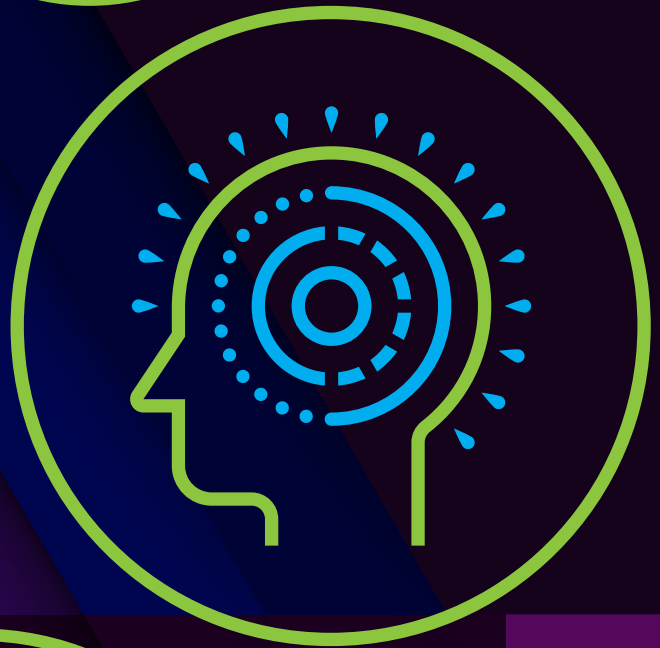


A STRATEGY FOR A **HEALTHY SOUTH DUBLIN**

2019 – 2022





1. Contents

1. Foreword	3
2. Acknowledgements	4
3. Summary of Actions	5
Strategic Actions – Cross Cutting	5
Strategic Actions – Healthy Weight for Ireland	5
Strategic Actions – Physical Health	6
Strategic Actions – Mental Health and Wellbeing	7
Strategic Actions – Sexual Health	8
Strategic Actions – Alcohol	8
4. Introduction	9
4.1 Overview	9
4.2 The Strategy Development Process - in Numbers	10
4.3 The National and Regional Policy Context	11
4.4 Healthy Ireland Framework	11
4.5 Why Healthy Ireland is Needed – National Health Data	12
4.6 Social Determinants of Health	13
4.7 Healthy Cities & Ireland HI Framework 2013-2025	14
4.8 South Dublin County Healthy County	15
4.9 South Dublin County Health & Well Being Strategy	16
4.10 National Policies & Plans	16
4.11 A Healthy Weight for Ireland - Obesity Policy and Action Plan 2016 – 2025	18
4.12 Better Outcomes Brighter Futures (BOBF) 2014 – 2020	19
4.13 National Physical Activity Plan	20
4.14 Get Ireland Walking – Strategy and Action Plan 2017 – 2020	20
4.15 A Vision for Change 2006	21
4.16 Connecting for Life 2015-2020 and Connecting for Life Dublin South 2018-2020	21
4.17 National Sexual Health Strategy 2015 – 2020	22
4.18 Tobacco Free Ireland	22
4.19 National Drug and Alcohol Strategy: Reducing Harm, Supporting Recovery 2017 – 2025	23
4.20 National Traveller and Roma Inclusion Strategy 2017 – 2021	23
4.21 HSE Community Healthcare: Dublin South, Kildare & West Wicklow Healthy Ireland Implementation Plan 2018 – 2022	24
5. South Dublin County Demographic and Health Profile	25
5.1 South Dublin County Overview	25
5.2 Age of Population	26
5.3 Nationality and Ethnicity	28
5.4 Areas of Disadvantage	29

5.5	Aggregate Town and Rural Areas	31
5.6	Health Specific Data for South Dublin County	32
5.7	Disability	35
5.8	Physical Health	36
5.9	Summary	37
6.	Introduction to the Strategic Actions	38
7.	Strategic Actions – Cross Cutting	40
7.1	Overview and Context	40
8.	Strategic Actions – Healthy Weight for Ireland	42
8.1	Overview and Context	42
9.	Strategic Actions – Physical Health	44
9.1	Overview and Context	44
10.	Strategic Actions – Mental Health and Wellbeing	46
10.1	Overview and Context	46
11.	Strategic Actions – Sexual Health	51
11.1	Overview and Context	51
12.	Strategic Actions – Tobacco	54
12.1	Overview and Context	54
13.	Strategic Actions – Alcohol	56
13.1	Alcohol Overview of Key Issues Arising through Consultation	56
14.	Structures and Processes to Support Implementation	58
14.1	Overview	58
14.2	Implementation Strategy	58
14.3	Principles to underpin roll out of the strategy	59
	Appendix 1 – Implementation Plan	60
	Appendix 2 – Monitoring Report	69

1. Foreword

We are delighted to welcome the publication of *A Strategy for a Healthy South Dublin 2019 – 2022*. This strategy is the result of considerable effort by a range of stakeholders – working collaboratively- over the course of 2018. Ensuring that appropriate conditions are in place to enable people and communities to enjoy health and well-being is a core objective of a range of organisations and agencies across South Dublin County. This strategy endeavours to bring the knowledge and experience of those working in the sector together with the insights of the communities that they serve, to better address core health objectives across six domains identified by the National Healthy Ireland strategy. The report outlines 38 Actions to be taken to: (1) expand existing initiatives where they have already proved successful and (2) to develop innovative approaches to ongoing challenges. We are mindful of the need to ensure that the strategy “gains legs” and so we have devised an implementation plan which will enable the LCDC along with the CYPSC to monitor progress on the Actions.

Each of us has the power to make changes in our lives to improve health and well-being. The first step in this process is developing awareness of a particular challenge or a problem (e.g. giving up smoking, getting fitter, learning cooking skills, managing anxiety). The second step is to get help addressing that challenge or problem by identifying and working with an appropriate health care/social service provider. *A Strategy for a Healthy South Dublin 2019 – 2022* brings together a wealth of information on the national and local level policies and programmes available to residents of South Dublin County. It identifies a wide range of ongoing initiatives that can be accessed in the community and new programmes that will come into being over the timeline of the strategy. We hope that the publication of this Strategy will encourage people across South Dublin County to focus on improved health and well-being for themselves, their families and the wider communities of which they form a part.

Mary P. Corcoran

Chairperson
Local Community
Development Committee

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Peoples Services Committee

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Healthy South Dublin

2. Acknowledgements

Sincere thanks to members of the South Dublin County joint LCDC & CYPSC Healthy South Dublin County Strategy & Implementation Group. This group guided the development of this plan. Thanks also to the many people who took part in the consultation process. Many individuals and groups took the time to attend meetings and to contribute their knowledge and views towards this document. This included 6 planning workshops with over 50 participants, 25 interviews with various stakeholders and 20 people involved in various focus groups. Finally, thanks to Quality Matters for their work and support in developing this strategy and the Department of Health who provided funding for this strategy through the Healthy Ireland Fund.



Updates on the implementation of this strategy will be available on www.cypsc.ie and www.southdublincoco.ie

3. Summary of Actions

The Healthy Ireland South Dublin County strategic plan identifies 38 actions under seven thematic areas which correspond with the National Healthy Ireland Strategy. Together these actions provide a roadmap for improving health in South Dublin County.



Strategic Actions – Cross Cutting

1. Facilitate Healthy County Group to collaborate on initiatives and actions in plan
2. Extend 'Make Every Contact Count' (MECC) to community and voluntary organisations
3. Establish an annual fund for producing of the youth-created awareness materials for social media in relation to health-related issues (to include: video, and GIFs)
4. Establish an annual fund/plan for provision of professional training
5. Extend social prescribing approach



Strategic Actions – Healthy Weight for Ireland

6. Significantly expand weaning programme for families, with a focus on disadvantaged communities. Further expand food education programmes to more locations with a focus on disadvantaged areas
7. Undertake regional breastfeeding awareness campaign
8. Develop a local food strategy through an interagency steering committee
9. Hold an annual intercultural food festival in South Dublin



Strategic Actions – Physical Health

10. Develop a sustainability plan for the Foroige Certified Youth Kayaking Programme and the Mountaineering Ireland programme
11. Map playgrounds, parks and walking trails across the region to inform development plans
12. Expand existing exercise programmes throughout the community
13. Increase appropriate physical activity and exercise opportunities locally
14. Extend the pro-social kick boxing programme to 18–35 years old in the County
15. Develop and disseminate a programme menu of sports activities and promote through schools with a focus on disadvantaged areas
16. Devise a training initiative to improve engagement with Roma communities
17. Ensure information on physical activities and events are available on a number of high traffic websites (i.e. Sports Partnership, SDCC)
18. Undertake research into the needs of schools and youth services in relation to working with young people with autism



Strategic Actions – Mental Health and Wellbeing

19. Establish a South Dublin County maternal mental health initiative
20. Monitor the development of Clondalkin Young Minds Project and the CDI Mental Health Pilot Programme
21. Develop accessible promotional material on mental health services and advertise/ disseminate in the local area
22. Develop a South Dublin County interagency response in relation to managing school refusing behaviour
23. Support strategies and recommendations that arise from local need analysis
24. Expand the delivery in South Dublin County schools of Roots of Empathy with a focus on disadvantage
25. Deliver Training in Mental Health First Aid to members of the Travelling community
26. Develop and implement Heads UP
27. Expand evidence based parenting programmes
28. Develop a strategic interagency approach to implement good practice for local provision of wellbeing/mental health programmes in education and community settings
29. Develop a Workplace Wellbeing Programme in line with the forthcoming Department of Health *Healthy Workplace Framework*
30. Research, develop and roll out communication campaign to increase population awareness of ways to prevent and manage stress. Deliver training workshops to further support messages of stress awareness and prevention
31. Where there is stated interest and need establish community led suicide prevention and response committee in local communities to embed Connecting for Life Action Plan at a community level. To support actions that come out of this process.



Strategic Actions – Sexual Health

32. Extend training for training (T4T) of Foróige's 'The Real U' Programme
33. Develop, run and evaluate a new programme for young people on sex and cyber safety
34. Provide sexual health training to schools and youth organisations. Provide training to staff on how to talk about sexual health and identity 1-2-1 with young people



Strategic Actions – Tobacco

35. Expand the 'We Can Quit Programme' and adapt for men in collaboration with the Irish Cancer Society
36. Develop teacher capacity through the delivery of up to date training on supporting young people with regard to smoking cessation



Strategic Actions – Alcohol

37. Provide training to accompany Hidden Harm Practice Guide
38. Extend the YoDA programme (or similar) to serve all South Dublin County

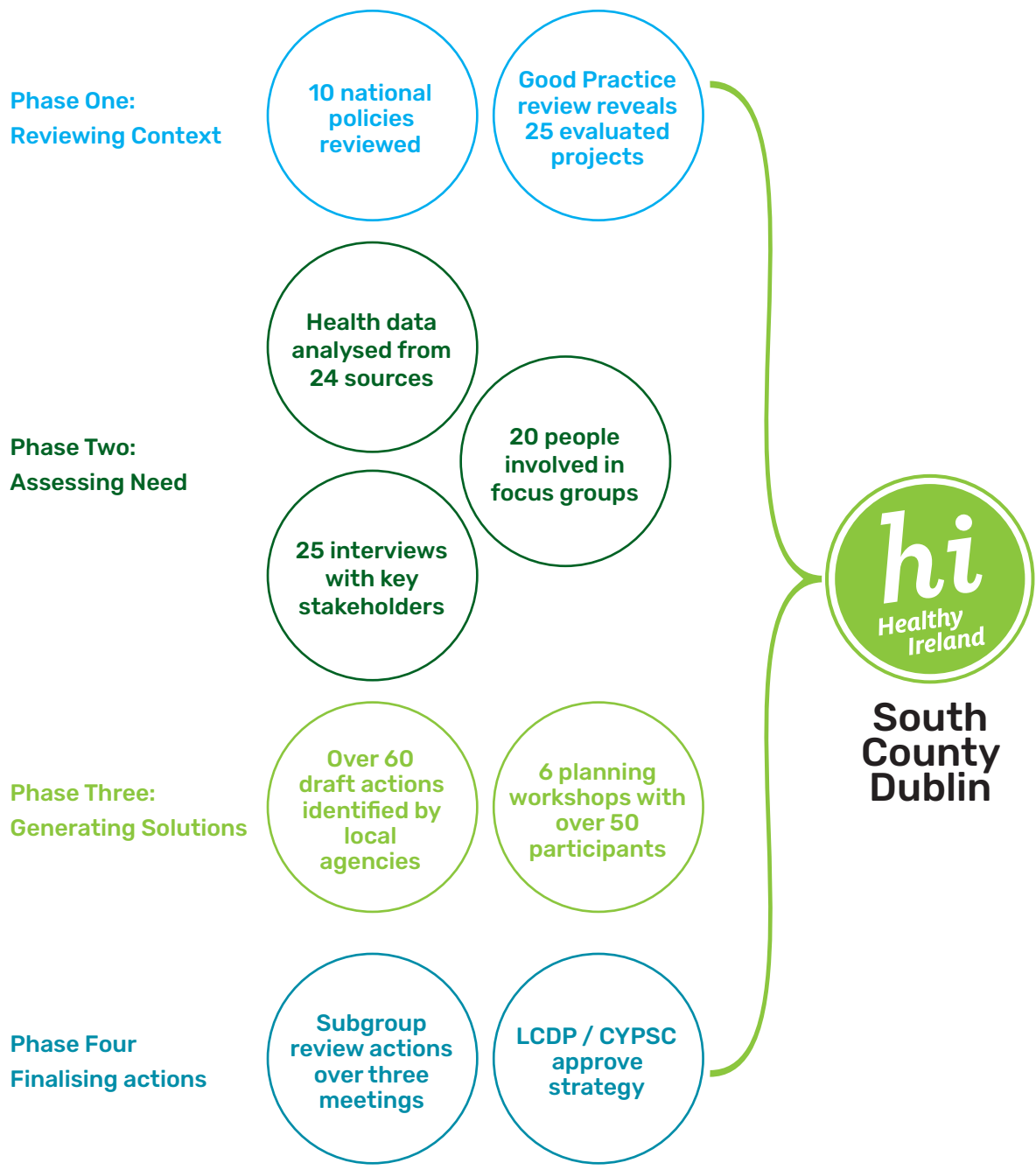
4. Introduction

4.1 Overview

This strategy was developed in the first quarter of 2018. The methodology used to develop the strategy was underpinned by a number of principles which included:

- This plan will inform the CYPSC strategy which is currently in development
- The plan will operate as a Health focused addendum for the Local Economic and Community Plan (LECP)
- A focus of the process was to support all local agencies operating in this area to identify the role they can play in contributing towards Healthy Ireland objectives, and to explore partnerships and synergies between organisations
- Wherever possible the plan will be data informed and evidence based, however it was acknowledged that data was frequently not available at the regional level
- The process will aim to balance engagement between localised areas, namely Clondalkin, Tallaght and Lucan

4.2 The Strategy Development Process - in Numbers



4.3 The National and Regional Policy Context

Over the past few years, significant work has been undertaken, in consultation with the public, in developing national policies and plans. These include, but are not limited to the following: Tobacco Free Ireland (2013), National Sexual Health Strategy (2015), National Physical seems to be data missing here?



4.4 Healthy Ireland Framework

Healthy Ireland is a whole-of- Government initiative. It is the first of its kind in Ireland and the strategy 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'¹.

The Healthy Ireland approach is partnership-based. It takes a whole-of-Government and whole-of-society approach to improving health and wellbeing and the quality of people's lives. The Healthy Ireland strategy document includes an outcomes framework which includes indicators and targets for achieving the goals of the Strategy at national level. Healthy Ireland is a broad-based ambitious national strategy. National Guidance provided highlighted six key areas for focus:

- Healthy Weight for Ireland
- Physical Activity
- Mental Well Being
- Sexual Health
- Tobacco Free
- Prevention of Alcohol Related Harm

To inform the strategy and priority areas, an annual Healthy Ireland Survey of health and wellbeing has been conducted since 2015.² This data is then used to develop policies and plans under the Healthy Ireland Framework.

¹ <http://www.healthyireland.ie/about/>

² 2017 Survey is available here <http://www.healthyireland.ie/wp-content/uploads/2017/10/Healthy-Ireland-Survey-Wave-3-Report-1.pdf>

4.5 Why Healthy Ireland is Needed – National Health Data

There is a significant amount of data across the Healthy Ireland related strategies and national plans, that provides clear evidence of the areas of national priority. Some high-level example data is provided below:



Figure 1: National Health data (source: Healthy Ireland)

4.6 Social Determinants of Health

The Healthy Ireland strategy recognises that there are many factors, or determinants, which can influence a person's health and wellbeing, and acknowledges that good health is not evenly distributed across Irish society. The strategy affirms that the circumstances in which people are born, grow, live, work and age all impact on their health, in addition to the individual choices people make about how to live. Analysing health needs from a social determinants perspective means mapping the relationship between the individual, their environment and their health. Three layers are commonly considered as social determinants and, according to Dahlgren & Whitehead,³ can be described as follows:

- The first layer is personal behaviour / ways of living that can promote or damage health
- The second layer is social and community influences, which provide mutual support for members of the community in unfavourable conditions. But they can also provide no support or have a negative effect
- The third layer includes structural factors: housing, working conditions, access to services and provision of essential facilities. In this respect, the environment in which people live has been evidenced to be a major determinant of health and well-being⁴

The social determinants of health model requires a strategy to be considered in light of its potential impact on communities that experience the greatest disadvantages in health.

³ Social Determinants of Health adapted from Dahlgren and Whitehead (1991), see http://www.nwci.ie/download/pdf/determinants_health_diagram.pdf.

⁴ Barton, H. and Grant, M., (2006) A health map for the local human habitat, *Journal of the Royal Society for the Promotion of Public Health*, 126 (6) pp252-261.

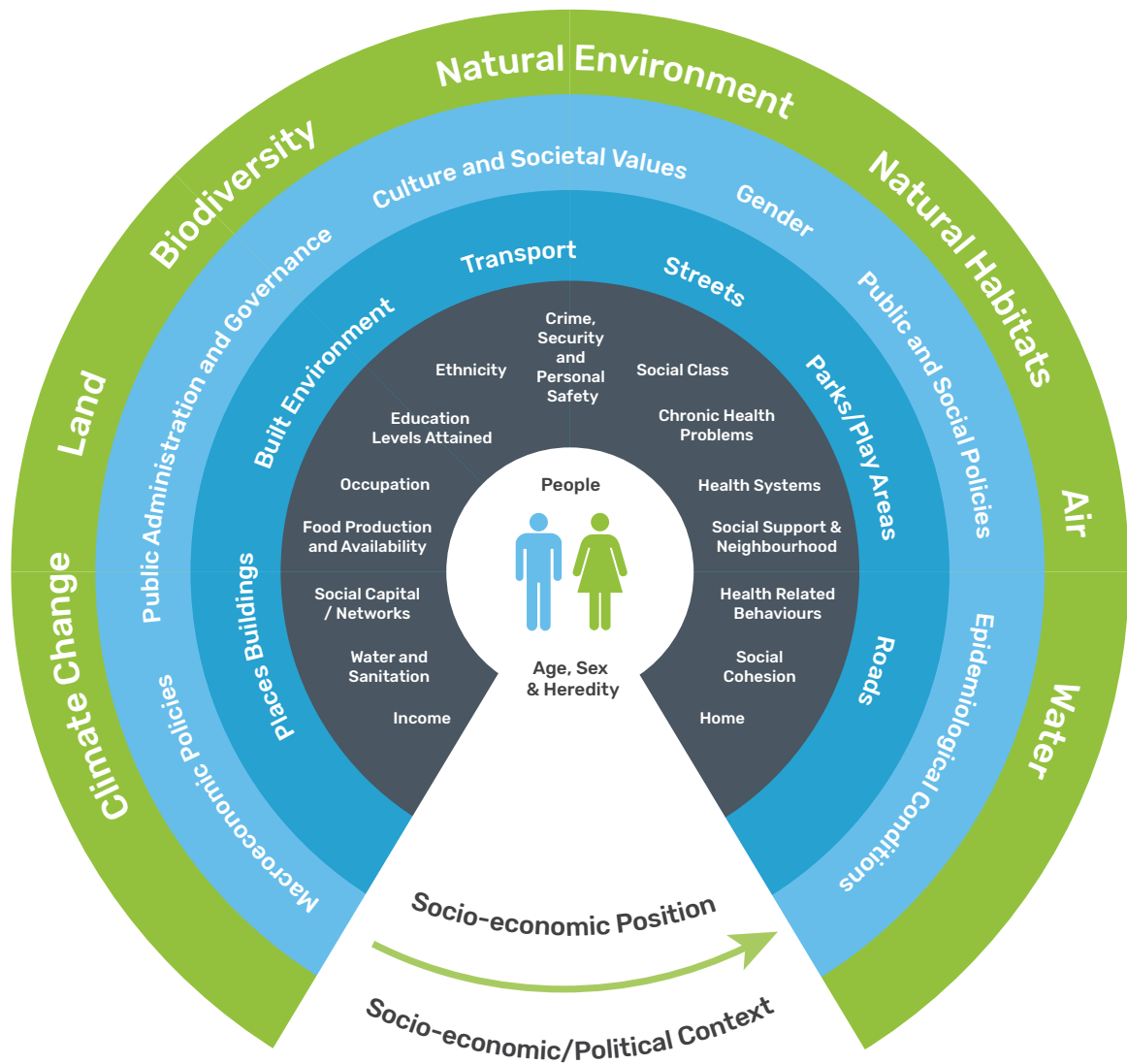


Figure 2: Social Determinants of Health (source: Healthy Ireland)

4.7 Healthy Cities & Ireland HI Framework 2013-2025

Healthy Ireland, Ireland’s framework for improved health and wellbeing (2013-2025), is in line with the goals of the WHO Healthy Cities Programme. Being part of the Healthy Cities programme supports the implementation of Healthy Ireland. Similar to Healthy Cities, its primary goals are to reduce health inequities, promote the proportion of people who are healthy through all stages of life, and empower individuals to play their part in achieving a healthier Ireland. An additional goal of the strategy is to protect the public from threats to health and wellbeing. Cities wishing to join the WHO European

Healthy Cities Network have had to fulfil a set of 10 'requirements of engagement' such as *Monitoring and evaluation mechanisms and administrative infrastructure*. To date 7 Irish cities and counties have achieved accreditation – **South Dublin County Council**, Galway City Council, Cork City Council, Limerick City Council, Offaly County Council, Mayo County Council and Waterford City and County Council by placing health at the centre of urban interventions. Healthy Ireland has equivalent Indicators which are aligned with the primary aims of Healthy Cities to ensure outcomes are achieved. For example, a key performance indicator for the 2013 Healthy Ireland Framework in the Republic of Ireland is to increase by 20% the proportion of the population undertaking regular physical activity (PA)⁵. In this way Healthy Cities is embedded within current Irish health promotion policy.

4.8 South Dublin County Healthy County

The South Dublin Healthy County Steering Group is an interagency group established during 2014/2015 for the purposes of attaining Healthy City/County Status through the National Healthy City/County Network linked to the World Health Organization.

Healthy Ireland South Dublin County is a coordinating body with the aim of improving the Health and Wellbeing of all those who live and work in South Dublin County. It caters for all ages and abilities, with a focus on areas where there are health inequalities; such as areas of disadvantage, older persons, people with a disability, minority groups, and adapts a cradle to the grave approach to Health & Wellbeing. Key objectives include:

- To assist in the delivery of Healthy Ireland at local level
- To deliver actions from the National Physical Activity Plan
- Having participated in local Health Assets Needs Assessment (HANA) we will deliver local actions identified
- To improve the Health & Wellbeing of the residents of our County
- To Promote and utilize the wide range of facilities and programs provided by the local Authority and expand them as required
- Tackle Health Inequalities

In 2016 South Dublin County gained accreditation as HI Healthy South Dublin and since then partners have been active locally, regionally and nationally in the HI Healthy Cities and Counties Network. The project is managed by South Dublin County Council in partnership with Health Service Executive, South Dublin County Partnership, Trinity College Dublin Public Health & Primary Care, South Dublin Volunteer Centre, Tallaght University Hospital, Technological University Dublin, Tallaght Campus and the Education & Training Board.

⁵ Harrington DM, Belton S, Copping T, Cullen M, Donnelly A, Dowd K, et al. Results from Ireland's 2014 Report Card on Physical Activity in Children and Youth. *J Phys Act Health*. 2014 May;11 Suppl 1:S63-68.

4.9 South Dublin County Health & Well Being Strategy

Becoming a Healthy City and working to achieve the goals of Healthy Ireland requires creating cities with adequate housing and public transportation, quality health care, and safe places to exercise and play⁶. In short it is recognising that health is the business of all sectors. In seeking Healthy Cities accreditation and/or achieving the goals laid out in Healthy Ireland, South Dublin CYPSC/LCDC will undertake a number of steps to improve health and wellbeing. This requires thorough political commitment, working in partnership with local stakeholders and supporting innovative projects. The strategy developed through this process should provide a road map for how this could be achieved.

Any city can be a healthy city, since this has never been defined as an outcome but a process. A healthy city is not one that has achieved a particular health status level but rather one that is conscious of health and health equity and strives to improve it⁷. Moreover, South Dublin CYPSC/LCDC recognises that while such programmes are generally initiated by local government – for them to be effective there must be mobilised integrated action from civil society such as community groups and charities and from private enterprises. It represents a timely mind-set shift from a health-care system centred on disease treatment to one that combines treatment, prevention, promotion of health policy, and a transferral of responsibility from health professionals to the entire society, with an emphasis on the role of local governments⁸. The development of a Healthy Ireland Strategy for South Dublin County will outline the pathway by which this local leadership can make a real difference to the lives of its citizens.

4.10 National Policies & Plans

Over the past few years' significant work been undertaken, in consultation with the public, in developing national policies and plans. These include, but are not limited to the following: Tobacco Free Ireland (2013), National Sexual Health Strategy (2015), National Physical Activity Plan (2016), A Healthy Weight for Ireland Obesity Policy (2016), Reducing Harm, Supporting Recovery- a health lead response to drug and alcohol use in Ireland (2017) and the National Get Ireland Walking Strategy (2017).

With a focus on implementation there is recognition that these policies and plans have to be integrated and implemented at local level. The South Dublin County Local Community Development

6 Cole H, Shokry G, Connolly JJT, Pérez-del-Pulgar C, Alonso J, Anguelovski I. Can Healthy Cities be made really healthy? *Lancet Public Health*. 2017 Sep 1;2(9):e394–5.

7 O'Neill M, Simard P. Choosing indicators to evaluate Healthy Cities projects: a political task? *Health Promot Int*. 2006 Jun 1;21(2):145–52.

8 Xu B, Yang J, Zhang Y, Gong P. Healthy cities in China: a Lancet Commission. *The Lancet*. 2016 Oct 15;388(10054):1863–4.

Committee is ideally placed to understand local needs and issues, and also the assets and networks unique to South Dublin County to promote and improve the health and wellbeing of people living in South Dublin County. This section of the strategy outlines key national policies that support Healthy Ireland. These strategies have been outlined in brief and the actions listed where these have potential to be progressed, full or in part, at the local community level.



Figure 3: Key national policy that underpins Healthy Ireland

There are ten national policies (see figure 3) and one regional policy, the HSE Community Healthcare: Dublin South, Kildare & West Wicklow Healthy Ireland Implementation Plan 2018 - 2022 that feed into the context of this strategy. These policies are summarised below and pertain to the six strategic action areas.

4.11 A Healthy Weight for Ireland – Obesity Policy and Action Plan 2016 – 2025

Government policy is intent on reducing the levels of overweight and obesity and its policy goals will be implemented under the *Healthy Ireland Framework*. The *Obesity Policy and Action Plan*⁹ is also working to be life-course oriented,¹⁰ with a focus on children and families; and prevention focused, with an emphasis on targeting inequalities. There is also a focus on community delivery of programmes to ensure accessibility. The Action Plan involves all sectors in Ireland and includes implementation pathways and indicators to measure progress. The Policy also aims to remove the stigma associated with obesity.¹¹



⁹ The Special Action Group on Obesity upon which the plan was based has worked on a number of initiatives including:

- A code of practice in relation to advertising, promotion and sponsorship of food and drink.
- A media campaign to communicate practical solutions for parents to adopt in order to tackle the everyday habits that are associated with excess weight in childhood. More details about this campaign which is titled “Let’s take on childhood obesity, one step at a time” can be found by visiting the Safefood website.
- Revising the Healthy Eating Guidelines.
- Developing Healthy Eating Guidelines for 1-5-year-old children.
- Treatment Guidelines for Overweight and Obesity.
- Calorie posting in restaurants.

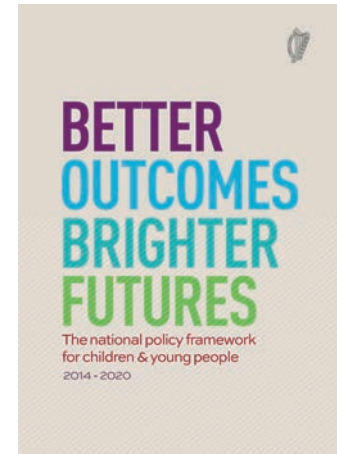
¹⁰ This refers to analysis which takes place within a person’s structural, economic and social contexts. The World Health Organisations states that a life-course approach also takes into account the social determinants of health, gender, equity and human rights.

¹¹ <http://health.gov.ie/wp-content/uploads/2016/09/A-Healthy-Weight-for-Ireland-Obesity-Policy-and-Action-Plan-2016-2025.pdf>.

4.12 Better Outcomes Brighter Futures (BOBF) 2014 - 2020

This is the national strategy for children and young people. It identifies six high level goals to strengthen the support systems around children, young people and their parents. BOBF is aligned to HI and seeks 'to improve all aspects of health and wellbeing', reducing risk taking, promoting healthy behaviour and positive mental health, as well as improving diet and diseases related to overweight and obesity. The transformational goals that underpin BOBF, and which relate to HI, are: support parents, earlier intervention and prevention, listen to and involve children and young persons, ensure quality services, strengthen local services and cross government and interagency collaboration. Implementation of these goals should achieve the following five outcome goals:

- 1) Are active and healthy, with positive physical and mental wellbeing
- 2) Are achieving their full potential in all areas of learning and development
- 3) Are safe and protected from harm
- 4) Have economic security and opportunity
- 5) Are connected, respected and contributing to their world



4.13 National Physical Activity Plan

Under this Plan, physical activity levels will be increased across the entire population with the intention that the health and wellbeing of people living in Ireland will be improved. The Plan is aiming to get everybody physically active and spending less time being sedentary. Its goal is that everybody lives, works and plays in a society that facilitates, promotes and supports physical activity and an active way of life.¹² This plan outlines that:

- All children and young people should be active, at a moderate to vigorous level, for at least **60 minutes every day**
- Adults and older people should be active for at least **30 minutes a day** of moderate activity on 5 days a week (or 150 minutes a week)
- People with disabilities should be as active as their ability allows. Aim to meet adult guidelines of at least **30 minutes a day** of moderate-intensity activity on 5 days a week



4.14 Get Ireland Walking – Strategy and Action Plan 2017 - 2020

Get Ireland walking¹³, works with Sports partnerships across Ireland to deliver a national initiative in the area of physical activity. The strategy is aligned with HI and has particular focus on disadvantaged communities and low active groups, which links with HI goals to reduce health inequalities.



¹² <http://www.getirelandactive.ie/Professionals/National-PA-Plan.pdf>

¹³ http://getirelandwalking.ie/_files/2017103145513_626b84f6.pdf

4.15 A Vision for Change 2006

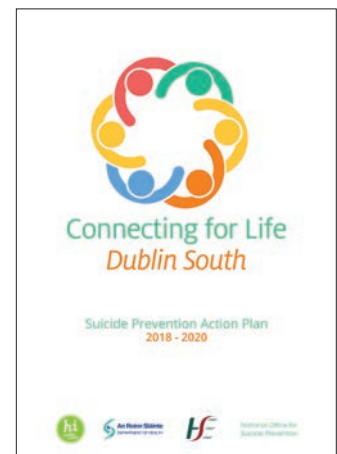
A Vision for Change is the Government's policy for Mental Health Services in Ireland. It was developed by an expert group and provides a framework for building and fostering positive mental health across the entire community and for providing accessible, community-based, specialist services for people with mental illness. The goal is that everyone should have access to local, specialised and comprehensive mental health service provision that is of the highest standard. It includes 18 key recommendations and a plan for implementation (13).



4.16 Connecting for Life 2015-2020 and Connecting for Life Dublin South 2018-2020

This is the national strategy for reducing suicide and to empower communities and individuals to improve their mental health and well-being. *Connecting for Life* has seven goals and includes an implementation plan to achieve two key objectives. These are, reducing the suicide rate in the whole population and amongst specified priority groups, and reduced rates of presentations of self-harm in the whole population and amongst specified priority groups.¹⁴

Connecting for Life Dublin South 2018-2020 has seven strategic actions goals, which detail how national actions will be translated at the local level.



¹⁴ http://health.gov.ie/wp-content/uploads/2015/06/Connecting-for-Life_LR.pdf

4.17 National Sexual Health Strategy 2015 – 2020

This is Ireland's first national strategy on sexual health. Produced by working groups under a steering group, it follows *Healthy Ireland* guidelines and contains 71 recommendations.¹⁵ An Action Plan was developed to cover 2015 – 2016, and further plans have been initiated and monitored through various working groups. In 2018 The Department of Children and Youth Affairs is published the world's first *Lesbian Gay Bisexual Transgender Intersex+ (LGBTI+) National Youth Strategy*.¹⁶



4.18 Tobacco Free Ireland

Developed by the Tobacco Policy Review Group in October 2013, this is Ireland's national strategy document to achieve a tobacco-free Ireland by 2025. It contains the current policy and legislative context and includes data on smoking. It also sets out a series of recommendations covering, protecting children, regulation of the tobacco retail environment, development of national and international partnerships and the WHO MPOWER goals. The recommendations which hold potential for implementation at a community level include: introduction of smoke free campuses in health care, governmental and sporting facilities, smoke free playgrounds, beaches and parks, prohibit the use of vending machines, undertake targeted approaches with specific groups, including young people, lower socio-economic groups, pregnant and post-partum women and patients with cardiac and respiratory disease, enhance programmes aimed at young to people to prevent uptake of smoking.¹⁷



¹⁵ <http://health.gov.ie/wp-content/uploads/2015/10/National-Sexual-Health-Strategy.pdf>.

¹⁶ <https://www.dca.gov.ie/viewdoc.asp?DocID=4178&ad=1>. The Programme for Government (2016) gives a commitment to a National LGBTI+ Youth Strategy. A Youth Advisory Group and an Oversight Committee were established to develop the strategy and design a wide consultation process to reach across the country to ensure that the Strategy was informed by the views of young people themselves. Consider pages viii – x of the Consultation Report: Changes that would improve the lives of young LGBTI+ people in Ireland today. Improve sexual health services More education on sexual health and sexually transmitted infections (STIs). Improved education for lesbian women or women who have sex with women. Easier access to pre-exposure prophylaxis (PrEP) and dental dams. Mobile STI services for STI testing.

¹⁷ <http://health.gov.ie/wp-content/uploads/2014/03/TobaccoFreeIreland.pdf>

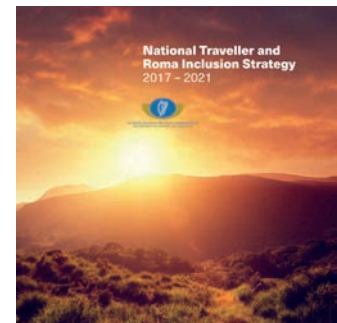
4.19 National Drug and Alcohol Strategy: Reducing Harm, Supporting Recovery 2017 – 2025

The latest *National Drug and Alcohol Strategy, Reducing Harm, Supporting Recovery – a health led response to drug and alcohol use in Ireland 2017-2025*, is government policy on drug and alcohol abuse. It sets out an integrated public health approach to drug and alcohol use. A key focus of the strategy is on promoting healthier lifestyles within society. It includes a 50-point *Action Plan from 2017 to 2020*, with the scope to develop further actions between 2021 and 2025. The strategy treats substance abuse and alcohol addiction as a public health issue rather than a criminal justice issue. Strategic actions which can be progressed at the community level:¹⁸



4.20 National Traveller and Roma Inclusion Strategy 2017 – 2021

The strategy was developed through consultation with NGOs, Traveller and Roma communities, and other interested parties/ individuals. The strategy seeks to build on the formal recognition of Travellers as an ethnic group of the Irish nation to address issues the community faces and to bring about improvements in the everyday lives of Travellers. The following actions to be progressed at the local level, through interagency actions: include Cultural Identity, Education, Employment, Children & Youth, Health, Gender Equality, Anti-discrimination, Accommodation, Community & Public Services.



¹⁸ <http://health.gov.ie/blog/publications/reducing-harm-supporting-recovery-2017-2025/>.

4.21 HSE Community Healthcare: Dublin South, Kildare & West Wicklow Healthy Ireland Implementation Plan 2018 - 2022

This plan sets out how the HSE is implementing the Healthy Ireland Framework in Dublin South, Kildare & West Wicklow. Following the national HSE HI plan, this plan identifies actions under three strategic priority areas:

1. Health service reform
2. Reducing the burden of chronic disease
3. Improving staff health and wellbeing

This plan contains 115 detailed actions across the following categories:

- **Governance, Monitoring, Leadership and Structures**
- **Healthy Childhood**
- Tobacco
- Alcohol
- Healthy Eating and Active Living
- Mental Health
- Positive Aging
- Making Every Contact Count
- Self-Management Support
- Staff Health & Wellbeing Review
- Sexual Health
- Strengthening Partnerships



5. South Dublin County Demographic and Health Profile¹⁹

5.1 South Dublin County Overview

This section outlines key data²⁰ on the population within South Dublin County. The relationship between health and demographics is complex, and this brief overview does not seek address this complexity, however, does aim to provide some connections between key demographics in South Dublin County and health to inform the local HI strategy.

South Dublin County is located in the south west of Dublin and stretches from the border with Wicklow in the south to the river Liffey and the Dublin City boundary in the north and from the Kildare border in the west. The area spans rural, urban and suburban communities and is made up of 49 Electoral Divisions which contain 906 Small Areas of Population. In the 2016 census, South Dublin County was the 27th largest of Ireland's 31 Local Authority areas (223km²). It was the fifth highest by population density (1,250 per km²) and the fourth largest, in terms of population (278,749). South Dublin County's population accounted for 21% of the total Dublin population. The 2016 census indicated a high population growth rate in South Dublin County at 5.1%. This was in spite of the economic downturn and compares with a 3.8% growth rate in the total Irish population. South Dublin County experienced an actual increase of 13,562 people in its population which made it the joint fifth fastest growing local authority in the State. Males accounted of 49% of the population and females made up 51%.

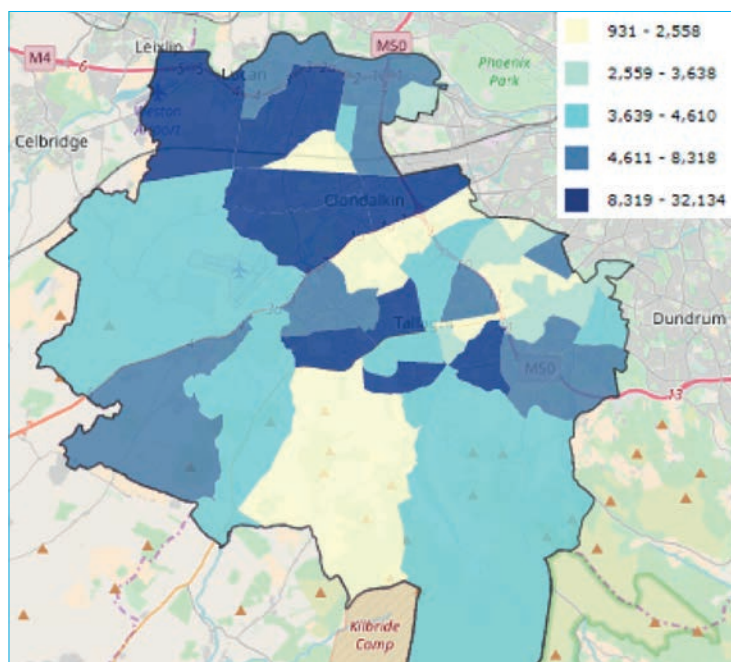


Figure 4: Population Density 2016 (Persons per km²) by Electoral Division²¹

¹⁹ All data from the figures and tables in Section 6 is taken from Census 2016 data from the CSO unless otherwise stated

²⁰ All tables and figures that appear in this section are sourced from CSO 2016 unless otherwise stated

²¹ <http://airo.maynoothuniversity.ie/external-content/south-dublin>

5.2 Age of Population

South Dublin County had a marginally younger age profile compared to most other local authorities in the country. The average age of people in South Dublin was 35.5 years compared to the Irish average of 37.4 years. South Dublin also had the 16th highest youth dependency ratio²² (34.9%) and the fourth lowest old age dependency ratio²³ (16.8%) in Ireland in 2016, which indicates a relatively young population.

The age dependency ratio is a measure showing the number of dependents, aged zero to 14 and over the age of 65, to the total population, aged 15 to 64. The Electoral Districts with a score of above 40 in the County are Ballyroan and Butterfield in Rathfarnham, Millbrook, Tallaght; Cypress and Orwell in Templeogue and Greentrees and St James in Terenure (49.8% the highest age dependency ratio in the County).

The age dependency ratio at the Local Authority level hides variation at the small area and electoral district level. For example, 77.3% of the residents of the Liscare area of the Moorfield electoral district are over the age of 55 and has the highest level of disadvantage in the Local Authority according to Pobal. This categorises this area as extremely disadvantaged with a score of -32 on the Pobal Deprivation Index. Conversely there are areas with a significantly higher youth population such as Adamstown, Saggart and Lucan that have a higher youth age dependency ratio.

Adding to this picture, Table 1 illustrates that South Dublin County contains a larger early childhood and primary school and young adult age group compared to the national average. Exactly half the residents of South Dublin County are between the ages of 0 – 34 compared with 47% in Ireland as a whole.

South Dublin County also has slightly smaller elderly population than is average in Ireland. 11% of South Dublin County's residents are 65 years old or over compared with 13% of the population in Ireland.

²² The young dependency ratio is the number of young people of 0-14 years of age as a % of the population of working age (15 – 64 years of age).

²³ The old age dependency ratio is the number of people aged years 65 and over as a % of the population of working age (15 – 64 years of age).

Table 1: Age of South Dublin County and Irish Population

Years	South Dublin County ²⁴ % of total pop	Ireland % of total pop
0 - 4	7.8%	7.0%
5 - 12	12.4%	11.5%
13 - 17	6.7%	6.5%
18 - 24	8.3%	8.2%
25 - 34	14.8%	13.8%
35 - 44	16.6%	15.7%
45 - 54	12.0%	13.1%
55 - 64	10.2%	10.7%
65 - 74	7.1%	7.8%
75 - 84	3.1%	4.1%
85+	0.9%	1.4%

A proportionally large number of young people living in South Dublin County implies potential for achieving significant health outcomes by focusing actions on this age group, especially where community-based approaches are used. The report from the Taskforce on Obesity (2005)²⁵, and 'A Healthy Weight for Ireland for Ireland, the national strategy, as well as the Growing Up in Ireland: Overweight and Obesity Among 9 Years Olds report (2011)²⁶, all highlight the need to support community level or school-based models which have a focus on creating longer term healthy behavioural change. These programmes also have potential to respond to gendered health differences. Of note is that boys more frequently have poorer diets than girls, and girls more frequently engage in less physical exercise than boys (ibid).

With half of the population under 34, and over a third (35%) under 24 years of age, there is also a clear need to ensure services and supports for this age group are optimised in line with the national strategy, Better Outcomes, Brighter Futures (2012). Among other things, this strategy highlights the need for interventions at the earliest stage. The types of interventions that need to be considered for young people and their families should include although not be limited to: parental supports, supports to engage in active lifestyles and formal and informal education, whole population wellbeing programmes and targeted mental health services,²⁷ and accessible, age appropriate sexual health services²⁸.

24 SDC population numbers: 0 – 4 years: 21,733. 5 – 12 years: 34,665. 13 – 17 years: 18,708. 18 – 24 years: 23,129. 25 – 34 years: 41,375. 35 – 44 years: 46,146. 45 – 54 years: 33,521. 55 – 64 years: 28,547. 65 – 74 years: 19,777. 75 – 84 years: 8,743. 85+ years: 2,405. Total: 278,767

25 <https://www.hse.ie/eng/health/child/healthyeating/taskforceonobesity.pdf>

26 <https://www.esri.ie/pubs/BKMNEXT211.pdf>

27 https://www.dcy.gov.ie/documents/cypp_framework/BetterOutcomesBetterFutureReport.pdf

28 <http://health.gov.ie/wp-content/uploads/2015/10/National-Sexual-Health-Strategy.pdf>

Mental health is also a pressing need for young people in Ireland. The My World Survey – National Study of Youth Mental Health in Ireland²⁹ highlight that one in five young people had mental health problems and did not seek professional help despite feeling that they needed it. This study also found that over half of young people use the internet as a key source of information on mental health, a fact which places an emphasis on the need for accurate and easy access to information on mental health and wellbeing supports for young people. Other issues which have an influence on young people’s mental health and which could be addressed to some degree at the local community level include sexual identity, alcohol use, ability to seek supports, and current adult supports (ibid).

5.3 Nationality and Ethnicity

More than eight in ten residents of South Dublin County are Irish nationals, which is almost identical to the national average. South Dublin County proportionately contains a similar population of foreign nationals as compared to the national average, with a slightly lower proportion of residents from the other 28 EU states and a slightly higher proportion of residents from the rest of the world. However, there are localised differences within South Dublin County in its make-up of nationalities with some electoral districts containing more non-Irish nationals compared to the national average. For example, 72% of Lucan–Esker’s population describe themselves as Irish and 15% of Clondalkin–Monastery’s population is comprised of nationals from the other 28 EU member states.

Table 2: Nationality in South Dublin County

Nationality	South Dublin ³⁰	Ireland
Irish	87.1%	87%
Other EU 28	8.2%	8.7%
Rest of the World	3%	2.7%
Not stated	1.7%	1.5%

South Dublin has similar levels of people of non-white ethnic origin to the national average. This indicates a need to ensure that the county is aligned to good practice in relation to inclusivity and diversity within health interventions. In relation to Travellers and Roma, there is a national strategy, summarised in the previous section, which outlines a number of actions that can be progressed at the local level.

²⁹ https://researchrepository.ucd.ie/simple-search?query=My_World_Survey_2012_Online%284%29.

³⁰ Irish: 240,323. Other EU 28: 22,654. Rest of the World: 8,274. Not stated: 4,824. Total: 276,066

Table 3: Ethnicity in South Dublin County

Ethnicity	SDC ³¹	Ireland
White Irish	77.8%	82.2%
White Irish Traveller	0.8%	0.7%
Any other White background	9.3%	9.5%
Black or Black Irish	3.3%	1.4%
Asian or Asian Irish	4.1%	2.1%
Other including mixed background	1.9%	1.5%
Not stated	2.8%	2.6%

5.4 Areas of Disadvantage³²

While South Dublin County may be the tenth most affluent of 31 local authority areas in the country, this masks significant pockets of disadvantage which are found scattered throughout the county. The Pobal Deprivation index 2016 classified one small area in South Dublin as ‘extremely disadvantaged’, 45 small areas in South Dublin as being ‘very disadvantaged’ and 128 small areas in South Dublin as being ‘disadvantaged’. Extreme and very disadvantaged areas clustered in two general geographic locations:

- Clondalkin: 1 area of extreme disadvantage and 23 areas that were categorised as very disadvantaged
- Tallaght: 21 areas that were categorised as very disadvantaged
- Greenhills/Walkinstown: 1 area categorised as very disadvantaged

In 2016 a total of 54,085 individuals lived in Small Areas of Population classified as being ‘disadvantaged’, ‘very disadvantaged’ or ‘extremely disadvantaged’, this accounted for 19% of the total population of South Dublin County.

Levels of disadvantage matter when considering health. The postcode of the family or their socioeconomic status can have an impact on their health as well as the accessibility of services and facilities/supports. As outlined in the previous chapter a determinants of health model³³ underpins the Healthy Ireland strategy. This model states that interventions need to be provided in a way that is cognisant of the person, the community and structures by which interventions

³¹ White Irish: 214,692. White Irish Traveller: 2,200. Any other White background: 25,703. Black or Black Irish: 9,171. Asian or Asian Irish: 11,334. Other Inc. mixed background: 5,264. Not stated: 7,702. Total: 276,066

³² Data from Section 6.4 is sourced from the Pobal Deprivation Index: <https://maps.pobal.ie/>

³³ Social Determinants of Health adapted from Dahlgren and Whitehead (1991), see http://www.nwci.ie/download/pdf/determinants_health_diagram.pdf.

are provided. Other national strategies and reports (see footnotes 5 and 6) also highlight the need to ensure that services are available and accessible to people living in disadvantaged areas. For example, planning the provision of nutrition programmes needs to take account of where people live to ensure these are reaching those that need them. Research shows that a family's address is likely to have an impact on attitudes to food and the affordability and accessibility of food and therefore the food available for children in the family home³⁴.

The age profile of people living in 'disadvantaged', 'very disadvantaged' and 'extremely disadvantaged' areas is similar to that in the rest of South Dublin. There are however, proportionally a larger number of younger (0 – 17 years) and older (65+ years) residents living in disadvantaged, very disadvantaged and extremely disadvantaged areas compared with all of South Dublin County.

Table 4: Age of Population in Disadvantaged, Very Disadvantaged and Extremely Disadvantaged Areas vs SDC

Area	0 – 17 years	18 – 64 years	65+ years
Disadvantaged, Very Disadvantaged and Extremely Disadvantaged Small Areas ³⁵	29%	59%	12%
All South Dublin County ³⁶	27%	62%	11%

Proportionally there are also more Irish nationals living in the disadvantaged, very disadvantaged and extremely disadvantaged areas of South Dublin County compared to the rest of the county.

Table 5: Nationality of Population in Disadvantaged and Very Disadvantaged Areas vs SDC

Area	Irish	Other EU 28	Rest of World	NA
Disadvantaged and Very Disadvantaged Small Areas ³⁷	92%	4%	2%	3%
All South Dublin County ³⁸	87%	8%	3%	2%

Additionally, there are proportionally more white Irish, Travellers and black residents living in disadvantaged and very disadvantaged areas of South Dublin County compared to the rest of the county. Of particular note is that there are more than double the proportion of Travellers living in these areas compared to the county average.

³⁴ <https://www.esri.ie/pubs/BKMNEXT211.pdf>

³⁵ 0-17 years: 15,755. 18-64 years: 31,828. 65+ years: 6,502. Total: 54,085

³⁶ 0-17 years: 75,106. 18-64 years: 172,736. 65+ years: 30,925. Total: 278,767

³⁷ Irish: 49,622. Other EU28: 2,118. Rest of World: 832. Not stated: 1,418. Total: 53,990

³⁸ Irish: 240,323. Other EU28: 22,645. Rest of World: 8,274. Not stated: 4,824. Total: 476,066

Table 6: Ethnicity of Population in Disadvantaged and Very Disadvantaged Areas vs SDC

Area	White Irish	Traveller	Other white	Black	Asian	Other	NA
Disadvantaged and Very Disadvantaged Small Areas ³⁹	82.7%	1.8%	3.9%	5%	1.6%	1.4%	3.6%
All South Dublin County ⁴⁰	77.8%	0.8%	9.3%	3.3%	4.1%	1.9%	2.8%

5.5 Aggregate Town and Rural Areas

The overwhelming majority of residents in South Dublin County live in aggregated town areas while a small minority live in rural areas (see Table 7). While both town and rural areas have seen population growth in the five years since the previous census, town areas have grown at more than 3.5 times the rate compared to rural areas. This indicates that while programmes situated in key urban hubs within South Dublin will meet the needs of many people, there is need to ensure a spread of health services across the country. A key planning challenge is to take account of the five and a half thousand people who do not live in town areas.

Table 7: Town and Rural Population in SDC 2016

	Aggregate Town Area in SDC	Aggregate Rural Area in SDC	Total
Population	273,215	5,552	278,676
% in town or rural area	98%	2%	100%
% increase in population since 2011	5.2%	1.4%	

³⁹ White Irish: 44,670. White Irish Traveller: 952. Any other White background: 2,119. Black or Black Irish: 2,685. Asian or Asian Irish: 890. Other inc. mixed background: 739. Not stated: 1,935. Total: 53,990

⁴⁰ White Irish: 214,692. White Irish Traveller: 2,200. Any other White background: 25,703. Black or Black Irish: 9,171. Asian or Asian Irish: 11,334. Other inc. mixed background: 5,264. Not stated: 7,702. Total: 276,066

5.6 Health Specific Data for South Dublin County

South Dublin County scored itself as marginally healthier than the national average on the self-reported health question in census 2016. Almost nine in ten residents scored themselves as being in 'very good' or 'good' health in both South Dublin and in Ireland and 1.6% of residents scored themselves as being in 'very bad' or 'bad' health, the same as the general population.

Table 8: Self-Reported General Health in South Dublin County 2016

	South Dublin County ⁴¹	Ireland
Very good	60.1%	59.4%
Good	27.2%	27.6%
Fair	7.4%	8.0%
Bad	1.3%	1.3%
Very bad	0.3%	0.3%
Not stated	3.7%	3.3%

To inform this strategy over 90 health indicators from 24 available regional (i.e. Dublin) or South Dublin County data sets and reports⁴² have been reviewed against equivalent national health indicators. The majority of these indicators showed that South Dublin was in line with or positively exceeding the national average. The areas where South Dublin County/Dublin County had a two or three negative percentage difference from the national average included (the area the data relates to is in brackets):

- A lower percentage of people who have **attempted to quit smoking in the past 12 months** (Dublin based⁴³) (Healthy Ireland Survey 2015)
- A higher proportion of residents that have **drunk alcohol in the past year** and of drinkers who **drink at least once a week** (Dublin based⁴⁴) (Healthy Ireland Survey 2015)
- A higher proportion of **young person's (18 – 34 years) prevalence of usage of any illegal drug** in the last year and in their lifetime (Dublin based⁴⁵) (Prevalence of Drug Use and Gambling in Ireland and Drug Use in Northern Ireland 2014/15: Regional Drug and Alcohol Task Force and Health and Social Care Trust Results)

41 Very good: 167,663. Good: 75,895. Fair: 20,584. Bad: 3,502. Very bad: 803. Not stated: 10,320. Total: 278,767

42 1) Healthy Ireland Survey 2015, 2) Census 2016, 3) Irish Study of Sexual Health and Relationships 2006, 4) The State of the Nation's Children 2016, 5) NSRF Database 2015, 6) HSE Screening datasets 2016, 7) CSO Vital Statistics 2015 & 2016, 8) NDTRS database 2015, 9) HIV Ireland Stigma Survey 2017, 10) The Childhood Obesity Surveillance Initiative (COSI) 2014, 11) HSE Perinatal Statistics Report 2015, 12) National Advisory Committee on Drugs and Alcohol – Drug Prevalence Survey 2015, 13) HSE Annual Report – Immunisation uptake 2015, 14) HSE HIV in Ireland 2016 Report, 15) Voluntary Antenatal HIV Screening in Ireland, 2016, 16) HSE Performance Reports Sept 2017, 17) Tusla School Attendance Data 2016, 18) Pathway Accommodation and Support System (PASS) January 2018, 19) Department of Education Statistics 2016, 20) CSO SILC Survey 2016, 21) Dublin Regional Homeless Executive Report Q3 2017, 22) Irish Youth Justice Service data 2016, 23) Tusla, Service Performance and Activity Report Q3 2017, 24) CSO Live Register data February 2018.

43 This was included as specific data for South Dublin County was not available

44 This was included as specific data for South Dublin County was not available

45 This was included as specific data for South Dublin County was not available

- A higher percentage of **children aged 15–17 who reported having ever had sex** (Dublin based⁴⁶) (State of the Nation's Children 2016)
- A higher percentage of women who would describe at least one of their pregnancies as a **crisis pregnancy** (Dublin based⁴⁷) and a higher percentage of women who have been pregnant who have had a pregnancy end in abortion (Irish Study of Sexual Health and Relationships 2006)
- A more diverse range of responses to the question “what time of the month do you think a woman is most likely to become pregnant,” between the male and female population (Dublin based⁴⁸) (Irish Study of Sexual Health and Relationships 2006)
- A higher **number and rate of HIV diagnoses** by HSE area (HSE Areas: South Dublin, Kildare, Wicklow) (Voluntary Antenatal HIV Screening in Ireland, 2016)
- A higher proportion of **young people with a probable mental health problem** on the PMHP Group (Dublin based⁴⁹) (Healthy Ireland Survey 2015)
- A higher % of **children who are absent from school for 20 days or more** in the school year and a higher proportion of student days lost for primary schools (non-attendance) (Dublin based⁵⁰) (Dept of Education Statistics 2016)
- The highest number of people accessing local authority managed **emergency accommodation** out of eight regions (Dublin based⁵¹) (Pathway Accommodation and Support System (PASS) January 2018)
- A higher proportion of children living in a **lone-parent household** (Dublin based⁵²) (CSO)
- A higher percentage and number of **young people on lists for assessment for speech and language therapy** (CHO Area 7⁵³) (HSE Screening datasets 2016)

A quarter of the 12 indicators in this list relate to sexual health issues, which could potentially be attributed to the high numbers of younger people as well as those within child bearing age. Three of these issues relate to drug, alcohol or tobacco use, and one to mental health. Two issues also relate to indicators of disadvantage (lone parent households, and number of people accessing emergency accommodation), which are potential contributors to broader wellbeing issues.

46 This was included as specific data for South Dublin County was not available

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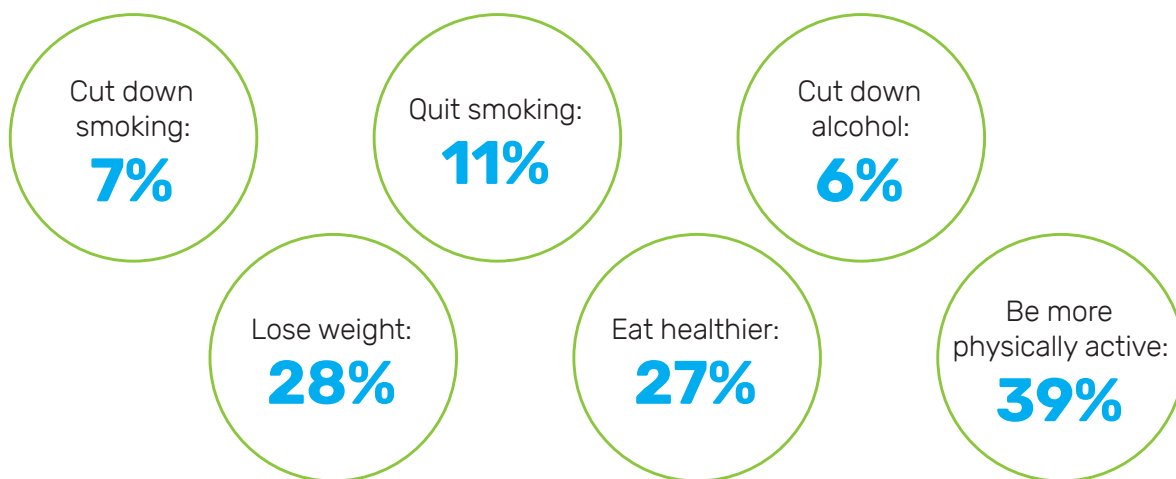
Another way to understand health in South Dublin County is to review the issues that affect the largest number of people in the region, these issues are highlighted below: (details of the approach to these calculations is contained in the end notes).

- **181,258** of people aged 18 have never had a HIV test (Irish Study of Sexual Health and Relationships 2006)
- **154,569** people aged 15 or over do not eat at least five portions of fruit and veg a day (Healthy Ireland Survey 2015)
- **122,367** people aged 15 and over are overweight or obese: (Healthy Ireland Survey 2015)
- **115,927** aged 15 and over during the last 12 months consumed the equivalent of six or more standard drinks on one drinking occasion (Binge drinking): (Healthy Ireland Survey 2015)
- **78,055** people aged 15 and over reported experiencing mild, moderate or severe depression in the last 2 weeks (Irish Health Survey 2015)
- **64,764** people aged 18 years and older that received sex education when they were young and did not feel that it was helpful in preparing them for adult relationships (Irish Study of Sexual Health and Relationships 2006)
- **64,404** people aged 15 and over report having a long-standing illness: (Healthy Ireland Survey 2015)
- **45,083** people aged 15 and over smoke: (Healthy Ireland Survey 2015)
- **42,769** people aged 18 and over would like more information regarding safe sex or STIs (Irish Study of Sexual Health and Relationships 2006)
- **36,426** people had a disability (Census 2016)

The good news is that while many of the population face a health issue, or have an unrealised health goal, there is evidence that people wish to take action to improve their health. The Healthy Ireland Survey 2015, found that in Dublin, the following percentages of people wish to make changes that would make them healthier;



There is evidence of the fact that people in Dublin wish to address their health. The Healthy Ireland Survey 2015, found that the following percentages of people wish to make changes that would make them healthier;



5.7 Disability

The 2016 census showed there was 36,426 people in South Dublin County reported having a disability, this equates to 13.1% of the population, marginally lower than the national average. However, this comparison should not obscure the fact that more than one in ten residents of South Dublin County describe themselves as being disabled, a not insignificant number. The specific issues that need to be considered to ensuring people with a disability receive access to appropriate services include ⁵⁴, the specific needs of people with disabilities who also have a mental health need, and the challenges facing people with disabilities who also have communication issues, as this group frequently experiences disparities in accessing health services⁵⁵.

Table 9: Persons with a Disability

Area	Persons with a Disability	% of Population with a Disability
South Dublin County	36,426	13.1%
Ireland	643,131	13.5%

⁵⁴ https://www.researchgate.net/publication/242462711_The_Experience_of_People_with_Disabilities_in_Accessing_Health_Services_in_Ireland_Do_inequalities_exist

⁵⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3741324/>

5.8 Physical Health

South Dublin County is part of the commuter belt to Dublin city, with many residents commuting on a daily basis. South Dublin County is generally similar to the national average in its resident's preference for commuting to work, school or college. Three quarters of residents use some form of motorised vehicle on their commute, almost one in five residents walks or cycles while fewer than one in ten people work from home. South Dublin County's high level of motorised transportation to work puts the health of commuters at higher risk of mortality, this risk increases the longer the commute⁵⁶. Therefore, there is potential for Initiatives to encourage active commuting to play a role in reducing the risk of death and the burden of chronic conditions⁵⁷.

Table 10: Population Aged 5 Years and over by Means of Travel to Work, School or College

	South Dublin County ⁵⁸	Ireland
On foot or bicycle	19%	17%
Motorised transportation	75%	76%
Work from home or N/A	6%	8%

56 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3226527/>

57 <http://www.bmj.com/content/357/bmj.j1456>

58 On foot or bicycle: 35,672. Motorised transportation: 136,973. Work from home or not stated: 10,885. Total: 183,530

5.9 Summary

South Dublin County is a county with a large and expanding population which is younger than the national average. South Dublin County general health is marginally better than the national average. However, in a number of areas are issues that require a continued focus from planners, this includes, but is not limited to: the majority of resident's commute to work/college, which highlights a need to plan for the encouragement of active lifestyles.

There is a need to provide supports that help residents to quit smoking, particularly in disadvantaged communities. Services need to ensure that they are accessible to people with disabilities as more than one in ten residents reports having a disability. There is a large number of new communities in the county and ensuring that these minority groups have access to health services is also a cross cutting consideration. As there is a large youth population in the area there is need for age appropriate sexual health services. A large youth population shines a light on the need to realise the outcomes listed in Better Outcomes Brighter Futures. In relation to Healthy Ireland this means the need for physical health and mental wellbeing services, which the data suggests are needed in the area.

Despite being categorised as a marginally affluent area, South Dublin County contains many pockets of disadvantage, with the areas around Clondalkin and Tallaght particularly containing a number of small areas categorised as being very disadvantaged. There is a responsibility for planners to ensure these areas are prioritised in local strategic development and not excluded further. Finally, to facilitate more informed future planning there is need for agencies to coordinate their work in relation to the capture of data and more importantly, the provision of high quality co-ordinated supports and services.

6. Introduction to the Strategic Actions

This section of this strategy identifies 40 actions under seven thematic areas which correspond with the National Healthy Ireland Strategy and provide a roadmap for improving health in South Dublin County. The six thematic areas are:



Cross Cutting



Healthy Eating Weight for Ireland



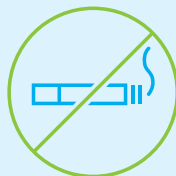
Physical Health



Mental Health and Wellbeing



Sexual Health



Tobacco



Alcohol⁵⁹

⁵⁹ The Health Ireland Framework identifies alcohol as an area which it wants to target for improvements in health in the population. For this reason this section focuses on the theme 'alcohol' as opposed to 'drugs and alcohol'. While there are many issues around addiction facing services and residents in South Dublin County, the decision was made to follow the guidance of the National Framework.

Each thematic area has its own chapter, which contains some key contextual demographic and health data as well as the details of the priority community needs that arose through the community consultation process.

Each thematic chapter then contains a number of the key actions agreed through the strategic planning process. These actions all meet the following criteria:

- Require an interagency approach to maximise their outcomes
- Will progress priorities within the Healthy Ireland Strategy
- Are not direct replications of actions already agreed within other local strategies
- Have a lead agency identified and able to promote the actions

The strategic plan ends with brief details on how the Healthy Ireland Strategy will be implemented with support of Healthy Ireland.



7. Strategic Actions – Cross Cutting

7.1 Overview and Context

A social determinants of change model is key to the Healthy Ireland strategy, the basis of this model is that health services should consider social and environmental factors to ensure that services are accessible to those who may be traditionally excluded from services. In South Dublin County, demographics highlight that there is a need to consider Roma and Traveller populations; there are more than double the proportion of Travellers living in disadvantaged areas in South Dublin as compared to the county average.

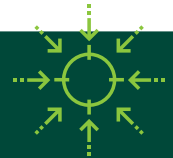
There are significant pockets of disadvantage found throughout the South Dublin county.

The following key issues have been raised through stakeholder interviews and focus groups and were then endorsed through interagency workshops, as points needing to be addressed in South Dublin County in order to increase the amount of people engaged in physical activity:

- **High risk populations** – Lower income families, Traveller and Roma communities, and the homeless population are all at greater risk of health disparities in relation to access to services and the ability to implement advice
- **Access to amenities and services** – not all areas have equal access to amenities such as parks and services. Where there are access issues such as safety concerns, this can restrict use of these in some more disadvantaged areas

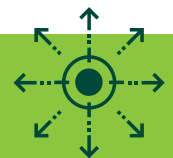
- **The need for staff to have access to appropriate training** in evidence-based programmes was also highlighted, as was the need for extended peer-based service provision where possible. The number of services

Strategic Objective Cross Cutting



Develop and strengthen of inter-agency collaboration to develop and deliver (new) actions and approaches that will improve health & wellbeing of people in South Dublin County across more than one public health & wellbeing objective.

Strategic Actions Cross Cutting



1. Facilitate Healthy County Group to collaborate on initiatives and actions in plan
2. Extend 'Make Every Contact Count (MECC)' to community and voluntary organisations
3. Establish an annual fund for the creation of the youth created awareness materials for social media in relation to health-related issues (to include: video, and GIFs)
4. Establish an annual fund/plan for provision of professional training
5. Extend social prescribing approach



8. Strategic Actions – Healthy Weight for Ireland

8.1 Overview and Context

In Dublin, almost 4 in every 10 people aged 15 and over are overweight, and two in ten are obese. Three in ten of the youth population are overweight or obese. This is generally in line with national levels indicating weight as a clear population health issue. Overweight and obesity is contributed to by diet – data shows that in Dublin 14.6% of people drink sugar sweetened drinks once or more per day, and only 28% eat at least five portions of fruit or vegetables daily (all data from Healthy Ireland Survey 2015).

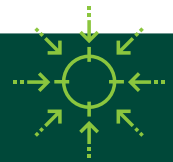
The following issues have been raised through stakeholder interviews and focus groups and were then endorsed through interagency workshops, as points needing to be addressed in South Dublin County in order to reduce the amount of people who are overweight or obese:

- **Perception of expense, inconvenience and a lack of knowledge.** Many people believe that it is too expensive and inconvenient to eat healthily or do not have skills or access to cooking facilities. Information on nutrition needs to be shared in a user-friendly and easy to understand way
- **High risk populations** – Lower income families, Traveller and Roma communities, and the homeless population are at risk in relation to healthy weight, issues of the affordability of nutritious food and access to cooking facilities
- **Sensitive topic** – body image concerns and eating disorders can make this a challenging issue to discuss. Service providers require training in language and conversation strategies

- **Easy access to fast food** – Fast food and high sugar processed food is too easily accessible to young people. Vending machines are too close to schools
- **Lack of parks and facilities** – this impacts on the level of physical activity for children and adults
- **Local / urban food policy** – In other countries /cities this is more common. The area would benefit from a food strategy
- **Lack of service or staff time / waiting lists** – Public health nurses have no time to address this topic. There are waiting lists for dieticians and psychologists
- **Infant nutrition and weening** – There are low rates of breast feeding and parents are not always properly weening
- **Focus on longer-term behaviour interventions** – Healthy eating programmes are effective when paired with other physical activity programmes

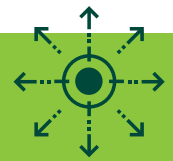
Ensuring that food programmes are inclusive of various cultural groups – Recognising that South Dublin County is a growing multicultural community, participants highlighted the importance that food programmes are inclusive to new Irish communities

Strategic Objective Healthy Weight for Ireland



Support and initiate actions to help people in South Dublin gain and maintain a healthy weight.

Strategic Actions Healthy Weight for Ireland



6. Significantly expand weaning programme for families, with a focus on disadvantaged communities. Further expand food education programmes to more locations with a focus on disadvantaged areas
7. Undertake regional breastfeeding awareness campaign
8. Develop a local food strategy through an interagency steering committee
9. Hold an annual intercultural food festival in South Dublin



9. Strategic Actions – Physical Health

9.1 Overview and Context

Data from the census in 2016, shows that 89% of the Irish population perceives their health to be good or very good. However, there is a disparity in self-perceived health based on age: 59% of people aged 75 or older give this answer compared to 94% (31,448) of young people aged 15 – 24. Long standing illness follows a similar pattern with 52% of people aged 65 or older reporting this, compared to 30% in the whole population.

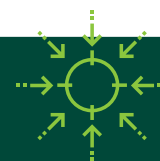
In the Dublin region children aged 10–17 reported being physically active for at least 60 minutes per day on more than four days per week, this is close to national averages and presents a solid basis of physical engagement that can be built on by focusing on groups that may not be engaging such as, in line with the social determinants model, higher risk social groups.

The following issues have been raised through stakeholder interviews and focus groups and were then endorsed through interagency workshops, as points needing to be addressed in South Dublin County in order to increase the amount of people engaged in physical activity:

- **Engagement** – to successfully engage people activities need to be fun, social, and tailored to community interests, such as dance classes and kick boxing. There is a need for services to be welcoming to people with barriers to engagement, such as elderly or people with disabilities
- **Schools and youth drop off** – There is often not enough physical activity occurring during school. There is a drop off in physical activity after the age of 14, drop-off starts earlier for girls and there is not sufficient focus on keeping girls in sport

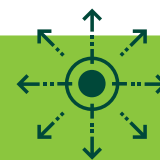
- **Affordability** – A lack of free or affordable gym or sports groups is an issue locally. Organisations who offer programmes like dancing or yoga can struggle with funding for instructors, boxing clubs that price accessibly can struggle to remain open. Price can be an issue for people for disability who need to be accompanied
- **Conflicting needs** – People with mental health, addiction issues or living in poverty, are often less motivated in relation to their physical health and less able to access services.
- **Lack of planning / capacity in some community groups to work with Sports Council.** Not all community groups access available funding (for materials, training), and require additional supports to apply for funds
- **Information is not currently easily available in one place** – there needs to be an accessible and updated local website with data on all local events. This should be supported by a social media strategy
- **Transport** – Challenges in getting to activities is an issue, especially for young people (i.e. under 12 years olds)

Strategic Objective Physical Health



Strengthen and develop actions to support people in South Dublin County to be physically active

Strategic Actions Physical Health



10. Develop a sustainability plan for the Foroige Certified Youth Kayaking Programme and the Mountaineering Ireland programme
11. Map playgrounds, parks and walking trails across the region to inform development plans
12. Expand existing exercise programmes throughout the community
13. Increase appropriate physical activity and exercise opportunities locally
14. Extend the pro-social kick boxing programme to 18-35 years old in the County
15. Develop and disseminate a programme menu of sports activities and promote through schools with a focus on disadvantaged areas
16. Devise a training initiative to improve engagement with Roma communities
17. Ensure information on physical activities and events are available on a number of high traffic websites (i.e. Sports Partnership, SDCC)
18. Undertake research into the needs of schools and youth services in relation to working with young people with autism



10. Strategic Actions – Mental Health and Wellbeing

10.1 Overview and Context

Mental health issues are fairly common. Over 1 in 4 people will experience a mental health issues in their lifetime (Connecting for Life). In 2016, while around 70% did not report experiencing depression, 19% reported experiencing mild depression and 6% reported experiencing moderate depression. Census 2016 reported that a total of 7,205 people in South Dublin reported having a psychological or emotional condition.

Young people experience mental health problems more often than adults. In 2015, young people in Dublin (15 - 24 years) were almost twice as likely to experience and report a probable mental health problem, than adults over 24 years old, according to the Healthy Ireland survey.

In relation to suicide, South Dublin County has lower rates than the national average for males in the last three years where data is available and for females for two of the last three years. South Dublin County has the third lowest suicide rate head for 100,000 of the population for males and the eight lowest for females⁶⁰. Females in South Dublin County although less likely to commit suicide than males rank higher than their male counterparts when compared with other local authorities.

⁶⁰ <http://www.nsrif.ie/contact/>

Table 11: South Dublin County Suicide Rank and Rate per 100,000 Inhabitants

	2014 (Rate*, Rank**)	2015 (Rate*, Rank**)	2016 (Rate*, Rank**)
Male South Dublin County	12.1, 29	6.0, 33	5.1, 32
Male National	17.5	14.6	13.8
Female South Dublin County	4.4, 14	1.4, 25	1.4, 27
Female National	3.7	3.8	3.4

*Rate is per 100,000, ** Rank is out of 34 Local Authorities nationally

In relation to self-harm, the Dail electoral divisions Dublin South West and Dublin West, which together represent the South Dublin County area, had some of the highest rates in the Country. In 2016 Dublin South West continues to have the highest rate of self-harm nationally for women. Dublin South West has the third highest rate of self-harm nationally for men. There has been an increase in rates of self-harm in South Dublin County alongside a decrease in Dublin City. In 2016, 10.7% of individuals presenting to hospital for self-harm in Ireland were living in South Dublin County.

Table 12: Self-Harm by Gender in South Dublin County⁶¹

HSE Local Population Health Office ⁶²	Men				Women			
	Pop	No. of people	Rate*	Rank **	Pop	No. of people	Rate *	Rank **
Dublin South West	75,078	173	227	3	79,393	220	287	1
Dublin West	72,067	146	196	6	74,265	178	243	5
Nationally		5070	184			6415	229	

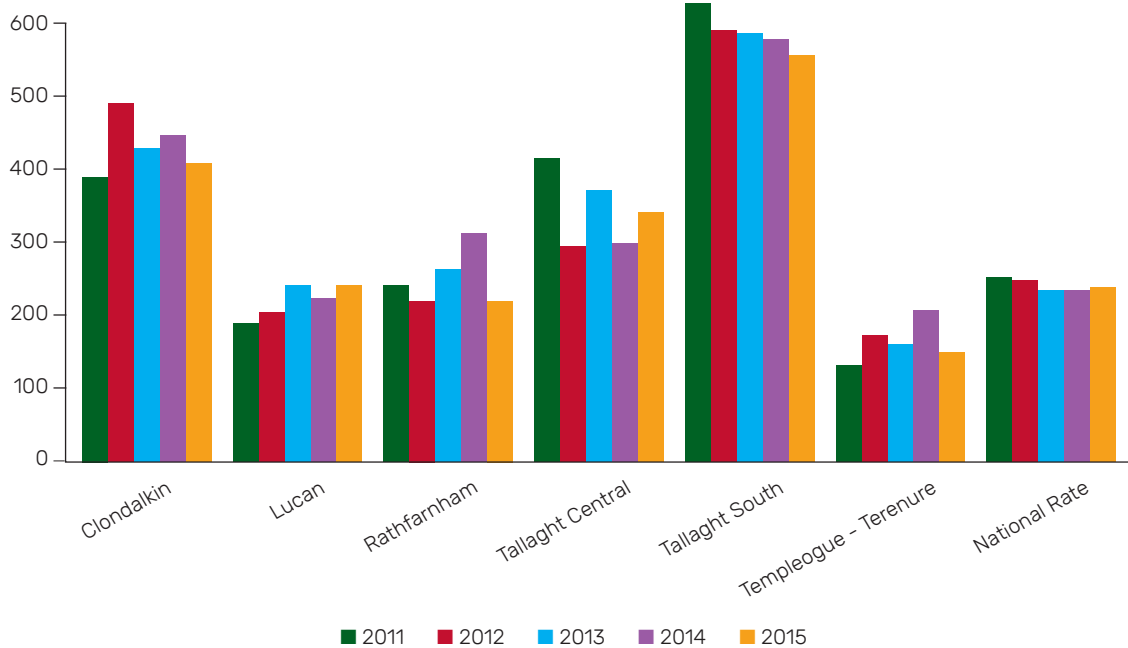
*Rate is per 100,000, ** Rank is out of 30 LHO's nationally

NSRF⁶³ data indicates that the areas of South Dublin County most likely to engage in self-harming behaviour. Clondalkin and Tallaght South & Central are above the national rate by the largest margins for all of the five years for which data was available. Illustrated in Figure 5.

61 <https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting-for-life-dublin-south.pdf>, This was included as specific data for South Dublin County was not available

62 Dublin South West & Dublin West LHO areas is an approximate capture of the area of South Dublin County LA however, the Rathfarnham area does not fall within these two LHO's while areas south of the Liffey outside of the Dublin City Council region are included. Consequently, the population figures add up to 300,803 while the population of South Dublin County is 278,749.

63 <http://www.nsrif.ie>

Figure 5: Self-Harm Rate in South Dublin County per 100,000 Residents

In relation to CAMHS waiting times, South Dublin is on par with the national average. In CHO Area 7, 60.8% of accepted referrals were offered a first appointment and seen within 12 weeks by CAMHS, which is very close to the national average of 61.4%. (Health Service Executive Performance Reports Sept 2017).

The following issues have been raised through stakeholder interviews and focus groups and were then endorsed through interagency workshops, as points needing to be addressed in order to support the mental health and wellbeing of the South Dublin County community:

- **Gaps in services for young people** – Young people, particularly 16 and 17-year olds, and under 12-year olds, can find it challenging to access appropriate services, especially in relation to anxiety, anger management, or ASD. There are long waiting lists for screening educational psychology and intellectual disabilities assessments⁶⁴. There are also less services in Clondalkin than Tallaght⁶⁵
- **Populations to target** – Specific populations with high-needs and lacking in services include; isolated mothers, homeless people, drug users, young people age 16 – 18, men in late 20s, 30s and 40s, Traveller and Roma communities, foreign nationals and people living in domestic abuse situations

⁶⁴ HSE CAMHS have noted – ‘Anxiety and anger management services are provided by Primary Care Psychology and CAMHS. The service for children with an ASD diagnosis is the 6 – 18 Disability Team or 0 – 6 Early Intervention Team, both located in Rose Court.’

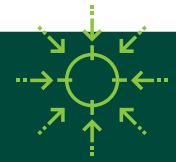
⁶⁵ HSE CAMHS have noted – ‘Primary care psychology is the service for children with mild – moderate difficulties.’

- **Increase in suicide levels, not yet available in national data sets** – There is anecdotal information that there has been a recent increase in female/young mother suicides in South Dublin County, many of which are polydrug use related. Many professionals and community members do not feel equipped to deal with this issue
- **Dual Diagnosis** – People with mental health needs and drug/alcohol addiction find it challenging to access a service, as neither mental health services nor drug services have a remit to work with dual diagnosis. This can be a particular issue for youth.
- **Services can lack flexibility** – Families in need of mental health screenings or services are often high need and struggle to consistently keep appointments. Services can end-up penalising families for missed appointments
- **School absence / parental support** – Young people with anxiety or other mental health can refuse to attend school. Parents need support and education to build mental resilience to support children with mental health or behavioral issues⁶⁶
- **Lack of awareness in the community** – People are unaware of the services and supports available and can be hesitant to reach out for help
- **Technology** – Youth are isolating themselves by using social media and gaming online. Gambling and pornography addiction is on the rise and there is a gap in professional understanding of these topics and how to respond
- **Ante and post-natal supports** – Public Health Nurses need to have more visits with mothers and infants to pay closer attention to infant mental health and post-natal depression
- **Staff training** – Staff would like more access to mental health training such as ASIST, Mental Health first aid, and Safetalk: but are not always clear how to access this⁶⁷.
- **Different pathways to CAMHS** – CAMHS in Tallaght and Clondalkin have different pathways and different challenges to entry
- **There is not sufficient capacity to support young people at risk** and specifically those who suffer from low to medium level neglect. The threshold is very high (i.e. experiencing physical or sexual abuse) so children can fall through the cracks
- **Diversity needs to be considered** – There is a need to engage minority communities as peer workers so that cultural factors are understood and taken into consideration

⁶⁶ Primary care has been mentioned by HSE as a support for parents in this regard

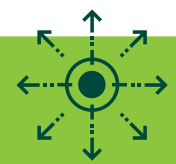
⁶⁷ Note that the local HSE suicide prevention office can provide this information - pauline.oreilly@hse.ie

Strategic Objective Mental Health and Wellbeing



Develop and expand initiatives to strengthen the mental health and wellbeing of people in South Dublin County

Strategic Actions Mental Health and Wellbeing



19. Establish a South Dublin County maternal mental health initiative
20. Monitor the development of Clondalkin Young Minds Project and the CDI Mental Health Pilot Programme
21. Develop accessible promotional material on mental health services and advertise/ disseminate in the local area
22. Develop a South Dublin County interagency response in relation to managing school refusing behaviour
23. Support strategies and recommendations that arise from local need analysis
24. Expand the delivery in South Dublin County schools of Roots of Empathy with a focus on disadvantage
25. Deliver Training in Mental Health First Aid to be delivered to members of the Travelling community
26. Develop and implement Heads UP
27. Expand evidence based parenting programmes
28. Develop a strategic interagency approach to implement good practice for local provision of wellbeing/ mental health programmes in education and community settings
29. Develop a Workplace Wellbeing Programme in line with the forthcoming Department of Health *Healthy Workplace Framework*
30. Research, develop and roll out communication to increase population awareness of ways to prevent and manage stress. Deliver training workshops to further support messages of stress awareness and prevention
31. Where there is stated interest and need establish community led suicide prevention and response committee in local communities to embed Connecting for Life Action Plan at a community level. To support actions that come out of this process.



11. Strategic Actions – Sexual Health

11.1 Overview and Context

While the issue of sexuality and knowledge and supports for making good choices was frequently discussed in reference to the need to support young people who are having sex and experimenting for the first time, a wide range of Information on sexual health is needed for people of all ages, not just young people. The last whole population survey on the topic of sexual health, conducted in 2006, found that, in Dublin 19% of people wanted information on having a more meaningful sex life and 21% wanted more information on safer sex/sexually transmitted infections (Irish Study of Sexual Health and Relationships 2006⁶⁸). A 2017 study found that, in Dublin, 24% of the population incorrectly believed HIV could be contracted through kissing and 30% believed this of spitting (HIV Ireland Study 2017⁶⁹). It was also found was that only 11% had ever been tested for HIV in Dublin.

Dublin has higher rates of teen pregnancy and problematic pregnancies in adult woman than the national average. While the rate of teenage pregnancy has decreased significantly across Ireland in the last 10 years, Dublin is the joint 12th highest out of 26 counties, with 4.5 per 1,000 births being to a mother aged 17 or under (State of the Nation's Children 2016). Additionally, 27% of women in

68 <https://www.ucd.ie/issda/static/documentation/esri/isshr-report.pdf>

69 <http://www.hivireland.ie/wp-content/uploads/Full-Report-HIV-Stigma-2nd-October-2017.pdf>

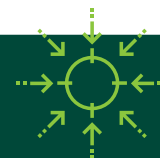
Dublin experienced a crisis pregnancy (Irish Study of Sexual Health and Relationships 2006), which is also higher than the national average.

The higher pregnancy rates may be related to the fact that the 2006 Irish Study of Sexual Health and Relationships found that 16% of people reported the cost of condoms as a barrier to use and 36% stated the same thing for the contraceptive pill. Cost is likely an even bigger barrier for young people which is important because a third of young people (33%), aged between 15 and 17 in Dublin have had sex (State of the Nation's Children 2016).

The following issues have been raised through stakeholder interviews and focus groups and were then endorsed through interagency workshops, as points needing to be addressed in South Dublin County to improve population sexual health:

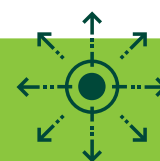
- **Technology / cyberbullying** – Cyberbullying, including the posting of sexual images and videos of young people is a problem. Parents and young people lack education on internet security. Increasing pornography use can lead to unrealistic or inaccurate expectations around sexual experiences and issues around consent
- **It's a sensitive topic for some staff** – Service, school and youth group staff often do not feel confident in their knowledge of the topic or the appropriate language to use and can feel uncomfortable talking to young people about sexual health. In addition, some schools are not running SPHE programmes in their entirety
- **Increase in STIs** – Many young people use the pill rather than condoms and there has been an increase in HIV figures and other STIs in South Dublin
- **School connection** – Leaving school early impacts young people's sexual health as the longer people stay in education the longer they are likely to postpone their first sexual experience. Once young people leave school they are harder to reach
- **Complex cases** – High need families are lacking in family planning education and support. Teenage pregnancy is more complex with young mothers having multiple children
- **Hard to reach population** – Parents in the Traveller community and Roma community often do not want their children to participate in any sexual health programming that is offered in youth programmes
- **Disability** – sexual health programmes may not cater to young people with disabilities. Often sexuality is understood from a safeguarding perspective rather than from a normalised sexual health perspective
- **The relationship factors around sex are important** – there is a need to discuss consent, technology, and a wide range of issues in any youth focused training

Strategic Objective Sexual Health



Support actions to encourage people in South Dublin County to increase their knowledge and understanding of sexual health and make good choices in relation to sexual activity.

Strategic Actions Sexual Health



32. Extend training for training (T4T) of Foroige's 'The Real U' Programme
33. Develop, run and evaluate a new programme for young people on sex and cyber safety
34. Provide sexual health and training to schools and youth organisations. Provide training to staff on how to talk about sexual healthy and identity 1-2-1 with young people



12. Strategic Actions – Tobacco

12.1 Overview and Context

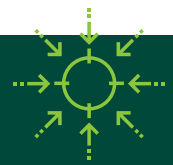
The percentage of people in Dublin who smoke is 21% which is comparable to the national average of 22%. In Dublin, a majority of people (67%, 29,885) who have smoked in the past year are thinking about quitting and 40% have tried to quit during the last 12 months (Healthy Ireland Survey 2015). While Dublin has the joint 2nd highest number of young smokers of the 8 regions with 5.7% of young people reporting that they smoke at least once a week, 84% of young people in Dublin reported never having smoked (State of the Nation's Children 2016).

The following issues have been raised through stakeholder interviews and focus groups and were then endorsed through the interagency workshop:

- **The image of smoking is still attractive to young people** - Young people still find smoking cool and believe in the weight loss myth. Peer pressure is also an issue for young people
- **Stress** - People with complex needs are unlikely to quit smoking until they can address some of their other issues and reduce their stress
- **E-Cigarettes / vaping** is on the rise with young people and the effects of this are still unknown
- **Second hand smoke** - Parents that smoke, are not always mindful of second hand smoke around their children. This is particularly an issue for homeless families where a lack of space presents real challenges in this regard

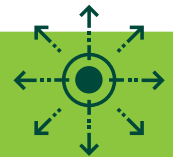
- **Need HSE Smoking Cessation Officers** – South Dublin has been without smoking cessation officers from the HSE for a year or two. There is no one assigned to Clondalkin or Tallaght for this role
- **Women living in disadvantaged communities** – The national average for smoking is just under 20% and about 56% of smokers are women between 40 and 55 living in disadvantaged areas

Strategic Objective Tobacco



Strengthen actions and develop new approaches to reach vulnerable groups to reduce smoking amongst the people in South Dublin County.

Strategic Actions Tobacco



35. Expand the 'We Can Quit Programme' and adapt the 'We Can Quit Programme' for men in collaboration with the Irish Cancer Society
36. Develop teacher capacity through the delivery of up to date training on supporting young people regarding smoking cessation



13. Strategic Actions – Alcohol

13.1 Alcohol Overview of Key Issues Arising through Consultation

Alcohol use is an important health issue in Ireland, 81% of Dubliners have drunk alcohol in the past year, with 60% of these drinkers drinking at least once a week (Healthy Ireland Survey 2015). In the year prior to the Healthy Ireland survey, just over half of drinkers consumed the equivalent of six or more standard drinks on one drinking occasion – this is viewed as a binge drinking experience. Over one in ten drinkers stated that during the last year they have regretted something that they said or did after drinking. In Ireland over half of young people aged 10–17 report never having had an alcoholic drink (State of the Nation’s Children 2016). However just over one in ten young people in Dublin report being drunk in the last 30 days. The rate of young people’s self-reported binge drinking episodes was 7% higher than adults, with 61% of young people in Dublin reporting an experience of this in the last year.

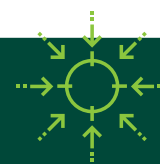
These findings are generally supported by the National Advisory Committee on Drugs and Alcohol – Drug Prevalence Survey 2015, which found that 20% of 17-year olds or younger, in the South Western RDTF area, had drunk in the last year, with 44% having ever drunk – these figures were both slightly higher than the national average.

In the South Western RDTF Area in 2015, 288 received treatment for problematic alcohol use, while 259 received treatment for any substance use (NDTRS database). Both areas had less people seeking treatment per 1000 people in the population than the national average.

Reflecting the focus of healthy Ireland this section of the plan has a primary focus on alcohol use, however given their intertwined nature, some actions also involve supports for people with drug use related issues. The following are the key issues relating to alcohol affecting the community in South Dublin County.

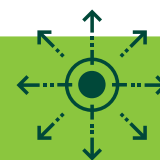
- **Dual Diagnosis and complex needs** - There is a lack of wrap-around services with staff expertise to address more than one issue at a time. Complex needs are often not meet by services that are too narrowly focused, there is also a need for ongoing preventative work
- **Social drug and alcohol culture** - Social alcohol consumption and binge drinking is ingrained in the culture in Ireland. Anecdotally there has also been a recent rise in recreational cocaine use, particularly with women
- **Continuum of care challenges: homelessness** - high levels of alcohol, drug use and mental health issues exist in the homeless population
- **Family supports needed** - There is a need for more knowledge on the impact of parents' addiction on children. Parents need support to respond to their children's alcohol and drug use. Substance use can also be normalised within the family unit
- **Need for lower severity services** - There is a lack of services or programmes to support early stage problematic alcohol and drug use in young people
- **Funding challenges** - Alcohol was added to the remit of the Drugs Task Forces without any additional funding to support actions
- **Alcohol use in pregnant women** and foetal alcohol syndrome is an issue requiring additional support
- **Ease of purchasing alcohol for young people locally**, it is relatively easy for young people to purchase alcohol locally
- **Need for culturally appropriate services for Travellers and new communities** - There is a need for culturally appropriate drug and alcohol services for key populations within South Dublin County
- **Need for alcohol free activities locally** - there is a need to ensure there is a variety of **pro-social, alcohol-free activities available in the area**

Strategic Objective Tobacco



Develop and strengthen initiatives to promote the responsible use of alcohol amongst the people in South Dublin County.

Strategic Actions Tobacco



37. Provide training to accompany Hidden Harm Practice Guide
38. Extend the YoDA programme (or similar) to serve all South Dublin County

14. Structures and Processes to Support Implementation

14.1 Overview

This section of the report outlines how the implementation of this strategic plan will be supported by the key delivery agents in the area and the principles that underlie the strategy. The strategy is being managed by the CYPSC and the LCDC, supported by South Dublin County Council's HI Healthy South Dublin Group.

14.2 Implementation Strategy

The Strategy belongs jointly to South Dublin County LCDC and South Dublin County CYPSC who have overall responsibility for managing, delivering and monitoring. The Strategy was developed through a Subgroup comprising representatives from the LCDC, CYPSC and the HI Healthy South Dublin Group. The HSE, SDC Partnership, Drug Task Forces and Jigsaw were also represented. It is recommended that this Subgroup becomes the Implementation Subgroup, that the LCDC and CYPSC review membership, ensuring significant involvement from the HI Healthy South Dublin Group.

The Strategic Plan Implementation Subgroup would have the following role:

- To monitor progress on achieving the Strategic Plan through seeking returns twice a year using a standard template (see Appendix)
- To report on progress to the LCDC and CYPSC biannually
- To identify good practice and disseminate information
- To identify blockages and actions that have not proceeded, suggest solutions and report to the LCDC and CYPSC as appropriate.

The HI Healthy South Dublin Group is aligned with the LCDC. This relationship is underpinned by a Memorandum of Understanding (MoU), which identifies how the two structures will co-ordinate their work plans to maximize outcomes for the local community. This MoU will be reviewed in mid-2019 and will identify roles and responsibilities in relation to project selection in relation to funding opportunities, monitoring, communications and coordination and leadership.

14.3 Principles to underpin roll out of the strategy

- Interagency collaboration and partnership are key to the delivery of all actions
- The strategy will support the implementation of evidence-based interventions which have been proven to have an impact on health
- We will integrate our work with other local strategies, and will support actions which compliment rather duplicate other strategic plans
- We will aim to strike a balance between actions which reach the most amount of people with those that reach the most disadvantaged
- We recognise that different areas within South Dublin County have different needs and we will seek to ensure equal access to services across the country and with prioritization of the areas of most need.
- Wherever possible we will review and evaluate programmes to ensure effectiveness and efficiency
- We will actively support creativity and innovation, especially in relation to health messaging and the engagement of community in health promoting actions
- We value community leadership and participation and aim to empower local people to play a role in promoting health and positive change.

Appendix 1 – Implementation Plan

South Dublin County Healthy Ireland Strategic Plan (April 2019) Appendix 1: Health County Strategy List of 38 Actions

Legend:

Cross cutting actions
Healthy Weight for Ireland actions
Physical Health actions
Mental Health and Well-being actions
Sexual Health, Tobacco cessation and alcohol harm reduction actions

Action	Existing	New	Target Group	Lead agency + Collaborative Agencies	Rationale	Monitored by:
1 To facilitate Healthy County Group to collaborate on initiatives and actions proposed in this plan		✓	Key Stakeholders	Health Country Group	Enhance cross-cutting knowledge and collaborative networks	LCDC
2 Extend MECC (Make Every Contact Count) training programme to staff in community and voluntary organisations	✓		HSE Staff	HSE	Health professionals trained in MECC encourage patients to make healthier lifestyle choices and preventative behaviours.	LCDC

Action	Existing	New	Target Group	Lead agency + Collaborative Agencies	Rationale	Monitored by:
3		✓	Young people	CYPSC/SDCP and Youth Services	Young people are more likely to garner information from social media platforms. Agree an annual theme to ensure optimum engagement of community and young people.	CYPSC/LCDC This fund will be evaluated for impact and sustainability in year three.
4		✓	Staff and local population	Healthy Ireland subgroup AND Tusla, SCDP HSE and local community and voluntary services	To make provision for training needs in the event of shortfall in funding for the implementation of programmes	LCDC
5	✓		GP service users	HSE Health & Well-being and SDCP, GPs, HSE	Extend social prescribing protocol to a wider network of health providers	LCDC
6	✓		Parents and Children Local communities with a focus on disadvantaged communities	SDCP and HSE ante-natal programme staff SDCP and SDCG, HSE, TUSLA, Clondalkin Healthy Living Centre, Quarryvale SRC, TRIPP and other community and voluntary providers	Successful weaning crucial to nutritional health and healthy weight. <i>Healthy Food Made Easy</i> , the TUSLA <i>Family Support services cooking programme</i> and the <i>FRC grocery shopping and food sampling</i> all currently delivered. Action suggests how these can be streamlined and expanded.	CYPSC CYPSC/LCDC

Cross cutting actions

Healthy Weight
for Ireland actions

Physical Health actions

Mental Health
and well-being actionsSexual Health, Tobacco cessation
and alcohol harm reduction actions

Action	Existing	New	Target Group	Lead agency + Collaborative Agencies	Rationale	Monitored by:
7		✓	Pregnant woman and new mothers	HSE AND GPs, midwives, and public health nurses	To raise awareness of the benefits of breast feeding for infant nutrition and maternal health. This needs to be explained and reinforced by a range of health care professionals and through multiple channels to achieve greater public awareness.	CYPSC
8		✓	Local communities	SDCP and SDCC, CYPSC, Airfield Estate1, HSE, Food Cloud, local community and voluntary services	Need to promote the relationship between food and sustainability, support community access to allotments, community gardens and other food cultivation opportunities, and engage communities in initiatives to increase healthy eating and reduce food waste.	LCDC
9		✓	Whole population with emphasis on new communities	SDCC and SDCP, HSE, Bord Bia, PPN, Airfield Estate, Community and Voluntary services	To promote an understanding of cultural and food diversity, awareness of local services and key Healthy Ireland messaging.	LCDC
10	✓		Young people	Foroige and Dun Laoghaire Boat Club and Mountaineering Ireland	Espoir Kayaking engages young people in physical activity and positive social interaction; 12 week mountaineering e provides certification and promotes independent mountaineering skills.	CYPSC
11		✓	Whole population	SDCC AND Local organisations	A mapping process to include location, amenities safety assessment and current utilisation will provide useful data on accessible green space. Moreover, it will provide evidence on which areas are more or less advantaged in terms of amenities needs and future investment.	LCDC

Cross cutting actions	Healthy Weight for Ireland actions	Physical Health actions	Mental Health and well-being actions	Sexual Health, Tobacco cessation and alcohol harm reduction actions
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Action	Existing	New	Target Group	Lead agency + Collaborative Agencies	Rationale	Monitored by:
12 Expand existing exercise programmes throughout the community	✓		Young people	Quarryvale FRC, Sports Partnership, SDCC, ETBs And Schools, local community and voluntary organisations	Reach more people through expansion of Quarryvale FRC primary physical activity project; Sports partnership Operation Transformation project; SDCC Cross Country Schools programme and ETBs 'Mini-Olympics Programme	CYPSC
13 Increase appropriate physical activity and exercise opportunities locally		✓	Whole community	Quarryvale FRC; SDCP, other community and voluntary organisations and Sports Partnership	Locally-run classes (e.g. yoga and dance) that attract participants should be supported and expanded.	LCDC
14 Adapt and deliver kick-boxing programme to 18-35 year olds in the county		✓	18-25 age group	SDCP and Referring organisations	Kick-boxing programme has helped build pro-social skills among teenage males	CYPSC
15 Develop and disseminate a "programme menu" of sports activities and promote through schools with a focus on disadvantaged areas		✓	Young people	Sports Partnership and Schools	Six-week programmes provided by national sports bodies	CYPSC
16 Devise a training initiative to improve engagement with Roma Communities		✓	Professionals/ community members	TRIPP/HSE and Local organisations	There is a need to engage more with Roma Community particularly in relation to health issues and access to services.	LCDC

Cross cutting actions

Healthy Weight for Ireland actions

Physical Health actions

Mental Health and well-being actions

Sexual Health, Tobacco cessation and alcohol harm reduction actions

Action	Existing	New	Target Group	Lead agency + Collaborative Agencies	Rationale	Monitored by:
17 Ensure relevant and up to date information on physical activities and events are available on a number of high traffic websites (i.e. Sports Partnership, SDCC). Users should be able to identify free /low cost activities.	✓		Local Population	SDCC and Local service providers and community and voluntary groups	In order to increase uptake, information on physical activities accessible in the County must be communicated and disseminated as widely as possible targeting sites that have high traffic.	LCDC
18 Undertake research into the needs of schools and youth services in relation to working with young people with autism.		✓	Young people with autism	Sports Partnership AND Schools, HSE, Autism Ireland, Irish Primary physical association. Beech Park	Identify good practice and involve stakeholders in devising recommendations or action plan for addressing challenges relating to Autism.	CYPSC
19 Establish a South Dublin County maternal mental health initiative.		✓	New mothers	HSE and CYPSC, SDCC, Blue Skies	Need for an initiative that will include maternal mental health and post-natal depression screening to give early access to services and practical supports. This action will promote evidence-based models and maintain a focus on disadvantaged groups.	CYPSC/LCDC
20 Monitor the Clondalkin Young Minds Project and the CDI Mental Health programme	✓		Young people	Healthy Ireland sub-group AND TUSLA, SDCC, St.Patrick's Mental Health Service, CDI-TCD, local mental health services	Positive evaluations of Clondalkin Young Minds project and CDI Mental Health Pilot programme will provide an evidence base for progressing these programmes further.	CYPSC

Cross cutting actions	Healthy Weight for Ireland actions	Physical Health actions	Mental Health and well-being actions	Sexual Health, Tobacco cessation and alcohol harm reduction actions
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Action	Existing	New	Target Group	Lead agency + Collaborative Agencies	Rationale	Monitored by:
21 Develop accessible promotional material on mental health services and disseminate in local areas in a variety of formats including web and print.		✓	Whole population	SDCC and CYPSC, National Office for Suicide Prevention. All local organisations	Need to communicate the work on mapping of services and referral routes undertaken by CYPSC and Connecting for Life.	LCDC
22 Develop a South Dublin County interagency response in relation to managing school refusing behaviour.		✓	Young people and families	Tusla, Jigsaw and Local community and statutory services	A response to the problem of school refusing behaviour to be developed, implemented and reviewed.	CYPSC
23 Support the strategies and recommendations that arise from the local needs analysis.			Whole population	CYPSC and Local services	Youth Mental Health Group of South Dublin County CYPSC local needs analysis	CYPSC
24 Expand delivery in South Dublin County schools of <i>Roots of Empathy</i> with a focus on areas of disadvantage.	✓		Primary school children	Barnardos and Schools and various community organisations	Roots of Empathy Programme addresses bullying and is offered currently in schools in Tallaght	CYPSC
25 Deliver training in <i>Mental Health First Aid</i> to members of the Travelling community in South Dublin County.		✓	Members of the Travelling Community	Blueskies ABC Programme Clondalkin AND Clondalkin Travellers Development Group	To develop capacity among the Traveller Community	CYPC
26 Develop and implement <i>Heads-UP</i> .	✓		Whole population	SDCP and HSE, all local services	An evidence-based community mental health programme targeting men with a focus on areas of disadvantage to be adapted and trialled with women.	LCDC

Cross cutting actions

Healthy Weight for Ireland actions

Physical Health actions

Mental Health and well-being actions

Sexual Health, Tobacco cessation and alcohol harm reduction actions

Action	Existing	New	Target Group	Lead agency + Collaborative Agencies	Rationale	Monitored by:
27 Expand evidence-based parenting programmes	✓		Parents	CYPSC and HSE, Foroige, community and voluntary providers	Programmes to be expanded with a focus on disadvantaged areas, where the proven demand is greater than the ability of existing services to provide them.	CYPSC
28 Develop a strategic interagency approach to implement good practice for local provision of Well-being/mental health programmes in education and community settings.		✓	Young people	HSE and Health Promotion and Improvement / Connecting for Life AND Jigsaw, Mental Health Ireland, BeLongTo, Community and voluntary organisations.	Need for more joined up thinking and implementation in the field of well-being and youth mental health. Pilot, evaluate and extend if successful.	CYPSC
29 Develop a Workplace Wellbeing Programme in line with the <i>Healthy Workplace Framework</i> . Create a database of workplaces for potential further development work	✓		Whole population	HSE Health Promotion & Improvement AND Workplaces and representative bodies and associations, Health and Safety Authority, ETB, SOLAS	Department of Health <i>Healthy Workplace Framework</i> promotes staff health and wellbeing by implementing a framework in partnership with targeted worksites. This framework includes specific topics as identified in Healthy Ireland e.g. alcohol and physical activity.	LCDC
30 Research, develop and roll out a communications campaign to increase population awareness of ways to prevent and manage stress. Deliver training workshops to further support messages of stress awareness and prevention.		✓	Whole population	HSE Health Promotion & Improvement and Local organisations	Evidence that stress is rising across all groups in the population. More targeted information to raise awareness and provide tools for managing stress can alleviate the problem.	LCDC

Cross cutting actions	Healthy Weight for Ireland actions	Physical Health actions	Mental Health and well-being actions	Sexual Health, Tobacco cessation and alcohol harm reduction actions
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Action	Existing	New	Target Group	Lead agency + Collaborative Agencies	Rationale	Monitored by:
31 Where there is stated interest and need, establish community-led suicide prevention and response committee in local communities to embed Connecting for Life Action Plan at community level. To support actions that come out of this process	✓		Service providers	SDCP and DATFs, NOSP, HSE, all community and voluntary services	Building on <i>Connecting for Life Dublin South Suicide Prevention Action Plan 2018-2020</i>	LCDC
32 Extend training for (T4T) of Foroige's <i>Real U</i> programme	✓		Young people	Foroige and Community organisations, schools, youth organisations	The <i>Real U</i> evaluated Programme focuses on a range of issues in relation to sexual health and sexual identity. The goal is that all youth groups, community organisations and schools have staff who can deliver this programme.	CYPSC
33 Develop, run and evaluate a new programme for young people on sex and cyber safety to complement <i>Real U</i> and other programmes.		✓	Young people	Foroige and Academics, local youth services, joint policing committee.	Need for a programme to focus on current challenges facing young people (and largely unaddressed in mainstream school curricula) including: cyber safety, pornography, technology and sexuality and consent.	CYPSC
34 Provide sexual health training to schools and youth organisations Provide training to staff on how to talk about sexual health and gender identity 1-2-1 with young people.		✓	Young people	Health Promotion and Improvement AND Schools and youth serving community groups	Need to update staff, students and workers in youth organisations on current sexual health issues.	CYPSC

Cross cutting actions	Healthy Weight for Ireland actions	Physical Health actions	Mental Health and well-being actions	Sexual Health, Tobacco cessation and alcohol harm reduction actions
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Action	Existing	New	Target Group	Lead agency + Collaborative Agencies	Rationale	Monitored by:
35 Expand the “We Can Quit Programme” and adapt for men in collaboration with the Irish Cancer Society	✓		Whole population	Healthy County Working Group and HSE, Irish Cancer Society, Clondalkin Healthy Living, Fettercairn Community Health Project.	We Can Quit Programme is delivered by local trained facilitators and targeted at women over 12 weeks. The programme is in its first stage of evaluation and is showing positive outcomes.	LCDC
36 Develop teacher capacity through the delivery of up-to-date training on supporting young people with regard to smoking cessation.		✓	School students	HSE HP&I and Schools	Primary and Secondary School Teachers are well placed to impart education around tobacco and raise anti-smoking awareness in schools.	CYPSC
37 Provide training to accompany Hidden Harm Practice Guide.		✓	Whole population	Joint TUSLA and HSE and Local organisations	Hidden Harm Practice Guide addresses the needs of children in families with drug and alcohol abuse.	CYPSC
38 Extend the YoDA (Youth Drug and Alcohol Service- or similar) based in Tallaght to all South Dublin County.		✓	Young people	CYPSC Mental Health SubGroup and YoDA, DATF's, TUSLA and HSE	To provide assistance and treatment to a wider catchment of young people under 18 years.	CYPSC

Cross cutting actions	Healthy Weight for Ireland actions	Physical Health actions	Mental Health and well-being actions	Sexual Health, Tobacco cessation and alcohol harm reduction actions
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Appendix 2 – Monitoring Report

South Dublin County Healthy Ireland Strategic Plan

Proposed Action Progress Report Template

Reporting period:

month/year

Number and description of Action
(from the South Dublin County Healthy Ireland Strategic Plan- Appendix lists all Actions):

Lead Collaborator (agency/organisation named first in the column):

Progress in developing the Action:

Outcomes and impacts of the Action to date:

Blockages and/or barriers to development of the Action:

Next steps:

Attach photographs, documents as appropriate:

Returned By:

Organisation:

Date:

