Bluebell and Inchicore: Priority Health Needs Summary

Fiona Gallagher

January 2011
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Acknowledgements

I would like to thank the Bluebell Inchicore Community Health Forum for commissioning this report and those from the Forum who participated in the research.

I also wish to acknowledge the support and direction received from a number of people while compiling this report: Maureen Mc Govern, Community Development Links Worker from the Canals Communities Partnership; Margaret Quinn, Rapid Co-ordinator, and Padraig Rehill, HSE Social Inclusion Manager.

Thanks are owed to all whom I interviewed for their willingness to participate in this research. I also thank all the people who participated in the focus groups:

- Members of Bulfin Court Day Centre
- Inchicore Older People's Network
- Inchicore/Bluebell Disabled Group
- Inchicore/Bluebell Men's Group
- Inchicore Women's Group
- Residents of Bluebell and Inchicore

Bluebell-Inchicore Community Health Forum

The Bluebell-Inchicore Community Health Forum was established in Bluebell and Inchicore in 2005 as an integrated action of the RAPID Area Implementation Team, with the purpose of creating a shared vision of health for the area and to encourage collaboration between the community sector and health service providers in regard to health needs and issues.

The Health Forum met regularly and lobbied for the Primary Care Team to be developed within the Bluebell and Inchicore area. It developed links between the community sector and the HSE. Representatives from the HSE sit alongside representatives from organizations such as RAPID, the CC Partnership, the Bluebell CDP, St. Michael's Estate Family Resource Centre, the Women's Outreach Centre, the Intercultural Centre and Hesed House Counselling Centre. The Health Forum was instrumental in highlighting a number of issues such as healthy eating, elder abuse and supporting the Breast Check programme.
1. Introduction and background to research

1.1 Introduction

The Bluebell-Inchicore Health Forum was established in 2005 as an integrated action of the RAPID Area Implementation Team. The purpose of the Forum was to create a shared vision of health for the area and to encourage links between the community sector and health service providers in relation to health concerns and needs.

This research was commissioned by the Bluebell Inchicore Health Forum to determine the priority health needs of local authority and private residents in Bluebell and Inchicore. The brief for the research was to:

- Assess the priority health needs of a sample of this population
- Identify through interviews with local health professionals the main health concerns of this population
- Establish a picture of the barriers that prevent this population accessing health services and what services are easy for them to access and why?

This research took place between January and May 2011.

While undertaking this research, it became evident that the focus of this report needed to be about health in the broadest sense rather than simply a narrow, medical view of health. The majority of those interviewed talked about health and wellbeing, taking into account not only individual medical needs but also issues such as the stresses of daily life and the physical and social environment in which people live. Therefore this report focuses on local groups, statutory and community organizations and the Primary Care Team of the HSE, their views about health within the community and working together for the benefit of the community.

A significant challenge of this research was to remain focused on the specified brief, given the very large scope of health concerns and health needs identified. This research is based on interviews and, therefore, on individual’s perception of needs rather than on formal quantitative data. Any of these concerns or needs could be studied in much greater detail. The specific health concerns and needs identified by both professionals and residents are by no means an exhaustive list and further detailed research is required.

This document is a summary of the main larger report, which also examines strengths and weaknesses of existing services, health concerns and some models of good practice in relation to community health.

1.2 Description of area covered by research

Bluebell and Inchicore fall within the Canal Communities RAPID and Partnership area. They lie, respectively, north and south of the Grand Canal and are regarded by local residents as two separate entities (Figure 1). For this research, attention focused on St. Michael's Estate; Emmet Crescent, Emmet Road; Tyrone Place and Bulfin Court in Inchicore and on the whole of the Bluebell area.

Inchicore

Inchicore lies between Bluebell, to the south, and Rialto, to the east (Figure 1). It contains the villages of Inchicore and Kilmaliham. It is part of the wider RAPID and Partnership area called the Canal Communities, which also covers Bluebell and Rialto. Emmet Road links the Kilmaliham area, to the east, with Inchicore. Along Emmet Road there is the College of Further
Education and the Health Centre. A new health centre building is currently being constructed at the edge of St. Michael's Estate beside Bulfin Court, a housing development for older people with 50 units and a day centre.

Bluebell
Bluebell is also part of the Canals Community and RAPID area. It is an old, established community with numerous families that have lived there for many years. Locals feel it is geographically isolated, cut off from Inchicore by the canal to the north and by the Naas road to the east (Figure 1). Bluebell has very few services. There are a few local shops to the front of the area towards the Naas road. People have to travel to Inchicore or further afield to avail of bigger shops and services.

Figure 1: Bluebell, Inchicore and surrounding areas (Canal Communities Partnership)

1.3 Some statistics
Bluebell and Inchicore are covered by four district electoral divisions (DEDs). The DEDs are Inchicore A, Inchicore B, Kilmainham A and Kilmainham C. Bluebell is essentially within the Inchicore B DED. Table 1 shows the distribution of population by age in the four DEDs, based on the 2006 census. These suggest a significantly lower proportion of young people up to 19 years of age in the four DEDs as a whole when compared to the state as a whole (19.31% v 27.24%) but a higher proportion of older people aged 75 and more (6.15 v 4.84%). In Bluebell (Inchicore B),
however, the level of dependency is significantly higher than in the other three DEDs in the area, with 26% of the population aged up to 19 years and 6.8% of the population aged 75 or over.

Table 2 shows the unemployment rate in the area compared to the highest educational level attained, as recorded in the 2006 census for people aged 15 and over. The unemployment rate in 2006 in the four DEDs concerned was 6.74%, significantly higher than the national rate of 4.68%. These figures have most likely changed considerably since 2006. In the case of Bluebell alone (Inchicore B), the rate was even higher, 8.42%. There was a significantly higher proportion of people with lower levels of educational attainment (no formal qualification or primary level only) than in the population as a whole, although this picture is complicated by the relatively high proportion of people (24.72%) with a degree and/or professional qualification compared to the national rate (18.52%). The latter may reflect a higher proportion of non-nationals in part of the area, particularly in Inchicore A and Kilmainham C. For example, over 4% of the population of the four DEDs in 2006 were Polish nationals, compared to just over 1.5% in the state as a whole. In Inchicore A and Kilmainham C, the combined proportion was 4.75% compared to just 1.1% in Bluebell (Inchicore B). In Inchicore B, only 8.26% of those aged 15 or over had a degree or professional qualification and over 36% had no formal qualification or had only completed primary school.

Bluebell and Inchicore are both within a RAPID area and form part of the catchment area of the Canal Communities Partnership. Both programmes focus on areas of social deprivation, with higher levels of unemployment and dependency and lower levels of educational achievement. An income profile developed in 2008 by TSA Consultancy for the St. Michael’s Estate neighbourhood in Inchicore, primarily covering those living in social housing (St. Michael’s Estate, Tyrone Place, Emmet Crescent and Belfin Court), found nearly 50% of the population to be in receipt of state benefits, including 9.1% receiving disability payments and 12% receiving lone parent payments.
2. National Health Policy

The National Health Strategy and Primary Care Strategy, both launched in 2001, envisage a user-centred Health Service and a more holistic approach to tackling health inequalities in Ireland. The main emphasis of both strategies is on equity and fairness and on enabling the community to have a say as to how services can be delivered in the future.

Arising from the Primary Care Strategy, the HSE identified 519 Primary Care Teams and 134 Health and Social Care Networks to be developed by 2011. The key objective in primary care policy (Dept of Health & Children, 2001) ‘is to develop services in the community which will give people direct access to integrated multi disciplinary teams, including general practitioners, nurses, health care assistants, occupational therapists and others. This is an essential component of the health service reform process. Each Team will be supported by a wider range of professionals including Pharmacists, Dieticians, Psychologists and Chiropodists who will form part of a Primary Care Network, with each network supporting a number of Primary Care Teams.’ The main focus of the Primary Care Strategy is to shift the emphasis from acute care in hospitals to ‘one stop shops’ within the community.

This community focus is also emphasized in The National Health Promotion Strategy 2000 – 2005, which advocates a holistic approach to health in Ireland, focusing on the importance of preventative measures and strategies to encourage healthy lifestyles and therefore overall health improvement.

A ‘Vision for Change’ (2006) is a national policy that sets out the direction of mental health services in Ireland. It describes a framework for building positive mental health across the community. It aims for the provision of accessible community-based services for people with mental health issues. It proposes a holistic view of mental health and wellbeing and recommends an integrated approach.

The Disability Act (2005) is a key element of the National Disability Strategy. The Act establishes a framework that seeks to make significant and long-term improvements to the lives of people with disabilities. It provides for a formal Assessment of Need for people with disabilities. On 01 June 2007, Part 2 of the Disability Act (2005) became law and children with disabilities under five years of age attained the right to an independent assessment of their health and education needs arising from their disability. It is the responsibility of the HSE to carry out this assessment, provide an assessment report and a statement of the services which will list the services it is possible to provide.

Community participation has been identified in the National Health Strategy (Dept of Health & Children, 2001) as an important element in developing health policies around the country. Community participation is about people having a say in the decisions which affect their lives. ‘Provision will be made for the participation of the community in decisions about the delivery of Health and Personal Social Services’ (Dept of Health & Children, 2001).

Extensive research has been carried out into the links between poverty and ill health. Areas of high unemployment, high dependency rates, inadequate housing and poor nutrition all have higher-than-average rates of ill health. Both Bluebell and Inchicore experience significant levels of poverty and, as a consequence, are likely to have higher than average rates of ill health.
3. Existing HSE services and supports in Bluebell and Inchicore

3.1 Health Service Executive

The Health Service Executive (HSE) includes Bluebell and Inchicore within its Dublin West Community Care Area. This Community Care Area also includes Lucan, Clondalkin, Ballyfermot and parts of Newcastle, Rathcoole and Saggart, a geographically large area with a population of over 130,000. Dublin West Local Health Office (LHO) and Dublin South City LHO have just been amalgamated to form Dublin South Central Integrated Service Area.

The existing health centre is on Emmet Road in Inchicore. This serves the population of Inchicore as well as Bluebell. Some of the HSE’s services operate out of this centre and some are outreach services based in Cherry Orchard. The full Primary Care Team is not yet based in Inchicore health centre but will be when the new health centre building opens.

3.2 Primary Care Teams

The Bluebell-Inchicore Primary Care Team is one of seven Primary Care Teams in Dublin West Community Care Area. It has been in operation since 2007. A new building under construction on the edge of St. Michael’s Estate will house the entire Primary Care Team, as well as other services such as those for mental health. The two GPs who support the Primary Care Team operate from their private practice, Inchicore Medical Centre, on Grattan Crescent. This GP service will also move into the new health centre building.

The Primary Care Team provides services to the community in the following disciplines: GP service; Public Health Nursing; Physiotherapy; Occupational Therapy; Social Work; Psychology; Speech and Language Therapy for children.

3.3 Health Promotion Department

The HSE’s Health Promotion Department, is based in Tallaght, serving the wider Dublin West area. This Department runs a number of services supporting individuals and groups within the community in the area of health promotion. Some services deal with mental health, including the ‘Safe Talk’ programme and ‘Applied Suicide Intervention Skills Training’ (ASIST). Other health promotion initiatives include a smoking-cessation programme, nutrition and dietary advice and encouraging physical activity among older people.

Tables 3.1 and 3.2 summarize the services available in Bluebell and Inchicore, including those provided to the wider community in Dublin West and those provided directly to residents of Bluebell and Inchicore.
<table>
<thead>
<tr>
<th>Therapy Services:</th>
<th>Mental Health Services</th>
<th>Services for older people</th>
<th>Children &amp; Family Services</th>
<th>Addiction Services</th>
<th>Social Work Services</th>
<th>Other HSE Services on site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapy: Needs assessment; advice; strategies to support people in their homes; adaptations to homes &amp; equipment to older people; support to disabled people; community access to support disabled people in using powered equipment.</td>
<td>Psychology</td>
<td>Day centre respite; short term respite; long term respite; adult speech and language support in long stay unit.</td>
<td>Family support services</td>
<td>Drug detox acute unit</td>
<td>Carers support group</td>
<td>Managers of particular services &amp; therapies found in Cherry Orchard and the Community, e.g. Primary Care Team; social inclusion; Disability Services; public health nursing; Social Work and Therapy services</td>
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<tr>
<td></td>
<td>Psychiatry</td>
<td></td>
<td></td>
<td>Adolescent addiction service</td>
<td>Cancer support group (pilot for Ballyfermot area)</td>
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<td></td>
<td>Behavioural therapy</td>
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<td></td>
<td>Addiction rehabilitation service</td>
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<tr>
<td></td>
<td>Psychotherapy</td>
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<td></td>
<td>Family therapy</td>
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<td>Speech &amp; Language Therapy: Parents' talks; drop-in facility; assessment &amp; diagnosis; individual &amp; group work; training parents to support children; links to teachers &amp; resource teachers in schools; early intervention in preschools;</td>
<td>Counselling services for individual; couples and families</td>
<td>Music &amp; art therapy</td>
<td>Child development and education interventions</td>
<td>Addiction counselling service</td>
<td>Early intervention programme: Assessment of need under Disability Act.</td>
<td>Social Inclusion - linking to community in relation to initiatives for older people, Travellers, homeless and new communities.</td>
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<tr>
<td></td>
<td>Stress management Groupwork</td>
<td></td>
<td>Support to older people in terms of physical disability</td>
<td>Drugs / HIV Helpline</td>
<td>Support group for parents of disabled children</td>
<td>Various supports to the community in terms of administrative benefits and payments</td>
</tr>
<tr>
<td></td>
<td>END</td>
<td></td>
<td>Therapies to older people as needed</td>
<td>AIDS / HIV Unit Education &amp; Prevention</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Supporting families with alcohol and drug problems</td>
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<tr>
<td>Physiotherapy: A domiciliary service operates in the area providing support to those discharged from hospital; those with orthopaedic and neurological conditions; advice following falls; home exercise programmes</td>
<td>Physio (Cont) Out patient Clinic in Acorn Unit for Musculoskeletal conditions Assessment &amp; provision of aids &amp; appliances e.g. walking aids</td>
<td>Physical disability residential unit</td>
<td>Young disabled people – respite care</td>
<td>Needle Exchange Services</td>
<td>Fostering</td>
<td>Funding towards various community projects with a health focus e.g. Home Help Service; Drugs' projects; Counselling &amp; Day Centres for older people</td>
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<td></td>
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<td></td>
<td>Young disabled people – long stay unit Physiotherapist is part of the Early Intervention Team and provides assessment under Assessment of Need process.</td>
<td>Methadone Programme</td>
<td>Child welfare and protection</td>
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<td></td>
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<td></td>
<td>Local Drugs Task Force</td>
<td>Social work team provide frontline services to children</td>
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Table 3.2 HSE services available from the Health Centre in Inchicore

<table>
<thead>
<tr>
<th>Nursing</th>
<th>Mental Health</th>
<th>Social Work</th>
<th>Dental Clinic</th>
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</thead>
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<tr>
<td>3 public health nurses (2 job share), 1 community health nurse; 1 health care assistant (HCA)</td>
<td>Psychologist supporting those in the community with mental health issues; individual one to one support</td>
<td>Primary Care Social work clinic drop in for community needing support</td>
<td>Dental service aimed at primary school going children</td>
</tr>
<tr>
<td>Supporting those discharged from clinical care management; home support services and palliative care</td>
<td>Providing parenting programmes; Court referrals regarding children</td>
<td>Individual referrals</td>
<td>Dental service for adults and their families that have a medical card</td>
</tr>
<tr>
<td>Nurse led developmental clinic &amp; breast feeding support group; needs assessment including PND screening</td>
<td>Assessments re Disability Act</td>
<td>Fostering covering Dublin West</td>
<td></td>
</tr>
<tr>
<td>Immunization programmes; school vision &amp; hearing testing</td>
<td>Stress management and support</td>
<td></td>
<td></td>
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<tr>
<td>Health promotion activities</td>
<td></td>
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<tr>
<td>HCA works particularly with older men and those with alcohol problems</td>
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</table>

**NOTE re Physiotherapy:**
There is a musculoskeletal out patient clinic three mornings per week based in Bulfin Court Day centre.
4. Community Participation

Community participation has been identified as being of key importance in the National Health Strategy. In the course of this research, community and health professionals also emphasized its importance to improving community health. The Bluebell-Inchicore Community Health Forum examined ways of improving collaboration on health issues among statutory and community organizations. Many community organizations have also tried to involve the community and to improve collaboration between professionals. The St. Michaels Estate Regeneration Board included health and wellbeing as part of its brief and the Family Welfare Initiative is a working example of collaboration between statutory, community and voluntary agencies in the Inchicore area.

4.1 Bluebell-Inchicore Community Health Forum

The Bluebell-Inchicore Community Health Forum was established in Bluebell and Inchicore in 2005 as an integrated action of the RAPID Area Implementation Team, with the purpose of creating a shared vision of health for the area and to encourage collaboration between the community sector and health service providers in regard to health needs and issues. The terms of reference for the group were:

- to provide a forum for exchange of information and ideas between participants;
- to provide an opportunity for community representatives and individuals to express views on the delivery of health services in the Bluebell and Inchicore area, i.e. to consult on various aspects of health provision;
- to develop an overall healthcare plan for Bluebell and Inchicore as a basis for the development of the primary care service.

The Health Forum met regularly and lobbied for the Primary Care Team to be developed within the Bluebell and Inchicore area. It developed links between the community sector and the HSE. Representatives from the HSE sat alongside representatives from organizations such as RAPID, the CC Partnership, the Bluebell CDP, St. Michael's Estate Family Resource Centre, the Women's Outreach Centre, the Intercultural Centre and Hesed House Counselling Centre. The Health Forum was instrumental in highlighting a number of issues such as healthy eating, elder abuse and supporting the breast check programme.

In the past year, the Forum has been virtually disbanded, with people citing a lack of direction and a lack of commitment from the Health service. "There is a fear we may be moving back to the medical model of health."

4.2 A Community Health Initiative

It is apparent from discussions with a range of professionals and members of local groups that there is a need for more than a community health forum in the area. There is a need for a strategy such as the Community Health Strategy in Rialto or the Clondalkin Community Health Initiative.

A community health initiative would provide an opportunity to look at health in a more holistic way. It could provide opportunities for community organizations and the Primary Care Team to collaborate in addressing the health and wellbeing of the community. It would also provide a
I'm a mechanism to do further research with residents on their current health needs and, in consultation with the Primary Care Team, to develop strategies to respond to these.

Professionals in the community and statutory sectors consider the Family Welfare Initiative approach to be very useful as it focuses on one issue and has a whole-team approach, i.e. statutory, community and voluntary organizations working together. The approach that has been developed for the Family Welfare Initiative could be replicated for other health concerns, e.g. mental health issues.

There is a need for greater collaboration between community organizations and the Primary Care Team. Both are already providing supports and services to residents in Bluebell and Inchicore. Both community and statutory healthcare professionals identified the need to know what each other is doing and innovative ways of sharing information are required. More networking opportunities are needed but these should be focused and practical to make best use of limited time.

Working together in a more strategic way would be beneficial for the community in supporting vulnerable individuals and groups such as drug users and their families; disabled people; older people and victims of domestic violence. For example, the Inchicore Drugs Team works closely with the local GP and it would make sense if the Primary Care Team adopted the same approach, ensuring a more holistic approach to supporting drug users and their families. The Primary Care Team ‘need to configure ourselves to match what is needed, not what we think is needed, and what we think we can deliver...We need to have a forum to think creatively as to how to deliver services to the most disadvantaged people’.

A Community Health Initiative in the area could target the more marginalized within the community. It could provide a safe space for groups to talk about issues that affect their health. It could develop education programmes, preventative programmes and programmes to promote positive mental health.

Community participation in the Primary Care Team will be crucial in developing a flow of information from the Team to the community and in sharing ideas about health needs and ways of working. When the new health centre in Inchicore is opened this should become easier. “The Primary Care Team needs a consultative base. How this is formed and who is on it is important. The main focus of these links is to hear what is happening in the community”. A number of community representatives could be brought on to the Primary Care Team, to act as sources of information about what is happening in the community and as conduits for disseminating information about the Primary Care Team to the community. In the future, it will be important to develop innovative ways of sharing information between the community and the HSE. A community health initiative could enable this process, taking into account other models of good practice as in Clondalkin and Rialto. A local initiative in Bluebell and Inchicore could seek representation and devise a working structure to improve communication between the community and healthcare providers.

There will be plenty of rentable space in the new health centre for options such as holistic therapies, health promotion and preventative programmes as appropriate. This will broaden the contact between the community and the centre. Rentable space will also be available in the new youth and community centre in Bluebell. If the HSE can provide a good programme of outreach services for primary care and health promotion it will help to bridge the gap in health services identified in Bluebell.
5. Priority Health Needs in Bluebell and Inchicore

Numerous health concerns were described by professionals and residents in Bluebell and Inchicore. These concerns are discussed in the main report along with an account of the perceived strengths and weaknesses in health service provision and related issues in the area. The barriers that inhibit access to services and supports are also described in the main report. All of these helped to define the priority health needs of Bluebell and Inchicore as described below. Specific initiatives, programmes and services were identified by residents as necessary to meet their health concerns. Health professionals and community sector professionals also identified initiatives that would support the health and wellbeing of the community.

5.1 Mental Wellbeing

1. More programmes are required to promote mental wellbeing and to bring adults together to examine issues that cause them stress. These programmes should take into account the needs of people identified in the main report (Chapter 4 - Health Concerns) – older people, isolated ‘middle class’ women, carers, families of drug users, etc.
2. More specialist programmes and initiatives are needed to target those who are vulnerable - older people, children at risk, victims of domestic violence, young mothers, young men and older men living alone.
3. Home helps and carers are sometimes the only contact that older and disabled people have - an increase in these services would support their mental wellbeing.
4. Increased opportunities for respite care are required for both dependent persons and carers. Day care services could be expanded.
5. An expansion of community-based counselling is required, such as the valuable service provided by Hesed House. Any expansion could include a counselling service for young people. There is also a need for counselling regarding issues affecting disabled people.
6. More parenting programmes to support parents under stress and to affirm parents. These are needed to break the cycles of exhaustion and depression that parents can experience. These programmes need to be practical and to support the parents to self-care which in turn will support children.

5.2 Isolation and loneliness

1. More innovative programmes and services are needed to target and engage men living alone.
2. A supportive space for disabled people to meet and talk about issues that affect their health is required. This could be peer led and so more cost effective.
3. More activities are required to bring isolated older people together to provide exercise and social stimulation.

5.3 Addiction

1. A methadone clinic is still important locally to provide support to drug users.
2. Health professionals, agencies and drugs projects should continue to develop strategies to support drug users, those who are drug free and their families.
3. There is a need for the Primary Care Team to collaborate with the drug organizations in providing support to drug users and their families.
4. A local alcoholism treatment clinic was identified as important for the area, along with more dedicated supports for people addicted to alcohol and their families.
5.4 Youth

1. More specialized outreach programmes of activities and group work within the youth services are needed to engage young people regarding their health - mental health, suicide awareness, healthy eating, keeping fit, sexuality, body image, etc.
2. Young mothers need more dedicated support programmes.
3. It would be important to target vulnerable young people, such as those from new communities, disabled young people and gay young people, with more support programmes.
4. More health programmes are required within schools, since early intervention is of key importance, in particular targeting young people and their mental health.

5.5 Play Areas for Children

1. There is a major need for new safe play areas which are child focused and monitored for vandalism. Older play areas need to be renovated and made safe.

5.6 Housing and Local Environment

1. A well-maintained, clean and safe environment is essential for all residents living in the area.
2. Residents should be housed in buildings that meet modern quality standards.
3. Continued collaboration between statutory agencies and community organizations are essential in order to achieve these goals.

5.7 Alternative Therapies

1. More affordable alternative therapies and supports, such as massage, acupuncture, yoga, etc., are required for the areas.
2. An ‘Alternative Health Space’ would be an asset in the new Health Centre building, providing, in addition to the agreed Primary Care services, a range of alternative supports.
3. A Health Space should also be available in the new youth and community centre in Bluebell for health workshops and alternative therapies and supports.

5.8 Additional supports

1. Programmes are needed that offer health awareness training and community development and health training to train community members in health issues. These trained people in turn could provide support to their peer groups.
2. More preventative programmes are required, e.g. healthy eating, fitness, physical activity, promoting a healthy lifestyle.
3. It is essential to ensure childcare and other supports are budgeted for and in place to support women, disabled people and older people to attend health courses and preventative programmes.
4. Other initiatives could include a programme of workshops aimed at womens’ health; first aid courses to support parents and creative ways of hosting these courses so that all people can participate.
5. More workshops are required in which staff from both statutory and community organizations address equality issues, particularly in relation to disability and racism. Such
initiatives must be accorded importance and given resources by the organizations concerned.

5.9 Communication and information

1. The HSE needs to provide adequate, accessible public information about the Primary Care Team - the services provided, eligibility for services and access.
2. Statutory, community and voluntary groups could hold open days and workshops to share information about health supports available from the HSE, community and voluntary organizations.
3. It may be necessary to examine creative ways of disseminating information in relation to health in the community, e.g. by developing an information booklet or accordion folder. The information needs to be easy to read and accessible to all.
4. Information should be made available in all public buildings where it is accessible, such as post office, churches, library, GP's surgeries, etc.
5. A community health newsletter would be a valuable means of providing more detailed information on what is happening in the area, in the Primary Care Team, community organizations, etc.
6. The possibility of developing a website dedicated to the Bluebell and Inchicore area could be examined as a potential means of providing information about the services and supports available, both for the public and to inform health professionals and those working in the community sector.

5.10 Inter-Agency and Community Co-operation

1. There is a need for a Community Health Strategy in Bluebell and Inchicore to bring residents, community and statutory organizations and the Primary Care Team together to look at health in a more holistic way and challenge all to participate in addressing the concerns and needs identified. It would be beneficial to develop links with the valuable initiatives already established in Inchicore (Family Welfare Initiative), Clondalkin and Rialto. The focus of this strategy would be to look at ways of enabling the community to have a say in addressing their health concerns and needs, for example through workshops and practical courses.
2. There is a need for a Co-ordinator to drive this Community Health Strategy in the area. Those already working in the area are too busy to take on this task. This should be a properly resourced, dedicated position. The co-ordinator does not need to be a health expert but a person with good organizational skills who can facilitate local people in identifying community health issues, liaise strategically with statutory and community organizations, liaise with those initiatives already running in the area and in adjacent areas and facilitate some of the initiatives and programmes identified.
3. Statutory agencies and community organizations need to develop joint strategies to improve collaboration so that they work efficiently together to combat health inequalities and to provide preventative programmes and support to the community. For any collaboration, protocols and guidelines for working together could be developed similar to those agreed by the Family Welfare Initiative.
4. Local transport in the area requires urgent improvement. Community groups and organizations need to continue to cooperate to provide minibus transport, particularly to older and disabled residents.
5.11 Desirable developments in Primary Care and Front-Line Services

1. Continued reduction of waiting lists for essential Primary Care services is desirable.
2. The new Health Centre building, providing a ‘one stop shop’ for Primary Care services, needs to be opened without delay to reduce fragmentation of existing services.
3. There is an urgent need to develop all health resources, including community resources, as the Primary Care Team alone cannot meet all expectations.
4. There is a need for statutory and community organizations to have a staff member dedicated to liaising with the Primary Care Team in respect of common clients, attending Primary Care Team clinical meetings where appropriate.
5. Support is needed in schools for children with a developmental delay. School visits are carried out currently when requested. There is a long waiting list for assessment and for occupational therapy. It may therefore make sense for the occupational therapists to begin work with children in schools while they are waiting for formal assessment and therapy.
6. The service for speech and language therapy, which is currently only available to children, needs to be extended to people recovering from stroke and back home living in the community.
7. A dedicated dietician is needed within the Primary Care Team, particularly in the context of the increasing incidence of Type 2 diabetes.
8. A mental health team should be based in the new Health Centre in Inchicore.
9. There should be an expansion of the out-of-hours community intervention team service. This service provides night nursing and is seen as an essential support to those that need it.
10. A GP service should be established in Bluebell.
11. Some appropriate satellite clinics in Bluebell, e.g. a health nurse for older people’s health issues, a psychological service, prevention programmes and health promotion, would be a great asset to the area.
6. Conclusions

It is evident from this research that residents, community groups and statutory organizations appreciate the good work being done in providing healthcare in Bluebell and Inchicore. Many initiatives and strategies are already being carried out and it is important to build on these. However, there are still many concerns and outstanding healthcare needs, whether in primary care or ancillary services or services and supports provided by the community sector. This research has taken a holistic view of health rather than focusing simply on medical services. Many of those interviewed talked about the stresses and strains of life and the importance of wellbeing. Prevention, including availing of alternative therapies and group support, is important to many. "It costs the HSE less if people are well..... the importance of prevention and health promotion is key."

Community participation in the provision of healthcare is envisaged in the National Health Strategy but many felt that the community is not sufficiently involved and cannot contribute easily to the direction of services.

6.1 Primary Care Team

While the wide range of services provided by the Primary Care Team is acknowledged by many organizations, there is a belief that many services are overstretched. As a consequence, the team is not always visible within the community. To service users the Primary Care Team seems somewhat fragmented and disjointed. The fact that the Primary Care Team is moving to a new purpose-built building in Inchicore may help to make it more cohesive and visible within the community.

6.2 Waiting Lists

Financial cutbacks both in statutory and community services have led to longer waiting lists for counselling services, home help, occupational therapy, family supports and respite care.

6.3 Alternative Therapies

The services provided by the Primary Care Team are essential but healthcare should be viewed in a holistic way rather than simply a medical one. There is a demand within the community for low cost alternative therapies to support mental and physical wellbeing.

6.4 Community Services

Many community organizations and groups provide supports and services and their value to the community sometimes goes unrecognized. These include breakfast clubs for older people, meeting spaces for men, drop-in services for vulnerable women and homework clubs for children. These interventions help keep older people out of hospitals, keep young people occupied and away from trouble and give others support without which medical intervention might be sought.

6.5 Interagency Communication

One of main reasons that HSE staff tend not to refer clients to community organizations is that they do not know about them and the extent of the work they carry out. HSE staff need to recognize and value the extensive supports provided and work carried out by the local
organizations and recognize that these community organizations have qualified, professional and accountable staff. More extensive communication between staff from the HSE and community organizations should lead to the HSE referring clients to the valuable local services available in the area, and vice versa.

6.6 Local Health Workshops

Interagency contact appears to work well at policy level where staff of community organizations and groups know each other and also have good contacts with staff in statutory and community organizations. However, the same is not true on the ground at frontline level between community organizations and the Primary Care Team. Some regular forum is required where staff and those involved in local communities can meet and exchange information and ideas. Community Health workshops, where statutory and community workers can come together to share ideas and learn about each other’s work, have worked well in other areas and these models could be transferred and tried in Bluebell and Inchicore.

6.7 Funding Community Organizations

Community organizations that provide essential supports need to be properly resourced and funded to maintain their programmes. The work of the staff in these organizations should be valued in the same way as that of HSE staff.

6.8 Information about services

It was acknowledged in one focus group and by some community counselling services that while many people living in local authority housing are familiar with available services and their entitlements to them, many of those living in private accommodation do not have much experience of state services and therefore do not know what services are available or how to gain access to them. There is thus a need to disseminate information about available services as widely as possible within the community.

6.9 Community Participation

It would be useful if the community were represented on the Primary Care Team to enable two-way communication and allow it to provide suggestions regarding healthcare provision. The Rialto and Coombe Primary Care Teams hold a management meeting every three or four months attended by three community representatives. This model could be used in Bluebell and Inchicore. Areas where community representatives could make an input include health policy, referral protocols and health needs in the community. “The formal links with the Primary Care Team are crucial in terms of identifying health issues alongside the community and looking at strategies and responses together.”

6.10 New Health Centre

The new health centre building is being completed in Inchicore. The community organizations understand that it will mainly house the Primary Care Team but they would like to see some communication with the community so that it can have an input into how the building is used. It makes sense that there could be some space available for community organizations to provide low-cost health-related services such as counselling and agreed alternative therapies such as massage, reflexology, yoga, etc., as well as health-promotion talks and courses. This would ensure the new health centre has a more holistic approach to health as desired by the community.
6.11 Bluebell Youth and Community Centre

The new youth and community centre building in Bluebell will provide much needed community space and a venue for sports and social activities but it could also be possible to provide a community health space within it. At the moment it appears that rentable space will be available but this needs to be assessed further to see whether it might serve as an outreach centre for appropriate Primary Care Team clinics and/or have a room for low-cost health services and health promotion similar to those proposed for Inchicore.

6.12 Community Health Initiative

It would be beneficial to establish a Community Health Initiative in Bluebell and Inchicore in order to bring health issues to the fore and provide a resource to community and statutory agencies with a health brief. This approach works well in Rialto and Clondalkin where Community Health Co-ordinators help ensure effective engagement between the community and statutory agencies. This approach, based on community development principles, would help to ensure a more holistic model of community healthcare provision, while ensuring that the community has a say in the direction and provision of their healthcare services. It would be important that the Health Initiative works closely with other strategies that have a health brief such as the Family Welfare Initiative.
7. Recommendations

7.1 Community Health Initiative

1. It is recommended that the current Bluebell-Inchicore Community Health Forum be disbanded and a smaller steering group established. This group could have representation from community organisations in Bluebell and Inchicore that have a health brief as well as a management function, in addition to representation from the HSE management. This steering group should source funding to employ a Community Health Co-ordinator.

2. It is recommended that the Community Health Co-ordinator establish a Community Health Initiative along the lines of those in Rialto and Clondalkin. The aim of the Community Health Initiative would be to develop links between the community and statutory sectors in relation to health issues. It would take a holistic approach. Its initial goals would be to:

- provide a forum for representatives of the statutory and community sectors to work together to explore mechanisms for community participation in decision making regarding health, particularly with the Primary Care Team;
- examine means of consulting with the public in relation to their health needs;
- provide programmes and initiatives to support the health needs of vulnerable groups, in conjunction with HSE’s Health Promotion Department, Primary Care Team and community organisations;
- facilitate meetings and workshops on health topics for statutory and community staff with a brief for health.

3. The Community Health Initiative would also focus on marginalized members of the community who find it difficult to participate in activities, such as disabled people, gay people, isolated men, older vulnerable women, etc. It could also provide a forum for young disabled people to talk about health issues.

4. It is recommended that the steering group of the Community Health Initiative consider basing the project in Bluebell to counteract the isolation and lack of health services in the area.

5. It is recommended that the steering group consult closely with the existing Family Welfare Initiative to share ideas and ensure that there are complementary strategies in the work plan.

7.2 Primary care and front-line services

6. The Primary Care Team need to be more visible in the area, with better links to the community.

7. The Primary Care Team could be more knowledgeable about poverty and its effect on people’s health and the benefit of a community development approach to health.

8. It is recommended that more resources are put into the Primary Care Team to improve waiting lists and meet the health needs of the community (Chapter 5 – main report), in respect of primary care and front-line services.

7.3 Mental Wellbeing

9. It is recommended that more opportunities for affordable mental health counselling are created.
10. It is recommended that the more support be given to programmes within communities which combat isolation by providing opportunities for people to meet and participate in structured activities. These activities should be made accessible to all community members, of whatever age, regardless of whether they live in private or local authority housing.

11. It is recommended that there are more relevant home-based services for older people, to ensure social contact for those who cannot leave the home easily.

12. It is recommended that a regional youth mental health strategy is developed by key players in statutory organisations, youth services, projects that work in the area and the HSE. The Jigsaw Programme provided by Headstrong, now at pre-development stage in Clondalkin, should be assessed to see whether it would be appropriate for the area. The proposed Community Health Initiative could support this process.

7.4 Information sharing and communication

13. There is a need for a general newsletter in Bluebell and Inchicore with information as to what services are available and what courses are on. A small accordion size foldout or booklet list available services and their contact numbers would be useful. Information needs to be available in easy-to-read and/or picture formats for those with literacy difficulties and people with an intellectual disability. International symbols and signs need to be used for services for those with intellectual difficulties and information about these services should be circulated to all groups and organizations in the area.

14. It is important to create networking opportunities for front line staff from the HSE and staff from community organisations. If staff from both sectors know each other better, it will help the flow of information and, most importantly, the referral processes. An example, as in Rialto, would be organised lunch time meetings that provide a structured opportunity to meet and share ideas and work practices.

15. Also useful to health professionals would be up-to-date web sites with information about the groups and services in the area.

7.5 Youth

16. There is a need for more health outreach to youth projects in the area to promote healthy eating, encourage smoking cessation and help prevent suicide. These programmes need to be presented in a holistic and youth friendly way to ensure maximum participation. Youth organisations must also be creative in attracting young people from new communities and disabled young people who may be isolated. It is important that the new youth project based in the new youth and community centre in Bluebell is supported to provide strategies in relation to young people’s health.

7.6 Play Areas for children

17. There is an urgent need to provide new safe play areas for children in Bluebell and Inchicore. These areas need to be monitored and free from vandalism.
7.7 Housing and Local Environment

18. It is recommended that statutory and community organisations, as well as residents collaborate more to improve the cleanliness of the environment, in housing estates and public spaces.

19. It is recommended that Dublin City Council takes responsibility to ensure that its housing stock meets modern quality standards and that it liaises with community and statutory organisations to identify problems and provide solutions.

7.8 Addiction:

20. It is recommended that, subject to further consultation and formal needs assessment, consideration be given to opening a new methadone clinic in the new health centre in Inchicore to ensure local support for methadone users and their families.

21. It is recommended that there are more support and treatment programmes available in the area for people addicted to alcohol and their families.

22. It is recommended that ways of involving the drugs projects in the Primary Care Team are explored, when cases are being discussed regarding particular drug users and their families. Protocols and procedures need to be worked out together. This could be a good example of community organisations and the Primary Care Team working closely together on an issue.

7.9 Alternative supports and prevention

23. It is recommended that a community health space is made available in the new health clinic building in Inchicore. This room could provide a space for low-cost counselling, alternative therapies and prevention programmes to be run as a complement to services provided by the Primary care Team.

24. The new Bluebell community and youth centre will have rentable space available which could be used for health and wellbeing services, such as outreach clinics provided by the Primary Care Team, prevention programmes, health promotion, low-cost counselling and alternative therapies. Community projects with a particular focus on health that wish to target the Bluebell area might also use this facility.