady of Mercy Sec School, James s Street CBS and St. Kevin s College.

A2.9 Security

In 2015, there were 2,677 applications granted for domestic violence barring orders⁶ in the Dublin region. This figure equates to a rate of 83.7 applications granted per 10,000 families in the Dublin region. This rate was higher than the State rate of 69.6 per 10,000 families. Relative to all other District Court areas, Dublin County had the ninth highest rate in 2016, the highest being in Louth at 117.2 applications granted per 10,000 families and the lowest in Mayo at 14.8.

In 2015, 193 young people aged under 18 were referred to the Garda Youth Diversion scheme in the Garda Dublin Metropolitan Region (DMR) South Central Area. This figure equates to a rate of 11.5 per 1,000 young people aged under 18. Relative to the other divisions this was the sixth highest rate in 2016. In the same time period, the DMR Southern area recorded a rate 12.5 was the second highest rate in the country and DMR Western recorded a rate of 11.7.

In 2016, there were 1,237 referrals to Tusla in the Dublin South Central Integrated Service Area (ISA⁷). This figure represented a rate of 18.9 children and young people per 1,000 population age under 18 years and was below the State average of 16.0. Relative to the other ISAs, of which there are seventeen, Dublin South Central had the seventh highest rates of referrals (18.9 or 1,237), Dublin SW/Kildare/West Wicklow (6.8 or 737) had the fourth lowest rate and Dublin South/East Wicklow (6.8 or 589) the third lowest rate.

Of the total referrals in 2016 in the Dublin South Central ISA, 40.6% or 502 referrals were for neglect, this rate was higher than the State average of 24.7%. Other types of referrals in the Dublin South Central ISA were for emotional abuse (23.4% or 290), physical abuse (21.7% or 268) and sexual abuse (14.3% or 177).

As of March 2017, there were 394 children and young people in the care of Tusla in the Dublin South Central ISA. This figure equates to a rate of 6.3 per 1,000 children and young people aged under 18 years. This rate was higher than the State rate of 5.5 and relative to all other ISAs was the third highest rate in the country, along with Carlow, Kilkenny and South Tipperary. Dublin SE Wicklow (3.5 or 286) recorded the lowest rate and Dublin SW/Kildare/West Wicklow (4.2 or 436) had second lowest rate.

Of the 394 children and young people in the care of Tusla in the Dublin South Central ISA, only 0.3% were in Residential Special Care, 9.4% (37) were in General Residential Care, 64.7% (255) were in Foster Care and 23.4% (92) were in Relative Foster Care. The remaining 2.3% (9) were placed in care marked as Other.

As of March 2017, there were 79 young adults aged 18-20 years in the Tusla aftercare service in Dublin South Central availing of full-time education. This is the equivalent to 50.6% of the young people in aftercare services. Relative to the other ISAs this was the seventh lowest proportion and below the State average of 59.3%. The Dublin SW/Kildare/West

⁶ A barring order is a court order which requires the violent person to leave the family home and can last up to three years.

⁷ There are three ISA areas in the DCS CYPSC Area; Dublin South Central, Dublin SW/Kildare/West Wicklow and Dublin South East/Wicklow.

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Wicklow (45.9% or 67) and the Dublin South East/Wicklow ISA (47.2% or 50) both recorded the fourth and fifth lowest rates respectively.

As of March 2017, there were 50 young adults aged 18-22 years in the Tusla aftercare service availing of full-time education. This is the equivalent to 47.2% of the total young adults in aftercare services. Relative to the other ISAs, this was fifth lowest rate and was below the State average of 59.7%. On a comparative basis, the Cork ISA recorded the highest rate of 89.2%, whilst the Cavan/Monaghan ISA recorded the lowest rate at 42.3%.

As of 2016, there were 69 children and young people aged 24 years and under resident in direct provision centres in the DCS area. This figure represented a rate of 11.3 per 10,000 children and young people in the DCS area and was above the State average of 9.1.

Of the 69 children and young people residing within the Direct Provision Centres, 15.9% (11) were aged 0-4 years, 21.7% (15) were aged 5-12 years, 17.4% (12) were aged 13-17 years and 44.9% (31) were aged 18-24 years.

A2.10 Economy

The Relative Deprivation Index score for the DCS area in 2016 was 3.1, with almost 14.7% of the SAPS being classified as either *disadvantaged* or *very disadvantaged*. Within the disadvantaged or very disadvantaged areas, 39.8% of the population were aged under 24 years.

In 2016, there were 5,861 lone parent households on the social housing waiting list in Dublin City. This figure represented a rate of 201 per 1,000 lone parent households in Dublin City. Relative to the other LAs rate was the third highest rate in the State and was above the State average of 127.3. Galway City recorded the highest rate of 224.8 and Donegal the lowest at 48.5.

In 2016, there were 2,560 One Parent Family payments⁸ being made to parents in the DCS area. This is equivalent to a rate of 246.8 per 1,000 lone parent families residing in DCS. Relative to all other areas this was the fourth highest rate in the State. Roscommon had the lowest rate of OPF payment per 1,000 families at 84.3 and Cork C had the highest at 313.9.

In 2016, there were 1,668 young people under the age of 25 on the social housing waiting list in Dublin City. This figure represented a rate of 28.9 per 1,000 young people under the age of 25. Relative to the other LAs this was the third highest rate in the State and was more the State average of 18.8. In contrast, Cork County had the lowest at 7.5 and Wexford had the highest at 29.2.

According to Census 2016, the total *Lone Parent* families with children under the age of 15 residing in DCS was 5,065. This represented 28.8% of the families with children under the age of 15. Lone mothers accounted for 27.2% (4,776) and lone fathers 1.6% (289). This proportion was higher than the State average of 20%, the Eastern and Midlands average of 21.1% and the Dublin regional average of 23.5%.

Relative to all other areas (including DCN), DCS had the third highest rate of *Lone Parent* families with children under the age of 15 in the State. DCN recorded the highest at 31.3% and Meath the lowest at 15.4%.

Of the five Dublin CYPSC Areas, DCN had the highest rate followed by DCS (28.8%), South Dublin (24%), Fingal (19.1%) and the lowest in DLR (15.4%).

Variations are evident when examining the distribution of *Lone Parent* families with children under the age of 15 across the CFSNs. With the exception of Pembroke Rathmines with a rate of 11.7% (635), all other CFSNs had more than a third of all families within children under the age of 15 classed as *Lone Parent* families. The Ballyfermot CFSN had the highest proportion with 40.8% (954) followed by South West Inner City 38% (953), Islandbridge 37.6% (530), South East Inner City 34.3% (707) and Crumlin, Drimnagh and Walkinstown 33.4% (1,286). SAPs with the highest proportions of over 85% were all located in the city centre in Townsend Street, Aungier Street, The Coombe, Donore Avenue and Rialto.

As of December 2016, there were 10,119 children and young people aged under 24 qualifying for a General Medical Service (GMS) medical card in the Dublin South City LHO (Local Health Office). This figure is equivalent to 23.7% of the total population aged under 24 and relative to the other LHOs was the fourth lowest proportion in the State. The Dublin SE LHO had the second lowest proportion with 17.3% (6,035) of the population aged under 24 qualifying for the GMS Medical Card. In contrast, both the Dublin West (43% or 22,644) and the Dublin South West (43% or 22,667) LHOs had the fifth and sixth highest proportions respectively and both exceeded the State average of 36%.

As of July 2017, there were 1,453 young people (under 25 years) on the Live Register in DCS. This figure represents approximately 10.8% of the total live register recipients in the area. The majority of these young people are recipients at the Bishop Square (530) and Cork Street (529) Social Welfare Offices SWO with a slightly lower number at the Ballyfermot

⁸ Payment made to persons that are raising children without the support of a partner. Amongst other criteria to qualify for this payment, weekly earnings of the applicant cannot exceed €425.

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(394) SWO. At 16.5%, Ballyfermot had a higher percentage of those signing on aged under the age of 25 years when compared the other SWOs in the area.

A3Appendix 3: Health and Wellbeing Priorities

DCS Strategic Health and Wellbeing Plan 2018-2021 identifies the following Health and Wellbeing Priorities, and places them within an agreed Action Plan framework, as below.

Table 6 – DCS Health Priorities Action Plan

Health Area	Actions	Delivery Partners	Timescale
Cross-Cutting Themes	Develop and design health and wellbeing themed promotion campaigns/events on HI in DCS.	Statutory, Community and Voluntary (C&V) groups.	Years 1-3
	Develop early interventions and prevention initiatives across a range of priority areas and marginalised groups i.e. Homeless, Travellers, New Communities, Disability Groups.	All relevant partners.	Years 1-3
	Collaborate with lead partners on the development of local and community-based responses to each of the named priority areas, in an effort to increase coordination of local actions & align health and wellbeing plans.	HSE, LCDC, TUSLA, Youth Services, C&V groups.	Years 1-3
	Develop and maintain online, user-friendly directory of services across DCS related to children and young people to increase awareness of services.	Dublin-based CYPSCs.	Years 1-3
Mental Health	Early Interventions E.g. Counselling, Play or Art Therapy to support children and young people s mental health.	Youth Projects, CARA Mosaic, SCP, Hesed House, Pieta House, Barnardos, Childline, ISPC.	Years 1-2
	SLEEP Well programme in local communities.	CYPSC, HSE, TUSLA, Youth Services, C&V groups.	Years 2-3
	Teachers Health & Wellbeing programme in DCS local schools.	CYPSC, Schools, NEPS, C&V groups.	Years 2-3
Physical Health	Delivery of series of Home Support programmes/projects e.g. Fundamental Skills.	ABC, NCI, C&V groups.	Year 2
	Early Years family supports and parental awareness activities to increase knowledge of what s available locally within DCS.	TUSLA, ABC, HSE, C&V groups.	Year 1
	Promote physical activities within Schools settings e.g. Running club, Active School flag, Physical health homework club.	Schools, HSE, Local Area Partnership, Local Sports Partnership.	Years 2-3
	Implement community-based measures to promote physical activities e.g. Street play, Community safety traffic calming, Small play areas in communities. Sports and Youth clubs in disadvantaged areas	Dublin City Council, Local Area Partnership, Local Sports Partnership, C&V groups.	Years 2-3
	Increase access to services for persons with disabilities & female sports participation in new sports.	Disability Groups, Local Sports Clubs, Youth Services, C&V groups.	Year 3
Weight Health	Distribute evidence-based advice and guidance on nutrition for parents, families, children and young people in local school.	Schools, HSE, TUSLA, Local Area Partnership, C&V groups.	Years 1-2
	Facilitating programmes in local communities for parent/families e.g. <i>Change for Life</i> , <i>Cook It</i> and <i>Healthy Food Made Easy</i> .	HSE, TUSLA, Local Area Partnership, ABCs, C&V groups.	Year 3

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Health Area	Actions	Delivery Partners	Timescale
Sexual Health	Age appropriate programmes about sexual health for young people in local schools e.g. RSE.	Schools, Young People, HSE, TUSLA, Youth Services, C&V groups.	Year 1
	Develop and pilot Sexual Health Clinic for young people where they can go in and ask about sexual health matters (based on the Scandinavian model).	TUSLA, HSE, Youth Services, Foróige, C&V groups.	Year 2
	Support additional programmes for LGBTI community within DCS.	Belong To, HSE, Foróige, C&V groups.	Year 3

Source: DCS Strategic Health and Wellbeing Plan 2018-2021

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A4 Appendix 4: Health and Wellbeing Strategic Actions

A4.1 Mental Health

Action Number	HI Outcome	Action	Location	Resources	Timing	Reporting Metric	Partners	Lead	Notes
1	Mental Health - Implement schools/ community/ family-based measures	Support Early Interventions E.g. Counselling to support children and young people's mental health	Dublin City South CYPSC area and targeted areas	HSE www.Spunout.ie, www.mentalhealthireland.ie	Q1 2020	Increased participation by schools and students	Schools, Childcare and Early Years Sector. Ballyfermot, St. Loman's, Crumlin, Mental Health Associations, Jigsaw, CAMHS, Local Libraries	HSE	Networking schools with community organisations and experts is important.
2	Mental Health - Implement community/ schools/ family-based measures	Support , Play or Art Therapy to support children and young people's mental health	Targeted Areas		Q2 2021	Number participants, Increased participation by colleges and students	Schools, Childcare and Early Years Sector. Ballyfermot, St. Loman's, Crumlin, Mental Health Associations, Jigsaw, CAMHS, Local Libraries	HSE	Anecdotal evidence of a gap in services at third level, where the need for positive and safe promotion is critical.
3	Mental Health - Implement community-based measures	Support drama in curriculum material to support children and young people's mental health in schools.	Targeted Areas		Q2 2021	Number participants, Increased participation by colleges and students	Schools, Childcare and Early Years Sector. Ballyfermot, St. Loman's, Crumlin, Mental Health Associations, Local Libraries	Individual Schools, Local Drama Groups.	There is a need in many need to address curriculum changes that embrace drama. Schools often seek community input.
4	Mental Health - Implement community-based measures	Support Teachers' Health & Wellbeing programme in DCS local schools	Dublin City South CYPSC area	INTO resources. ASTI resources, Teaching Council	Q2 2021	Increase in programmes and programme numbers	INTO, ASTI, Irish Teaching Council, HSE, TUSLA	Dublin City South CYPSC	There may be scope for a pilot project eg setting up a wellbeing team in a school.

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5	Sexual Health - Implement community-based measures	Facilitate an audit of domestic violence services and demand in Dublin City South	Dublin City South CYPSC area	www.safeireland.ie	Q3 2020	Audit Report	Women's Groups and Shelters	Dublin City South CYPSC	A number of specialist consultants are available in the Dublin area: build on existing expertise.
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A4. 2 Physical Health

Action Number	HI Outcome	Action	Location	Resources	Timing	Reporting Metric	Partners	Lead	Notes
6	Mental and Physical Health - Implement community-based measures	Community Measure Develop park runs in all DCS parks	Appropriate public parks	Park Run website http://www.parkrun.ie/	Q3 2019	Number: groups, runners events	Volunteers, running groups	Sports Partnership	Activity has begun in some parks (Bushy Park)
7	Mental and Physical Health	Family Measure Deliver Home Support Programme	Ballyfermot Cherry Orchard,	ABC Resource Packs	Q1 2020	Number: groups, runners events. Skills Increase	Parents groups?	ABCs	
8	Mental and Physical Health	Family: Promote safe street play for children in communities	Targeted Areas	National Children's Network www.ncn.ie	Q2 2021	Number: street play schemes, participants, families	Local Estates, Parents	FRC's , CFSN.s	Traffic calming and safety risks must be assessed in early stages
9	Mental and Physical Health - Implement community/ schools based measures	Develop trail walking in appropriate DCS parks/ Trails	Dodder Trail, Inchicore to Anglers Rest	Slí na Sláinte, www.walkingroutes.ie , Markiewicz Park	Q3 2019	Number: groups, walkers, events	Schools, Walking Groups, Local History Groups, Environmental groups.	Sports Partnership	Tree Trail resource for schools: treecouncil.ie/initiatives/dublin-tree-trails/
10	Mental and Physical Health - Youth clubs in disadvantaged areas	Develop safe water based activity for marginalised groups,	River Dodder, Grand Canal, River Liffey	National Physical Activity Plan	Q3 2020	Number: groups, walkers, events Number skills certified awards	Canoeing Ireland, Youth Services Sector, ETB	Sports Partnership	
11	Mental and Physical Health - Implement community/ family based measures	Develop active play every day for parents and childcare providers		Active Play Every day www.getirelandactive.ie/Resources	Q3/4 2020	No. participating providers, No. activities, No. children	Parents, FRC, ABC's, and Childcare Providers	ABC	
12	Mental and Physical Health - schools based measures	Develop Junior Cycling Wellbeing Schemes	DSC Area schools	Junior Cycle Wellbeing Guidelines	Q3/4 2021	No. Participating Schools, No. cyclists.	Sports Partnership, Community Guards	Participating Schools	Traffic calming and safety risks must be assessed in early stages

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Action Number	HI Outcome	Action	Location	Resources	Timing	Reporting Metric	Partners	Lead	Notes
13	Mental and Physical Health - schools based measures	Promote continuous professional development in physical education	DSC Area schools	Get Active! Physical Education, Activity and Sport for Children and Young People: a Guiding Framework,	Q3/4 2021	No. of Promotion /support Teachers, Early Childhood Practitioners	Sports Partnership, Schools, Early Years Providers	Schools, Teacher Education Centres. Early Childhood Education Centre	The programme also includes workshops, seminars and online resources and should be made available to early years providers
14	Mental and Physical Health - schools based measures	Promote active school flag achievement in schools	DSC Area schools	www.activeschoolflag.ie/	Q3/4 2019	No Schools, No Activities	Schools, Sports Ireland	Sports Partnership	Similar project should be examined for early years providers
15	Mental and Physical Health - Physical health 'homework' club	Promote active participation in before and after schools sports programmes	Relevant DSC Area schools and Centres	Out of school care: www.kidsinafterschools.ie	Q3/4 2019	No. of activities, No. participants. Scale of participation. Links to sports groups	Before and After schools programme, Sports Partnership	Schools and Youth Sector Services	
16	Mental and Physical Health - disabilities sports participation in new sports	Promote fit for all scheme with disability groups/ SEN schools and programmes	DSC area disability groups	caracentre.ie/event/fit-for-all/National Fit For All Programme	Q3/4 2021	No schemes, No. participants no. activities	Cara Sport. Inclusion. Ireland. Local Disability Group	Sports Partnership <i>Inclusion Officer</i>	This promotional activity applies to all recreation and sports groups
17	Mental and Physical Health - female sports participation in new sports	Promote female only fitness, walking and running groups.	DSC area	There are a number of women in sport initiatives (google)	Q3/4 2019	No schemes, No. participants no. activities	Estates in targeted areas	Women's Groups, Girls Secondary Schools	it is important to link this initiative to women who are successful in sport.
18	Mental Health - Implement community/ family-based measures	Support SLEEP Well programme in local communities	Dublin City South CYPSC area	The Sleep Programme, Crosscare.ie	Q3 2019	Increase in numbers accessing relationship counselling.	Schools, HSE, TUSLA, C&V groups, Women's Groups and Shelters	Women's Groups (Women's Aid, Rape Crisis Centre etc) HSE.	

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A4.2 Weight Health

Action Number	HI Outcome	Action	Location	Resources	Timing	Reporting Metric	Partners	Lead	Notes
19	Weight Health - Implement community-based measures	Community Measure Distribute resource packs targeted at young people through schools	Dublin City South CYPSC area	HealthPromotion.ie Food Pyramid. Food Shelf Fact Sheets, Daily Meal Plans etc	Q3 2020	Number: packs distributed, no follow up contacts.	Schools, TUSLA, Local Area Partnership, C&V groups	HSE	It is important to seek to link distribution to a reportable action.
20	Weight Health - Implement community-based measures	Family: Promote intergenerational information sharing and recipes	Targeted Areas	HealthPromotion.ie Food Pyramid. Food Shelf Fact Sheets, Daily Meal Plans etc	Q2 2021	Number: activities, no. participants, families	Local Estate Groups, Day Centres, Parents	FRC's, CFN.s	
21	Weight Health programmes in local communities for parent /families	Develop Change for Life programme	Dodder Trail, Incicore to Anglers Rest	HealthPromotion.ie Food Pyramid. Food Shelf Fact Sheets, Daily Meal Plans etc	Q3 2019	Number: groups, walkers, events	Schools, HSE, TUSLA, Local Area Partnership, C&V groups	Sports Partnership	Tree Trail resource for schools: treecouncil.ie/initiatives/Dublin-tree-trails/
22	Weight Health programmes in local communities for parent /families	Develop cook it style programme	River Dodder, Grand Canal, River Liffey	HealthPromotion.ie Food Pyramid. Food Shelf Fact Sheets, Daily Meal Plans etc	Q3 2020	Number: groups, walkers, events Number skills certified awards	Local Estate Groups, Day Centres, Parents, Youth Services Sector, ETB	Sports Partnership	
23	Weight Health programmes in local communities for parent /families	Develop healthy food made simple initiative for parents and childcare providers	Targeted areas	HealthPromotion.ie Food Pyramid. Food Shelf Fact Sheets, Daily Meal Plans etc	Q3/4 2020	No. participating providers, No. activities, No. children	Parents and Childcare Providers, Local Estate Groups, Day Centres, Parents, Youth Services Sector, ETB	ABC Ballyfermot	This programme has some potential in terms of intergenerational programming: food cultures then and now.
24	Healthy Weight - schools/ community based measures	Promote and support the development of food gardens in schools and youth facilities	DSC Area schools	Community Gardens Ireland -www.cgi.ie	Q3/4 2019	Increase in no. Participating Schools, food diversity, farm to fork	Community Gardens Ireland, Local Projects, Schools and community centres	HSE, Nutrition specialist	it is important that the growing programme is linked to production, cooking and eating and buying

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A4.3 Sexual Health

Action Number	HI Outcome	Action	Location	Resources	Timing	Reporting Metric	Partners	Lead	Notes
25	Sexual Health - Implement schools and community-based measures	Distribute resource packs through schools and youth clubs	Dublin City South CYPSC, area	http://www.youthworkireland.ie/youth-work-centre/positive-sexual-health SPHE< Making the Links, The Walk Tall Programme The Stay Safe Programme	Q3 2020	Number: packs distributed, no follow up contacts. Increased participation	Schools, TUSLA, Local Area Partnership, C&V groups, Dublin Rape Crisis Centre.	HSE	There are significant youth oriented materials available at national and EU level An audit of existing education practice may be appropriate to start. Network schools with community experts.
26	Sexual Health - Implement 3 rd level community-based measures	Support third level in targeting effective resources at young people.	Targeted Areas	http://www.youthworkireland.ie/youth-work-centre/positive-sexual-health www.sexualwellbeing.ie	Q2 2021	Number participants, Increased participation by colleges and students	Local third level campuses, training courses, ETB, Private Colleges.	HSE	Anecdotal evidence of a gap in services at third level, where the need for positive and safe promotion is critical.
27	Sexual Health - Implement community-based measures	Develop and pilot Sexual Health Clinic for young people (based on the Scandinavian model)	To be determined	Dublin City South CYPSC	Q2 2020	Process documentation, Milestones	TUSLA, HSE, Youth Services, Foróige, C&V groups	Dublin City South CYPSC	
28	Sexual Health - Implement community/ family-based measures	Support adult population in accessing information and services for positive relationships	Dublin City South CYPSC area	www.safeireland.ie www.sexualwellbeing.ie	Q3 2019	Increase in numbers accessing relationship counselling.	Schools, HSE, TUSLA, C&V groups, Women's Groups and Shelters	Women's Groups (Women's Aid, Rape Crisis Centre etc) HSE.	
29	Sexual Health - Implement community-based measures	Support additional programmes for LGBTI community within DCS	Dublin City South CYPSC area		Q2 2021	Increase in programmes and programme numbers	Belong To, HSE, Foróige, C&V groups, LGBT Dublin	HSE	There may be a need to do an audit of existing programmes to avoid duplication

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30	Sexual Health - Implement community-based measures	Support domestic violence services in local communities for parent /families	Dublin City South CYPSC area	www.safeireland.ie	Q3 2019	Number: groups, walkers, events	Schools, HSE, TUSLA, C&V groups, Women's Groups and Shelters	Women's Groups (Women's Aid, Rape Crisis Centre etc) HSE.	Evidence from other areas of Dublin suggests that this issue is at crisis levels and may be consistently under-reported.
31	Sexual Health - Implement community-based measures	Facilitate an audit of domestic violence services and demand in Dublin City South	Dublin City South CYPSC area	www.safeireland.ie	Q3 2020	Audit Report	Women's Groups and Shelters	Dublin City South CYPSC	A number of specialist consultants are available in the Dublin area: build on existing expertise.

A4.5 Cross-Cutting Issues

Action Number	HI Outcome	Action	Location	Resources	Timing	Reporting Metric	Partners	Lead	Notes
32	Cross-cutting themes: Implement Global/ community-based measures	Global/ Community Develop and design health and wellbeing themed promotion campaigns/events on HI in DCS.	Dublin City South CYPSC and activity locations	Targeted Funding	As per agreed campaign	Distribution, social media reach, social media engagement.	CYPSC Projects, CYPSC Members, Local partners.	Dublin City South CYPSC	Strategy and timing are key to success. Professional expertise will be useful in overall design. All communications should have an identity.
33	Cross-cutting themes: Implement Global/ community-based measures	Community Measure: Develop early interventions and prevention initiatives among priority groups: <ul style="list-style-type: none"> Homeless, Travellers New Communities, 	Dublin City South CYPSC and activity locations	Specialist support Agencies	Q1 2020	Number: interventions, participants, beneficiaries.	Homeless Executive, CYPSC Projects, CYPSC Members, Local partners.	A lead partner can be determined depending on capacity in C&V sector.	Requires partner agency approach as there are existing agencies with responsibility in this area.
					Q2 2021	Number: interventions, participants, beneficiaries.	Pavee Point, CYPSC Projects, CYPSC Members, Local partners.	FRC's , CFN's, Pavee Point	Requires partner agency approach as there are existing agencies with

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		<ul style="list-style-type: none"> Disability Groups 							responsibility in this area.
					Q3 2019	Number: interventions, participants, beneficiaries.	New Community Groups, CYPSC Projects, CYPSC Members, Local partners.	FRC's , CFN's, Dublin South City Partnership	Requires partner agency approach as there are existing agencies with responsibility in this area.
					Q3 2020	Number: interventions, participants, beneficiaries.	Disability Groups, CYPSC Projects, CYPSC Members, Local partners.	HSE	Requires partner agency approach as there are existing agencies with responsibility in this area.
34	Cross-cutting themes: Implement Global/ community-based measures	Community Measure: Facilitate and support the emergence of local community leaders/ champions (individual or groups) to develop projects.	Dublin City South CYPSC and activity locations		Q3/4 2020	No. participating providers, No. activities, No. children	Parents and Childcare Providers	ABC Ballyfermot	
35	Cross-cutting themes: Implement Global/ community-based measures	Develop and maintain online, user-friendly directory of services across DCS to increase awareness of services	Dublin City South CYPSC		Q3/4 2021	No schemes, No. participants no. activities	CYPSC Projects, CYPSC Members, Local partners.	Dublin City South CYPSC	This is a resource intensive activity.

