

Wall Humanitarian Measurement & Management

**St. Teresa's Gardens Regeneration
Board**

Health Needs Assessment

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What is Health and Wellbeing?

*“Despite the ever increasing spending on health care, there is considerable uncertainty about what health actually is. In 1948 the **World Health Organisation** (WHO) suggested that: health was not just the absence of a disease or infirmity, but a state of complete physical, mental and social well-being. It’s unlikely that any of us are in a “complete state of well-being” and we could all benefit from correction of our abnormalities. Moreover, nowadays, it’s difficult to align this definition with the struggles of real people in a world that is imperfect. Perhaps, what really matters to people is whether they feel ill, or their function is impaired. Accordingly, health is more often seen as being able to live in the absence of illness or disability or, if necessary, by overcoming illness or disability”*

Observations on WHO definition 2016

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1. Executive Summary

For the majority of people and the communities in which they live, regeneration, renewal, rejuvenation or re-development offers an exciting life opportunity to inform and guide future lives, and social environments. Accordingly, the activities and actions to achieve positive outcomes require transformational change among all actors. The human interaction and relationship between health and wellbeing has been well established and the traditional definition of “physical” health has now been broadened by the **World Health Organisation**¹ to include wellbeing. This revision, acknowledges the impact that habitat, lifestyle and social setting has on our health, life satisfaction, happiness and daily lives. Moreover, it takes account of the interaction with our environment, our mind and our life choices and ensuring that Environmental, Mental, and Social health issues are central to our revised working definition of health.

Driven by **Dublin City Council** and the **St Teresa’s Gardens regeneration board**, regeneration of the St Teresa’s Gardens flats complex has been proceeding, to date for approximately 13 years. Unanticipated events including the serious economic downturn, have contributed to delays in completing the programme and a scaling-down of redevelopment². With the exception of two blocks, the original site has been all but demolished and many of the residents have been detenanted. The remaining blocks currently accommodate 98 residents in 47 Flats and it is anticipated that that all will move to new on-site accommodation in 2020. The initiative to undertake a health needs assessment emerged during the preparation of the St Teresa’s Gardens Regeneration Board 2018-2021 Strategic plan³. **Strategic Theme 4** relating to **Community Health** identifies the desire for action research on the health needs of residents. The health needs assessment and accompanying research aim to identify key elements of health status among residents (and the surrounding area), together with key bottlenecks and potential solutions for addressing those bottlenecks and needs. The exercise utilised a mixed methods approach to both capture primary data and analyse secondary data.

The assessment results suggest that in comparison with those living in the surrounding area, residents of St Teresa’s Gardens are living with multiple overlapping health deficits. The health burden, including high prevalence of disabilities and significant physical and mental health needs, compare unfavourably with National and Regional rates. More importantly, the exercise suggests that future expectations and visions of health are, at best, low and uninspired.

To achieve a suitable degree of community resilience and to improve community health and well-being, urgent corrective and collaborative action by all agencies is essential to:

1. Ensure a happy and smooth transition to the new accommodation in 2020;
2. Promote and protect the health and wellbeing of the residents;
3. Interrupt the cycle of harmful anti-social behaviour for the ultimate protection of this, and future generations of residents.

2. Introduction

2.1 St Teresa's Gardens:

St Teresa's Gardens is a 1950's local authority flats complex. Prior to the commencement of regeneration, the complex was comprised of 346 flats contained within 12 blocks. An additional 10 terraced houses existed alongside the flats. The complex provided homes for many families over the years and there were significant inter-generations of families housed throughout that period. Nonetheless, the complex has endured a significant social deprivation and erosion over the years. Structurally, the complex is currently made up of two blocks bordered by Eugene Street in the north, St Teresa's Church to the south, Donore Avenue to the east and the Coombe Women's Hospital to the south (orange below) This small area (Identified by Census as **Small Area 2017**) is integrated within a wider area (in black below) bordered by Cork Street, South Circular Road St Thomas Road and Donore Avenue. This entire area is identified by the Census as Merchant's Quay F administrative area.

Map 1 Merchant's Quay F administrative area (Orange + Black).



2.2 Population:

The last census undertaken in Ireland was 2016. At that time St Teresa's Gardens had 98 residents. This figure represented an 80% decrease since 2011. These residents are accommodated in 47 Flats in the two remaining blocks. The reduction in population is largely due to detenancing, a process whereby residents living in the complex identified for regeneration were moved to other communities to facilitate demolition of the existing flats.

2.3 Deprivation:

According to the latest Census, 2016, 2216 people were living in St Teresa's Gardens and surrounding areas. **POBAL Deprivation Indices**³ show that St Teresa's Gardens is categorised as 'very disadvantaged', the worst score on the index scale. Exacerbating this is the extended period of time that St Teresa's Gardens has in fact been 'very disadvantaged'. Intergenerational poverty and disadvantage has meant that unhealthy lifestyles and unemployment are persistent at household and community level making this cycle difficult to break.

Map 2 POBAL Deprivation Map of St Teresa's Gardens and surrounding areas



2.4 Regeneration in Dublin:

In 2000 St Teresa's Gardens was identified as one of 12 estates for regeneration. The breadth and depth of regeneration programming was to be guided by policy directives and the establishment of Public Private Partnerships with developers. However, the programme halted and the agreements were dissolved as a result of the economic crash in 2008. By 2009, only one regeneration site in Fatima Mansions had been completed⁴. Regeneration, (through the provision of a holistic programme of physical, social, and economic regeneration⁵) remains a key dimension of the Government Strategy to target the country's most disadvantaged communities. The problems associated with delays and detenanting are well documented in the Strategic Plan and other documents.

“Re-defining, de-ghettoising, and re-integrating. Social Regeneration is about revitalising through change. It is about providing opportunities for people to take greater control of their own futures and open up more life choices that are practical, fulfilling and diverse”⁶.....

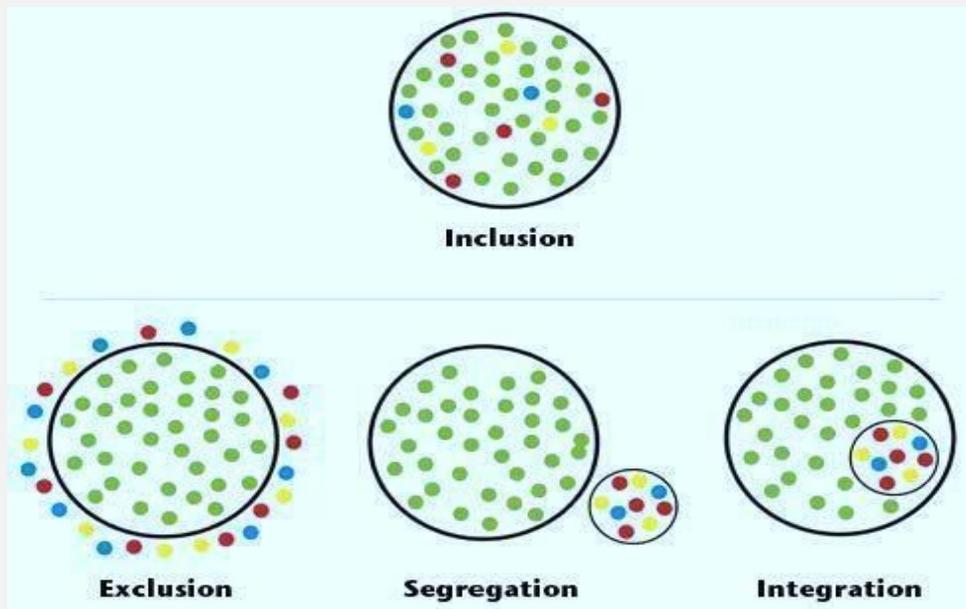
3. Social and Health Context

3.1 Integration and Inclusion:

A variety of approaches to defining St Teresa’s Gardens exist across the spectrum of literature.

Identifying the context is important as it informed observations, hypotheses and assumptions later in the assessment. There is little doubt that the term “Complex”, in the physical sense, is factually correct. However, socially, the Complex and surrounding area do not exhibit inclusion. St Teresa’s Gardens is integrated into the area (Merchants Quay F), however with a well-defined boundary and physical area. As it has a different physical structure, it most likely has a different social structure. This informs **Social Determinants of Health** with the community. Throughout the assessment, many informants alluded to the term “Segregation” either self-imposed by the community, or imposed by society in general. A simplified explanation of the terms is outlined graphically below.

TABLE 1. A typology of Societal Inclusion/Integration/Exclusion/Segregation



3.2 Social Determinants of Health:

St Teresa’s Gardens Regeneration Board’s Strategic Plan 2018-2021 states: *“While the causes of health inequalities are complex, they do not arise by chance. The ‘social determinants of health’ (i.e. the social, economic and environmental conditions in which we live) strongly influence health and are largely the results of public policy. The importance of considering the social determinants of health is now widely recognised in many of Ireland’s national strategies including Connecting for Life, and Reducing Harm⁷, Promoting Recovery – Ireland’s National Drug and Alcohol Strategy⁸ and Healthy Ireland⁹.*

Healthy Ireland takes a more holistic approach to addressing health and well-being to:

1. Increase the proportion of people who are healthy at all stages of life;
2. Reduce health inequalities;

3. Protect the public from threats to health and wellbeing;
4. Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland.

3.3 Applying Social Determinants of Health:

Identifying, Assembling and Applying the Social Determinants of Health profile (below) was informed by the Strategic Plan, other documentation and pre-questionnaire discussions. It helped disaggregate some of the underlying issues and bottlenecks and inform questions and approaches to the assessment. However, categorisation of individual comments with the Determinants proved to generate confusion.

TABLE 2. Social Determinants of Health

Social Determinants of Health

Category	Determinant	Definition
Enabling environment	Social Norms Legislation/Policy Budgets/Expenditure MGT/Coordination	<ol style="list-style-type: none"> 1. Informal or formal rules within society 2. Appropriate and supportive laws within a society 3. Adequate and equitable budgets and expenditure in favour of vulnerable populations 4. Effective management and coordination mechanisms
Supply	Availability of essential inputs Access to adequate staff, services and facilities	<ol style="list-style-type: none"> 1. Regular supply and adequate quality of essential commodities 2. Appropriate infrastructure with qualified personnel and information channels
Demand	Financial Access Cultural practices and beliefs Continuity of use	<ol style="list-style-type: none"> 1. Direct or indirect costs for available services or practices 2. Social and Cultural Practices that mediate individual decisions to seek care 3. Completion or continuity in service
Quality	Quality of the intervention	<ol style="list-style-type: none"> 1. Adherence to National or International standards

3.4 High level Social & Health indicators:

The following key social and health indicators guided methodological choices and decisions.

TABLE 3. Census analysis on high level indicators.

	STG	Wider STG area	DUBLIN	IRELAND
Population	98	2216	1.347 Million	4.761 million
Deprivation score	-26.7	5.2	4.12	0.2
Deprivation category	Very Disadvantaged	Marginally above average	Marginally above average	Marginally above average
% of Persons with disability	26.8	13.9	13.1	13.5
% 13-17 year olds	12.2	2.8	5.7	6.5
% with Good or Very Good Health/	68	82		87

% Unemployed	45			11
% Primary School Only	25	9.9	8.5	10.3

3.5 Services and supports available to the Community:

A variety of community supports are provided through the **Donore Youth and Community Centre** and regular events are available to the residents of St Teresa's Gardens and the surrounding area. The centre which is managed by Dublin City Council, also serves as an office for the Regeneration Board and other projects and programmes these include:

- **Education**, Breakfast and after-school club for children;
- 3 x age cohort specific **Women's groups**;
- 1 **Men's group**;
- Regular weekly events for **older persons**;
- Walk-in **Drug and Alcohol** support group;
- **Targeted Response for Youth (TRY)** reach out programme. Following successful pilots, this new programme has now been implemented for the last 12 months. A recent evaluation has recommended scale-up based on success in addressing Drug Use and Anti-Social Behaviour¹²;
- **Psychological** support;
- **Community Development Health Worker** activities including **Health Promotion**;
- Community events;
- **Youth Justice** outreach Programme;
- Other **outreach** activities.

3.5 Substance Abuse and Anti- Social Behaviour:

Like many other disadvantaged communities in the South Inner City, high levels of Substance Abuse have existed over the years. However, the nature of the substance abuse has changed. Nationally, among the many underlying dimensions, there are three that are of relevance to the St Teresa's Gardens:

- **Poly-drug** use (almost always combining illegal drugs with legally available pharmaceuticals through a variety of activities), has largely replaced Heroin as the drug of choice in Substance Abuse¹¹;
- There is a high level of unmet Health and Wellbeing needs among drug users;
- Overall, drug-dealing is becoming more professional and targeted.

The community in St Teresa's Gardens has had, and continues to bear a high burden of Mortality and Morbidity as a direct consequence of Substance Abuse. While detenanting and re-construction has, and will have had positive outcomes to be enjoyed by new tenants, this phase has also triggered a negative collateral effect. While there is no evidence from this assessment that this is resulting in higher levels of Substance Abuse among tenants, there is strong evidence that for the individual tenant the accompanying level of Anti-Social-Behaviour is increasing. This is further alluded to in the findings of the assessment.

4. Assessment methodology

4.1 Assessment objectives:

Overall, this assessment sets out to independently determine the current and potential future health needs of the community at present and as it transforms in the future. It was utility focussed & forward leaning to facilitate optimum use of its findings & targeted recommendations. It was aligned with the actions and recommendations emerging from the Regeneration Board's Strategic Planning process.

4.2 Assessment questions:

- 1) What is the health and wellbeing status of current residents of St Teresa's Gardens and the surrounding area?
- 2) What are the underlying causes and bottlenecks to Health and Wellbeing status?
- 3) What opportunities exist to inform future support strategies and what relevant and targeted recommendations should be offered for consideration by the Regeneration Board?

4.3 Assessment guiding principles:

- 1) The community is at the centre of determining their perceived needs and VISION of Health and Wellbeing in the certainty and confidence that they, and their children will enjoy a future of good health;
- 2) The assessment utilised a broader definition of Health to include Wellbeing, (Physical Health, Mental Health, Environmental Health, Social Health);
- 3) The assessment was implemented through a Health Promotion, Prevention and Protection lens.

4.4 Assessment Tools and Methods:

The assessment used a mixed methods approach to capture primary and secondary, quantitative and qualitative data. Where possible, trends were identified. Research tools included semi-structured interviews, administering structured questionnaires in Key Informants Interviews and Focus Group Discussions.

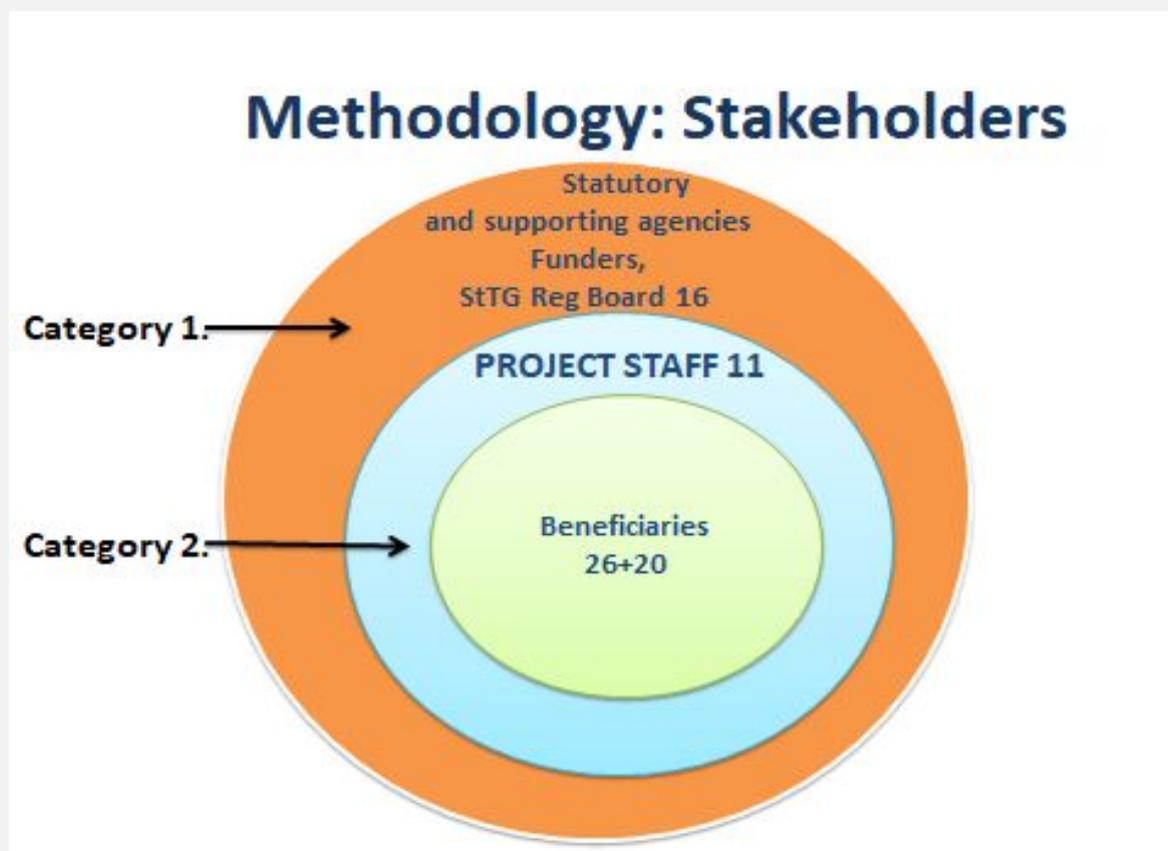
4.5 Evaluability and limitations:

The absence of robust baseline data did not permit accurate comparative analysis with earlier data or measure the degree to which existing interventions were working. The assessment sought to interview tenants from all 47 Flats, however, scheduling, absences and

non-responders resulted in 26 informants. A sample of 20 tenants from the surrounding area also participated. The small number of tenants limited the availability of special data on disability from the Central Statistics Office because of understandable data protection issues.

4.6 Stakeholder analysis and key informants:

At the outset a stakeholder analysis was undertaken with a view to identifying relevant stakeholders to participate in the process. The stakeholders were categorised into two categories as set out in below. Residents were at the centre of the exercise and included 26 from St Teresa's Gardens and 20 from the surrounding area.



4.7 Desk research:

Background research included a review of all relevant documentation pre-and post-regeneration. This includes plans strategies, policies that may have an input into Health and Wellbeing of the community. Census data from 2016 was reviewed and reanalysed. A further limited special analysis was granted by the CSO.

4.8 Primary data capture:

Semi-structured interviews were utilised for Category 1 and Category 2 Stakeholders. Key Informant interviews using a structured questionnaire were used for Residents and Focus Group Discussions. Informants were identified and selected in collaboration with the Board. An interview protocol utilised was guided by best international practice, and reflected the interviewer's experience & background. The structured questionnaire had 6 critical questions and peripheral questions that gathered data to mitigate interview bias.

Consultations were on a one-to one basis, in person or by telephone. A full list of interviewees can be found in **ANNEX A**.

5. Findings

5.1 Desk Research and Secondary Data Analysis:

A variety of data sources were available to guide the exercise. These included:

- Health Ireland/Sláintecare¹⁰;
- St Teresa’s Gardens Regeneration Board Documents;
- 2016 Population Census;
- 2016 Census Theme 12 on Health (Perception of health & disability);
- 2016 Census special analysis;
- 2016 Census Education;
- Special research studies (Sports/Environment).

Note: Building on the data outlined above in **Table 3**, the assessment re-visited Census data from the 2016 Census. A special request for reanalysis was made to the CSO to gain disaggregated data on Health and Disability. However, because of the small population, information on disability was provided at the administrative area level only. As a consequence, valid comparisons between 2016 Census data and the assessment were limited.

5.1.1 Observations on the Age Profile in St Teresa’s Gardens:

A variety of interventions and supports are available for Children and Adults of different age cohorts delivered through the Donore Community Centre. However, a significant gap exists in supports to **13-17 year olds, in particular Girls**. The number of boys and girls in this age cohort is over twice the National average. The issue was also identified as a shortcoming in the course of interviews with Category 1 Stakeholders.

5.1.2 Observations on the perceived health of residents in St Teresa’s Gardens:

The 2016 Census reported that 66% of respondents perceived their health status to be good or very good, much lower than National average of 87%. Evidence from the assessments suggests that this figure has fallen.

5.1.3 Observations on residents living with a disability

The number of persons living with a disability in St Teresa’s Gardens was 28%, again over twice the national average. This level is also over twice that in the wider area where the rate is 13.5%. Although Small Area disaggregated data were not made available by the CSO, an analysis of the Merchants Quay F data (including St Teresa’s Gardens) found that 280 residents of the area were living with 669 Disabilities and accordingly, were likely to have **Multiple Overlapping Health Deprivations**. Although it’s difficult to determine the exact ranking in the small area of St Teresa’s Gardens, the widest categorical variation in ranking between Ireland and Merchants Quay F related to **Psychological or emotional condition, the prevalence of which ranked 4** in the Merchant’s Quay F administrative area as compared to a ranking of 8 among the entire population of Ireland. This suggests that when compared to national data, a higher prevalence of people living with psychological or emotional conditions live in **Merchant’s Quay F Administrative area**. This area includes residents in St

Teresa’s Gardens as well as the surrounding area which houses some detenanted residents. See Table 4.

TABLE 4. Comparative ranking of overlapping health deprivations

Multiple overlapping health deprivations 280 Residents with 669 recorded disabilities		
Ranking Ireland	Recorded Disability	Ranking Merchants Quay F
1	Difficulty with pain or chronic condition	1
2	Difficulty that limits basic physical activities	2
3	Difficulty in participating in other activities	5
4	Difficulty working at a job/attending school	3
5	Difficulty going outside the home alone	6
6	Difficulty with learning/concentrating	7
7	Difficulty dressing or bathing	8
8	Psychological or emotional condition	4
9	Deafness or serious hearing impairment	9
10	Intellectual disability	10

5.2 Primary data capture and analysis:

The identification of informants from care providers, statutory agencies, project staff, and residents from both St Teresa’s Gardens and the surrounding area was guided by discussions with project staff and the stakeholder analysis outlined in section 4.6. All interview arrangements were subject to availability and change. This contributed to a delay in implementing a formal schedule. This element of the assessment included:

- Semi structured **one to one** interviews with statutory agency staff and others (16);
- Semi structured **one to one** interviews with Project staff working on regeneration board projects (12);
- Administration of a structured questionnaire by the **Community Health Worker** to 3 resident groups through focussed group discussions;
- Administration of a structured questionnaire (with the Community Health Worker) to 26 residents (Heads of household) in St Teresa’s Gardens and to 20 residents from the surrounding area.

5.2.1 SUMMARY of key inputs from Semi-structured interviews with 16 statutory agency staff and other Category 1 non-statutory stakeholders:

Groups and agencies included Dublin City Council (2), HSE (8), TUSLA (1), Regeneration Board members (2), Heads of Local Schools (2) and St Kevin’s Sports Club (1). Inputs from these agencies are supplemented with relevant observations from a national meeting on community funding that identified expanded funding opportunities through expanded Philanthropic pathways¹⁶.

TABLE 5. Comments from interviews with Category 1 Stakeholders (Statutory agencies, Supporting agencies, Funders & Board)

“Health needs include supports to address the effects of chronic drug and alcohol dependency”

“Premature aging is evident due to lifestyle and poor environmental health”

“There is no formal/systematic link between the Public Health outreach service & the Psychiatric service

“We are working in Silos”

“There are no surveillance visits”

“A formal school programme of Health Promotion is required”

“Health Education, Health promotion, Health fairs, Healthy Cooking would all help”

“Response is driven by Healthy Ireland, Plan-Cradle to Grave life span”

“2/3 of all hospital admissions is for non-communicable diseases”

“People need to take ownership of their health and achieving a level of Health literacy is essential”

“Positive Aging initiatives are working well”

“In North Dublin Healthy Ireland is driven by GAA”

“Negative space is having a severe adverse effect on residents”

“Supports need to be front loaded collaboratively before new occupancy”

“There is equal access, but demand and uptake is not satisfactory”

“Many referrals are not taken up”

“Peer Support & Community Health Worker capacity has to be continuous”

“HSE is investing in partnerships and earlier formal and non-formal education”

“The issues are similar in many areas of south Inner City”

“ DCC was good at managing and supporting commitment”

“There are a lot of drug projects, but not everywhere needs a drug project”

“ It’s a very aging population for young people”

“Substance abuse will only get worse with growing student population”

“Substance abuse problem will deteriorate with new housing”
“Compared to other areas the stalled regeneration has done a lot of harm”
“Trying to get all community services working together”
“Promoting the UK integrated model-not working together has resulted in lost funding”
“Absence of Green Space is gifting kids to Drug Dealing”
“Child Adolescent mental health Services (CALMS) overstretched
“Breakfast club makes it easier for parents, though the number now in the Primary School is small”
“More mixing with other communities would be beneficial even though
“Lots of supports available to parents, but they don’t seem to follow up”
“Very little trust and community spirit”
“Glamourizing crime is having an impact on children”
“The community centre is for the whole area and people in the Tenters are using the centre more”
“Must target 8-17 year olds with sport opportunities”
“Anti-social behaviour is a real issue but also a loss of hope, trust and optimism”
“Biggest challenges include duty of care, safety and level of participation”
“The number 1 objective is to make a successful transition to regeneration”
“Health support services available but sometimes difficult to access”
“Now, retention is 100% to Junior Cycle but very challenging if living a chaotic lifestyle”
“Nearly every girl does transition year and Value Education is biggest bottleneck”
“Lots of abuse and mental health issues with daily vandalism and tenancy issues”
“Elderly are the most vulnerable”
“Lots of city council houses in neighbourhood occupied with detenanted residents”
“Drugs a very open problem and lack of education a contributory factor”
“Breakfast club is very successful”
“Children are very enthusiastic for Breakfast Club and Afternoon Club”

Note: The Social Determinants of Health guided the design of the questionnaire. However, the process of administering the questionnaire and subsequent analysis was unable to fully integrate the determinants. Accordingly, to avoid distortion or distraction from the comments themselves, they are not categorised with the Determinants.

5.2.2. OBSERVATIONS and FINDINGS from Statutory agencies, Supporting agencies, Funders and

Board:

Inputs from statutory agencies suggested that they were aware of, and understood the context, challenges and bottlenecks in delivering support and social care to residents of St Teresa's Gardens. Over the last 10 years, statutory agencies working in the health and social care areas indicated that they have experienced a catastrophic loss of staff. Accordingly, this has adversely affected the ability of dedicated staff to provide services to some of Ireland's most disadvantaged. Even though the demand for services is weak and affordable services are available, from a Social Determinants perspective, understaffing and staff shortages have affected their ability to create a satisfactory enabling environment for residents to avail of these quality services. There is also some evidence that key agencies work in an uncoordinated way. An example was given as to the vertical nature of both the Public Health Nursing outreach and Public Health Psychiatric outreach where coherence and coordination was seen as weak. It was not possible in this exercise to determine whether this was a contributory factor to the perceived low demand for services. The Regeneration Board's strategic plan (Action 4a) identified the **Community Development Health Worker** post as central to supporting the resident's access to quality health services. It's unlikely that this objective will be achieved in the context of a part-time resource. There is a strong argument for strengthening this resource in advance of the move by residents to new homes. Identifying bottlenecks is necessary on an ongoing basis. New opportunities to respond to interruptions in statutory funding should be addressed through diversifying the funding base and seeking new sources in the voluntary sector. The Board's strategic plan provides an opportunity for the board to secure funding with improved innovation, predictability and certainty.

No Governing Board can meet every health and social need in the community they serve. Accordingly, effective coordination and cooperation is critical and necessary to delivering sustainable social change along with leading and strengthening resilience in disadvantaged communities.

5.2.3 SUMMARY of key inputs from Semi-structured interviews with Project staff:

TABLE 6. Comments from interviews with Category 2 Stakeholders (Project Staff)
"Healthy Ireland and Sláintecare are critical strategies for future health projects"
"Overall Health is bad and Mental Health is a serious challenge for the TRY programme"
"Holistic Family Support is central to integrated support"
"A mainstream youth service is urgently required and there is no support at all for 13-17 year olds"
"Main Health problems include Mental Health & Struggling. CALMS is overworked"
"Where clients enter a treatment programme there are high levels of medication defaulting"
"TYFS for marginalised and disadvantaged communities must demonstrate VFM"
"Social & Structural projects to bring young people to college have been discontinued"
Drugs have ravaged the community....lack of green space is inducing panic attacks & anxiety"
"Drug & Alcohol team is the first point of contact for people with problems local & in crisis"
"Mental Health First Responders could or would work"
"Biggest bottleneck is always struggling for resources"
Health-10-25 yrs...no health diet, nothing for young 13yr old boy so develop mental health issues"
"TRY is focussed on high risk males"
"I had Boys & Girls coming that could not use a knife and fork"
"No sense of community, Low Self Esteem, No Drive"
"Very intensive pushing peer model, buddy relationships in flats, individual assessment"
"Can only engage with 18+....Maybe the wrong services are being funded"
"Drug strategy is underfunded and 14 year olds are now the most vulnerable"
"Meditation, Gardening, Walking, Fitness groups are working for girls & women"
Having a half time Community Health Worker has a negative effect on projects and outcomes"
Isolation, Poly-drug use, Substance abuse, Mistrust, Community Development Project gone"
"Mental Health issues abound, most vulnerable are girls, Mothers"

"Can't work with 13-17 year old girls, so very vulnerable for girls within this age group"
"Lots of people needing Family Support Services.....But I also need support"
"I am a project leader, I used to have 6 workers"
Breakfast & afterschool club originated as some children were not being but some hungry"
"The type of drug taking has changed Heroin>Crack>Dope>Pills &Alcohol"
"There is a whole generation that lost out to good parenting"
"Low self-esteem accompanied by self-segregation"
"Uptake of services is very low, cost is not a significant issue"
'Mental Health Issues abound, intergenerational neglect, & children grew up without a moral code"
"Trust is a big challenge, awful deprivation and 30% psychosis"

5.2.4 OBSERVATIONS and FINDINGS from Project Staff:

Project staff undertake a variety of tasks in the delivery of support services to the community. In the course of this assessment, it was evident that these services were valued and relevant to the needs of the community. The project staff is an experienced cadre, many of whom have considerable experience from other projects. Their level of awareness and dedication is recognisable and all are working in a very emotionally and challenging environment. The nature of their work demands patience and professionalism. It is also noteworthy that they have a good understanding of the social determinants that negatively affect their clients. Moreover, they are trusted within the community. The interventions coordinated and implemented by project staff seem to be working well. The intervention models seem relevant and sound with activities closely linked to intended effects. The overall programme is delivered through a number of vertical projects and it was not unclear how innovation or learning was shared among project staff. There are opportunities to strengthen the linkages between the Board and the Project team and horizontally across the project teams. Overall, the inputs from the Project Team aligned closely with the residents. This suggests that the team is very aware of the underlying health and wellbeing problems, and has identified suitable solutions.

5.2.5 SUMMARY of key inputs from administration of structured questionnaire through 3 focussed group discussions and individually to 2 groups of residents:

The structured questionnaire administered to residents contained 25 questions. This included questions on demographic status, status of children and access to services. The questions were designed in consultation with regeneration board staff, to reflect the 2016 Census questions and identify any correlation between data sets. The responses to these questions were reviewed and there was no discernible difference between Census Data and data from this questionnaire. Accordingly there were 6 qualitative questions that formed the central thesis of the exercise (**n = number enrolled, r = respondents**).

QUESTION 8

When you think of Health & Wellbeing what is the first word that comes to mind?

St Teresa's Gardens n=26 r=26	Wider STG Area n=20 r=13
LOW	Walking (2)
DEPRESSION (9)	Happiness (4)
MENTAL HEALTH (6)	Hopelessness
MOBILITY	Stress
HAPPY	Alive
SAFETY	Services
ASTHMA CONTROLLED	Eating Healthy
DISABLED	Not Bad
NUTRITION	Good Health
SOCIAL DEGENERATION	No response (7)
SUBSTANCE ABUSE	
BASICS	
STRESSFUL	
FINDINGS:	
From an observational perspective, the responses from the St Teresa's Gardens sample are clearly reflective of a less positive view on health and wellbeing than those from the wider area. The majority, 62%, of responses reside in the Mental Health or related area.	

QUESTION 9		
How would you describe your health?		
St Teresa's Gardens n=26 r=26		Wider STG Area n=20 r=20
5	VERY GOOD	4
4	GOOD	6
9	FAIR	7
7	BAD	2
1	Don't Know	1
FINDINGS:		
Only 36% of respondents in St Teresa's Gardens perceived their health to be Good or Very Good, compared to 50% in wider area. This suggests a considerable deterioration in perception or actual health status since the 2016 Census.		

QUESTION 10		
What do you think are the biggest health issues for which people in your community may need help and support?		
St Teresa's Gardens n=26 r=29		Wider STG Area n=20 r=20
4	Nutrition	5
	Reproductive health Gynaecological or sexual health	
17	Mental Health	6
4	Physical trauma or rehabilitation	
	Infectious diseases (like the flu, cold)	
3	Chronic health issues (like asthma, cancer, diabetes, heart disease)	8
	Vaccinations	
	Dentistry	
	Pediatric care	
	Other	
1	Don't know	1
	No response	2
<p>FINDINGS:</p> <p>Analysis of the multiple responses suggest that in St Teresa's Garden, Mental Health issues were identified in 60% of all responses while Chronic Health Issues was the highest (40%) category identified in the wider area. The result is closely aligned with the result from Question 8.</p>		

QUESTION 12		
What do you think the main cause of stress is in the community today?		
St Teresa's Gardens n=26 r=42		Wider STG Area n=20 r=24
20	Substance Abuse	7
	Family problems	4
	Lack of income/livelihood	1
	Lack of work/schools	
6 (Anti-Social Behaviour 5, Regeneration 1)	Other	3 (Fear 1, Regeneration 1)
10	Don't know	7
<p>FINDINGS:</p> <p>All respondents clearly identified substance abuse as the main cause of stress in their respective communities. In addition, Anti-Social Behaviour was specifically identified alongside substance abuse in 25% of respondents.</p>		

QUESTION 14**What do you think is the most helpful for someone who feels stress/anxious?**

St Teresa's Gardens n=26 r=35		Wider STG Area n=20 r=22
18	To be listened to carefully and psychologically supported	14
2	To get involved in your community	2
1	To learn new skills/knowledge	1
12	To get relevant information about available services	5
1 (no trust in system)	Other	
1	Don't know	

FINDINGS:

Listening and psychological support was identified by both groups of residents as being the preferred option for those suffering from stress and/or anxiety in the community. Receiving relevant information about available services was identified as being helpful.

QUESTION 24**Thinking about your future, what would your vision be for your Health and Wellbeing?**

St Teresa's Gardens n=25 r=30	Wider STG Area n=20 r=14
Own home (9)	Mobility (5)
Better mental health (5)	Good health (2)
To get out (5)	Self-care (2)
Safety/ More police (2)	Eating (2)
Peaceful life (1)	Exercising (1)
Good Family life (1)	Good buildings (1)
Mobility (1)	Good services (1)
Decent accommodation (1)	Non responses (6)
Respect (1)	
Afraid of new place (1)	
Trust (1)	
New flats/different bucket (1)	
None (1)	

FINDINGS:

Although, the responses would suggest that 9 of the thirty respondents identified own home as being their vision, there is clearly a sense of fear, low expectations, loss of trust and hopelessness in the responses from the St Teresa's Gardens group. Whereas, responses from the wider area suggest a more positive forward leaning vision.

6. Conclusions and Recommendations

6.1 A note on regeneration:

Globally, the world's population is experiencing an increase in population, desertification, urbanisation, concentration, climate change and accompanying behavioural related health problems at National, Regional and Local levels. As society responds to these challenges outlined above, new interventions are designed to respond to the expanded range of health issues such as Mental Health, Environmental Health, Social Health and Physical Health. Hence, physical transformation and physical regeneration is a normal process and a feature of many societies that aims to improve physical and social infrastructure.

In 2006, a **Regeneration Learning Manual** was published by **Fatima Groups United**¹³. There were 2 reasons this guide was produced. Firstly, to capture the story of how the community managed to regenerate itself and secondly, to inform future regeneration activities that were planned for the following 10 years. It noted that people had little control over their lives in two important aspects. Firstly the breakdown of social order that facilitates a drug economy and culture, and secondly, the inadequate upkeep and maintenance of the estate. The learning manual offered 10 useful strategies based on regeneration experience:

- 1) Don't let oppression and poverty limit your ambition;
- 2) Plan and set your agenda, or you'll end up reacting to someone else's;
- 3) Understand the partnership challenge;
- 4) Create structures to make partnerships accountable;
- 5) Set up an active team of advisory experts to sit with community leaders and residents;
- 6) Devise a communication strategy;
- 7) Ensure social regeneration is given equal status to physical regeneration;
- 8) Take care of your community;
- 9) Invest in a strong team to lead;
- 10) Settle for excellence. Maintain high standards.

At an event in 2016², the final blocks of flats in the first phase of regeneration were demolished and it is anticipated that the new accommodation of 56 units will be available in 2020.

6.2 Assessment results:

The community of St Teresa's Gardens is living with a heavy burden of **Morbidity** and **Mortality**. It is evident from Census and other data that this situation has existed for some time. At the individual level it is clear that many residents are living there with multiple overlapping health deficits that reside in the mental, environmental and physical spheres of health. By far, the highest burden is within the Mental Health area, spanning Stress, Anxiety, Depression and Psychosis. The community and respondents are aware of this as evidenced in the accompanying "Bad or Very Bad" health perception. There is also evidence that respondents can differentiate between Stress and other Mental Health issues. Certainly, the environmental impact on Mental Health issues was clearly evident during the interviews. The challenge of limited open space was acknowledged by many as being a primary factor. However, the level of Mental Health issues secondary to the factors was unanticipated in the assessment. Sadly, many of the underlying factors are attributed to "Antisocial Behaviour". The behaviour described in the interviews is reported to be often initiated by a few

people (who themselves are living with substance abuse and health issues) from outside of the complex. This anti-social behaviour has had a disproportionate negative effect on the older population. It has been enduring, malicious, intimidatory and criminal in nature, contributing to ill health, stress, fear and a sense of hopelessness among many. At a time when so many elderly residents should be looking forward to new homes, many are fearful of the future. It's difficult to foresee a smooth and happy transition to new physical accommodation in those circumstances, let alone the achievement of a positive Social Regeneration Outcome.

The assessment identified another vulnerable cohort. There are few, activities or interventions designed to benefit **13-17 year old Children**. The population of this cohort is twice the National average. Their vulnerability was and is well recognised by respondents and so, interventions to specifically target them will form part of the recommendations.

The assessment found that health and wellbeing interventions are well received and highly relevant to the community. They are being implemented as envisioned. The TRY (**Targeted Response to Youth**) is an innovative and highly intensive reach-out programme that aims to address some of the issues outlined in the previous sections. TRY is a response adopted by St. Teresa's Gardens Regeneration Board, initially on a very limited pilot basis, targeting a group of young men who were engaged in anti-social behaviour, poly-drug misuse and public drug dealing in the flats complex. The idea was born out of the Board's high level of concern and frustration with the level of anti-social behaviour and its effects on residents and on the potential for regeneration¹². This is an important intervention as it has a unique bifocal feature. It has the potential to achieve not only a positive impact for its direct participants, but could also make a significant contribution to the health and wellbeing of others. This programme could be optimised in future design.

The responses identified significant negativity in relation to future vision and even identified a sense of hopelessness. Some respondents attributed the whole "mood" of the Flats complex with its accompanying absence of **Greenspace**. This is identified in Dublin City Council's recreation plan of 2009-2016. The provision of Greenspace must be an essential part of the health promotion activities that encourage aerobic activity, including physical exercise.

There are other health issues that relate to general healthy living, social interaction, nutrition and exercise. These are issues that are being addressed in a limited way. However, as the population moves and the surrounding population grows with new sites bordering the **Coombe Hospital** and **South Circular Road**, comprehensive planning and managing the response to the increasing health needs should be anticipated. Accordingly, the assessment also reflected on how the positive effects of the programme can be maintained in the future. Many of the strategies identified in the **Board's Strategic Plan** will continue to be valid moving forward. Effective Governance and leadership will be a pre-requisite for the future. Working Together Effectively will be essential as many findings will have relevance for future programming and for other similar initiatives elsewhere. Achieving optimum Financial, Institutional and Social Sustainability to build a resilient community will require a commitment and comprehensive approach to achieving measurable results in the future.

6.3 Recommendations to Governing Board & Management Team:

RECOMMENDATIONS TO GOVERNING BOARD & MANAGEMENT

- 1. Prioritise a focus on promoting good Mental Health by new advocacy and support initiatives as well as enhanced health focus within existing groups.**
- 2. Scale up successful programmes like Drug and Alcohol/TRY and optimise them to target Anti-Social Behaviour so clients and residents can see immediate benefits.**
- 3. Strengthen regular health promotion activities and Identify new high-impact programmes including Nutrition, Exercise, community Mental Health First Responders¹⁴ and ensure all Donore Community centre staff are defibrillator trained (this could be included as an item for the Health Fair).**
- 4. Identify and implement immediate strategies to address health and wellbeing vulnerability in 13-17 year old girls and boys and older adults.**
- 5. Prioritise the availability of greenspace and scaled up sports facilities to facilitate physical exercise broader participation by surrounding communities. Advocate for tree planting as trees have a proven stress calming effect.**
- 6. Maintain and grow services that focus on benefits for Children.**
- 7. Identify the full time staff level posts that are “mission critical” to achieving the board’s objectives.**
- 8. Modify existing HR management arrangements to facilitate scale-up.**
- 9. Diversify the funding base and identify opportunities for improve funding certainty and predictability.**
- 10. Foster a focus on defining and measuring programme results and an accompanying Results Framework that can measure and celebrate success.**
- 11. Implement activities that engender a culture of learning and encourage innovation, journaling and cross-fertilisation among departments and teams, and ensure a discussion on Strategic Plan recommendation status is a standing agenda item of Board meetings.**
- 12. Ensure a system in place that mitigates Operational, Financial and Reputational Risk.**
- 13. Create a multi stakeholder written Residents Charter that defines the rights, expectations and privileges of those of all ages living in St Teresa’s Gardens.**

7. ANNEX A: Key Informants Category 1 & 2

TABLE OF CATEGORY 1&2 INFORMANTS		
NAME	TITLE	AGENCY/PROJECT
Category 1		
Public Health Team (6)	Thomas Court, Community Health Centre	HSE
Brena Dempsey	Regional Health & Wellbeing Coordinator	HSE
Concepta de Bruin	Regional Social Inclusion Specialist	HSE
Barbara Brennan	Residents Association	Donore Avenue
Lorraine Doherty	South City, Coordinator	TUSLA
Anne Marie Spillane	Principal	Schoil Treasa
Stephen Rourke	Chairperson	St Teresa's Gardens Regeneration Board
Gwen Brennan	Principal	Warrenmount Secondary School
Gillian Corcoran	Estate Officer	Dublin City Council
Alan Buckley	General Operative	Dublin City Council
Ann Larkin	General Operative	Dublin City Council
JJ OMahony	Facilities Committee	Kevin's Hurling & Camogie Club
Category 2		
Lyndsey Anderson	Regeneration Coordinator	Regeneration Project
David Doyle	Youth Justice Worker	FOROIGE
Brian Healy	Are Manager, CYPYC	CYPYC
Fearghail Connolly	Coordinator	Drug& Alcohol Team
Karl Ducque	STAFF	TRY Team
Pierce Stafford	STAFF	TRY team
Pamela Carroll	Community Health Worker	Regeneration Team
Patricia O'Connor	Project Leader	Education
Marie Barry	STAFF	TRY Team (Female 18-25)
Keith Brennan	Counsellor	Drug & Alcohol Team
Heno Fitzgerald	Secretary	St Teresa's Gardens Girls and Boys football club

8. ANNEX B: References:

1. WHO. Geneva Switzerland
2. St Teresa's Gardens Special Edition newsletter 2016: Dublin City Council
3. St Teresa's Gardens Regeneration Board Strategic Plan 2018 -2021
4. Redmond D, Hearne R. *After the Boom: Social Housing Regeneration and Sustainability in Dublin:13, 2011.*
5. Government of Ireland, *Rebuilding Ireland, Dublin 2016*
6. Whyte John. *Great Expectations: A Landmark and Unique Social Regeneration Plan for Fatima Mansions.*
7. *Connecting for Life, and Reducing Harm, Promoting Recovery – Irelands National Drug and Alcohol Strategy”.*
8. *Department of Health. Reducing Harm, Supporting Recovery: A health led response to drug and alcohol use in Ireland 2017-2025.*
9. *Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025.*
10. *Sláintecare Government of Ireland, 2019.*
11. Saris J, O'Reilly F. *A dizzying array of Substances: an ethnographic study of drug use in the Canal Communities area.*
12. Tobin. Pat. *Community Action Network: Evaluation of St Teresa's Garden Targeted Response to Youth (TRY) project.*
13. Donohue J, Dorman P. *Dream/Dare/Do-a regeneration learning manual 2006.*
14. Mills Prof Gerald. *Presentation of comparative analysis on access to green space around Kevins Hurling and Camogie Club 2019.*
15. <https://www.mhfaireland.ie/what-is-mental-health-first-aidhttps://www.rte.ie/lifestyle/living/2019/0703/1059995-do-you-need-a-course-in-mental-health-first-aid/>
16. Medtronic Health Communities Fund.

9. ANNEX C: Questionnaire (FGD & Individual respondents)

RESIDENT QUESTIONNAIRE

Introduction and Consent

[Read as it is written]

Good [morning/afternoon], How are you?

BRIAN and I work with the **Regeneration Team** in supporting health services in the area. I would like to ask you some questions for your feedback to inform a health needs assessment and ultimately help us improve our health status and services. The questions will not be related to your personal information. All of your answers will be kept strictly confidential. I will not keep a record of your name or address and your identity would not be identifiable through the results of this survey. You have the right to stop the interview at any time, or to skip any questions that you do not want to answer. Your participation is completely voluntary but your experiences could be very helpful to improve the services. The interview will last approximately 30 minutes.

You are free to ask any questions now or once the interview is complete. Do you have any questions now?

Do you agree to participate?

_____ **Yes**

_____ **No**

Thank you.

May I begin?

Date of Interview: _____

FLAT NUMBER _____

Enumerator Name: _____

	Demographics - ALL LOCATIONS	Type	Constraint
1	Age Group of respondent (Select one): 18-30 31-40 41-50 51-60 >60		
2	Are you the head of your household? Yes No	YES NO	
3	What is your HH's status? Permanent Tenant Awaiting de-tenanting Returnee Other		

4	What is the highest level of education you have completed? Primary School Middle School Secondary School University Postgraduate None		
5	HAVE you CHILDREN..?	YES NO	
6	ARE YOU CURRENTLY EMPLOYED	YES NO	
7	Is there anyone with a disability in your household? Yes No Don't know Please describe....	Single Response	
8.	WHEN YOU THINK OF HEALTH AND WELLBEING, what's the first word that comes into your head?		
9.	HOW WOULD YOU DESCRIBE YOUR HEALTH? a) VERY GOOD b) GOOD c) FAIR d) BAD e) Don't know	Multiple	
10	What do you think are the biggest health issues for which people in your community need help or support (choose max 3)? 1. Nutrition 2. Reproductive health Gynaecological or sexual health 3 Mental Health 4 Physical trauma or rehabilitation 5 Infectious diseases (like the flu, cold) 6. Chronic health issues (like asthma, cancer, diabetes, heart disease) 7. Vaccinations 8. Dentistry 9. Pediatric care 10. Other Don't know	Multiple Response Prompt with list if necessary	
11	If other, please specify	Text	

12	What DO YOU THINK is the main cause of stress in the community today? a) Substance Abuse b) Family problems c) Lack of income/livelihood d) Lack of work/schools e) Other f) Don't know	Prompt <u>if necessary</u>	
14	WHAT do you think is the most helpful for someone who feels stress/anxious? 1. To be listened carefully and psychologically supported 2. To get involved in your community 3. To learn new skills/knowledge 4. To get relevant information about available services 5. Other Don't know	Prompt	
15	If other, please specify	Write	
16	Has there been anyone including children sick at your household in last three months? Yes.....Who? M,F,Ch No Don't know	Single Response	
17	If yes, did this person visit any health facility in the area? YesWhich one? No Don't know	Single Response	
18	If no, what were the main reasons this person did not visit any health facility (choose max 3)? Patient/caretaker was not aware of the health facility. The facility is too far There are charges for the services. The quality of services is not good. Patient does not feel comfortable receiving services at available center. The facility did not provide the needed services. The time waiting at the facility would be too long. Don't know Tel me more (specify) _____	Multiple Response	
19	Can you please provide more details? ____ How long does it take to get there		
20	If YES, did this person (the patient) visit the [name] health facility? Yes No Don't know	Single Response	If Yes 26 If No 27

21	<p>If YES , what were the main reasons they choose to use this health facility (select max 3)?</p> <p>It was the nearest facility</p> <p>It has free services</p> <p>It has good quality services</p> <p>There is no other choice</p> <p>The wait times there are better than elsewhere</p> <p>It is the only facility with the needed services</p> <p>They feel comfortable at this center</p> <p>Don't know</p> <p>Other</p>	Multiple Response	
24	If other, please specify	Text	
25	<p>Thinking about your future, what would your vision be for your health and wellbeing in the future?</p>	Text	

THANK YOU VERY MUCH FOR SHARING THIS INFORMATION AND TELLING US ABOUT YOUR VISION

