

Health Assets and Needs Assessment (HANA) Tallaght, 2014



Catherine Darker, Lucy Whiston, Jean Long,
Erica Donnelly-Swift, Joe Barry



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Foreword

The present report represents a unique, synergistic partnership in Irish healthcare that arises out of both shared ideals and the location of the Department of Public Health and Primary Care (PH & PC), Trinity Centre for Health Sciences and the Adelaide Health Foundation (AHF) and Tallaght Hospital. This project was co-funded by the AHF and Tallaght Hospital. The Department of PH & PC is dedicated to the advancement of evidence-based healthcare with a strong emphasis on research, community health, health promotion and prevention. The AHF, formerly the Adelaide Hospital Society, located within Tallaght Hospital, is strongly involved in independent health policy research. It aims to define problems but, more particularly, to suggest solutions. The Department of PH & PC and the AHF work in partnership with each other and with Tallaght Hospital to develop health policy suggestions for the benefit of the local community, and hope that these may also have national implications. For this report our partnership extended to include our colleagues in the Fettercairn Health Project, South Dublin County Council and the Health Intelligence Unit, Health & Wellbeing, Health Service Executive (HSE) and also HSE Primary Care.

The planning of the provision of effective health services for a community involves coordinating needs and assets. Needs are assessed by analysing population demographics (including age, gender, education and social class), mortality and the major diseases causing it and morbidity-the illnesses causing disability. The evidence base for preventive and therapeutic strategies is evaluated. Health assets are assessed and their appropriateness to both needs and appropriate management assessed.

Mortality statistics in Ireland are well developed but morbidity registers, with the exception of cancer, are scanty, as are systematic surveys of the major risk factors that contribute to mortality and morbidity. There has been little effort to

systematically categorise health assets. Available data are summarised in the Department of Health's report "Healthy Ireland. A framework for improved health and wellbeing 2013-25".

In 2001, the then Department of Community Health and General Practice, a department of Trinity College situated in Tallaght Hospital, joined forces with the then Adelaide Hospital Society to conduct a health needs assessment. This resulted in the adjustment of services provided.

The present report repeats the health needs assessment to evaluate changing needs but also, and uniquely, presents inventories of assets in terms of services and amenities relating to healthcare, education, community facilities and sports clubs and facilities. Thus, it provides the basis for effective health planning.

The population of Tallaght is getting older and there is evidence that levels of private health insurance has dropped significantly, putting demands on the public health system locally. The tone of the report is sober, objective and non-judgmental. Inter alia, it notes the need to tackle inactivity and overweight, the ongoing major problem of heart disease, diabetes and respiratory problems, increasing levels of stress, the major problem of accessing health services and long waiting times for hospital services, and the need for greater community involvement in developing and improving Tallaght Hospital. However, this is balanced with high satisfaction levels with both local GP services and also the quality of care received from Tallaght Hospital.

It is our hope that this report will contribute to the provision of better healthcare for the people of Tallaght but also that it may have national relevance for healthcare planners in other regions and at Government level.

Ian M Graham
Chair, Adelaide Health Foundation
Professor of Cardiovascular Medicine,
Trinity College Dublin

Research Team

Assistant Professor Catherine Darker (Principal Investigator), TCD

Ms. Lucy Whiston (Project Coordinator), TCD

Dr. Jean Long, HRB

Dr. Erica Donnelly-Swift, UCD

Professor Joe Barry, TCD

Steering Committee

The Research Team as above, and:

Professor Ian Graham, Chair of the Adelaide Health Foundation

Mr. David Slevin, CEO Tallaght Hospital

Dr. Daragh Fahey, Director of Quality Safety and Risk Management, Tallaght Hospital

Professor Colm O'Morain, Ambassador for Tallaght Hospital

Mr. Billy Coman, South Dublin County Council

Dr. Darach O Ciardha, GP Principal Tallaght, TCD/HSE General Practice Training Programme

Ms. Catherine Heaney, Community Representative, Fettercairn Community Health Project

Dr. Howard Johnson, Clinical Lead, Health Intelligence Unit, Health & Wellbeing, HSE

Ms. Julie Cruickshank, HSE Primary Care

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Glossary of Terms

Asset: A useful and valuable factor or resource, which enhances the ability of individuals, communities and populations to generate, maintain and sustain health and wellbeing.

Asset mapping: A process of building an inventory of assets within a community, of physical structures such as schools, parks or health centres.

Chronic illness: An illness which has a long duration with progression of symptoms impacting on physical, emotional and mental wellbeing of individuals, leading to a reduced quality of life and increased morbidity and mortality. For example, cardiovascular disease (heart attacks and stroke), cancers (particularly breast, prostate and colonic cancer), chronic respiratory diseases (chronic obstructive pulmonary disease and asthma) and diabetes.

Disability Allowance: A means tested weekly allowance paid by the Department of Social and Family Affairs to a person with a disability, who is over the age of 16 years.

Electoral division (ED): The smallest legally defined administrative areas in Ireland for which Small Area Population Statistics are published from the national census.

Geographical information system (GIS): A computer software programme used to deal with spatial information by integrating digital data, computer hardware and software. This is achieved through data processing, visualization, geo-processing and analysis to reveal spatial relationships, patterns and trends in the form of maps.

Health asset assessment: An asset-based health assessment approach helps to identify the protective and promoting factors that affect health and wellbeing.

Health needs assessment: A health needs assessment seeks to determine what is 'lacking in the physical, social, psychological and environmental conditions under which residents of the area live and what can be done to improve them'.

Health and wellbeing: A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

Healthy Ireland: A Government strategy, which seeks to improve the health and wellbeing of the population of Ireland.

Primary carer: The primary carer is the person in the household who manages the welfare and health of the family/household. In a house of renters this was the person who pays the bills or whose name was on the rent agreement.

SLAN: 'Survey of Lifestyle, Attitudes and Nutrition in Ireland' – a national survey conducted in Ireland in 2007.

Small Area Health Research Unit Deprivation Index (SAHRU DI): Four indicators are used to create the index: Unemployment, Low social class, No car, Local authority rented accommodation.

Social capital: This refers to a person's sense of social connections or social networks within a community. An important facet of this is 'trust' which is seen as a determinant of social connectedness.

Tallaght: The thirteen electoral divisions of Tallaght i.e., Belgard, Glenview, Kilnamanagh, Kingswood, Millbrook, Oldbawn, Springfield, Avonbeg, Fettercairn, Jobstown, Killinarden, Kiltipper, and Tymon.

TLC: Tallaght, Lucan and Clondalkin GP 'out of hours' co-operative service, located in Tallaght Hospital.

Summary

What we set out to do:

- We set out to update the findings of a health needs assessment carried out in Tallaght in 2001. In addition, we wished to assess the health and wellbeing assets of the participating households. This asset based aspect was not included in the 2001 survey.

How we did it:

- We conducted a survey in the 13 electoral divisions of Tallaght. Letters were sent to 420 randomly selected households, inviting the primary carers (see glossary of terms) to participate in the survey. We selected the households employing a cluster sampling methodology. We randomly chose 30 clusters from the six less deprived electoral divisions and from the seven more deprived electoral divisions of Tallaght. Each of the 30 clusters consisted of seven adjacent households. We interviewed the primary carers in their homes using an interviewer administered questionnaire.

What we found:

- Of the 420 households selected to participate in this research, a total of 82% (n=343) participated, indicating a keen interest in health and wellbeing related issues. Data were collected on 1082 individuals residing in these households.

The people of Tallaght:

Just over 50% of households included within this research have lived in Tallaght for over 21 years indicating a community that is settled. A total of 35% (n=117) of households included within the research reported living in Tallaght for 10 or fewer years.

There have been many changes in the demographic profile of residents between 2001 and 2014.

Primary carers reported that:

- 40% of individuals are living in houses in which just one or two people reside; this was an increase of 22% since 2001.
- 29% of all individuals within households are aged over 50 years. When compared with 2001 this is an increase of 10%.
 - 10% of all individuals within households are aged over 65 years. When compared with 2001 this is an increase of 7%.
- 31% of household members resided in government supported accommodation, which is an increase of 6% from 2001.
- 76% of households owned a car, which is a decrease of 1% since 2001.
- 8% of households were occupied by non-nationals, which is an increase of 2% since 2001.
- 29% of households had neither a medical card nor private health insurance, which is a decrease of 6% compared with 2001.

- 14% of households had private health insurance, which is a decrease of 19% since 2001.
- 73% of primary carers had completed a state exam to junior certificate level or more, which is an increase of 9% compared with 2001.
- 13% fewer people were in full or part time employment in 2014 compared with 2001.

Health and wellbeing assets

A set of inventories of local services and amenities relating to healthcare, education, community facilities and sports clubs and facilities were created. These facilities and services were plotted on a series of maps relating to the 13 electoral divisions. The maps were based on the 13 electoral divisions as per the 2011 census. These inventories were also shown to primary carers to assist them in answering questions in relation to utilisation of services within the area of Tallaght and as to whether they perceived these services to be an asset.

Primary carers reported that:

- The top three good things about living in Tallaght were i) amenities, such as The Square shopping centre, parks and leisure facilities, ii) community spirit and neighbours, and iii) public transport, such as the Luas and buses.
- The top three bad things about living in Tallaght were i) a lack of amenities, such as activities for young people, ii) anti-social behaviours, such as joyriding and gangs, and iii) crime, such as thefts and burglaries.
- Their perceived level of social capital, as measured by a question on trust, was slightly lower than the national Irish average but somewhat higher than the European average.
- Healthcare services, such as GP and pharmacy services, education facilities, such as crèche and third level institutions, community services, such as hobby facilities and community centres, and sports clubs, such as GAA and football facilities were all deemed to be assets.
- Of these healthcare facilities,
 - Nearly all primary carers reported that someone in the household had utilised both pharmacy and general practitioner (GP) services in the previous 12 months, with the majority using these services within the Tallaght area. Over one third reported using GP services monthly, with slightly under one third using GP services bimonthly. Almost two thirds reported using pharmacy services monthly.
 - Dentist and other healthcare services including chiropodists and opticians were reported to be used once or twice in the previous 12 months. Just over one in ten households utilised mental health services in the previous 12 months. Of those that utilised mental health services three quarters used services located within Tallaght.
 - Over eight per cent of households utilised support services or a support group in the previous 12 months. One third of attendance was weekly. Just three per cent of households reported use of addiction services in the previous 12 months. Of those that engaged with addiction services all used services within Tallaght.
- Of these educational facilities,

- Over three quarters of respondents indicated that a member of the household used primary schools in Tallaght. Half of respondents used secondary schools in Tallaght. A quarter of respondents reported using crèche/nursery schools, the majority of which were in Tallaght.
- Fifteen per cent of households reported use of third level educational institutions.
- Over ten per cent of respondents made use of training and employment services most of which were based within the Tallaght area. Similarly, almost one in ten households used adult education services with over half using services in Tallaght.
- Of these community services and facilities,
 - Nearly nine in ten households reported using public transport services. Just over a quarter use public transport on a daily basis.
 - Over four fifths of participants reported household use of parks in the previous 12 months, the majority of which were within the Tallaght area. Nearly two-thirds report using parks on a daily or weekly basis.
 - Nearly two-thirds reported using churches or places of worship in the previous 12 months, with a third reporting weekly use.
 - Just over eighty per cent reported using other services, such as post offices, Garda services or credit unions either weekly or monthly.
 - One third reported using hobby facilities such as local theatres in the previous 12 months.
 - A third reported using community services such as the Tallaght Citizen Information Centre in the previous 12 months.
 - A third of respondents reported using play spaces in the previous 12 months, with most using playgrounds in Tallaght on a weekly or monthly basis.
 - Half of respondents used the Tallaght community centres, such as Belgard community centre, Fettercairn youth and community centre and Jobstown community centre, weekly over the previous 12 months, while a further fifth used the same services monthly.
 - Just over ten per cent reported that someone in the household used senior citizen services or youth services in the previous 12 months.
- Of these sports clubs,
 - Over forty per cent of the households had used sports facilities within the previous twelve months. The majority of respondents had utilised sports clubs or facilities within Tallaght. Three-quarters of respondents had used sports facilities within Tallaght on a weekly basis.

Lifestyle issues:

Primary carers reported that:

- 44% of households included a person who smoked, compared to 69% in 2001, a decrease of 25%.
- 67% reported experiencing stress in the last 12 months, compared to 59% in 2001, an increase of 8%. Of these,
 - 44% consulted with their GP because of their stress, an increase of 9% on 2001.
 - 23% had received prescription medication, an increase of 4% on 2001.

- 53% worried about their teenagers' socialising, compared to 60% in 2001, a decrease of 7%.
- 33% described their teenagers' behaviour as problematic, compared to 46% in 2001, a decrease of 13%.

General health, chronic illness and disability:

Primary carers reported that:

- Their own general health was 'good' (46%) or 'very good' (25%).
- 22% of the 1082 individual household members had a chronic illness; this remains unchanged since 2001.
- The most common self-reported chronic illnesses in 2014 were heart disease (38%), diabetes (15%) and respiratory disease (15%).
 - The self-reported prevalence of chronic diseases changed between 2001 and 2014 with reports of heart disease increasing by 6%, diabetes increasing by 5%, mental health and addiction problems increasing by 5% and cancer rates increasing by 4%. This is compared with the self-reported prevalence of respiratory disease decreasing by 20% and orthopaedic problems decreasing by 3%.
- 18% of households contained one or more persons who were in receipt of a disability allowance, compared with 11% of households in 2001.

Tallaght Hospital services:

Primary carers reported that:

- 23% of household members had used Tallaght Hospital in the previous 12 months. Of these,
 - 65% had been referred by their GP, 22% by a hospital doctor and 13% had self-referred.
 - 84% would recommend the hospital to a friend or family member.
 - 74% were satisfied with the care that they received. Of the 26% who were dissatisfied, the main reasons were waiting times and speed of care too slow.
- 94% believe that the hospital is beneficial to the surrounding area. Its proximity to their homes was the main reason for this.
- 44% indicated that they would like to be involved in decisions, which are made to improve or change services within the hospital.
- 9% indicated that there was a person in the household who was on a waiting list for treatment within the hospital. Of these,
 - 48% were waiting for less than six months, 20% between seven and ten months, and 32% for longer than thirteen months.
 - 61% found the length of time they were waiting to be very unreasonable, while a fifth indicated that their waiting time was very reasonable.
 - 48% were waiting on an adult out-patient appointment.

- 40% of household members had used Tallaght Hospital A&E department in the previous 12 months. Of these,
 - The three main reasons for A&E attendance were sustaining a cut or wound due to a fall or attack (23%), orthopaedic, such as a fracture (15%) and gastrointestinal problems (12%).
 - 56% referred themselves, 25% were referred by a GP, and 13% came by ambulance.
 - 78% of attendees were ill or injured for less than 24 hours before attending A&E.
- 68% indicated that they would recommend Tallaght Hospital A&E to a friend or family member.
- 54% were satisfied with the care that they received in Tallaght Hospital A&E. Of the 46% who were dissatisfied the main reasons were long waiting times, speed of care too slow and a lack of cleanliness.

General practice and 'out-of-hours' services

Primary carers reported that:

- 73% of households were within walking distance of the GP.
- 90% would recommend their GP to a friend or family member.
- 90% indicated that they were satisfied with their GP.
- Attending the 'TLC' (32%) (see glossary) or 'depends on the situation' (31%) were the two most cited actions if an 'out-of-hours' doctor was needed.
- 45% were satisfied with the current 'out-of-hours' doctor services.
- 70% preferred to have a blood test, 53% an x-ray and 52% an ultrasound with their GP rather than go to the hospital.
- Households who reported having at least one person with a chronic illness were more likely to visit the GP more often. In households with at least one person with a chronic illness, monthly visits to the GP were reported by 47% of households and weekly visits were reported by 5%. In comparison, households that did not contain a person, whom had a chronic illness, reported less frequent use of the GP with monthly attendance reported by 24% and weekly attended by 3%.

Additional health services identified by the people of Tallaght

- 72% of primary carers identified additional health needs in the Tallaght area.
- Suggestions included:
 - 22% requested additional psychology and addiction related services such as mental health services and needle exchange.
 - 22% requested an extension to GP services, specifically requesting more GPs to work in the Tallaght area and longer opening hours.
 - Other services were suggested such as services for the elderly and home care services, also increased support for people with disabilities.

Recommendations

1. Develop, implement and evaluate interventions to tackle sedentary behaviour and encourage physical activity.
2. Focus on the prevention of chronic diseases such as heart disease, diabetes and respiratory problems, which are the three major chronic diseases, reported in Tallaght.
3. Develop, implement and evaluate interventions to target the mental and physical effects of chronic stress, which has increased in prevalence and severity over the past 12 years.
4. Focus on decreasing the duration of time that patients have to wait for treatment in Tallaght Hospital.
5. Expand GP services locally by recruiting more GPs, enhance access to GP services by considering longer opening hours of traditional GP practices and further developing the existing TLC 'out-of-hours' service.
6. Determine the feasibility and cost effectiveness for the expansion of GP services to include x-rays, blood tests and ultrasound. Consider piloting a programme locally to determine whether this improves access to diagnostics for the community or whether the existing diagnostics within Tallaght Hospital should be further developed.
7. Increase the availability of mental health services including psychiatric, psychological and community support services.
8. Increase the availability of addiction services.
9. Encourage and enable greater community involvement in decision making for developing and improving Tallaght Hospital.
10. Encourage a greater focus on the positive aspects of Tallaght.
11. Develop greater awareness of the available facilities and services and promote their use within Tallaght.
12. Develop an evidence-based approach to community led initiatives to tackle crime, particularly petty crimes, such as joyriding, theft and burglaries.

Part 1 – Introduction and Methods

1.1 Introduction

In 2001 a health needs assessment was conducted in Tallaght by the then Department of Community Health & General Practice and funded by the Adelaide Hospital Society¹. This resulted in tailoring of available services to the needs of the community alongside the provision of some additional services within the Tallaght area. A health needs approach seeks to determine what is 'lacking in the physical, social, psychological and environmental conditions under which residents of the area live and what can be done to improve them'². Health needs assessments have been conducted for many years and are helpful in identifying needs and priorities³. The success of the previous study provides a key motivation for a repeat assessment. A repeat of the needs assessment will also provide estimates on changes in health needs since 2001, facilitating health planning in Tallaght.

Recently, the definition and concept of health has developed to a wider definition. The WHO defines health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'⁴. This is similar to the definition of health which has been adopted in the recent Government policy 'Healthy Ireland' framework for health and wellbeing⁵. With a more extensive definition comes an expansion of factors that influence health. Health is determined not only by access to good quality healthcare services and lifestyle choices but also by social and economic conditions in which people live e.g. housing, employment, transport, access to education⁶. These developments have contributed to the emergence of a health asset approach and health assessments now commonly include an investigation of both health needs and assets. A health asset approach focuses on 'any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and wellbeing and to help to reduce health inequalities'³. An asset-based assessment approach, therefore, helps to identify the protective and promoting factors that affect health and wellbeing. In the international literature one of these protective and promoting factors is identified as "social capital". This refers to a person's sense of social connections or social networks within a community. An important facet of this is 'trust' which is seen as a determinant of social connectedness.

At a community level there is a body of evidence supporting the role of community health assets in enhancing health outcomes. Social relationships and networks have been associated with improved mental health, and reduced mortality and morbidity^{7,8}. Social networks and relationships provide self esteem and a sense of identity acting as a stress buffer and providing motivation to take care of oneself⁹. As a result social networks and relationships have been linked to reduced risk of cardiovascular morbidity, lower risk for cancer recurrence, decreased levels of depression and anxiety and less severe cognitive decline with ageing, greater resistance to infectious diseases and better prognosis when facing chronic life threatening illnesses as well as lower levels of readmission to hospital after initial A&E admission⁸⁻¹³. A close link between social capital and health has long been reported with social capital improving health through improved access to health information, healthcare and support and more effective lobbying¹⁴. Social and community cohesion is a key health asset reported to increase social capital and reduce health inequalities^{3,15}. Resilience has long

been identified as an important health asset to aid development and better health³. Living in safe housing improves community cohesion and connectedness, reduces crime, improves employment opportunities and educational attainment¹⁶. Similar positive health benefits have also been reported for recreational facilities such as parks¹⁷⁻¹⁹, libraries²⁰ and shops²¹.

The inclusion of an assessment of health assets adds value to the needs assessment identifying the factors which protect and support health, changing the role of residents to co-producers of health and strengthening the capacity of residents to inform and influence the development of services within their community^{3,22}. A focus on assets can provide new ways of challenging health inequalities, improve health behaviours and outcomes, reduce demand on services making them more efficient and effective while making visible the potential in a community²²⁻²⁴. In addition, it is widely acknowledged that there is a need for a greater focus on health assets as articulated by the WHO^{22,23}. There is a dearth of asset based research in a real life setting, with limited agreement on what constitutes an asset and how to identify and measure health assets systematically²²⁻²⁵. There are a number of reasons for conducting a health asset and needs assessment of Tallaght in 2014. The 2001 study resulted in tailoring of available services to the needs of the community alongside the provision of some additional services¹. The success of this study provides a key impetus for a repeat assessment in 2014. A repeat of the needs assessment will also provide estimates on changes in health needs since 2001 facilitating health planning in the area of Tallaght.

Aim: The aim of this study was to examine health needs in the Tallaght community through a repeat of the methodology employed in the 2001 Tallaght health needs assessment¹ with an expansion to identify and map health assets in Tallaght.

Objectives:

1. To assess any changes in health and healthcare needs in Tallaght since 2001.
2. To identify and map existing health assets.
3. To establish the relationship of the community with existing health assets.
4. To provide recommendations for the health and wellbeing of the Tallaght community and people in the context of the findings of the assessment along with current policy and service developments.

1.2 Methods

Design

A household survey of the health assets and needs relating to the health and wellbeing of the community of Tallaght.

Study area

The study area covered thirteen electoral divisions of Tallaght: Belgard, Glenview, Kilnamanagh, Kingswood, Millbrook, Oldbawn, Springfield, Avonbeg, Fettercairn, Jobstown, Killinarden, Kiltipper, and Tymon (See Figure/Map 1).

Deprivation has a role to play in terms of health status^{26,27} and service uptake²⁸ and therefore it was necessary to take account of this factor when selecting the sample. Deprivation is a state of “observable and demonstrable disadvantage relative to the local community to which an individual belongs”²⁹. The Small Area Health Research Unit (SAHRU) has developed a deprivation index (DI) for health and health services research. The most recent SAHRU DI, based upon national census data for 2011, utilises four indicators to determine the classification of deprivation³⁰. These are unemployment (the proportion of the economically active population (15 years or older) unemployed or seeking a first time job); low social class (proportion of population (social class 1 to 6 only) in social class 5 or 6; no car (the proportion of permanent private households with no car); and local authority rented accommodation (proportion of permanent private households rented from a local authority or in the process of being acquired from a local authority). The deprivation index is a classification system of 1 (least deprived) through 10 (most deprived). Additional details on the classification of electoral divisions by level of deprivation are in Appendix A.

The process of classifying the 13 EDs in HANA 2014 is closely based on the 2001 study (Appendix B: Study area and sampling methods of 2001 study). However, there have been changes in the SAHRU DI since the original needs assessment was conducted in 2001 in which the older SAHRU DI score was utilised³¹. The score has been updated based on 2011 census data and the revised deprivation score, previously one to five, now ranges from one to ten, where one is least deprived and ten is most deprived³⁰. In keeping with the original research a deprivation score of 1-6 and 7-10 would roughly equate to the classification of low/high deprivation on the 1-5 scale. However, it must be noted that using 1-6 and 7-10 as cut-off points for low/high deprivation may cause dilution of contrasts (as indicated by A. Kelly, head of SAHRU). The research team made the decision to choose 1-8 and 9-10 as cut-off points for lower/high deprivation (thus keeping in line with previous research). Classification of EDs based on this decision can be seen in Table 1.

Table 1: Distribution of sample and population in both low and high deprivation electoral divisions.

Electoral Division (ED)	Sample households Total (%)	Population households Total (%)	Classified*
Tallaght-Belgard	21 (10.0)	592 (7.9)	Low
Tallaght-Kilnamanagh	42 (20.0)	1565 (20.9)	Low
Tallaght-Glenview	21 (10.0)	813 (10.9)	Low
Tallaght-Kingswood	42 (20.0)	1534 (20.5)	Low
Tallaght-Millbrook	35 (16.7)	1301 (17.4)	Low
Tallaght-Oldbawn	49 (23.3)	1678 (22.4)	Low
Total:	210 (100)	7483 (100)	
Tallaght-Springfield	42 (20.0)	3663 (19.6)	High
Tallaght-Tymon	21 (10.0)	1917 (10.3)	High
Tallaght-Fettercairn	28 (13.3)	2427 (13.0)	High
Tallaght-Jobstown	63 (30.0)	5834 (31.2)	High
Tallaght-Killinarden	14 (6.7)	1275 (6.8)	High
Tallaght-Avonbeg	7 (3.3)	654 (3.5)	High
Tallaght-Kiltipper	35 (16.7)	2913 (15.6)	High
Total:	210 (100)	18683 (100)	

Cut-off points were based on team decision: < 9 denotes lower deprivation; 9-10 denotes definitely high deprivation.
Low = least deprived; high = most deprived

Sampling

The sampling process closely followed the original 2001 study (Appendix B: Study area and sampling methods of 2001 study)¹. Cluster sampling was employed with 30 clusters of seven households selected from each of the low and high deprivation areas, giving the required number of 420 households.

According to the electoral register there were a total of 18,683 households from the register in the high deprivation group of electoral divisions and 7,483 households in the low deprivation group of electoral divisions. The 13 electoral divisions in the survey area were partitioned into 874 clusters, each of seven households¹. A random sample of clusters was then selected – 30 clusters from the high deprivation group of electoral divisions and 30 clusters from the low deprivation group of electoral divisions, each cluster consisting of seven adjacent houses. Each cluster of seven houses was adjusted and houses missing from the numerical sequence were inserted in order to include those not on the electoral register. At the end of the sequence the number of households in excess of seven was removed. This was done in order to ensure a representative sample of the population actually living in Tallaght rather than the population living in Tallaght according to the electoral register. Of the 420 houses in the Economic and Social Research Institute sample, 4 (1.0%) households were missing from the electoral register.

¹ Springfield ED in the original needs study was classified as low deprivation and this changed to an ED with high deprivation in the HANA study.

Fieldwork

In September 2014, the first 7 houses in each cluster (a total of 420 households) were sent a letter (Appendix C: Household invitation letter) outlining the purpose of the study, the topics that the survey would cover, how their house had been randomly selected and letting them know that a researcher would be calling to the house to conduct the interview with the primary carer. Households were informed that their participation was voluntary and that they were free to withdraw from the research at any time. Households were given the opportunity to contact the research project coordinator with questions or to indicate that they did not wish to take part in the research. If a house decided not to participate after receipt of the letter the eighth house in their cluster was sent a letter inviting them to participate. At the same time general practitioners in the Tallaght area were informed of the study. Posters were designed and displayed in local shops in Tallaght (Appendix D: HANA posters). The local press informed the community about the survey (Appendix E: HANA article in the Echo). There was also a stand at the 2014 Tallaght Health Fair informing people of the study.

The survey instrument was pre-tested and finalised in September 2014. Data collection took place between September 2014 and December 2014. Interviewers were paid a nominal fee for each completed survey.

Training of data collectors

Interviewers employed to carry out the data collection attended an intensive training session in September 2014. This session covered, inter alia, the background, context and purpose of the study, the survey instrument and the procedure to obtain informed consent from primary carers. Data collectors were brought through the Working Alone Protocol (Appendix F: Working alone protocol). Role-plays were conducted within the training session to familiarise the data collectors with the procedures for undertaking the interviews. Each interviewer was provided with a data collection pack, which contained the following items:

- ID Badge
- Personal alarm
- List and map of assigned houses
- Household contact record sheet
- Working Alone Protocol (Appendix F)
- Study protocol
- Contact details for Project Coordinator
- Training slides
- Participant Information sheets and consent forms (Appendix G)
- 'Sorry I missed you' slips
- Survey Instruments – 4 person, 6 person & 8 person households (Appendix H)
- Laminates relating to:
 - Copy of original letter sent to houses (Appendix C)
 - Chronic Illness examples (Appendix I)
 - Inventory of Assets (Appendix J)

Data Collection Instrument

This study employed the use of a survey instrument to identify health needs and assets. The questionnaire (Appendix H: HANA in Tallaght 4 person household questionnaire) consisted of the following parts/sections:

Part 1 Demographics

Section 1 Household demographic details

Part 2 Health Needs

Section 2 Health status

Section 3 Tallaght Hospital (utilisation of, access to and satisfaction with)

Section 4 General practice and healthcare services (utilisation of, access to and satisfaction with)

Part 3 Health Assets

Section 5 Personal and community characteristics

Section 6 Healthcare inventory

Section 7 Education Inventory

Section 8 Community Facilities inventory

Section 9 Sport and hobby facility inventory

Section 10 Missing assets

To examine health needs the questionnaire used in 2001¹ was used with a number of minor refinements and revisions for ease of completion. Additional questions were also included examining topics such as physical activity, social capital and the opinion of primary carers in relation to identified assets within the area of Tallaght.

Physical Activity

Four questions assessed primary carers levels of physical activity. These questions were used in the Survey of Lifestyle Attitudes and Nutrition in Ireland (SLAN)³². The number of times severe, moderate and mild physical activity was engaged in for more than 20 minutes during an average week was recorded along with the number of days in an average week that the primary carer walked for more than 30 minutes.

These questions asked in SLAN were adapted from the International Physical Activity Questionnaire (IPAQ)³³. This enabled the employment of the IPAQ scoring protocol to assign primary carers to categories based on levels of physical activity. IPAQ scoring guidelines relating to the number of days of activity was used. Three categories of activity were calculated; inactive, minimally active and Health Enhancing Physical Activity (HEPA active) where recommended levels of physical activity for protective health benefits were achieved.

Social capital

This was measured through individual social trust, which is used extensively as an indicator for social capital. A recent study by the World Health Organisation (WHO) employed a question asked in the European Quality of Life Study to assess individual social trust¹⁴. Primary carers in each household were asked 'Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?' This was rated on a scale of 1 to 10 where 1 is 'you can't be too careful' and 10 is 'most people can be trusted'.

Asset Mapping

Asset mapping is the process of building an inventory of the strengths of a community²⁵. It involves documenting the tangible (physical assets e.g. parks, community centres, churches) and intangible (personal assets e.g. experiences, skills, knowledge, passion)²⁵. This enables the identification of assets, revealing connections between assets as well as between the asset and residents and how to access assets³. Beyond developing a map or inventory the mapping process is designed to promote connections and relationships between individuals, communities and organisations^{22,25}. The process of asset mapping enables people to think positively about the community²⁵.

Existing local directories were used to establish an inventory of possible health assets in the community. The inventory of health and wellbeing assets was used during the interview with households (Appendix J). Primary carers were asked to assess whether they determine the list of items within the inventory to be assets. Their relationship with these assets was established through questions surrounding utilisation, reasons why something is or is not considered an asset and reasons why an asset is or is not used.

These data were then used to develop a map of identified health assets in the Tallaght community via geographic information systems. A geographic information system (GIS) is used to deal with spatial information by integrating digital data, computer hardware and software. GIS refers to all aspects of data management, visualization, geo-processing and analysis. Thus, it can be used to reveal spatial relationships, patterns and trends, in the form of maps. Asset mapping has been acknowledged as a helpful planning tool that can visually communicate and influence the decision making process among multiple stakeholders such as political decision makers and community leaders³⁴.

Statistical methods

Data were entered for all available completed surveys and the resulting dataset cleaned for any errors. A total of four datasets were compiled – two to assist in the processing of data relating to variables at the household and individual levels and two for questions relating to identical data from the original study in 2001 and HANA 2014 data. Frequency distributions were performed for all variables to identify discordant values and to ensure data followed logical checks. Statistical analysis was carried out in Excel and SPSS version 21 (SPSS, Inc., Evanston).

The frequency distribution for each variable was described in both the household and individual datasets. Binary logistic regression models were developed to determine which variables best predicted key outcomes (chronic disease, disability, stress, service utilization and waiting for healthcare). Exact 95% confidence intervals were calculated for proportions of binary variables and for regression adjusted odds ratios.

Open Ended Questions

Respondents were asked a number of open ended questions such as; the top three good things about living in Tallaght, the top three bad things about living in Tallaght and why respondents believed Tallaght Hospital was beneficial to the surrounding area. All open-ended answers were analysed independently. Answers were grouped thematically and triangulation was employed to ensure that coding was accurate. Open-ended answers were then coded to assist analyses.

Part 2 – Results from HANA 2014

2.1 Response rate

Of the 420 households invited to participate in the survey, primary carers from 343 households agreed to be interviewed. This is a response rate of 81.6%.

Analysis pertaining to households and primary carers refers to information ascertained from the 343 primary carers who took part in the survey. The 343 primary carers also provided information on the 1082 individuals (including themselves) who resided in the participating households.

Note: The primary carer was the person in the household who manages the welfare and health of the family/household. In a house of renters this was the person who pays the bills or whose name was on the rent agreement.

Denominators vary because not all respondents answered all questions and for some questions multiple answers could be given.

2.2 Demographic details

Demographic and socio-economic characteristics for all individuals living in the participating households

Primary carers provided details on the demographic and socio-economic characteristics of individuals living within the household.

Table 2: Demographic and socio-economic information for individuals residing in the participating households as reported by the primary carer.

Indicator	Number (%)
Gender (N=1082/1082; 100.0%)	
Female	555 (51.3)
Male	527 (48.7)
Age (N=1065/1082; 98.4%)	
0-9	178 (16.7)
10-19	147 (13.8)
20-29	159 (14.9)
30-39	162 (15.2)
40-49	104 (9.8)
50-64	207 (19.4)
65-85	108 (10.1)
Current employment status (N=1052/1082; 97.2%)	
In education	265 (25.2)
Working full time	256 (24.3)
Unemployed	131 (12.5)
Ill/unable to work	115 (10.9)
Retired	112 (10.6)
Working part time	90 (8.6)
Working in the home	74 (7.0)
Job Bridge Employment Programme	8 (0.8)
Unpaid voluntary work experience	~
Relationship to primary carer (N=732/739; 99.0%)*	
Child	402 (54.9)
Spouse/partner	208 (28.4)
Grandchild	45 (6.1)
Parent	27 (3.7)
Other e.g. sibling	33 (4.5)
Not related	17 (2.3)

* note – the 343 primary carers were deducted from the denominator for this question as it could only be answered in relation to the other members of the household (1082 less 343 = 739).

~ denotes 5 or fewer cases reported.

^ percentage not provided to prevent disclosure of small numbers.

There were a slightly higher proportion of females (N=555/1082; 51.3%) compared to males (N=527/1082; 48.7%) living in the surveyed households (Table 2). Over half of the sample was under 40 years of age (N=646/1065; 60.6%). With regard to current employment status, a quarter of respondents were reported to be in education (N=265/1052; 25.2%), with another quarter working full time (N=256/1052; 24.3%). A total of 54.9% (N=402/732) of individuals within the household were identified as children of the primary carer. An additional 28.4% (N=208/732) were reported as the spouses/partners of primary carers.

Demographic and socio-economic characteristics of the household

Household characteristics as reported by the primary carer.

Table 3: Household characteristics as reported by primary carer.

	Number (%)
Number of people living in each household (N=341/343; 99.4%)	
1 to 2	140 (41.1)
3 to 4	142 (41.6)
5 to 11	59 (17.3)
Average	3.1
Median	3.0
Range	1 to 11
Numbers of years living in house (grouped) (N=328/343; 95.6%)	
0-10	117 (35.7)
11-20	48 (14.6)
21-30	63 (19.2)
31-50	100 (30.5)
House occupancy status (N=336/343; 97.9%)	
Outright owner	113 (33.6)
Renting from or rent paid by health board/county council	104 (31.0)
Mortgage	90 (26.8)
Renting privately	29 (8.6)
Car ownership (N=321/343; 93.6%)	
Yes	243 (75.7)
No	78 (24.3)

Primary carers provided information on characteristics of the household. Most households had four people or less (N=282/341; 82.7%)(Table 3). Nearly half of the respondents reported living in the same house for 21 years or more (N=163/328; 49.6%) while just over a third stated that they had been residing in their house for 10 years or less (N=117/328; 35.7%). A third of respondents are the outright owners of their home (N=113/336; 33.6%), while just under a third rent from or have their rent paid by the health services or local authorities (N=104/336; 31.0%). Three quarters of primary carers reported owning a car (N=243/321; 75.7%).

Demographic and socio-economic characteristics of the primary carer

The primary carer provided details relating to their own demographic and socio-economic circumstances.

Table 4: Demographic and socio-economic characteristics of the primary carer.

Indicator	Number (%)
Gender (N=343/343; 100%)	
Female	237 (69.1)
Male	106 (30.9)
Age (N=339/343; 98.8%)	
20-34	65 (19.2)
35-49	93 (27.4)
50-65	113 (33.3)
65-85	68 (20.1)
Nationality (N=325/343; 94.8%)	
Irish	298 (91.7)
Other	27 (8.3)
Marital status (N=342/343; 99.7%)	
Married	179 (52.3)
Separated, divorced, widowed	72 (21.1)
Single	67 (19.6)
Cohabiting	24 (7.0)
Highest level of education attained (N=337/343; 98.3%)	
Primary education or less	90 (26.7)
Junior or intermediate certificate, technical or vocational training	75 (22.3)
Leaving certificate, A-level, technical training	55 (16.3)
Non-degree qualification	69 (20.5)
Degree, professional qualification or both	41 (12.2)
Postgraduate qualification	7 (2.1)
Current employment status (N=343/343; 100%)	
Working full time	94 (27.4)
Retired	71 (20.7)
Working in the home	54 (15.7)
Unemployed	51 (14.9)
Working part time	47 (13.7)
Ill/unable to work	19 (5.5)
In education	6 (1.7)
Job Bridge Employment Programme	~
Level of health cover (N=341/343; 99.4%)	
Medical card	187 (54.8)
Neither medical card nor private health insurance	99 (29.0)
Private medical insurance	47 (13.8)
Doctor visit card	8 (2.3)

~ denotes 5 or fewer cases reported.

^ percentage not provided to prevent disclosure of small numbers.

The majority of primary carers responding to the survey were female (N=237/343; 69.1%)(Table 4). Nearly all indicated that their nationality was Irish (N=298/325; 91.7%). A total of 179/342 primary carers (52.3%) reported that they were married. A quarter of the sample attained a primary education or less (N=90/337; 26.7%). Full time employment was reported by over a quarter of respondents (N=94/343; 27.4%). Over half of the respondents had a medical card (N=187/341; 54.8%), over a quarter had neither a medical card nor private health insurance (N=99/341; 29.0%) and a total of 47/341 respondents (13.8%) had private health insurance cover.

2.3 Maps

A set of inventories of local services and amenities relating to healthcare, education, community facilities and sports clubs and facilities was created. These inventories were compiled from directories from sources including South Dublin County Council, the Health Atlas HSE Service Directory, the Health Service Executive, the Department of Education, the Tallaght Citizen Information Service and related organisations. The inventories were also reviewed by key people working within the area as well as residents from Tallaght during the piloting of related study materials. For a complete line listing of all of the services and facilities that were identified and plotted refer to Appendix J.

The purpose of the inventories was twofold. First, primary carers were presented with laminated copies of the inventories to assist them in answering questions in relation to utilisation of services within the area of Tallaght and as to whether they perceived these services to be an asset. Second, the inventories were used to plot services and facilities within the study area onto a series of maps. The maps were based on the 13 electoral divisions (EDs) as per the CSO 2011 census. EDs are the smallest legally defined administrative areas in Ireland for which Small Area Population Statistics are published from the national census. The format of the maps allows for the plotting of the known services and facilities within the 13 electoral divisions. This process was undertaken using GIS software (see Method section).

It is quite typical that within an ED there may be a number of smaller neighbourhoods with their own names that are familiar to residents. For example, Brookfield is a neighbourhood within the ED of Fettercairn.

It should be noted that within the EDs there may be both residential and non-residential areas. For example, in the north of the ED of Fettercairn is a quarry.

Some ED boundaries follow roads and public transport structures. For example, the Luas track forms the boundary to the north of the ED of Springfield and the south of Belgard. The N81 makes up the northern boundary of the ED of Oldbawn.

Some facilities and services are co-located within the same building or site. For example, there are three Addiction type services within the Glenabbey building on the Belgard Road – the Youth Drug and Alcohol Service, HSE Community Drug Team and HSE Community Alcohol Services. To facilitate easy reading of the map, this location was given one Addiction services symbol rather than three.

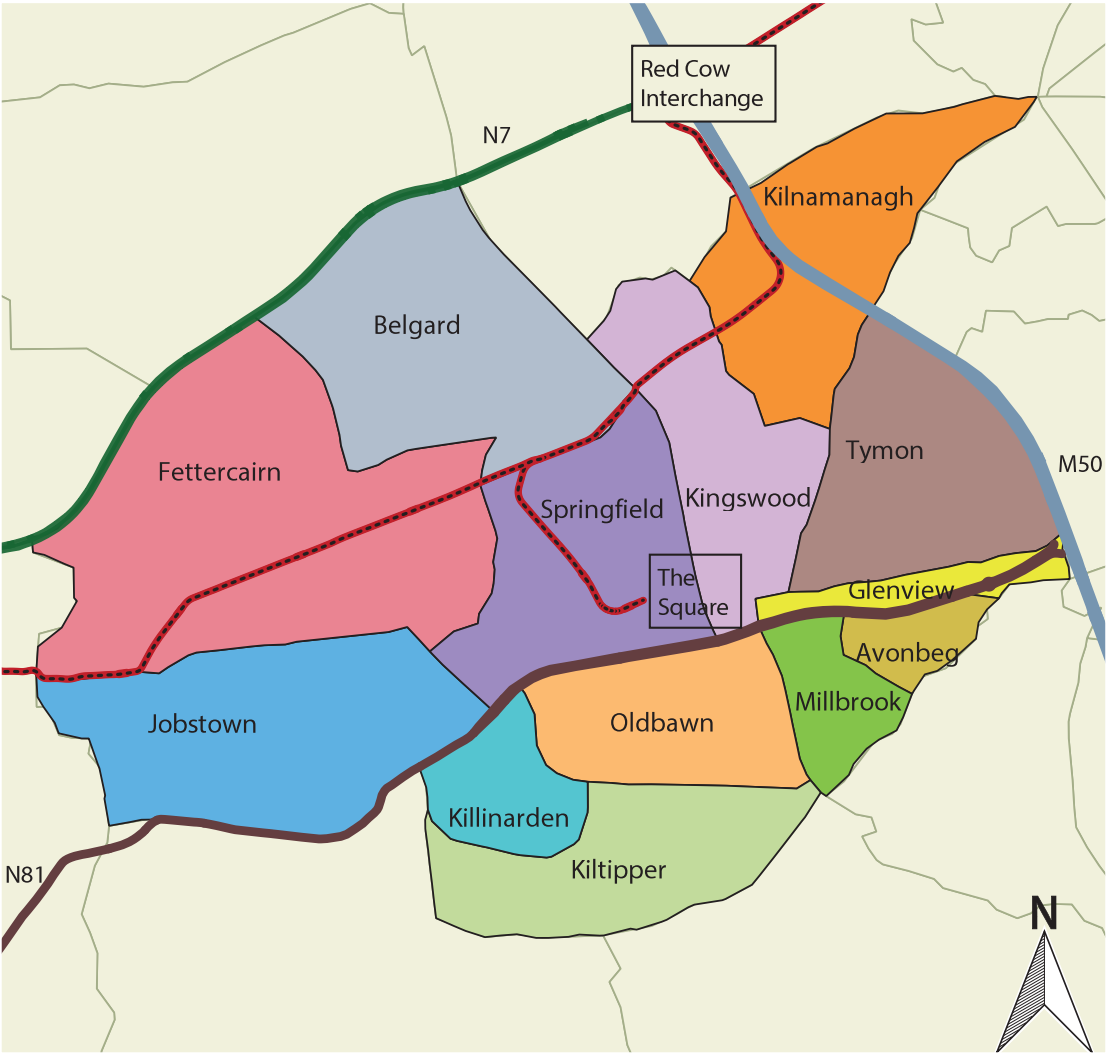
Some facilities or services are plotted just outside of the ED boundary. This can occur due to the longitude and latitude of the service not falling entirely within the ED. Nevertheless, these services are considered locally to be available to the population of the area and part of that area. Rather than delete these services and facilities we retained them for completeness. For example, the Hazel Wood Golf Club falls mainly within the ED of Jobstown but because of its geographic coordinates; it is plotted just outside the boundary of same.

The sources of the maps were; the Ordnance Survey; Open Street Maps; the Health Intelligence Unit within the Health and Wellbeing Division of the HSE; and South Dublin County Council.

List of Maps:

- Map 1: Map of the 13 Tallaght electoral divisions included in HANA 2014.
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- Map 3c: Mental healthcare services in the 13 electoral divisions of Tallaght.
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- Map 5b: Youth services in the 13 electoral divisions of Tallaght.
- Map 5c: Community centres and services in the 13 electoral divisions of Tallaght.
- Map 6: Sports clubs and facilities in the 13 electoral divisions of Tallaght.
- Map 7: Healthcare, education, community and sport services and facilities in the 13 electoral divisions of Tallaght.

Map 1: Map of the 13 Tallaght electoral divisions included in HANA 2014.



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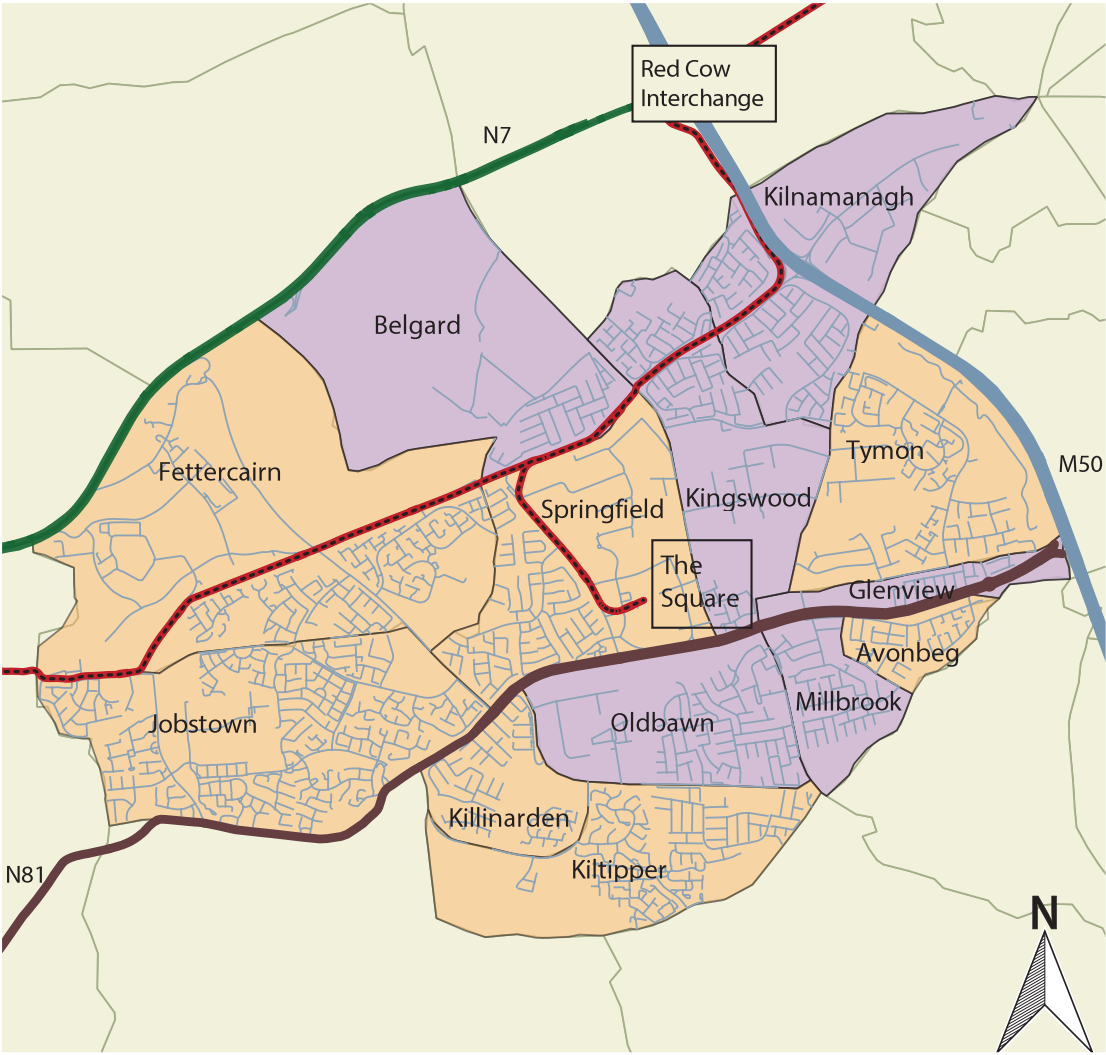
Legend

- Electoral Divisions (Census 2011)
- Luas (red line)
- M50 - Motorway
- N7 - National Primary Road
- N81 - National Secondary Road

Tallaght Electoral Divisions (Census 2011)

- | | | |
|-------------|-------------|-------|
| Avonbeg | Kilnamanagh | Tymon |
| Belgard | Kiltipper | |
| Fettercairn | Kingswood | |
| Glenview | Millbrook | |
| Jobstown | Oldbawn | |
| Killinarden | Springfield | |

Map 2: Tallaght electoral divisions by level of deprivation.

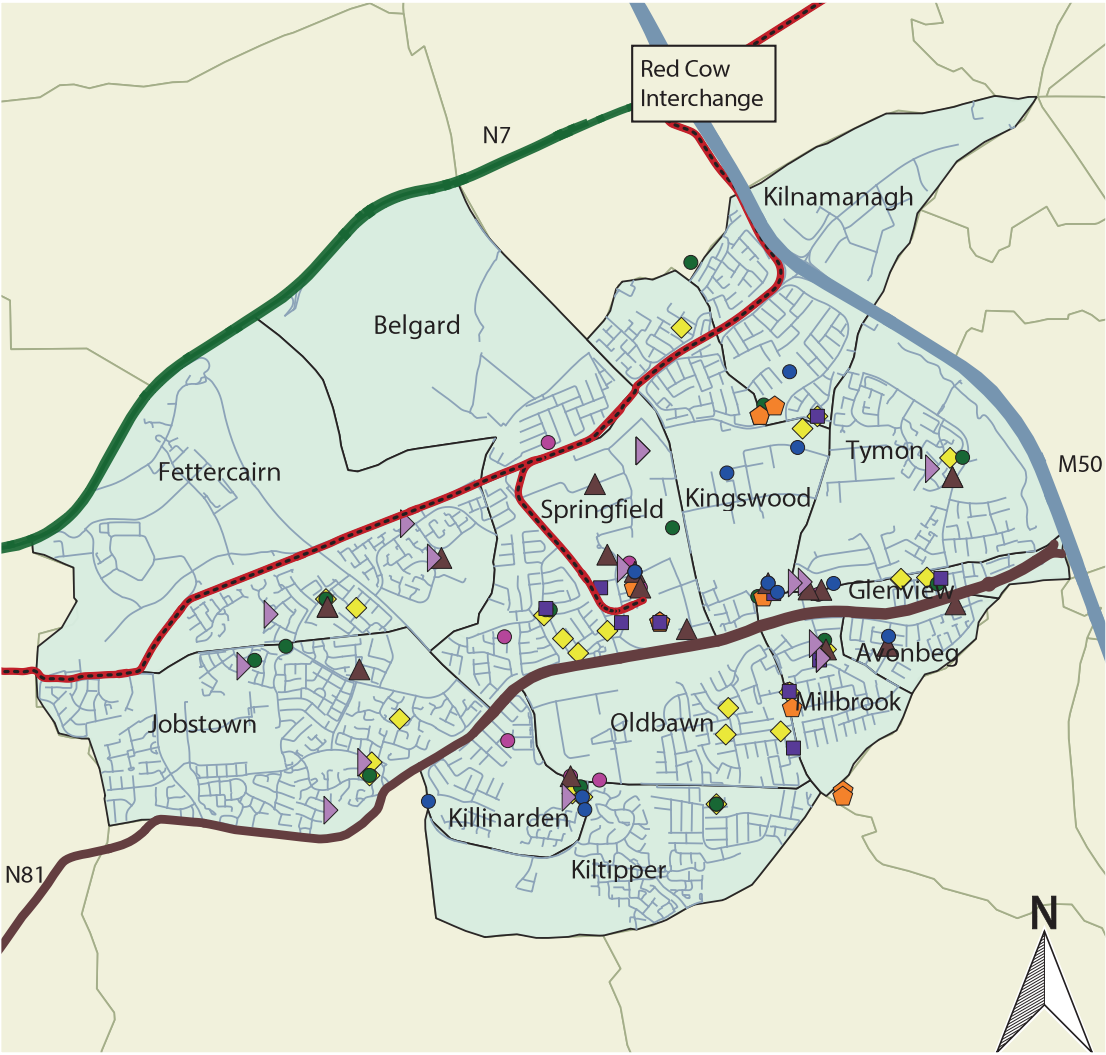


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Legend

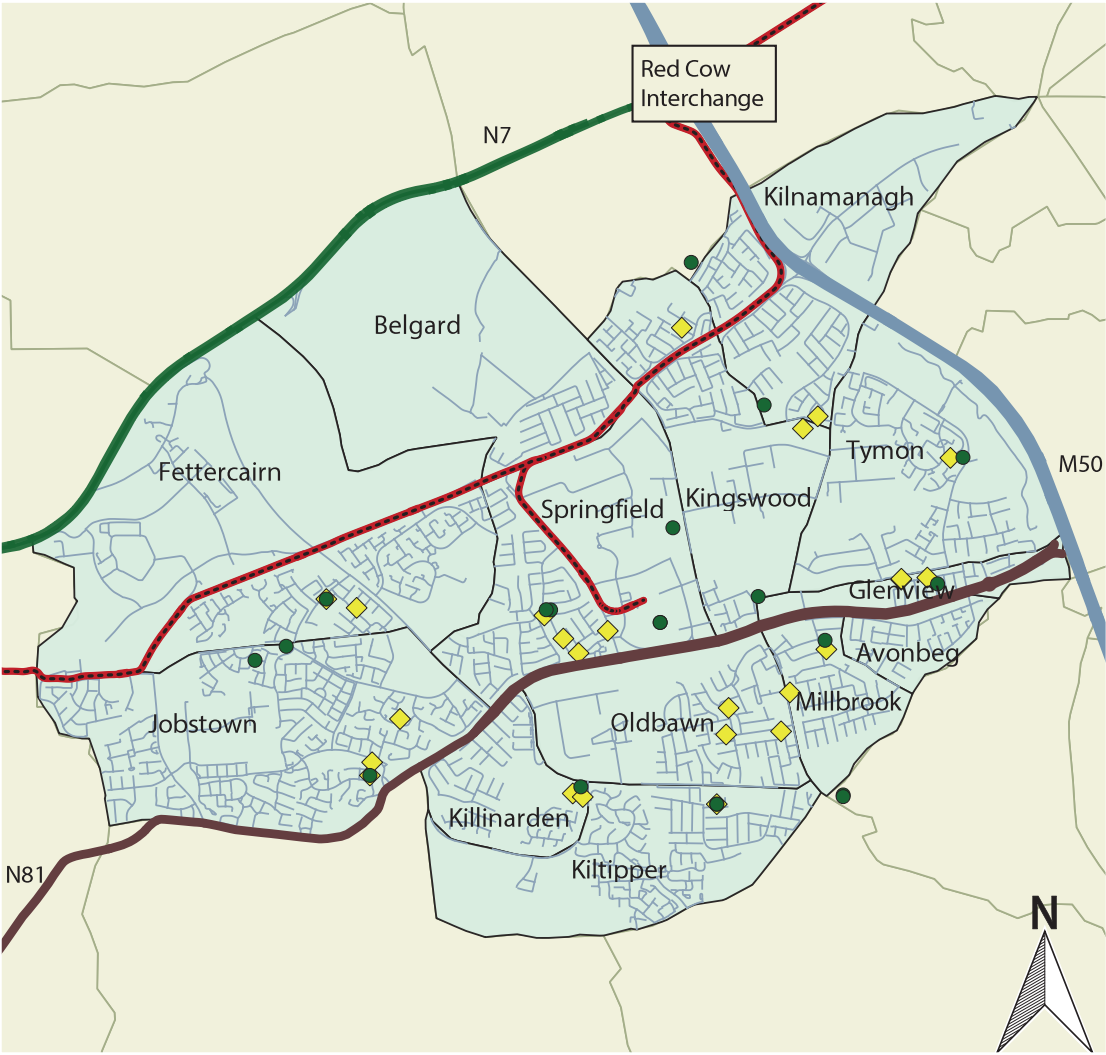
- Electoral Divisions (Census 2011)
- High Deprivation
- Lower Deprivation
- Luas (red line)
- M50 - Motorway
- N7 - National Primary Road
- N81 - National Secondary Road
- Roads within Tallaght Electoral Divisions

Map 3: Health services and facilities in the 13 electoral divisions of Tallaght.



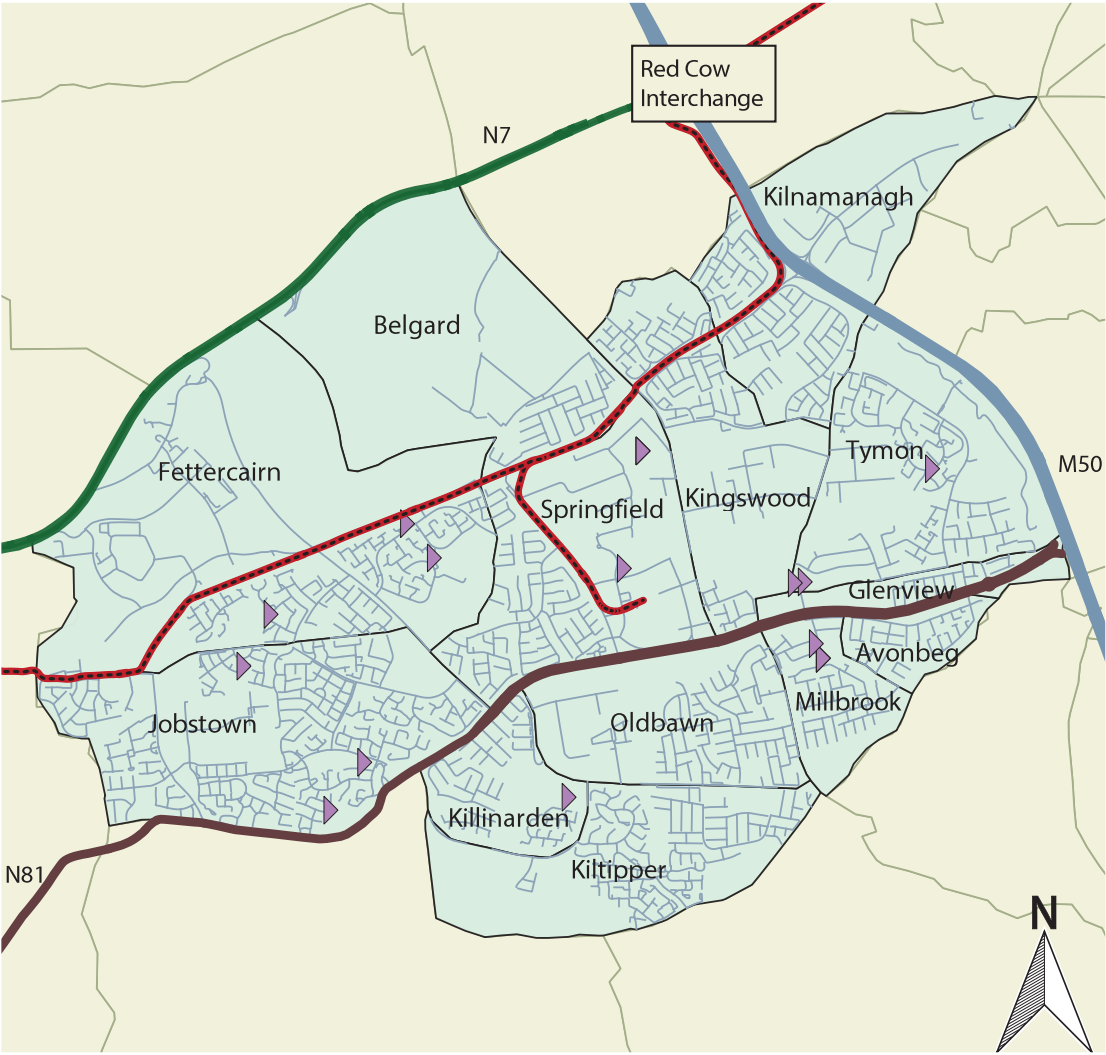
- Legend**
- | | |
|--|--|
|  Electoral Divisions (Census 2011) |  GP Surgery |
|  Tallaght Electoral Divisions (Census 2011) |  Pharmacy |
|  Luas (red line) |  Dental Care |
|  M50 - Motorway |  Disability Services |
|  N7 - National Primary Road |  Support Groups |
|  N81 - National Secondary Road |  Other Healthcare |
|  Roads within Tallaght Electoral Divisions |  Mental Health Services |
| |  Addiction Services |

Map 3a: GP and pharmacy services in the 13 electoral divisions of Tallaght.



- Legend**
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|--|--|
|  Electoral Divisions (Census 2011) |  Pharmacy |
|  Tallaght Electoral Divisions (Census 2011) |  GP Surgery |
|  Luas (red line) | |
|  M50 - Motorway | |
|  N7 - National Primary Road | |
|  N81 - National Secondary Road | |
|  Roads within Tallaght Electoral Divisions | |

Map 3b: Addiction services in the 13 electoral divisions of Tallaght.



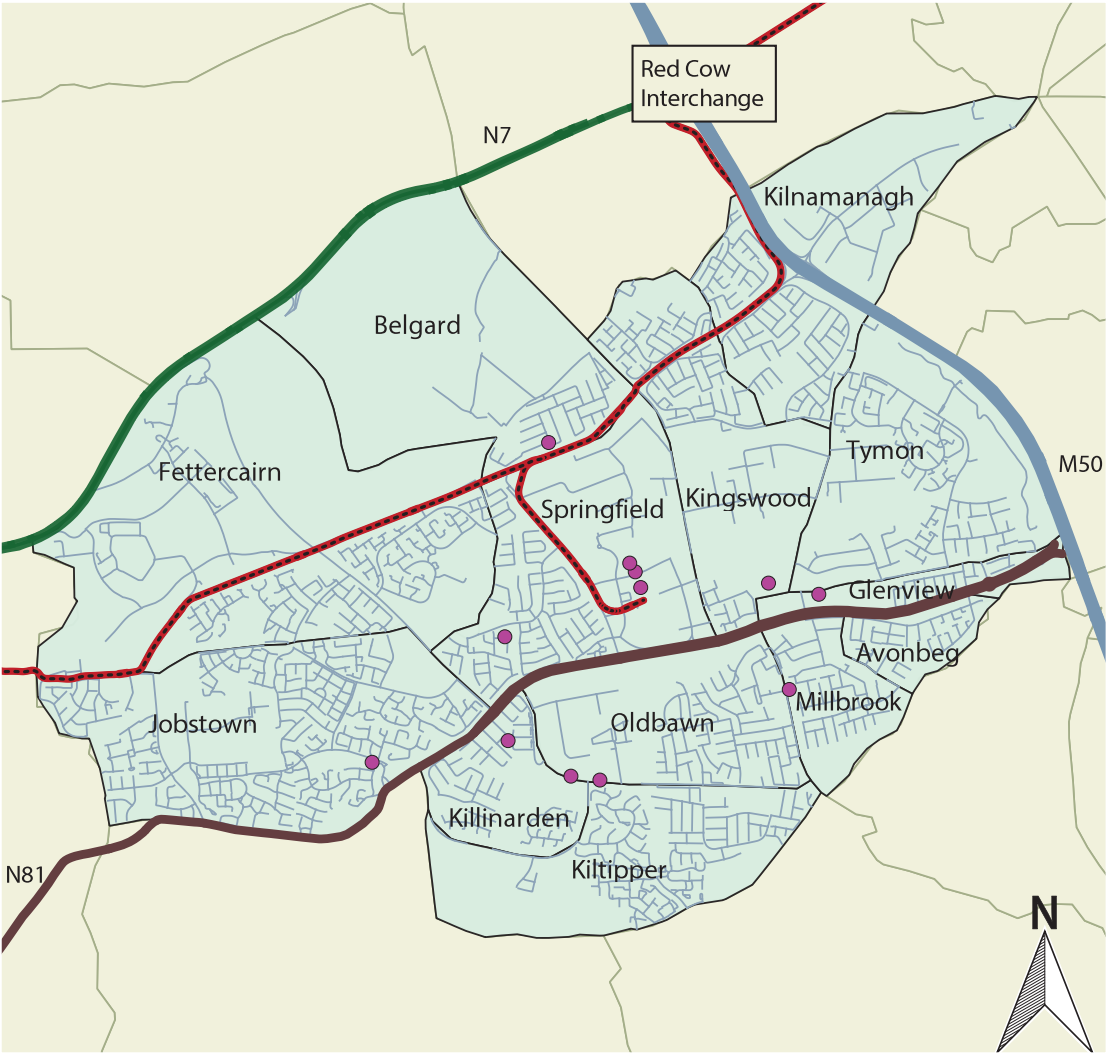
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- Electoral Divisions (Census 2011)
- Tallaght Electoral Divisions (Census 2011)
- Luas (red line)
- M50 - Motorway
- N7 - National Primary Road
- N81 - National Secondary Road
- Roads within Tallaght Electoral Divisions

► Addiction Services

Map 3c: Mental healthcare services in the 13 electoral divisions of Tallaght.



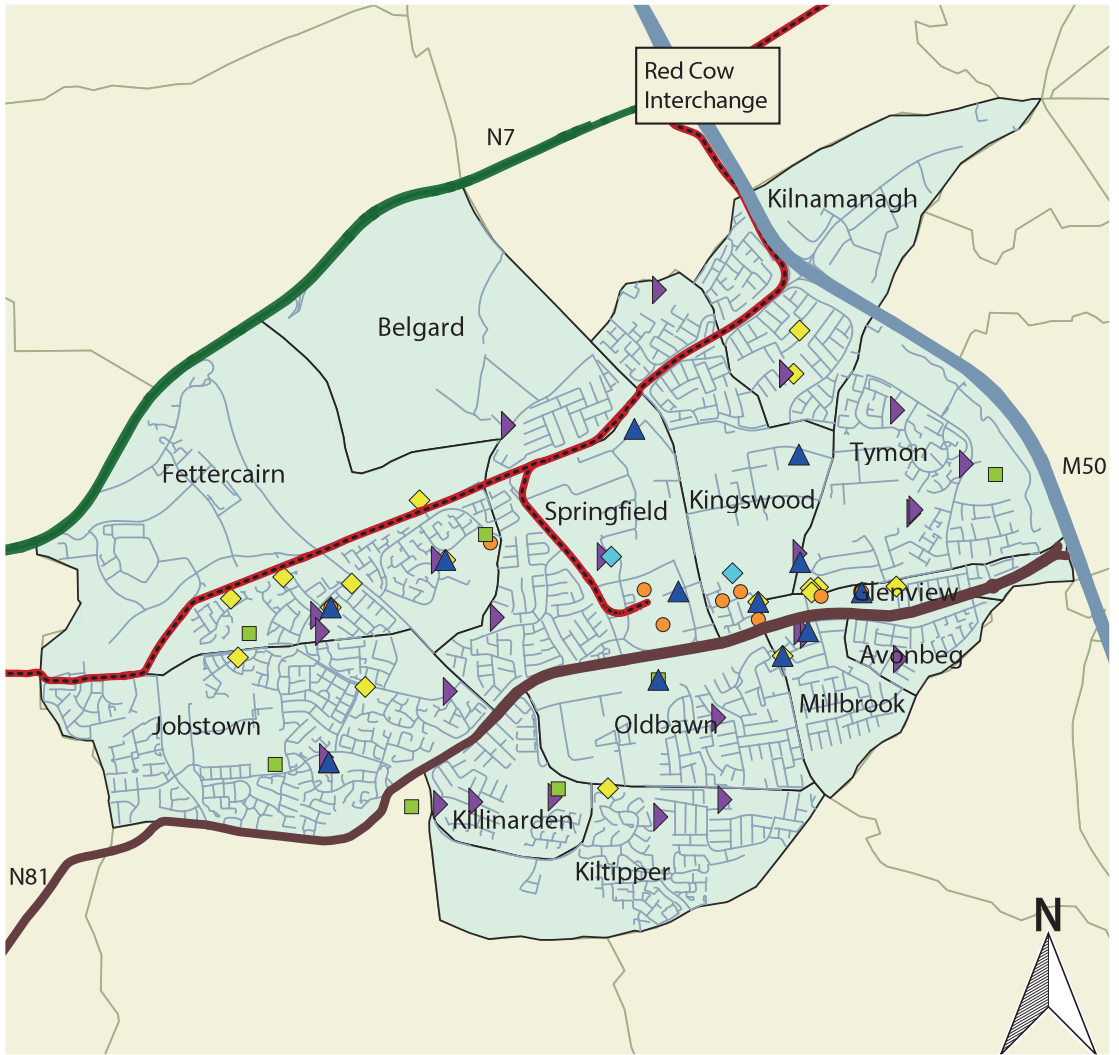
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- Electoral Divisions (Census 2011)
- Tallaght Electoral Divisions (Census 2011)
- Luas (red line)
- M50 - Motorway
- N7 - National Primary Road
- N81 - National Secondary Road
- Roads within Tallaght Electoral Divisions

● Mental Health Services

Map 4: Education services in the 13 electoral divisions of Tallaght.



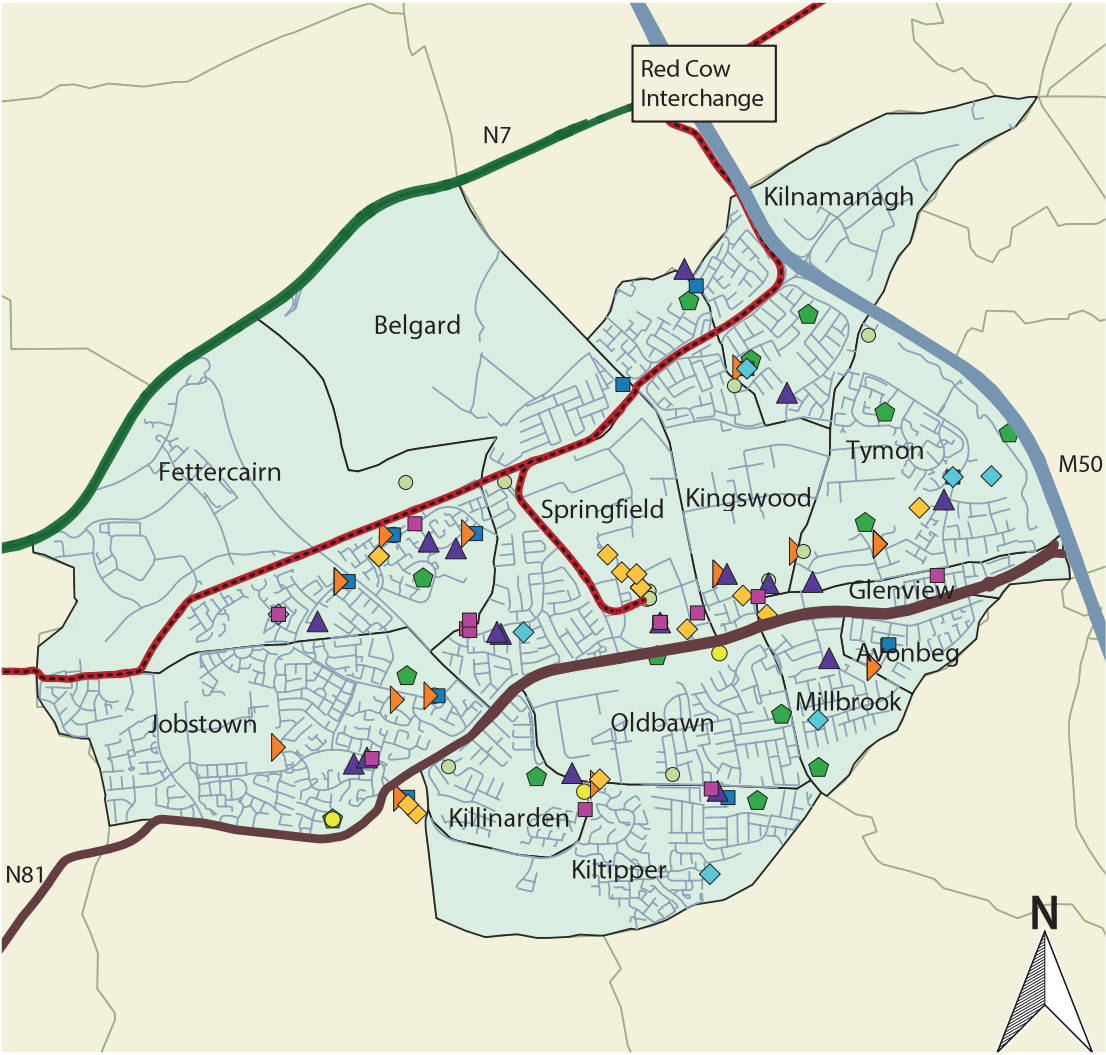
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- Electoral Divisions (Census 2011)
- Tallaght Electoral Divisions (Census 2011)
- Luas (red line)
- M50 - Motorway
- N7 - National Primary Road
- N81 - National Secondary Road
- Roads within Tallaght Electoral Divisions

- Creche/Nursery School
- Primary School
- Secondary School
- Third Level Education
- Adult Education
- Training and Employment Services

Map 5: Community services and facilities in the 13 electoral divisions of Tallaght.



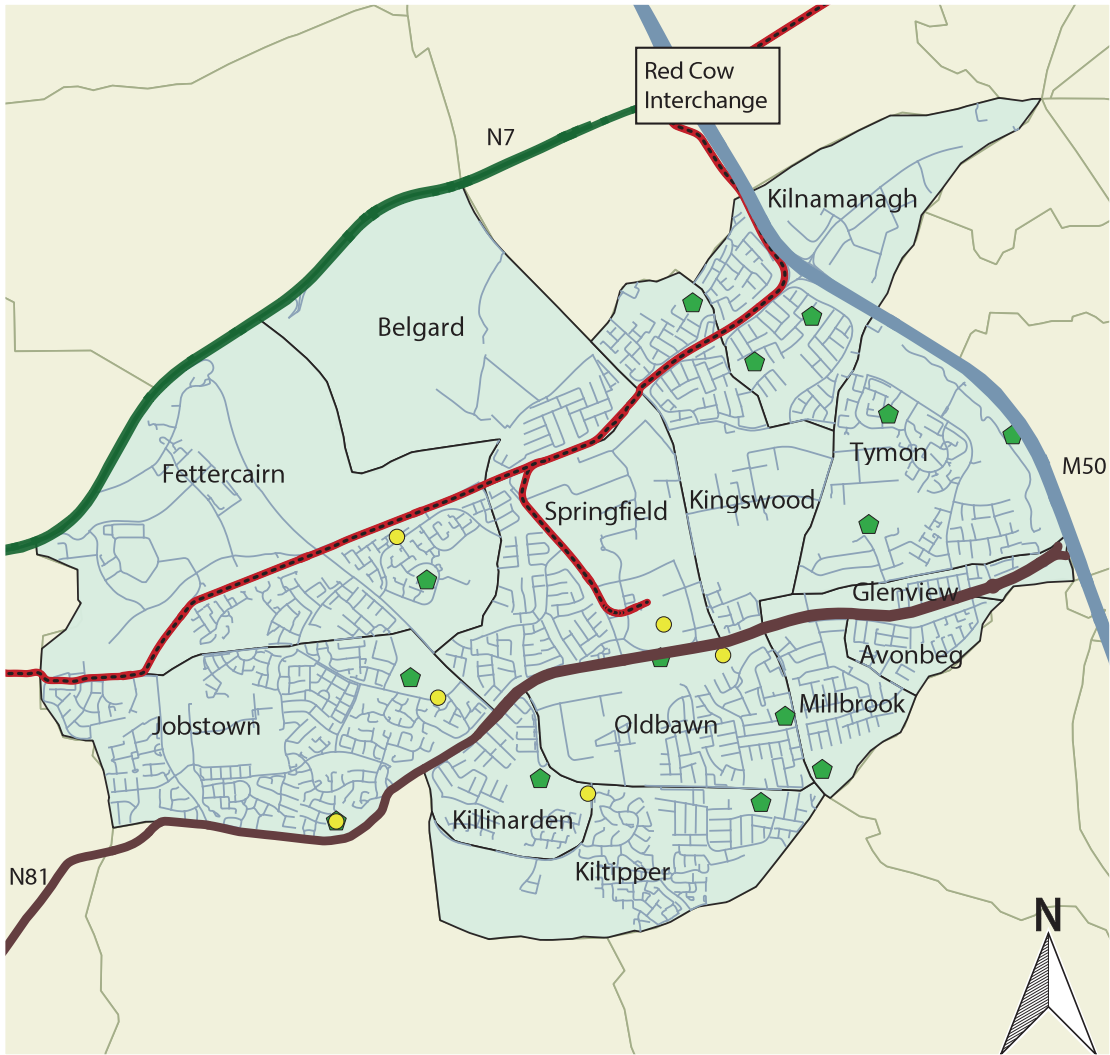
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Legend

- Electoral Divisions (Census 2011)
- Tallaght Electoral Divisions (Census 2011)
- Luas (red line)
- M50 - Motorway
- N7 - National Primary Road
- N81 - National Secondary Road
- Roads within Tallaght Electoral Divisions

- Park
- Play Space
- Churches/Places of Worship
- Community Centre
- Community Services
- Other Community Services
- Youth Services
- Senior Citizen Services
- Hobby Facilities

Map 5a: Parks and play spaces in the 13 electoral divisions of Tallaght.



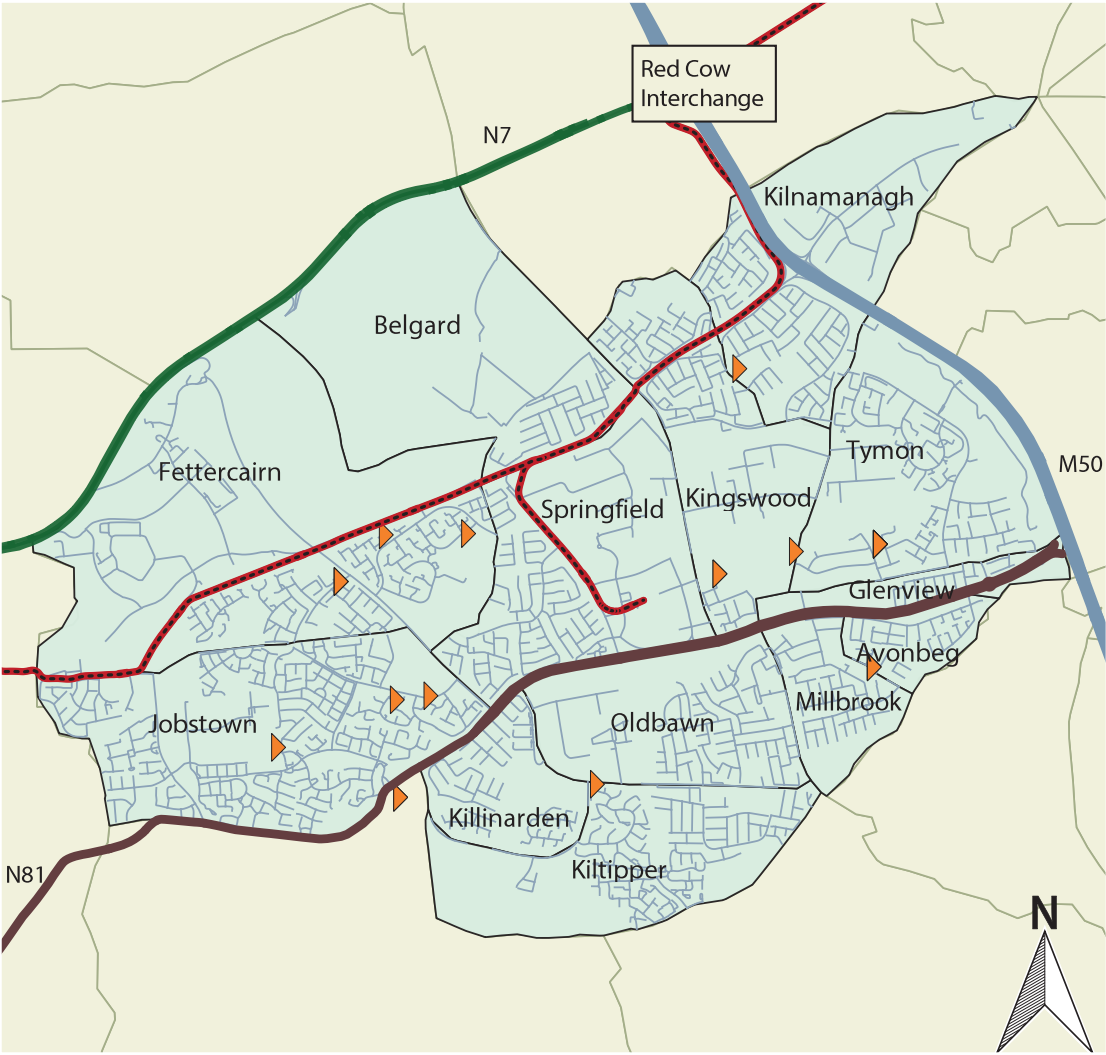
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Legend

- Electoral Divisions (Census 2011)
- Tallaght Electoral Divisions (Census 2011)
- Luas (red line)
- M50 - Motorway
- N7 - National Primary Road
- N81 - National Secondary Road
- Roads within Tallaght Electoral Divisions

- Park
- Play Space

Map 5b: Youth services in the 13 electoral divisions of Tallaght.



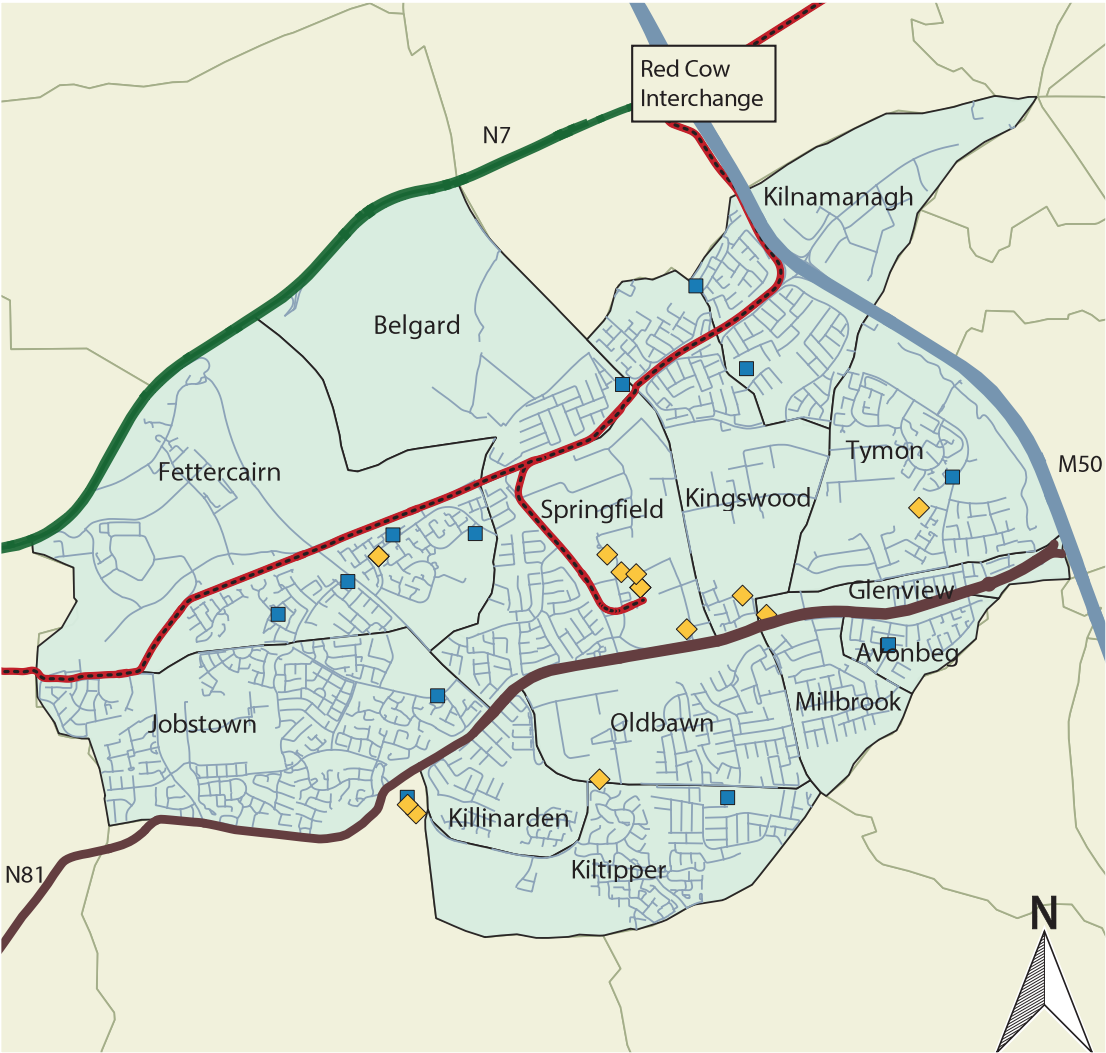
1:46,197

Legend

- Electoral Divisions (Census 2011)
- Tallaght Electoral Divisions (Census 2011)
- Luas (red line)
- M50 - Motorway
- N7 - National Primary Road
- N81 - National Secondary Road
- Roads within Tallaght Electoral Divisions

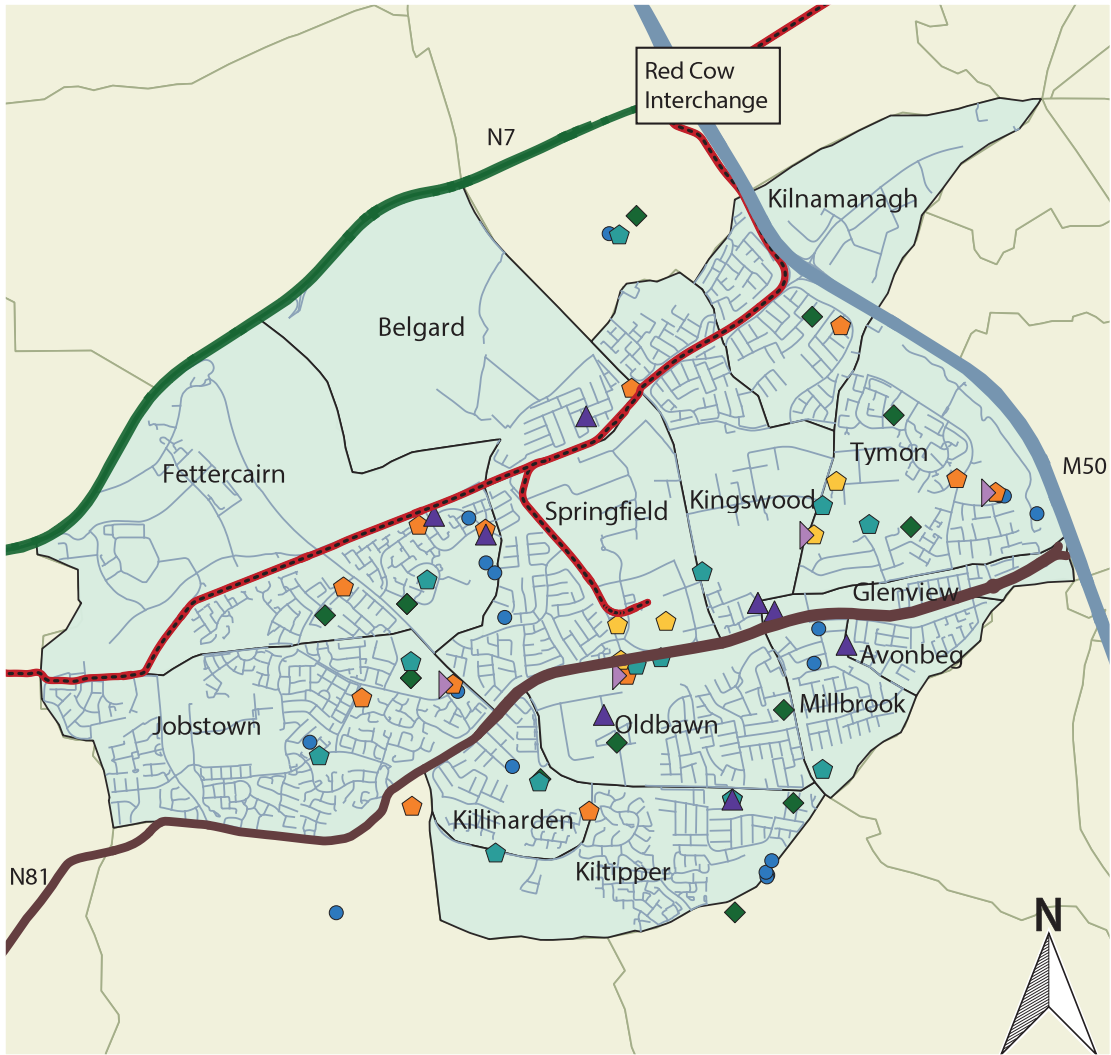
▶ Youth Services

Map 5c: Community centres and services in the 13 electoral divisions of Tallaght.



- Legend**
- | | |
|--|--|
|  Electoral Divisions (Census 2011) |  Community Centre |
|  Tallaght Electoral Divisions (Census 2011) |  Community Services |
|  Luas (red line) | |
|  M50 - Motorway | |
|  N7 - National Primary Road | |
|  N81 - National Secondary Road | |
|  Roads within Tallaght Electoral Divisions | |

Map 6: Sports clubs and facilities in the 13 electoral divisions of Tallaght.



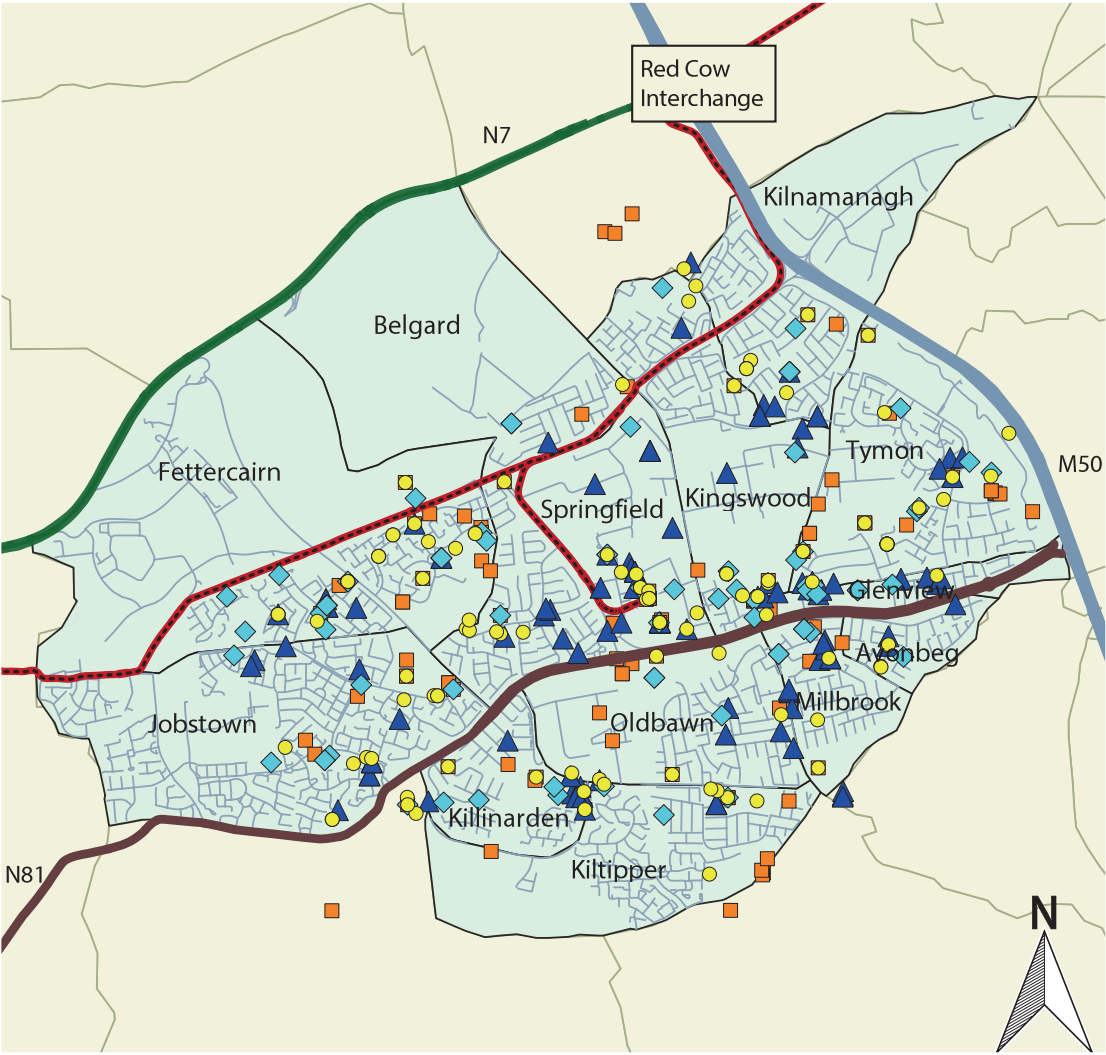
1:46,197

Legend

- Electoral Divisions (Census 2011)
- Tallaght Electoral Divisions (Census 2011)
- Luas (red line)
- M50 - Motorway
- N7 - National Primary Road
- N81 - National Secondary Road
- Roads within Tallaght Electoral Divisions

- Sports Facilities
- Pitches
- Sports Clubs
- Gym
- Football Clubs
- Sports Centre
- Swimming Pool

Map 7: Healthcare, education, community and sport services and facilities in the 13 electoral divisions of Tallaght.



1:46,197

Legend

- Electoral Divisions (Census 2011)
- Tallaght Electoral Divisions (Census 2011)
- Luas (red line)
- M50 - Motorway
- N7 - National Primary Road
- N81 - National Secondary Road
- Roads within Tallaght Electoral Divisions

- Community Services and Facilities
- Sports Clubs and Facilities
- Education
- Healthcare

2.4 Health assets

Top three 'good things' about living in Tallaght

Primary carers were asked to list the top three 'good things' about living in Tallaght. It should be noted that primary carers could list more than one 'good thing' from each category. Respondents provided free text responses and categories were created.

Table 5: Primary carers' opinions on the top three 'good things' about living in Tallaght (N=334/343; 97.4%).

	Number (%)
Amenities (e.g. the square, parks, leisure facilities)	263 (78.7)
Community spirit/neighbours (e.g. great neighbours, sense of community)	142 (42.5)
Public transport (e.g. Luas and bus)	134 (40.1)
Tallaght Hospital (e.g. the hospital is nearby)	82 (24.6)
Proximity (e.g. close or central to other locations)	66 (19.8)
Intergenerational (e.g. living near family)	51 (15.3)
Other (e.g. happy in the area, it's safe and quiet)	34 (10.2)

The most frequently mentioned 'good thing' about living in Tallaght was 'amenities' (N=263/334; 78.7%)(Table 5). The category for amenities encapsulated answers that referred generally to the presence of amenities, as well as those that specifically mentioned such as shops, parks, the library, community centres, pubs, and sports and leisure facilities. The second most frequent response was 'community spirit/neighbours' (N=142/334; 42.5%). While a number of respondents explicitly stated that the community spirit was a good thing about Tallaght, others referred to their neighbours or just the people in general.

Additionally, 40.1% (N=134/334) of respondents gave public transport as a response. These respondents referred either generally to public transport or specifically to the Luas and bus services. Another 24.6% (N=82/334) of respondents listed Tallaght Hospital as a good thing about living in Tallaght. Tallaght's proximity to other locations was mentioned by 19.8% (N=66/334) of primary carers. This was in the context of Tallaght's convenient location, centrality and proximity to other services.

In addition, 15.3% (N=51/334) gave responses that comprised the category of 'intergenerational'. This refers to things such as a participant's family living in the area, or the fact that the participants had lived in Tallaght their whole life. The remaining participants listed answers that fell into the category titled 'other' (N=33/334; 10.2%). Examples of answers that comprised 'other' are those that simply stated that Tallaght was "nice" or that they were generally happy in the area. This category also included those who said that Tallaght was safe and quiet. However, these categories were not large enough to warrant their own thematic codes.

Top three 'bad things' about living in Tallaght

Primary carers were also asked to list the top 3 'bad things' about living in Tallaght. Respondents provided free text responses and categories were created.

Table 6: Primary carers' opinions on the top three 'bad things' about living in Tallaght (N=307/343; 89.5%).

	Number (%)
Lack of amenities (e.g. lack of activities for young people)	161 (52.4)
Anti-social behaviour (e.g. joyriding, gangs)	106 (34.5)
Crime (e.g. thefts, houses being burgled)	92 (29.9)
Drugs/alcohol (e.g. drug dealers in the area)	82 (26.7)
Lack of Gardai (e.g. not enough on patrol, only one station)	58 (18.9)
Bad reputation (e.g. negative portrayal in media)	52 (16.9)
Population density (e.g. overcrowded)	20 (6.5)
Public transport (e.g. bus and Luas)	20 (6.5)
Poverty (e.g. poor areas)	12 (3.9)
Other (e.g. too many dogs in the area, no single people)	71 (23.1)

A lack of amenities was also the most frequently mentioned 'bad thing' about living in Tallaght (N=161/307; 52.4%)(Table 6). While this category was the most common answer for both questions relating to good and bad things, the category captured different types of services for each question. For example, for 'bad things' about living in Tallaght, respondents noted that there were not enough facilities or activities for young people, public areas were poorly maintained, and that there was high unemployment.

Following that, anti-social behaviour was named as a 'bad thing' about living in Tallaght by 34.5% (N=106/307) of primary carers. Anti-social behaviour included young gangs in the area, animal cruelty, loitering and joyriders. Others made explicit reference to anti-social behaviour. Thirdly, 29.9% (N=92/307) of respondents said that crime was a 'bad thing' about living in Tallaght. This category included any mention of crimes such as theft, burglaries and attacks. In addition, 26.7% (N=82/307) of primary carers mentioned drugs and alcohol as a negative aspect of living there. A further 18.9% (N=58/307) felt there were not enough Gardai in the area. Tallaght's 'bad reputation' was given as a response by 16.9% (N=52/307) of participants. These respondents noted prevailing negative portrayals and 'bad press' relating to Tallaght in the media and being discriminated against because of their address. Additional bad things about living in Tallaght according to the respondents were the population density being too high (N=20/307; 6.5%), the public transport being insufficient (N=20/307; 6.5%), and poverty (N=12/307; 3.9%).

The remaining 'other' category was indicated by 23.1% (N=71/307) of participants. These responses included reference to the prevalence of pregnant teenagers, the perception that everyone knows your business and the lack of single people.

Social capital

Social capital is measured through an indicator of individual degree of trust. Primary carers in each household were asked 'Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?' This was rated on a scale of 1 to 10 where 1 is 'you can't be too careful' and 10 is 'most people can be trusted'. This question was asked in both the 2012 EU Quality of Life Survey and the 2014 HANA research.

In the 2014 HANA research primary carers indicated a mean of 5.2 (sd=2.5) social capital. In the 2012 EU Quality of Life Survey the EU mean for social capital using this question was 5.1 and the mean for Ireland was 5.5. This illustrates a lower level of social capital within the 13 electoral divisions surveyed in the 2014 HANA research when compared to Ireland as a whole, but a higher level of social capital when compared with the EU.

Health and wellbeing inventory

Primary carers provided information relating to the utilisation of services and facilities in Tallaght and whether they perceived those services and facilities to be an asset.

Table 7. Primary carers' reported utilisation of healthcare services in Tallaght in the previous 12 months and whether or not these services were considered to be an asset.

Ranked in order of decreasing rate of utilisation

Asset Category Number (%)	Respondents who utilised services in previous 12 months	Location where services were utilised		Frequency services were accessed (Tallaght related)		Respondents who considered service an asset (Tallaght related)	
Pharmacy services N=341/343 (99.4)	N=335/341 (98.2)	In Tallaght	308/335 (91.9)	Daily	~ (^)	Yes	308/323 (95.3)
		Both inside and outside of Tallaght (Tallaght related use)	<u>15/335 (4.5)</u> 323/335 96.4	Weekly	21/323 (6.5)	No	~ (^)
		Outside of Tallaght only	12/335 (3.6)	Monthly	200/323 (61.9)	Missing	12/323 (3.7)
				Bimonthly	68/323 (21.1)		
				Once or Twice	29/323 (8.9)		
				Missing	~ (^)		
General practitioner services N=341/343 (99.4)	N= 323/341 (94.7)	In Tallaght	263/323 (81.4)	Daily	~ (^)	Yes	266/277 (96.0)
		Both inside and outside of Tallaght (Tallaght related use)	<u>14/323 (4.3)</u> 277/323 (85.7)	Weekly	11/277 (3.9)	No	~ (^)
		Outside of Tallaght	46/323 (14.2)	Monthly	101/277 (36.4)	Missing	7/277 (2.5)
				Bimonthly	82/277 (29.6)		
				Once or Twice	79/277 (28.5)		
				Missing	~ (^)		
Dentist services N=342/343 (99.7)	N=213/342 (62.3)	In Tallaght	174/213 (81.6)	Daily	0/178 (0)	Yes	169/178 (94.9)
		Both inside and outside of Tallaght (Tallaght related use)	~ (^) 178/213 (83.5)	Weekly	~ (^)	No	9/178 (5.0)
		Outside of Tallaght	35/213 (16.5)	Monthly	~ (^)	Missing	0/178 (0)
				Bimonthly	19/178 (10.7)		
				Once or Twice	155/178 (87.1)		
				Missing	0/178 (0.0)		
Other healthcare services (e.g. Optician, Chiropodist, etc.) N=338/343 (98.5)	N=155/338 (45.9)	In Tallaght	130/155 (83.8)	Daily	~ (^)	Yes	126/134 (94.0)
		Both inside and outside of Tallaght (Tallaght related use)	~ (^) 134/155 (86.4)	Weekly	6/134 (4.5)	No	~ (^)
		Outside of Tallaght	21/155 (13.5)	Monthly	6/134 (4.5)	Missing	~ (^)
				Bimonthly	15/134 (11.3)		
				Once or Twice	105/134 (78.4)		
				Missing	0/134 (0.0)		
Disability services N=72/343 (20.9)	N=15/72 (20.8)	In Tallaght	10/15 (66.6)	Daily	~ (^)	Yes	11/11 (100)
		Both inside and outside of Tallaght (Tallaght related use)	~ (^) 11/15 (73.3)	Weekly	~ (^)	No	0/11 (0)
		Outside of Tallaght	~ (^)	Monthly	~ (^)	Missing	0/11 (0)
				Bimonthly	~ (^)		
				Once or Twice	~ (^)		
				Missing	~ (^)		
Mental health services N=342/343 (99.7)	N=39/342 (11.4)	In Tallaght	29/39 (74.3)	Daily	~ (^)	Yes	24/31 (77.4)
		Both inside and outside of Tallaght (Tallaght related use)	~ (^) 31/39 (79.4)	Weekly	13/31 (41.9)	No	~ (^)
		Outside of Tallaght	8/39 (20.5)	Monthly	~ (^)	Missing	~ (^)
				Bimonthly	8/31 (25.8)		
				Once or Twice	~ (^)		
				Missing	0/31 (0.0)		
Support groups (e.g. bereavement, young mothers, etc.) N=341/343 (99.4)	N=30/341 (8.8)	In Tallaght	25/30 (83.3)	Daily	~ (^)	Yes	23/25 (92.0)
		Both inside and outside of Tallaght (Tallaght related use)	<u>0/0 (0)</u> 25/30 (83.3)	Weekly	9/25 (36.0)	No	~ (^)
		Outside of Tallaght	~ (^)	Monthly	~ (^)	Missing	~ (^)
				Bimonthly	~ (^)		
				Once or Twice	7/25 (28.0)		
				Missing	0/25 (0.0)		
Addiction services N=342/343 (99.7)	N=12/342 (3.5)	In Tallaght	12/12 (100)	Daily	~ (^)	Yes	11/12 (91.6)
		Both inside and outside of Tallaght (Tallaght related use)	<u>0/12 (0)</u> 12/12 (100)	Weekly	~ (^)	No	0/12 (0)
		Outside of Tallaght	0/12 (0)	Monthly	0/12 (0)	Missing	~ (^)
				Bimonthly	0/12 (0)		
				Once or Twice	~ (^)		
				Missing	0/12 (0)		

~ denotes 5 or fewer cases reported

^ percentage not provided to prevent disclosure of small numbers

Primary carers reported high levels of use of pharmacy services; a total of 98.2% (N=335/341) of households reported using pharmacy services, with 96.4% (N=323/335) using pharmacy services located within the Tallaght area (Table 7). Almost two thirds of respondents (N=200/323; 61.9%) reported using pharmacy services in Tallaght monthly. Pharmacies may have been used for prescriptions but also non-prescription purposes such as purchasing over the counter medication or toiletries.

Primary carers also reported high levels of use of general practitioner (GP) services; a total of 94.7% (N=323/341) respondents reported at least one person in the household had used GP services in the previous 12 months. Over one third of households (N=101/277; 36.4%) reported using GP services monthly, with slightly under one third (N=82/277; 29.6%) reporting bimonthly use. A small but still meaningful number of primary carers reported weekly use of GP services by their household (N=11/277; 3.9%). Over four fifths (N=277/323; 85.7%) used GP services located within Tallaght. A total of 14.2% (N=46/323) of respondents used GP services outside of Tallaght. The majority of those who had used GP service outside of Tallaght attended a GP in a location where they had lived previously, attending their original family doctor for example (N=29/54; 50.7%).

There appears to be an association between attending the GP and attending the pharmacy ($\chi^2=73.957$, $df=1$, $p<0.01$). Focusing on households that reported using a pharmacy in the last 12 months 94.4% (N=320/339) of households had also attended the GP.

Households who reported having at least one person with a chronic illness were more likely to visit the GP more often ($\chi^2=28.644$, $df=4$, $p<0.01$). In households with at least one person with a chronic illness monthly visits to the GP were reported by 47.6% (N=70/147) of households and weekly visits were reported by 4.8% (N=7/147). In comparison, households that did not have any reported chronic illness reported less frequent use of the GP with monthly attendance reported by 23.8% (N=29/121) and weekly attendance by 3.3% (N=4/121).

Dentist (N=155/178; 87.1%) and other healthcare services including chiropodists and opticians (N=105/134; 78.4%) were reported to be used once or twice in the previous 12 months.

Only a fifth of households eligible to use disability services (i.e. including an individual in receipt of a disability allowance) reported using disability services (N=15/72; 20.8%).

A total of 11.4% (N=39/342) of respondents indicated that mental health services were utilised in the previous 12 months by a member of the household. Of those that utilised mental health services three quarters used services located within Tallaght (N=31/39; 79.4%). Nearly half attended mental health services on a weekly basis (N=13/39; 41.9%).

A total of 8.8% (N=30/341) of primary carers reported that someone in the household had utilised a support group in the previous 12 months. Of those that utilised support groups, 83.3% (N=25/30) attended a group located within Tallaght. One third of attendance was weekly (N=9/25; 36.0%). Just 3.5% (N=12/342) of primary carers reported that someone within the household had utilised addiction services in the previous 12 months. Of those who engaged with addiction services 100% (N=12/12) of respondents reported that they did so within Tallaght.

With the exception of mental healthcare services almost all primary carers rated each healthcare service as an asset to the community in Tallaght. Mental healthcare services were deemed to be an asset by 77.4% (N=24/31) of primary carers. This is in comparison with over 90% of primary carers rating all other healthcare services as assets.

Table 8. Primary carers' reported utilisation of education services in Tallaght in the previous 12 months and whether or not these services were considered to be an asset.

Ranked in order of decreasing rate of utilisation.

Asset Category Number (%)	Respondents who utilised services in previous 12 months	Where service was utilised		Frequency services were accessed (Tallaght related)		Respondents who considered service an asset (Tallaght related)	
Primary schools N=101/343 (29.4)	N=85/101 (84.2)	In Tallaght Both inside and outside of Tallaght (Tallaght related use)	76/85 (89.4) 0/85 (0) 76/85 (89.4)	Daily Weekly Monthly Bimonthly Once or Twice Missing	76/76 (100) 0/76 (0) 0/76 (0) 0/76 (0) 0/76 (0) 0/76 (0)	Yes No Missing	76/76 (100) 0/76 (0) 0/76 (0)
Secondary schools N=94/343 (27.4)	N=67/94 (71.3)	In Tallaght Both inside and outside of Tallaght (Tallaght related use)	50/67 (74.6) 0/67 (0) 50/67 (74.6)	Daily Weekly Monthly Bimonthly Once or Twice Missing	48/50 (96.0) ~ (^) 0/50 (0) 0/50 (0) 0/50 (0) 0/50 (0)	Yes No Missing	47/50 (94.0) 0/50 (0) ~ (^)
Crèche/nursery schools N=96/343 (28.1)	N=24/96 (25.0)	In Tallaght Both inside and outside of Tallaght (Tallaght related use)	20/24 (83.3) 0/24 (0) 20/24 (83.3)	Daily Weekly Monthly Bimonthly Once or Twice Missing	15/20 (75.0) ~ (^) 0/20 (0) 0/20 (0) 0/20 (0) ~ (^)	Yes No Missing	17/20 (85.0) ~ (^) ~ (^)
Third level education N=339/343 (98.8)	N=53/339 (15.6)	In Tallaght Both inside and outside of Tallaght (Tallaght related use)	15/53 (28.3) ~ (^) 16/53 30.2)	Daily Weekly Monthly Bimonthly Once or Twice Missing	14/16 (87.5) ~ (^) ~ (^) 0/16 (0) 0/16 (0) 0/16 (0)	Yes No Missing	16/16 (100) 0/16 (0) 0/16 (0)
Training and employment services N=343/343 (100)	N=36/343 (10.5)	In Tallaght Both inside and outside of Tallaght (Tallaght related use)	31/36 (86.1) 0/36 (0) 31/36 (86.1)	Daily Weekly Monthly Bimonthly Once or Twice Missing	9/31 (29.0) 8/31 (25.8) ~ (^) ~ (^) 9/31(29.0) 0/31 (0)	Yes No Missing	29/31 (93.5) ~ (^) ~ (^)
Adult education services N=340/343 (99.1)	N=32/340 (9.4)	In Tallaght Both inside and outside of Tallaght (Tallaght related use)	17/32 (53.1) ~ (^) 20/32 (62.5)	Daily Weekly Monthly Bimonthly Once or Twice Missing	6/20 (30.0) 9/20 (45.0) ~ (^) ~ (^) ~ (^) ~ (^)	Yes No Missing	19/20 (95.0) ~ (^) ~ (^)

~ denotes 5 or fewer cases reported.

^ percentage not provided to prevent disclosure of small numbers

Three quarters of possible respondents used primary schools in Tallaght (N=76/85; 89.4%) and three quarters of possible respondents also used secondary schools in Tallaght (N=50/67 (74.6%) (Table 8). Primary carers gave reasons for using secondary schools outside of Tallaght including 'No secondary schools local to the area', 'Better than schools than in Tallaght, more expectation on pupils', and 'Schools in Tallaght are in a bad area'. A quarter of possible respondents reported using crèche/nursery schools (N=24/96; 25.0%). The majority of respondents used crèche/nursery facilities in Tallaght (N=20/24; 83.3%).

A total of 15.6% (N=53/339) of households reported utilisation of third level education. Respondents reported low levels of use of third level education in Tallaght (N=16/53; 30.2%) and higher levels of use of third level education facilities outside of Tallaght (N=37/53; 69.8%). All of these respondents (N=37/37; 100%) gave the same reason for utilising third level education outside of Tallaght, which was that their course of choice was not available within Tallaght.

Over 10% of respondents utilised training and employment services (N=36/343; 10.5%), with most utilising services in Tallaght (N=31/36; 86.1%). Similarly, almost one in ten households utilised adult education services (N=32/340; 9.4%) with over half utilising services in Tallaght (N=20/32; 62.5%).

Almost all primary carers rated each education service or facility as an asset to the community in Tallaght.

Table 9. Primary carers' reported utilisation of community facilities in Tallaght in the previous 12 months and whether or not these services were considered as an asset.

Ranked in order of decreasing rate of utilisation.

Asset Category Number (%)	Respondents who utilised services in previous 12 months	Where service was utilised		Frequency services were accessed (Tallaght related)		Respondents who considered service an asset (Tallaght related)	
Public transport services N=341/343 (99.4)	N=296/341 (86.8)	In Tallaght	194/296 (65.5)	Daily	73/286 (25.5)	Yes	250/253 (98.8)
		Both inside and outside of Tallaght (Tallaght related use)	<u>92/296 (31.0)</u> 286/296 (96.5)	Weekly	97/286 (33.9)	No	~ (^)
		Outside of Tallaght	10/296 (3.4)	Monthly	65/286 (22.7)	Missing	33/286 (11.5)
				Bimonthly	26/286 (9.1)		
				Once or Twice	14/286 (4.9)		
				Missing	11/286 (3.8)		
Parks N=340/343 (99.1)	N=279/340 (82.1)	In Tallaght	235/279 (84.2)	Daily	61/265 (23.0)	Yes	246/265 (92.8)
		Both inside and outside of Tallaght (Tallaght related use)	<u>30/279 (10.7)</u> 265/279 (94.9)	Weekly	111/265 (41.8)	No	~ (^)
		Outside of Tallaght	14/279 (5.0)	Monthly	62/265 (23.4)	Missing	14/265 (5.3)
				Bimonthly	19/265 (7.2)		
				Once or Twice	11/265 (4.2)		
				Missing	~ (^)		
Churches/places of worship N=340/343 (99.1)	N=223/340 (65.6)	In Tallaght	197/223 (88.3)	Daily	~ (^)	Yes	191/204 (93.6)
		Both inside and outside of Tallaght (Tallaght related use)	<u>7/223 (3.1)</u> 204/223 (91.5)	Weekly	79/204 (38.7)	No	~ (^)
		Outside of Tallaght	19/223 (8.5)	Monthly	53/204 (26.0)	Missing	9/204 (4.4)
				Bimonthly	28/204 (13.7)		
				Once or Twice	42/204 (20.6)		
				Missing	0/204 (0)		
Other services (e.g. post office, Garda station, mobile library, etc.) N=329/343 (95.9)	N=209/329 (63.5)	In Tallaght	201/209 (96.1)	Daily	0/207 (0)	Yes	197/207 (95.2)
		Both inside and outside of Tallaght (Tallaght related use)	<u>6/209 (2.9)</u> 207/209 (99.0)	Weekly	86/207 (41.5)	No	0/207 (0)
		Outside of Tallaght	~ (^)	Monthly	83/207 (40.0)	Missing	10/207 (4.8)
				Bimonthly	21/207 (10.1)		
				Once or Twice	17/207 (8.2)		
				Missing	0/207 (0)		
Hobby Facilities (e.g. theatres, bands, societies etc.) N=338/343 (98.5)	N=125/338 (36.9)	In Tallaght	104/125 (83.2)	Daily	7/110 (6.4)	Yes	103/110 (93.6)
		Both inside and outside of Tallaght (Tallaght related use)	<u>6/125 (4.8)</u> 110/125 (88.0)	Weekly	59/110 (53.6)	No	0/110 (0)
		Outside of Tallaght	15/125 (12.0)	Monthly	17/110 (15.5)	Missing	7/110 (6.3)
				Bimonthly	9/110 (8.1)		
				Once or Twice	16/110 (14.5)		
				Missing	~ (^)		
Community services (e.g. Tallaght citizens information centre, etc.) N=341/343 (99.4)	N=123/341 (36.1)	In Tallaght	120/123 (97.5)	Daily	0/121 (0)	Yes	112/121 (92.6)
		Both inside and outside of Tallaght (Tallaght related use)	<u>~ (^)</u> 121/123 (98.3)	Weekly	59/121 (48.8)	No	~ (^)
		Outside of Tallaght	~ (^)	Monthly	29/121 (24.0)	Missing	7/121 (5.7)
				Bimonthly	11/121 (9.0)		
				Once or Twice	19/121 (15.7)		
				Missing	~ (^)		
Play spaces N=341/343 (99.4)	N=122/341 (35.8)	In Tallaght	95/122 (77.9)	Daily	8/104 (7.7)	Yes	96/104 (92.3)
		Both inside and outside of Tallaght (Tallaght related use)	<u>9/122 (7.4)</u> 104/122 (85.2)	Weekly	50/104 (48.1)	No	7/104 (6.7)
		Outside of Tallaght	18/122 (14.7)	Monthly	31/104 (29.8)	Missing	~ (^)
				Bimonthly	9/104 (8.7)		
				Once or Twice	6/104 (5.8)		
				Missing	0/104 (0)		
Community centres N=340/343 (99.1)	N=108/340 (31.8)	In Tallaght	104/108 (96.3)	Daily	6/104 (5.7)	Yes	99/104 (95.2)
		Both inside and outside of Tallaght (Tallaght related use)	<u>0/108 (0)</u> 104/108 (96.3)	Weekly	53/104 (50.9)	No	0/104 (0)
		Outside of Tallaght	~ (^)	Monthly	20/104 (19.2)	Missing	~ (^)
				Bimonthly	15/104 (14.4)		
				Once or Twice	11/104 (10.6)		
				Missing	0/104 (0)		
Youth services N=174/343 (50.7)	N=22/174 (12.6)	In Tallaght	22/22 (100)	Daily	0/22 (0)	Yes	18/22 (81.8)
		Both inside and outside of Tallaght (Tallaght related use)	<u>0/22 (0)</u> 22/22 (100)	Weekly	18/22 (81.8)	No	0/22 (0)
		Outside of Tallaght	0.22 (0)	Monthly	~ (^)	Missing	~ (^)
				Bimonthly	0/22 (0)		
				Once or Twice	0/22 (0)		
				Missing	~ (^)		
Senior citizen services N=130/343 (37.9)	N=14/130 (10.8)	In Tallaght	13/14 (92.8)	Daily	~ (^)	Yes	13/13 (100)
		Both inside and outside of Tallaght (Tallaght related use)	<u>0/14 (0)</u> 13/14 (92.8)	Weekly	10/13 (76.9)	No	0/13 (0)
		Outside of Tallaght	~ (^)	Monthly	~ (^)	Missing	0/13 (0)
				Bimonthly	0/13 (0)		
				Once or Twice	0/13 (0)		
				Missing	0/13 (0)		

_ denotes 5 or fewer cases reported

^ percentage not provided to prevent disclosure of small numbers

The majority of participants reported using public transport (N=296/341; 86.8%) with a quarter reporting daily use (N=73/286; 25.5%)(Table 9). A third of respondents reported using public transport weekly (N=97/286; 33.9%). Just over one fifth reported using public transport monthly (N= 65/286; 22.7%).

Over four fifths of participants (N=279/340; 82.1%) reported using parks in the previous 12 months. The majority used parks in Tallaght (N=235/279; 84.2%) while a small number of respondents reported using only parks outside of Tallaght (N=14/279; 5.0%). A total of 10.7% (N=30/279) of respondents reported utilising parks both inside and outside of Tallaght. Almost a quarter of respondents reported using parks in Tallaght daily (N=61/265 (23.0%). Nearly half of respondents reported using parks in Tallaght weekly (N=111/265; 41.8%), while a further quarter reported using parks in Tallaght monthly (N=62/265; 23.4%).

A total of 65.6% (N=223/340) households reported utilising churches/places of worship in the previous 12 months. The majority used churches/places of worship facilities within Tallaght (N=204/223; 91.5%). Households with an older primary carer were more likely to report use of churches or places of worship ($\chi^2 = 12.51$, $df=3$, $p<0.06$). In households with a primary carer aged between 20 and 34 years of age, 56.9% (N=37/65) reported using a church/place of worship within the previous 12 months, in comparison with 83.3% (N=55/66) of households with a primary carer aged between 65 and 85 years of age. Similarly, age of the primary carer was also associated with frequency of use ($\chi^2=17.07$, $df=6$, $p<0.01$). Over one third of respondents reported using churches/places of worship weekly (N=79/204; 38.7%). A quarter of respondents reported monthly use of churches/places of worship (N=53/204; 26.0%). Households with a primary carer aged between 20 and 34 years of age were most likely to report using a church/place of worship less than monthly in the previous 12 months (N=17; 53.1%). Households with a primary carer aged between 65 and 85 years of age were most likely to report using a church or place/worship at least weekly (N=32; 59.3%).

Other services such as the post office, Garda station and mobile library were utilised by 63.5% (N=209/329) of respondents in the previous 12 months. The majority used these types of services within the Tallaght area (N=207/209; 99.0%). A total of 41.5% (N=86/207) used these services weekly and a further 40.0% (N=83/207) used these services monthly.

Over a third of respondents reported that someone in the household utilised hobby facilities, such as the Civic theatre and Tallaght Community Arts Centre, in the previous year (N=125/338; 36.9%). The majority used hobby facilities in the Tallaght area (N=110/125; 88.0%), with most reporting weekly use (N=59/110; 53.6%).

Over a third of respondents reported that someone in the household utilised community services, such as Tallaght citizens information centre, in the previous year (N=123/341; 36.1%). Half of participants reported using (N=59/121; 48.8%) these types of community services weekly, while a quarter reported monthly use (N=29/121; 24.0%).

A third of respondents reported using play spaces in the previous 12 months (N=122/341; 35.8%) with most utilising play spaces within Tallaght (N=104/122; 85.2%). Nearly half of respondents used play spaces in Tallaght weekly (N=50/104; 48.1%) and just under a third reported monthly use of play spaces in Tallaght (N=31/104; 29.8%).

Nearly a third used community centres in the previous 12 months (N=108/340; 31.8%), with the majority using community centres located within Tallaght (N=104/108; 96.3%). Half of respondents used community centres in Tallaght weekly over the previous 12 months (N=53/104; 50.9%) while a further fifth used the same services monthly (N=20/104; 19.2%).

Twelve per cent of primary carers reported that there was someone in the household who utilised youth services within the previous 12 months (N=22/174; 12.6%). All users of youth services used these types of services within Tallaght (N=22/22; 100%). The majority used youth services on a weekly basis (N=18/22; 81.8%).

Ten per cent of primary carers indicated that there was someone in the household who utilised senior citizen services in the previous 12 months (N=14/130; 10.8%). Of those that utilised senior citizen services the majority used these services within Tallaght (N=13/14; 92.8%). Most used this type of service on a weekly basis (N=10/13; 76.9%).

Almost all primary carers rated each community facility an asset to the community in Tallaght with the exception of youth services, which a slightly lower proportion of respondents (N=18/22; 81.8%) identified as being an asset to the community.

Table 10. Primary carers' reported utilisation of sports clubs or facilities in Tallaght in the previous 12 months and whether or not the services were considered as an asset.

Asset Category Number (%)	Respondents who utilised services in previous 12 months	Where service was utilised		Frequency services were accessed (Tallaght related)		Respondents who considered service an asset (Tallaght related)	
Sports clubs or facilities N=341/343 (99.4)	N=153/341 (44.9)	In Tallaght	130/153 (85.0)	Daily	13/136 (9.6)	Yes	130/136 (95.6)
		Both inside and outside of Tallaght	6/153 (3.9)	Weekly	103/136 (75.7)	No	0/136 (0)
		(Tallaght related use)	136/153 (88.9)	Monthly	11/136 (8.1)	Missing	6/136 (4.4)
		Outside of Tallaght	17/153 (11.1)	Bimonthly	~ (^)		
				Once or Twice	6/136 (4.4)		
				Missing	0/136 (0)		

A total of 44.9% of respondents indicated that someone in the household had utilised a sports club or facility in the previous 12 months (N=153/341; 44.9%)(Table 10). Of these the majority had used a sports club or facility in the Tallaght area (N=136/153; 88.9%) and three quarters were using sports clubs or facilities on a weekly basis (N=103/136; 75.7%).

Households with a primary carer who reported greater amounts of strenuous exercise ($\chi^2 = 30.45$ df=3, $p<0.01$) or moderate exercise ($\chi^2 = 13.30$ df=3, $p<0.01$), were more likely to report use of sports facilities in the previous 12 months. Primary carers who report walking for more than 30 minutes per day were less likely to report household use of sports facilities in the previous 12 months ($\chi^2 = 13.16$ df=3, $p<0.01$).

Over 95% of respondents rated sports clubs or facilities as an asset to the community in Tallaght.

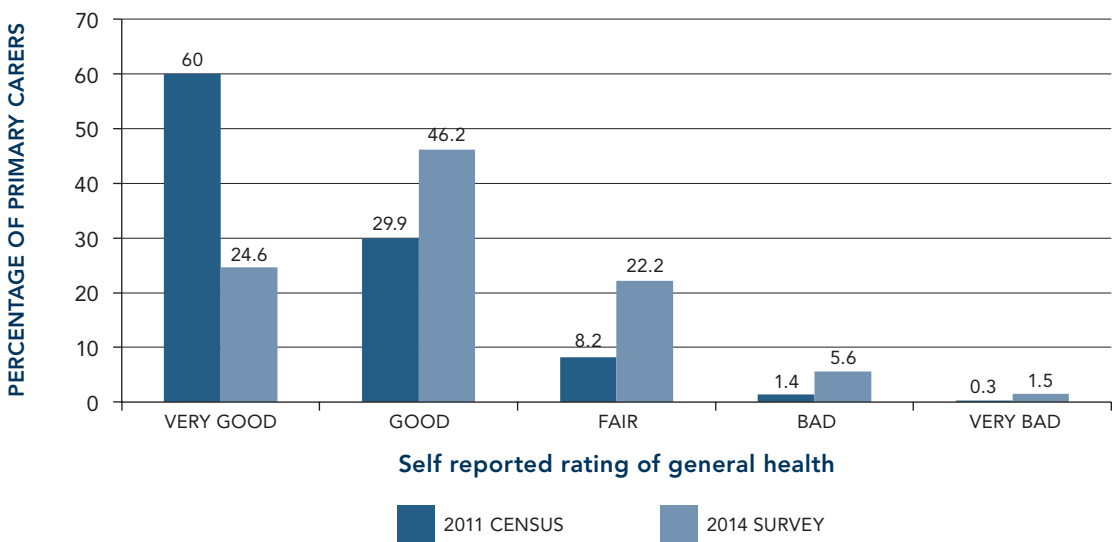
2.5 Health status

Health status was used to identify health problems in the Tallaght area as a marker for the health needs of the population.

Self reported rating of health status of primary carer

Primary carers were asked to indicate their self reported health status on a 5-item scale. This scale is identical to the scale used for the first time in the 2011 national census for Ireland.

Figure 2: Self-reported rating of health status of primary carer in the 2011 national census (13 electoral divisions only) (N=69,328) and the 2014 HANA Survey (N= 342/343; 99.7%).



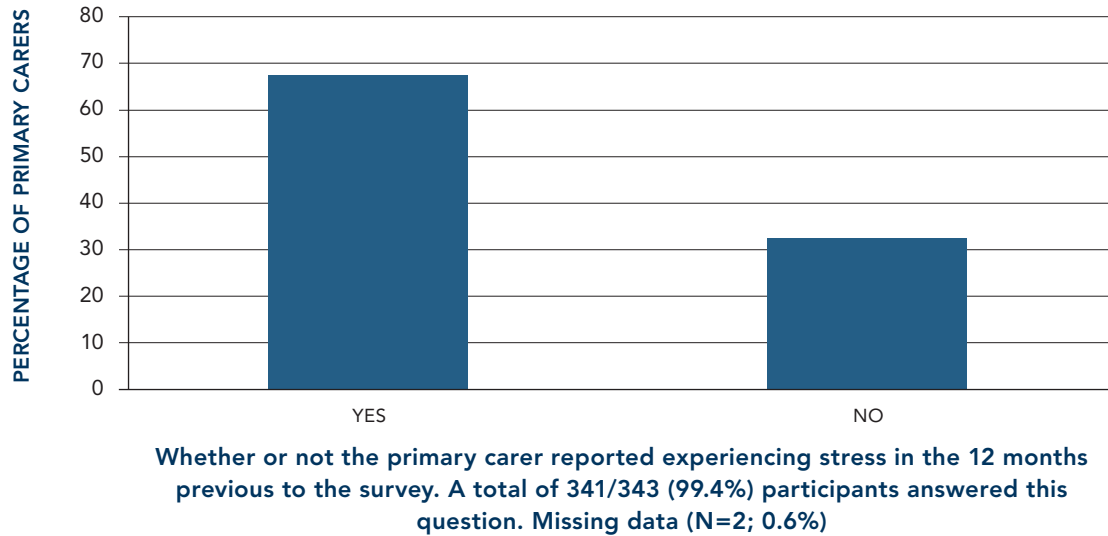
Note: In the HANA 2014 research this question was put to primary carers only. The Census data collects the opinions of all people within the household.

Nearly half of respondents in the 2014 HANA survey indicated their health as being 'good' (N=158/342; 46.2%)(Figure 2). Only 5/342 (1.5%) respondents rated their health as 'very bad'. In the 2011 census the majority of respondents in the 13 electoral divisions in Tallaght rated their health as being 'very good' (N= 41,611; 60.0%).

Stress

Primary carers were asked whether they experienced stress in the 12 months prior to the survey.

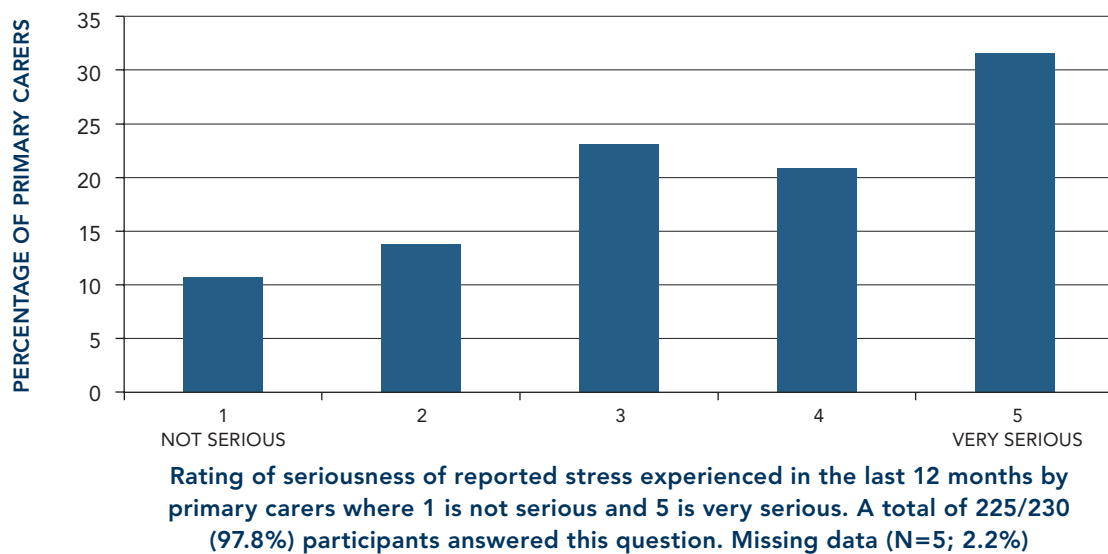
Figure 3: Primary carers' reported experience of stress in the 12 months prior to the survey (N=341/343; 99.4%).



Two thirds of respondents (N=230/341; 67.4%) indicated that they had experienced stress in the 12 months previous to the survey (Figure 3).

Primary carers who reported experiencing stress in the 12 months prior to the survey were asked to rate the seriousness of the stress they experienced, on a scale of 1 to 5 where 1 is not serious and 5 is very serious.

Figure 4: Rating of seriousness of reported stress experienced in the previous 12 months by primary carers (N=225/230; 97.8%).



A total of 23.1% (N=52/225) of primary carers who reported experiencing stress in the previous 12 months rated their stress at 3, which is mid-way between "not serious" and "serious". A further 31.6% (N=71/225) reported that their stress was 5 or "very serious" (Figure 4).

Primary carers were asked about the cause and nature of their self-reported stress in the previous 12 months.

Table 11: Primary carers' reported experience of stress in the previous 12 months.

Indicator	Number (%)
Reasons for stress (N=213/230; 92.6%)+	
Family	83 (39.0)
Finances	44 (20.7)
Illness	41 (19.2)
Work/Unemployment/Study	39 (18.3)
Other	6 (2.8)
Symptoms experienced as a result of stress (N=229/230; 99.6%)*	
Anxiety	164 (71.6)
Sleeplessness	149 (65.1)
Depression	95 (41.5)
Annoyance	81 (35.4)
Eating more or less	74 (32.3)
Illness	49 (21.4)
Smoke more	44 (19.2)
Aggression	33 (14.4)
Use more alcohol or drugs	23 (10.0)
Other	11 (4.8)
None	9 (3.9)
Actions taken as a result of stress (N=228/230; 99.1%)*	
Talked to friends or relatives	114 (50.0)
Visited GP	101 (44.3)
Taken prescription medication	53 (23.2)
Visited counsellor/psychiatrist/psychologist	39 (17.1)
Visited church	32 (14.0)
Other	~
None	49 (21.5)

+ Reason for stress was collapsed to five categories to allow for sensible comparisons

* Participants could select more than one answer

~ denotes 5 or fewer cases reported.

^ percentage not provided to prevent disclosure of small numbers

The most commonly reported reasons for experiencing stress were family (N=83/213; 39.0%), finances (N=44/213; 20.7%) and illness (N=41/213; 19.2%)(Table 11). A large proportion of respondents noted experiencing anxiety as a result of stress (N=164/229; 71.6%). Sleeplessness was also commonly reported (N=149/229; 65.1%). Additionally, two-fifths reported experiences of depression (N=95/229; 41.5%). Annoyance (N=81/229; 35.4%) and eating more or less (N=74/229;

32.3%) were also commonly reported. Half of the respondents indicated that they talked to friends or relatives (N=114/228; 50.0%), close to a half reported visiting the GP (N=101/228; 44.3%) a fifth took prescription medication (N=53/228; 23.2%).

Characteristics and practices associated with those who reported experiencing stress in the previous 12 months.

Those who were female, aged between 36 and 65 years of age, have a medical card and live in a household in which somebody has a chronic illness were more likely to report experiencing stress in the previous 12 months (Please see Appendix K: Stress binary logistic regression for further detail of binary logistic regression).

Teenagers

Primary carers were asked to indicate their experience of dealing with teenagers. A total of 22.4% (N=77/343) of primary carers indicated at least one teenager aged between 13 and 19 residing in their household, with 99 teenagers in total among the survey population of 1,082.

Table 12: Primary carers' reported experience of coping with teenage children and type of assistance sought (N=99/1082; 9.1%).

	Number (%)
Worry about teenager socialising (N=95/99; 95.9%)	
Yes	52 (54.7)
No	43 (45.3)
Happy with teenagers' friends (N=89/99; 89.9%)	
Yes	70 (78.7)
No	19 (21.3)
Teenager displays problematic behaviour (N=84/99; 84.8%)	
Yes	28 (33.3)
No	56 (66.7)
Most problematic behaviour (N=28/28; 100%)*	
Emotional problems (i.e. mood swings, unmanageable)	16 (57.1)
Behavioural problems (i.e. violent, refuses to go to school)	13 (46.4)
None	~
Where primary carers' reported going for help with their teenagers problematic behaviour (N=28/28; 100%)*	
Nowhere	12 (42.9)
Family	9 (32.1)
Friends	8 (28.6)
GP	7 (25.0)
Counsellor	7 (25.0)
A teacher	6 (21.4)
Social/Youth worker	0 (0)
Gardai	0 (0)
Church	0 (0)

~ denotes 5 or fewer cases reported.

^ percentage not provided to prevent disclosure of small numbers

* participant could select more than one answer

Just over half of the participants worried about their teenager socialising (N=52/95; 54.7%) (Table 12). However, the majority of primary carers reported that they were happy with their teenagers’ friends (N=70/89; 78.7%).

A third of respondents stated that their teenager had some form of problematic behaviour (N=28/84; 33.3%). Of those respondents, 57.1% (N=16/28) reported emotional problems such as mood swings and being unmanageable and 46.4% (N=13/28) reported behavioural problems such as being violent or refusing to go to school.

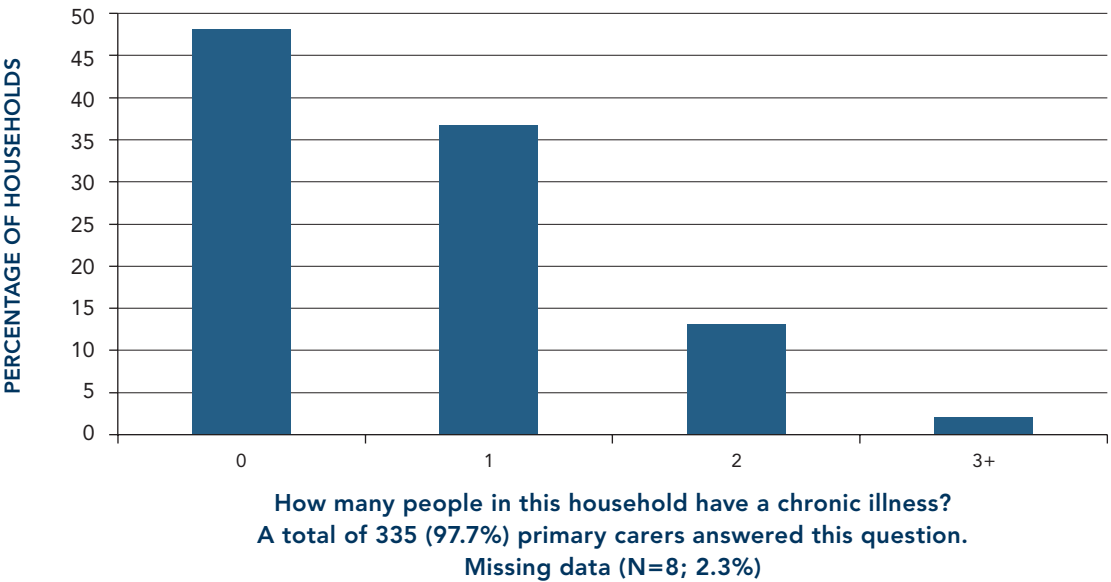
Primary carers were asked about where they sought help for themselves in relation to their teenagers’ problematic behaviour. No help was sought by a considerable proportion of primary carers (12/28; 42.9%). One third had gone to their family for help (N=9/28; 32.1%) and just over a quarter reported that they had gone to their friends for assistance (N=8/28; 28.6%). A quarter went to see a GP (N=7/28; 25.0%) or counsellor (N=7/25; 25.0%) for assistance.

Chronic illness

Prevalence of chronic illness at the household level

Respondents were asked to indicate how many of the people in their household had a chronic illness. A chronic illness was described as an illness that has been present for some time or recurs frequently requiring medical treatment. A list of chronic illnesses was provided to the respondents including illnesses such as heart disease, diabetes, cancer, respiratory illness, gastrointestinal disease and depression (see Appendix I).

Figure 5: Distribution of chronic illness in households (N=335/343; 97.7%).



A total of 48.1% (N=161/335) of respondents indicated that there was no one with a chronic illness living in the house (Figure 5). Over a third of respondents indicated that there was one person in the house who had a chronic illness (N=123/335; 36.7%). A total of 13.1% (N=44/335) respondents reported that there were two people in the household who had a chronic illness. The remaining 2.1% (N=7/335) of respondents indicated that there were three or more people in the house with a chronic illness.

Prevalence of chronic illness at the individual level

Primary carers were asked to indicate how many and what types of chronic illnesses individuals living in their household had.

Table 13: Primary carers' reported prevalence of chronic illness for all individuals in the household.

	Number (%)
Does this person have a chronic illness? (N=1079/1082; 99.7%)	
Yes	235 (21.8)
No	844 (78.2)
How many chronic illnesses does this person have? (N=235/235; 100.0%)	
1	187 (79.6)
2	34 (14.4)
3 or more	14 (6.0)
What type of chronic illness(es) does this person have (N=234/235; 99.6%)*	
Heart disease	89 (38.0)
Diabetes	35 (15.0)
Respiratory	35 (15.0)
Mental health and addiction	31 (13.2)
Arthritis	22 (9.4)
Gastrointestinal disease	18 (7.7)
Cancer	18 (7.7)
Neurological	16 (6.8)
Orthopaedic	9 (3.8)
Other	42 (17.9)

*Participant could select more than one answer

A total of 21.8% (N=235/1079) of individuals had at least one chronic illness (Table 13). Most individuals were reported to have one chronic illness (N=187/235; 79.6%); individuals with two chronic illnesses were reported by 14.4% (N=34/235) of respondents and the remaining 6.0% (N=14/235) of individuals had between three and six chronic illnesses. The most common chronic illnesses were heart disease (N=89/234; 38.0%), diabetes (N=35/234; 15.0%), and respiratory problems (N=35/234; 15.0%).

Characteristics and practices associated with those who have a chronic illness.

A binary logistic regression examined the likelihood of respondents reporting to have a chronic illness based on their age, employment status, use of Tallaght Hospital and being on a waiting list for tests or treatment in Tallaght Hospital (See Appendix L: Chronic illness binary logistic regression). This model was statistically significant [χ^2 (4)=195.471; $p<0.01$]. Those who were over 65 years of age, at home full time (not studying or in employment), used Tallaght Hospital (excluding A&E) in the 12 months prior to the survey and were on a waiting list at the time of the survey were more likely to report having a chronic illness.

Care and utilisation of healthcare services related to a chronic illness.

Primary carers were asked questions relating to those they reported to have a chronic illness. Specifically questions were asked about the care and health utilisation of these individuals.

Table 14: Primary carers' reported healthcare utilisation for individuals with chronic illness.

	Number (%)
Degree of care required (N=234/235; 99.6%)	
No assistance	26 (11.1)
Medication only	174 (74.4)
Housekeeping including medication	28 (12.0)
Housekeeping, medication and help to sit out of bed	~
Total nursing care as confined to bed	~
Does this person with a chronic illness have home help? (N=210/235; 89.3%)	
Yes	22 (10.5)
No	188 (89.5)
In the last 3 months was this person with a chronic illness, visited by the public health nurse in relation to the chronic illness? (N=222/235; 94.5%)	
Yes	25 (11.3)
No	197 (88.7)
In the last 3 months did this person with a chronic illness visit the GP in relation to their chronic illness? (N=234/235; 99.6%)	
Yes	170 (72.6)
No	64 (27.4)
Not required	
What was the reason for these visits (N=170/170; 100.0%)*	
Repeat prescription	132 (77.6)
Medical check up	111 (65.3)
Sudden illness	20 (11.8)
Advice	25 (14.7)
Other	11 (6.5)
In the last 3 months did this person with a chronic illness attend Tallaght Hospital in relation to their chronic illness? (N=218/235; 92.8)	
Yes	84 (38.5)
No	134 (61.5)

~ denotes 5 or fewer cases reported.

^ percentage not provided to prevent disclosure of small numbers

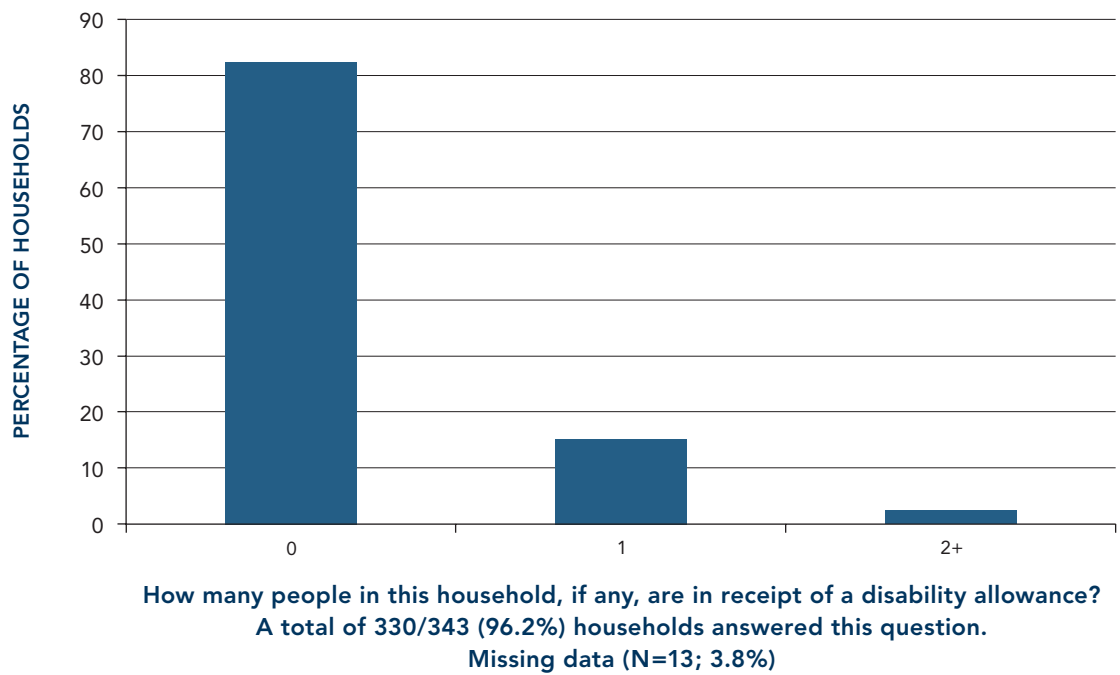
* participant could select more than one answer

In relation to the degree of care required 74.4% (N=174/234) of those reported to have a chronic illness required medication only and 10.5% (N=22/210) have home help (Table 14). Primary carers reported on healthcare utilisation within the last 3 months relating to chronic illness. A total of 11.3% (N=25/222) of those reported to have a chronic illness were visited by the public health nurse, 72.6% (N=170/234) visited their GP and 38.5% (N=84/218) attended Tallaght Hospital.

Disability

Respondents were asked to indicate how many people in their household, if any, were in receipt of a disability allowance. Disability allowance is a means tested weekly allowance paid to a person with a disability over the age of 16 years. To qualify for disability allowance a person must have an injury, disease or physical disability that has continued for at least one year.

Figure 6: Distribution of the number of people in receipt of disability allowance.



The majority of households (N=271/330; 82.1%) were reported not to have anybody in receipt of disability allowance (Figure 6). A total of 15.2% (N=50/330) of households reported having one individual in receipt of a disability allowance. The remaining 2.4% (N=8/330) of households were reported to have two or more individuals in receipt of a disability allowance.

Physical activity

In the Survey of Lifestyle, Attitudes and Nutrition in Ireland in 2007 (SLAN 2007)³² and the 2014 HANA Survey, respondents were asked to consider a 7-day period of time (1 week) and indicate how many times on average do they exercise for more than 20 minutes during their free time (not work related).

Table 15: Primary carers' reported physical activity in SLAN 2007 and the 2014 HANA Survey.

Question		SLAN 2007 Number (%)	2014 HANA Survey Number (%)
Strenuous exercise (e.g. running, jogging, football, judo)	Times a Week	N=9,991/10,364 (96.4)	N=334/343 (97.4)
	None	8,041 (80.5)	278 (83.2)
	Less than five	1,595 (16.0)	47 (14.1)
	Five or more	355 (3.5)	9 (2.7)
Moderate exercise (e.g. fast walking, tennis, easy cycling)	Times a Week	N=10,021/10,364 (96.7)	N=337/343 (98.3)
	None	5,570 (55.6)	192 (57.0)
	Less than five	2,861 (28.5)	92 (27.3)
	Five or more	1,590 (15.9)	53 (15.7)
Mild exercise (e.g. yoga, golf, easy walking, bowling)	Times a Week	N=10,028/10,364 (96.8)	N=338/343 (98.5)
	None	3,937 (39.3)	119 (35.2)
	Less than five	3,508 (35.0)	118 (34.9)
	Five or more	2,583 (25.7)	101 (29.9)
Walking 30 minutes or more	Days a Week	N=10,118/10,364 (97.6)	N=343/343 (100)
	None	2,594 (25.6)	77 (22.4)
	Less than five	4,077 (40.3)	143 (41.7)
	Five or more	3,447 (34.1)	123 (35.9)

Strenuous exercise was described as exercise in which your 'heart beats rapidly'. For example, running, jogging, football, vigorous swimming. A total of 80.5% (N=8,041/9,991) respondents in SLAN 2007 and 83.2% (N=278/334) of respondents in the 2014 HANA Survey indicated that they never take strenuous exercise (Table 15).

Moderate exercise was described as exercise that was 'not exhausting'. For example, fast walking, tennis, easy swimming, easy cycling heavy gardening. Physical activity guidelines recommend engaging in moderate physical activity on five or more days a week to gain health protective benefits. In SLAN 2007, 15.9% (N=1,590/10,021) respondents met these guidelines and in the 2014 HANA Survey 15.7% (N=53/337) of respondents met these guidelines.

Mild exercise was described as exercise that takes 'minimal effort'. For example, yoga, easy walking, golf, light gardening. A total of 39.3% (N=3,937/10,028) of respondents in SLAN 2007 and 35.2% (N=119/338) of respondents in the 2014 HANA Survey reported never taking any mild exercise within a 7-day period. Mild exercise five or more times within a 7-day time period was indicated by 25.7% (N=2,583/10,028) respondents in SLAN 2007 and by 29.9% (N=101/338) respondents in the 2014 HANA Survey.

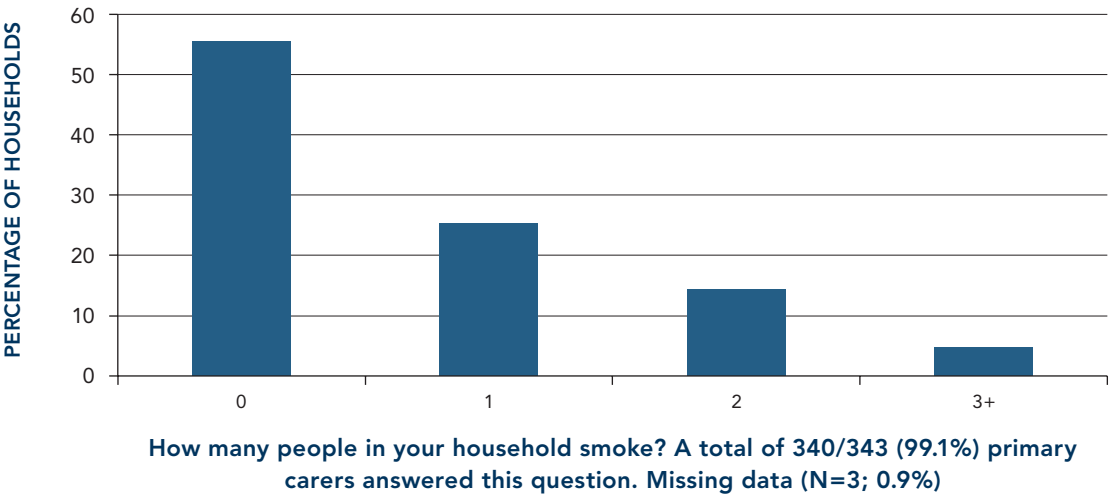
Respondents were also asked to indicate on how many days, if any, in an average week they walked for 30 minutes or more. In SLAN 2007, 25.6% (N=2,594/10,118) of respondents reported never walking more than 30 minutes in an average week. In the 2014 HANA Survey, 22.4% (N=77/343) of respondents reported never walking for 30 minutes or more. A total of 34.1% (N=3,447/10,118) of respondents in SLAN 2007 and 35.9% (N=123/343) of respondents in the 2014 HANA Survey indicated walking for 30 minutes or more on five or more days in an average week.

IPAQ scoring guidelines were employed to assign primary carers to categories of physical activity; inactive, minimally active or Health Enhancing Physical Activity (HEPA active) where recommended levels of physical activity for protective health benefits were achieved. A total of 37.4% (N=125/334) of primary carers were inactive, 12.9% (N=43/334) were minimally active and 49.7% (N=166/334) were HEPA active.

Smoking

Respondents were asked to indicate how many people in the household smoke and how many people less than 18 years of age in the household smoke.

Figure 7: Primary carers’ reported household prevalence of smoking (N=340/343; 99.1%).



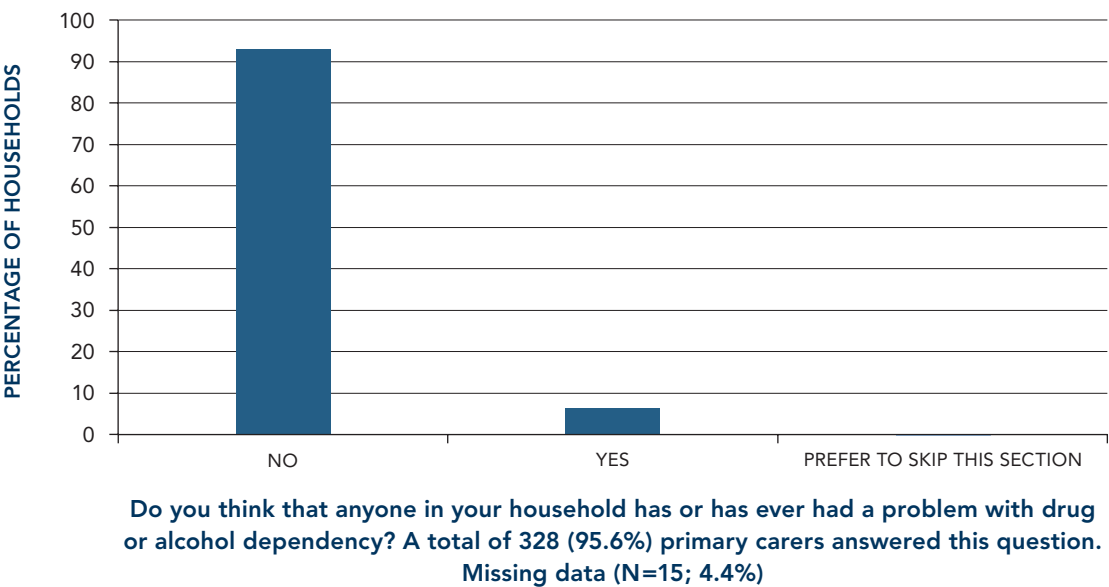
Over half of the households have no one in the house that smokes (N=189/340; 55.6%). A quarter of the households have 1 smoker (N=86/340; 25.3%) and 65/340 households have two or more smokers (19.1%)(Figure 7).

The majority of respondents indicated that there was no one under the age of 18 years old in the household who smokes (N=225/340; 66.2%).

Alcohol or drug dependency

Respondents were asked to indicate whether anyone in the household has, or has ever had, a problem with alcohol or drug dependency.

Figure 8: Primary carers’ reported household prevalence of problem substance use (N=328/343; 95.6%).



The majority of respondents indicated that there was no one in the household who has, or has ever had, a problem with alcohol or drug dependency (N=305/328; 93%) (Figure 8).

2.6 Experience of Tallaght Hospital

Respondents were asked to provide their opinion on their experience relating to Tallaght Hospital, Tallaght Hospital A&E services and waiting lists for Tallaght Hospital.

Table 16: Individuals' utilisation of Tallaght Hospital (excluding A&E) for tests or treatment in the previous 12 months.

	Number (%)
Attended Tallaght Hospital (excluding A&E) for tests or treatment in previous 12 months (N=1077/1082; 99.5%)	
Yes	244 (22.7)
No	833 (77.3)
Reason for attendance (N=243/244; 99.6%)	
Orthopaedic	81 (33.3)
Gastrointestinal	42 (17.3)
Investigations (e.g. x-ray, blood test)	30 (12.3)
Cardiovascular disease	27 (11.2)
Respiratory	21 (8.6)
ENT	14 (5.8)
Obstetrics and gynaecology	8 (3.3)
Renal	8 (3.3)
Other (i.e. cancer, chronic illness)	12 (4.9)
Referral source to Tallaght Hospital (N=234/244; 95.9%)	
GP	152 (65)
Hospital doctor	52 (22.2)
Themselves	30 (12.8)

A total of 22.7% (N=244/1077) of respondents were reported to have used Tallaght Hospital (excluding A&E) in the last 12 months (Table 16). The main reasons for attendance included orthopaedics, gastrointestinal problems and investigations. Nearly, two-thirds of respondents indicated that they had been referred to the hospital by a GP (N=152/234; 65.0%).

Characteristics and practices associated with those who reported use of Tallaght Hospital (excluding A&E) in the previous 12 months.

Those who were over 65 years of age, at home full time (not studying or in employment), had a chronic illness and were waiting for healthcare in Tallaght Hospital were more likely to report use of Tallaght Hospital (excluding A&E) in the last 12 months. (See Appendix M: Tallaght Hospital use binary logistic regression).

Satisfaction with Tallaght Hospital and impact of the hospital on the community.

Primary carers who used Tallaght Hospital in the previous 12 months were asked about how satisfied they were with the tests or treatment they received.

Table 17: Satisfaction with Tallaght Hospital (excluding A&E) for tests or treatment in the previous 12 months.

	Number (%)
Would you recommend Tallaght Hospital to a friend/family member? (N=211/244; 86.5%)	
Yes	177 (83.9)
No	34 (16.1)
How would you rate your satisfaction with Tallaght Hospital? (N= 244/244; 100%)	
Dissatisfied (rated 1-3)	64 (26.2)
Satisfied (rated 4-6)	180 (73.8)
If you rated Tallaght Hospital as being unsatisfactory (rated 1-3), what were your main reasons for dissatisfaction? (N=67/67; 100%)*	
Long waiting times	43 (64.2)
Speed of care too slow	26 (38.8)

*participant could select more than one answer

Those who used Tallaght Hospital (excluding A&E) in the previous 12 months were asked to indicate their level of satisfaction with Tallaght Hospital (Table 17). The majority of respondents indicated that they would recommend Tallaght Hospital to a friend or family member (N=177/211; 83.9%). Nearly three-quarters of respondents reported being satisfied with Tallaght Hospital (N=180/244; 73.8%).

Primary carers who used Tallaght Hospital in the previous 12 months were asked about the impact of Tallaght Hospital on the surrounding community.

Table 18: Primary carers' opinions on Tallaght Hospital and its impact on the surrounding community.

	Number (%)
Is Tallaght Hospital beneficial to the surrounding community? (N=172/244; 70.5%)	
Yes	162 (94.2)
No	10 (5.8)
Why is Tallaght Hospital beneficial to the surrounding community? (N=158/162; 97.5%)*	
Proximity (e.g. it's close by)	124 (78.5)
Quality care and facilities (e.g. received good care, centre of expertise)	27 (17.1)
Necessity (e.g., meets the needs of community)	19 (12.0)
Good staff (e.g. friendly, gentle)	12 (7.6)
Other (e.g. employment, creates feeling of safety)	14 (8.9)

*participant could select more than one answer

The majority of respondents (N=162/172; 94.2%) who responded to this question indicated that yes they believed that Tallaght Hospital is beneficial to the surrounding community (Table 18).

Respondents were asked why they believed Tallaght Hospital was beneficial to the surrounding area. In response to this item, 97.5% (N=158/162) gave at least one answer. Some participants gave multiple responses.

The majority of responses indicated that Tallaght Hospital is beneficial to the surrounding area due to its proximity (N=124/158; 78.5%). Examples of answers that fell into this category include those who said that the hospital was close to where they live and within walking distance for some. An additional 17.1% (N=27/158) of participants mentioned the quality of care and facilities as a reason for why Tallaght Hospital is beneficial. Answers within this category referred to the hospital as a service that they considered efficient and well organised. They also remarked that the treatment and care received there was of high quality. These answers also referred to the presence of specialist services, facilities and expertise. Following that, 12.0% (N=19/158) mentioned that Tallaght Hospital was a necessity due to the population size of the area. These respondents described the hospital as “badly needed”, “needed for the size”, and the “only hospital in the area”. An additional 7.6% (N=12/158) noted positive opinions of the hospital staff. Examples of this include statements that describe nurses and doctors as good people, gentle, and friendly.

The remaining 8.9% (N=14/158) of responses were categorised as ‘other’. This captures responses that were either unique or not frequent enough to warrant a separate category. For example, this includes answers that mention that Tallaght Hospital creates employment, that it makes them feel safe and that members of their family have been treated successfully there.

Tallaght Hospital Improvements

Primary carers were asked how Tallaght Hospital could be improved. Free text answers were recorded and then analysed to identify categories.

Table 19: Primary carers’ opinions on improvements in Tallaght Hospital.

How could Tallaght Hospital be improved? (N=285/343; 83.1%)*	Number (%)
Improve waiting times (e.g. for appointments)	117 (41.1)
More resources (e.g. more beds, staff, funding)	89 (31.2)
Improve A&E (e.g. too slow, unpleasant atmosphere)	81 (28.4)
Cheaper parking (e.g. too expensive)	32 (11.2)
Increase specialist services (e.g. breast check clinic, ear treatment)	28 (9.8)
Better communication (e.g. between patients and staff)	27 (9.5)
Improve cleanliness (e.g. too dirty, food exposed in shop)	20 (7.0)
Other (e.g. overpaid consultants, patients not respected)	41 (14.4)

*participant could provide more than one answer

Two fifths (N=117/285; 41.1%) suggested that waiting times could be improved (Table 19). These respondents noted in particular the long wait for appointments, test results and time spent on waiting lists. Just under one third (N=89/285; 31.2%) of respondents mentioned resources as an area that could be improved. This category includes those who stated that Tallaght Hospital requires more staff, beds, space and funding. An additional 28.4% (N=81/285) of participants

stated that A & E needs to be improved. While some of these respondents made reference to general improvements, others specified which aspects of A&E needed the most attention. This included the waiting times, the expense, the shortage of staff and the unpleasant atmosphere. Following that, 11.2% (N=32/285) believed that the parking should be cheaper. Additionally, 9.8% (N=28/285) suggested that Tallaght Hospital should increase specialist services. Specific services mentioned by respondents were: breast clinics, HIV clinics and the provision of an allergy-testing clinic. An additional 9.5% (N=27/285) reported that better communication would improve Tallaght Hospital. This category aims to capture answers that mentioned the lack of communication between departments in the hospital as well as poor communication between staff and patients. These responses also noted that an improvement in administrative services is needed in relation to updating and informing patients effectively about appointments and waiting times.

Tallaght Hospital A&E

Primary carers were asked their frequency of use of Tallaght Hospital A&E services, the reason for attending, the source of referral and how long they waited before attending A&E.

Table 20: Primary carers' reported information relating to Tallaght Hospital A&E services.

	Number (%)
Used Tallaght Hospital A&E services in previous 12 months (N=341/343; 99.4%)	
Yes	135 (39.6)
No	206 (60.4)
Reason for attendance at A&E (N=129/135; 95.5%)	
Wound (e.g. attacked, cut due to fall)	29 (22.5)
Orthopaedic (e.g. fractured bones)	19 (14.7)
Gastrointestinal (e.g. pain in stomach)	16 (12.4)
Cardiovascular (e.g. heart attack)	13 (10.1)
Respiratory (e.g. asthma)	7 (5.4)
Renal (e.g. kidneys)	7 (5.4)
Psychiatric (e.g. depression, panic attack)	7 (5.4)
Fever (e.g. suffering a high temperature)	7 (5.4)
Other (e.g. swelling, nose bleeds)	24 (18.6)
Referral source to A&E (N=135/135; 100%)	
Self referral	76 (56.3)
GP	34 (25.2)
Ambulance	18 (13.3)
Other	7 (5.2)
How long were you/your household member sick before attending A&E? (N=133/135; 98.5%)	
<24 hours	104 (78.2)
1-2 days	8 (6.0)
3-7 days	13 (9.8)
7+ days	8 (6.0)

A total of 39.6% (N=135/341) of primary carers reported household use of Tallaght Hospital A&E in the past 12 months (Table 20). Primary carer reported type of health cover is associated with reported household utilisation of Tallaght Hospital A&E in the last 12 months ($\chi^2 = 17.03$, $df=2$, $p<0.01$). Households with a GMS card (N= 91/193; 47.2%) and households with neither a GMS card nor health insurance (N=36/99; 36.4%) were more likely to report use of Tallaght Hospital A&E in the past 12 months. A minority of primary carers who reported having health insurance reported their household using Tallaght Hospital A&E in the last 12 months (N=7/47; 14.9%).

A binary logistic regression examined the likelihood of respondents reporting household utilisation of Tallaght Hospital A&E in the last 12 months. This was based on level of deprivation, occupancy status, whether or not the primary carer has a medical card, whether or not anybody in the household is in receipt of a disability allowance, has a chronic illness, smokes, used the GP in the last 12 months, or is on a waiting list for care in Tallaght Hospital, satisfaction with out of hours services and level of social cohesion. None of the variables were related to reported use of A&E in the last 12 months.

Primary carers were asked about reasons for attending. The largest proportion of respondents reported attending A&E due to a wound (N=29/129; 22.5%). Examples of those included in this category are those who reported falling, being attacked, being hit by a car and other injuries. The second most common reason for attending A&E was orthopaedic issues (N=19/129; 14.7%). These respondents noted either themselves or someone in their household having suffered various bone fractures. An additional 12.4% (N=16/129) of participants reported that the reason for attending A&E was related to a gastrointestinal condition. Cardiovascular diseases accounted for 10.1% (N=13/129) of those who stated a reason for attending.

There does not appear to be any association between source of referral and type of health cover reported by the primary carer ($\chi^2 = 0.85$, $df=2$, $p=6.53$).

Satisfaction with Tallaght Hospital A&E

Primary carers were asked a series of questions relating to satisfaction with Tallaght Hospital A&E.

Table 21: Satisfaction with Tallaght Hospital A&E in the previous 12 months.

	Number (%)
Would you recommend Tallaght Hospital A&E to a friend/family member? (N=124/135; 91.9%)	
Yes	84 (67.7)
No	40 (32.3)
How would you rate your satisfaction with Tallaght Hospital A&E? (N=134/135; 99.3%)*	
Dissatisfied (rated 1-3)	62 (46.3)
Satisfied (rated 4-6)	72 (53.7)
If you rated Tallaght Hospital A&E as being unsatisfactory (rated 1-3), what were your main reasons for dissatisfaction? (N=62/62; 100%)+	
Long waiting times	54 (87.1)
Speed of care too slow	33 (53.2)
Cleanliness	23 (37.1)

+ This question was on a scale from 1-6 where scores closer to 1 mean 'dissatisfied' and scores closer to 6 indicate 'satisfaction'. These scores were then grouped 1-3 as being dissatisfied and 4-6 as satisfied.

* Participants could select more than one answer.

The majority of primary carers (N=84/124; 67.7%) reported that they would recommend Tallaght Hospital A&E to a friend or family member with 53.7% (N=72/134) reporting satisfaction with A&E (Table 21). The main reasons for dissatisfaction were long waiting times, speed of care too slow and cleanliness.

There does not appear to be any association between level of satisfaction with Tallaght Hospital A&E and source of referral reported by the primary carer ($\chi^2=0.39$, $df=2$, $p=0.82$) or whether or not the primary carer has a medical card ($\chi^2=1.28$, $df=1$, $p=0.25$).

Tallaght Hospital waiting lists

Primary carers were asked to indicate how many people within the household, including themselves, were currently on a waiting list to receive treatment in Tallaght Hospital.

Primary carer reported individual's experience of waiting lists in Tallaght Hospital.

Table 22: Primary carer reported information relating to waiting lists for healthcare in Tallaght Hospital.

	Number (%)
Is this person on a waiting list for healthcare in Tallaght Hospital? (N=1,082/1,082; 100%)	
Yes	95 (8.8)
No	987 (91.2)
How many months has this person been on a waiting list? (N=95/95; 100%)	
< 3 months	23 (24.2)
4-6 months	23 (24.2)
7-12 months	19 (20.0)
>13 months	30 (31.6)
How reasonable is this waiting time (where 1 is very unreasonable and 5 is very reasonable)? (N=85/95; 89.5%)	
1	46 (54.1)
2	6 (7.1)
3	15 (17.6)
4	4 (4.7)
5	14 (16.5)
What type of treatment is this person waiting for? (N= 88/95; 92.6%)	
Adult outpatient	42 (47.7)
Other (speech therapy, child psychology)	15 (17.0)
Adult surgery	17 (19.3)
Paediatric outpatient	7 (8.0)
ENT	5 (5.7)
Paediatric surgery	~

~ denotes 5 or fewer cases reported.

^ percentage not provided to prevent disclosure of small numbers

A total of 8.8% (N=95/1,082) of individuals were reported to be on a waiting list to receive care in Tallaght Hospital (Table 22). Nearly half were waiting 6 months or less (N=46/95; 48.4%) for treatment. A further one fifth were waiting between seven and twelve months (N=19/95; 20.0%) and nearly a third were waiting thirteen months or longer (N=30/95; 31.6%). Over half of respondents rated the length of time waiting as 1 or 2, indicating that they found this length of time unreasonable or very unreasonable (N=52/85; 61.2%). Over a fifth rated the length of time as either a 4 or a 5, indicating that they found this length of time reasonable or very reasonable (N=18/85; 21.2%). A total of 88/95 respondents (92.6%) gave some indication of what type of treatment the person was waiting for. Almost half were waiting for an adult outpatient appointment (N=42/88; 47.7%).

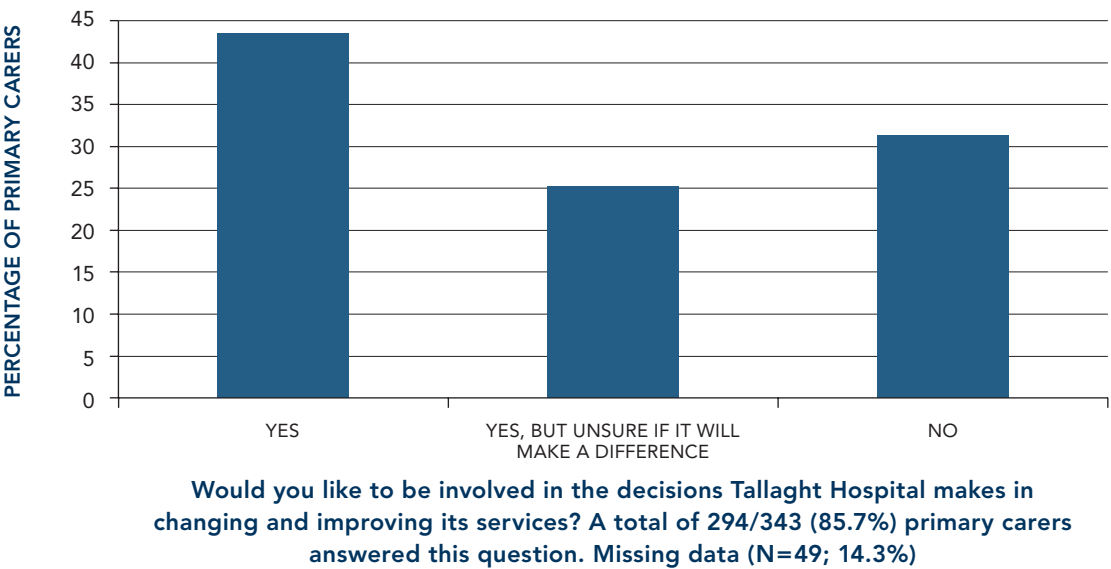
Characteristics and practices associated with those reported to be on a waiting list for healthcare in Tallaght Hospital.

Those who were female, used Tallaght Hospital in the last 12 months and had a chronic illness were more likely to be reported as being on a waiting list for healthcare in Tallaght Hospital. (See Appendix N: Tallaght Hospital waiting list binary logistic regression).

Involvement in Tallaght Hospital Changes and Improvements

All primary carers were asked if they would like to be involved in the decisions Tallaght Hospital makes in changing and improving its service.

Figure 9: Primary carers’ interest in involvement in Tallaght Hospital decisions (N=294/343; 85.7%).



A considerable portion of primary carers’ (N=128/294; 43.5%) want to be involved in the decisions which are made in improving or changing services in Tallaght Hospital. A further 25.2% (N=74/294) would also like to be involved but have reservations about whether it would make a difference.

2.7 General practice and 'out of hours' services

Table 23: Primary carers' opinions of general practitioner and 'out of hours' services.

	Number (%)
Is your GP within walking distance of your house? (N=340/343; 99.1%)	
Yes	247 (72.6)
No	93 (27.4)
Would you recommend your GP to a friend/family member? (N=326/343; 95%)	
Yes	293 (89.9)
No	33 (10.1)
*How would you rate your satisfaction with your GP? (N=338/343; 98.5%)	
Dissatisfied (rated 1-3)	37 (10.9)
Satisfied (rated 4-6)	301 (89.1)
When anyone in your household (including you) needs 'out of hours' doctor services what do you do? (N=335/343; 97.7%)*	
TLC Doc	106 (31.6)
Depends on situation	105 (31.3)
Go to A&E	97 (29.0)
House call	39 (11.6)
Other	27 (8.1)
Are you satisfied with current 'out of hours' doctor service options? (N=301/343; 87.8%)+	
Yes	135 (44.9)
No	54 (17.9)
Don't know	112 (37.2)

+ This question was on a scale from 1-6 where that scores closer to 1 mean 'dissatisfied' and scores closer to 6 indicate 'satisfaction'. These scores were then grouped 1-3 as being dissatisfied and 4-6 as satisfied.

* Participants could select more than one answer.

Nearly three-quarters of respondents indicated that their GP is within walking distance of their home (N=247/340; 72.6%)(Table 23). Nearly 90% of respondents (N=293/326; 89.9%) would recommend their GP to a friend or family member. Nearly 90% also reported being satisfied with their GP (N=301/338; 89.1%). Nearly a third of respondents (N=106/335; 31.6%) would attend TLC Doc if they needed to see a doctor 'out-of-hours', while almost another third indicated that they would attend A&E (N=97/335; 29.0%). A further third reported that it would 'depend on the situation' (N=105/335; 31.3%). Nearly half of respondents reported being satisfied with current 'out-of-hours' doctor service options (N=135/301; 44.9%).

Primary carers were asked about whether they would prefer to attend the Hospital or GP services for basic medical tests.

Table 24: Primary carers' preferred location for certain medical tests.

Test	GP Number (%)	Hospital Number (%)
Blood test (N=341/343; 99.4%)	239 (70.1)	102 (29.9)
X-ray (N=341/343; 99.4%)	179 (52.5)	162 (47.5)
Ultrasound (N=341/343; 99.4%)	177 (51.9)	164 (48.1)

The majority of respondents indicated that they would prefer to attend GP services for blood tests (N=239/341; 70.1%), to have an x-ray (N=179/341; 52.5%) and to have an ultrasound (N=177/341; 51.9%) performed (Table 24).

2.8 Future health and social care services in Tallaght

Respondents were asked what healthcare services they believed were needed in Tallaght.

Table 25: Primary carers' opinions on what health and social care services are needed in Tallaght (N=246/343; 71.7%).

	Number (%)
Psychology/addiction services (e.g. mental health services, needle exchange)	54 (22.0)
Extended GP services (e.g. more GPs, longer hours, blood tests, x-rays)	54 (22.0)
Home care services for the elderly and very will (e.g. more nursing care, home visits, a housing community for the elderly)	42 (17)
Support for disabilities (e.g. speech and language therapy)	20 (8.1)
Local clinics/health centres (e.g. clinics in the community)	16 (6.5)
Services for children (e.g. improved healthcare for young children)	15 (6.1)
Women's health/maternity care (e.g. midwives, breastfeeding support)	10 (4.1)
Dental services (e.g. more dentists)	8 (3.3)
Extended public health nursing (e.g. more nurses in the community)	8 (3.3)
Other (e.g. medical history database, skin surgery)	52 (21.1)

Primary carers' were asked what healthcare services are needed in Tallaght. A total of 71.7% (N=246/343) of primary carers answered this question (Table 25). However, 11.7% (N=29/246) of those participants gave two answers and 1.6% (N=4/246) gave a third answer. As such, the frequencies and percentages displayed are inclusive of these multiple responses.

The categories above were created in an effort to reflect the free text responses provided by the primary carers. Psychological and addiction services (N=54/246; 22.0%) were the most commonly reported services that participants believed were needed in Tallaght. Following that, 22.0% (N=54/246) noted that GP services needed to be extended in various ways. These respondents reported the need for more GPs in the area, longer opening hours, and increased availability of out-of-hours appointments, also the need to expand blood test and consider incorporating x-rays and ultrasound services within GP. An additional 17% (N=42/246) reported the need for services for the elderly and very ill. These respondents noted that treatment needed to take place within an individual's home more often, especially for the elderly and those who are very ill. A further 8.1% (N=20/246) of participants reported a lack of support and information for those with disabilities. Examples of services that were recommended included speech and language therapy, physiotherapy, and support groups for parents who have children with disabilities. Another 6.5% (N=16/246) of participants reported that more local clinics and health centres were needed in the community. Some noted that this would prevent the need to attend a hospital. Services for children (N=15/246; 6.1%), women's health/maternity care (N=10/246; 4.1%) and dental services (N=8/246; 3.3%,) were also listed as healthcare services needed within the community. Respondents also cited the need to extend public health nurses in the community (N=8/246; 3.3%).

The remaining responses were categorised as 'other' (N=52/246; 21.1%). While this category was quite large, there was very little consistency between the answers it contained. Some examples of responses categorised as 'other' included the recommendation that services cater for non-English speakers, the introduction of advice booths, the provision of coeliac food in hospitals, the implementation of an electronic database for medical history, better parking facilities at Tallaght Hospital and the need for more social workers.

Part 3 – Comparison Between 2001 Survey Results And Hana 2014

3.1 Response rates

The HANA study achieved a response rate of 81.6%, similar to the 82% response rate achieved in the 2001 health needs assessment.

3.2 Distribution of the electoral divisions based on level of deprivation.

Table 26: Distribution of the sample by electoral division based on level of deprivation in 2001 and 2014.

Electoral division	Sample households – 2001 Total (%)	Population households – 2001 Total (%)	Sample households – 2014 Total (%)	Population households – 2014 Total (%)
Low deprivation – 2001 survey				
Belgard	14 (6.7)	543 (6.8)	21 (10.0)	592 (7.9)
Glenview	7 (3.3)	378 (4.7)	21 (10.0)	813 (10.9)
Kilnamanagh	42 (20.0)	1451 (18.2)	42 (20.0)	1565 (20.9)
Kingswood	35 (16.7)	1186 (14.9)	42 (20.0)	1534 (20.5)
Millbrook	35 (16.7)	1267 (15.9)	35 (16.7)	1301 (17.4)
Oldbawn	35 (16.7)	1285 (16.1)	49 (23.3)	1678 (22.4)
Springfield	42 (20.0)	1863 (23.4)		
Total N (%)	210 (100)	7973 (100)	210 (100)	7483 (100)
High deprivation – 2001 survey				
Springfield			42 (20.0)	3663 (19.6)
Avonbeg	7 (3.3)	552 (6.4)	7 (3.3)	654 (3.5)
Fettercairn	28 (13.3)	1165 (13.4)	28 (13.3)	2427 (13.0)
Jobstown	70 (33.3)	2754 (31.7)	63 (30.0)	5834 (31.2)
Killinarden	28 (13.3)	1155 (13.3)	14 (6.7)	1275 (6.8)
Kiltipper	35 (16.7)	1392 (16.0)	35 (16.7)	2913 (15.6)
Tymon	42 (20.0)	1664 (19.2)	21 (10.0)	1917 (10.3)
Total N (%)	210 (100)	8682 (100)	210 (100)	18683 (100)

Note: In 2001 survey, the SAHRU deprivation index scores ranged from 1-5, therefore, low deprivation was categorised as 1-3, and high deprivation was categorised as 4-5³¹.

In the HANA 2014 survey – the SAHRU deprivation index scores ranged from 1-10, therefore, lower deprivation was categorised as 1-8, definitely high deprivation was categorised at 9-10³⁰.

There was no difference in the proportion of electoral divisions classified by low or high deprivation in the 2001 survey and the 2014 HANA survey ($\chi^2 = 3.23$, $df=1$, $p=0.07$)(Table 26). Between 2001 and 2014 the electoral division of Springfield changed from a low to a high deprivation electoral division.

3.3 Demographic details

Demographic profile of all individuals – has it changed between 2001 and 2014?

There are some significant differences within the demographic and socio-economic characteristics reported for individuals in the households between 2001 and 2014. In particular, differences appeared for the age range of participants ($\chi^2 = 99.92$, $df=6$, $p<0.01$) as depicted in Figure 10.

Figure 10: Age profile of the population in 2001 needs assessment (N=1,292/1,313; 98.4%), 2011 national census (13 Tallaght electoral divisions (N=23,162)), and the 2014 HANA Survey (N=1,065/1,082; 98.4%).

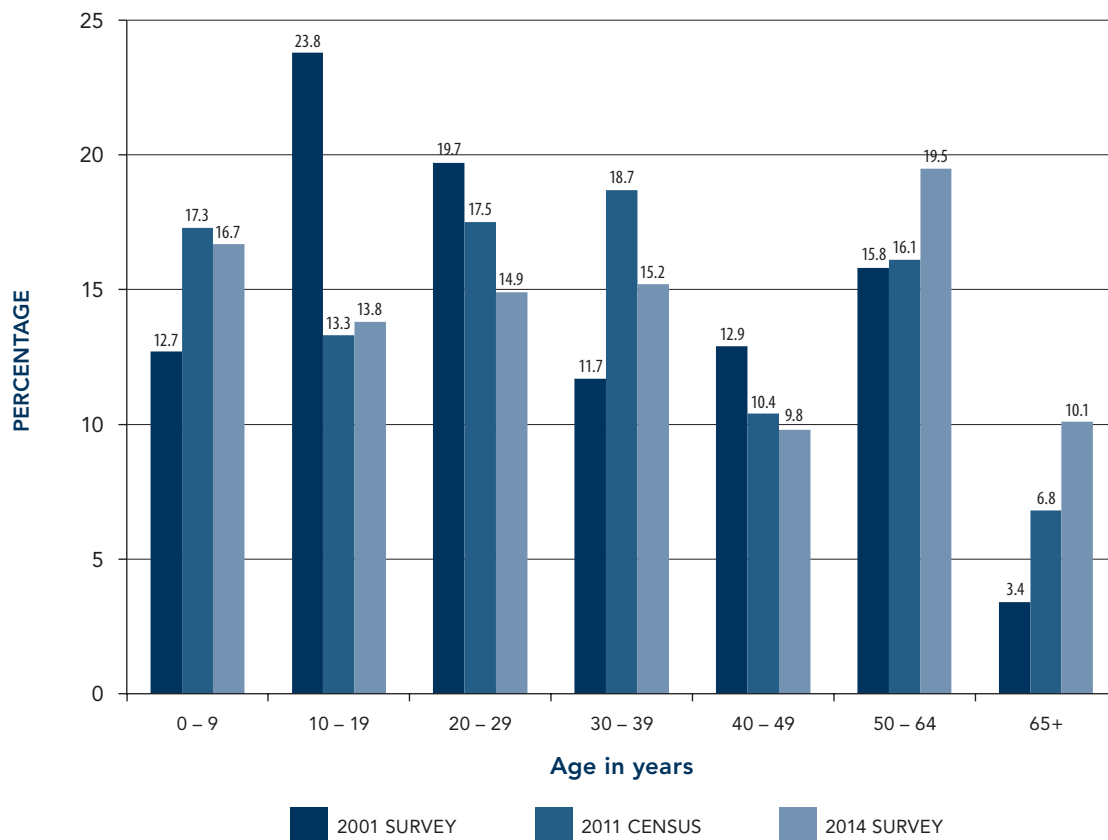


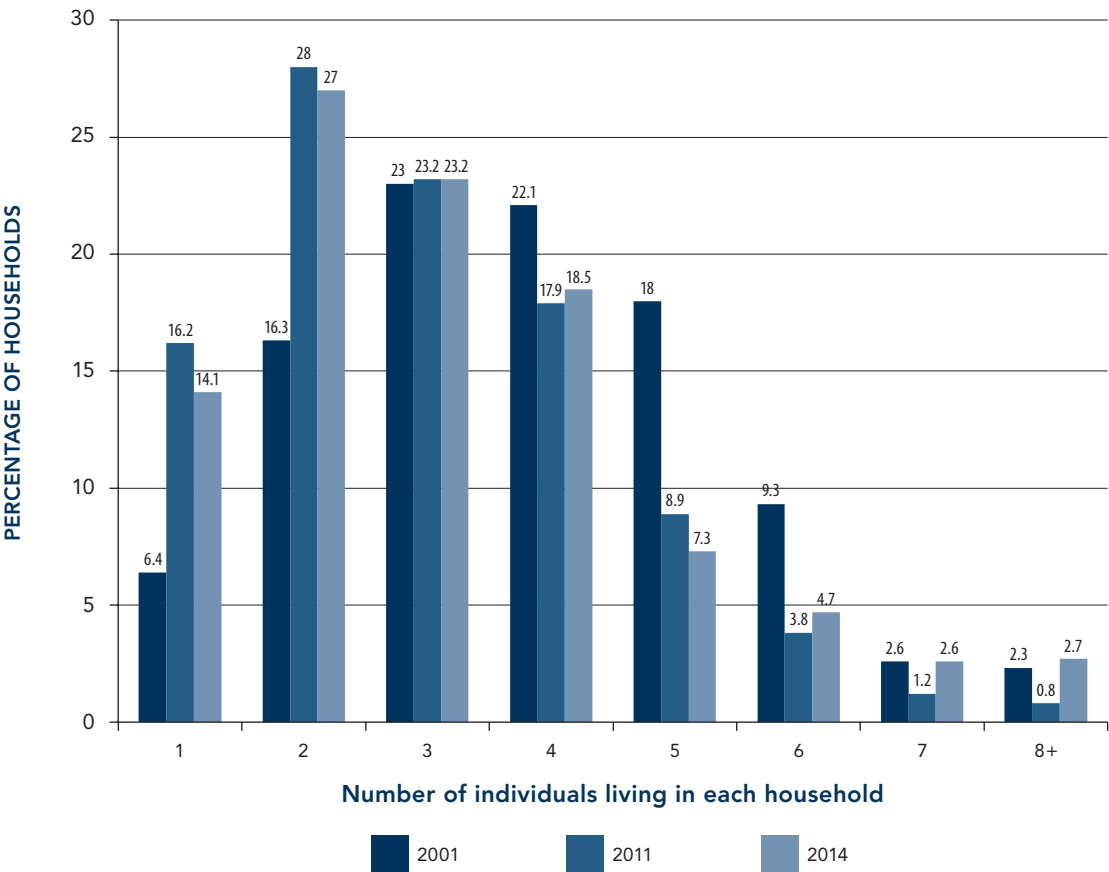
Figure 10 presents the individual level data from the 2001 needs assessment, the most recent national census in 2011 for the 13 electoral divisions in Tallaght and the 2014 HANA Survey. In 2014 primary carers reported an older population living in the participating households than in 2001. The proportion of the population in the younger cohorts aged between 10 and 29 is decreasing, while the proportion of the population in older cohorts, particularly over the age of 50, is increasing.

The relationship of individuals to the primary carers also differed in several ways ($\chi^2=48.71$, $df=4$, $p<0.01$). There were more of the primary carer's grandchildren and parents living in the same households in 2014. However, there was a decrease in those whose children were living in the home. The employment status of the participants had changed significantly between 2001 and 2014 ($\chi^2=9.31$, $df=3$, $p<0.02$). Those in employment (full time or part time) decreased in 2014, while those who were enrolled in education increased. Gender profile did not appear to be significantly different between the two points in time ($\chi^2=3.04$, $df=1$, $p=0.08$).

Have household characteristics as reported by the primary carer changed between 2001 and 2014?

There are a number of differences apparent between the demographic and socio-economic characteristics of households in 2001 and 2014. The number of people living within each house changed ($\chi^2=34.09$, $df=2$, $p<0.01$) as illustrated in Figure 11.

Figure 11: Occupancy rate profile of the households in 2001 needs assessment (N=344/344; 100%), 2011 national census (13 Tallaght electoral divisions (N=23,162)) and 2014 HANA Survey (N=343/343; 100%).



Between the 2001 needs assessment, the 2011 national census and the 2014 HANA Survey, there was an increase in the number of people living alone or in a two-person household. Between 2001 and 2014 there appears to have been a decrease in households with five or six people. Most of the respondents indicated that they are living in a household with four or fewer people (N=282/343; 82.2%).

There appears to be an association between age and number of occupants. Older primary carers were more likely to live in households with fewer occupants ($\chi^2=168.55$, $df=6$, $p<0.01$). A total of 79.1% (N=72/91) of primary carers aged over 65 years of age reported living in a household with one to two occupants, while 55.2% (N=80/145) of primary carers aged between 20 and 34 reported living in households with three to four occupants.

Table 27: Changes in key demographic profile of households between 2001 and 2014.

Indicator	2001 Number (%)	2014 Number (%)	χ^2
Number of Years in House	N=340/344 (98.8)	N=328/343 (95.6)	101.73 **
0-10	122 (35.9)	117 (35.7)	
11-20	105 (30.9)	48 (14.6)	
21-30	102 (30.0)	63 (19.2)	
31-50	11 (3.2)	100 (30.5)	
Occupancy Status	N=341/344 (99.1%)	N=336/343 (98.0%)	46.95 **
Outright owner	74 (21.7)	113 (33.6)	
Renting from or rent paid by county council	89 (26.1)	104 (31.0)	
Mortgage	144 (42.2)	90 (26.8)	
Renting privately	14 (4.1)	29 (8.6)	
Tenant purchasing plan	20 (5.9)	–	
Car ownership	N=343/344 (99.7%)	N=321/343 (93.6%)	0.14
Yes	264 (77.0)	243 (75.7)	
No	79 (23.0)	78 (24.3)	

** = $p<0.01$

There was no change in the proportion of 'new residents' (those who moved into their current house within the last 10 years). However, there are a greater proportion of primary carers reporting living in their house for more than 31 years in 2014 ($\chi^2 = 101.73$, $df=3$, $p<0.01$). More people in 2014 indicated that they were the outright owner of their home, more people reported renting from or having their rent paid by health service or local authority, fewer people reported having a mortgage on their home ($\chi^2=46.95$, $df=4$, $p<0.01$). There was no difference in the rates of car ownership reported in 2001 and 2014 ($\chi^2 = 0.14$, $df=1$, $p=0.70$).

Demographic profile of primary carers– has it changed between 2001 and 2014?

Table 28: Changes in key demographic profile of primary carers between 2001 and 2014.

Indicator	2001 Number (%)	2014 Number (%)	χ^2
Gender	N=344/344; 100%	N=343/343; 100%	64.0**
Female	320 (93.0)	237 (69.1)	
Male	24 (7.0)	106 (30.9)	
Age	N=341/344; 99.1%	N=339/343; 98.8%	30.4**
20-34	80 (23.5)	65 (19.2)	
35-49	131 (38.4)	93 (27.4)	
50-65	107 (31.4)	113 (33.3)	
65-85	23 (6.7)	68 (20.1)	
Nationality^^	N=335/344; 97.4%	N=325/343; 94.8%	40.8**
Irish	324 (96.7)	298 (91.7)	
Other	11 (3.3%)	27 (8.3)	
Marital status^^^	N=344/344; 100%	N=342/343; 99.7%	28.4**
Married	215 (62.5)	179 (52.3)	
Separated, divorced, widowed	60 (17.4)	72 (21.1)	
Single	69 (20.1)	67 (19.6)	
Cohabiting	–	24 (7.0)	
Highest level of educational attainment	N=344/344; 100%	N=337/343; 98.3%	27.9**
Primary education or less	124 (36.0)	90 (26.7)	
Junior or intermediate certificate, technical or vocational training	107 (31.1)	75 (22.3)	
Leaving certificate, A-level, technical training	49 (14.2)	55 (16.3)	
Non-degree qualification	43 (12.5)	69 (20.5)	
Degree, professional qualification or both	18 (5.2)	41 (12.2)	
Postgraduate qualification	~ (^)	7 (2.1)	
Current employment status	N=344/344; 100%	N=342/343; 99.7%	
Working full time	100 (29.1)	94 (27.5)	
Working part time	86 (25.0)	47 (13.7)	
Always in the home	157 (45.6%)	195 (57.0)	
In education	–	6 (1.8)	
Level of health cover ^^^^^	N=344/344; 100.0%	N=341/343; 99.4%	56.6**
Medical card	111 (32.3)	187 (54.8)	
Neither medical card nor private health insurance	120 (34.9)	99 (29.0)	
Private medical insurance	113 (32.8)	47 (13.8)	
Doctor visit card	–	8 (2.3)	

~ denotes 5 or fewer cases reported.

^ percentage not provided to prevent disclosure of small numbers

** = $p < 0.01$

^^ in 2001 study, nationality was classified as Irish, other or no nationality specified

^^^ in 2001 study, marital status did not include cohabitation

^^^^ in 2001 study, employment status was categorised differently and cannot be compared

^^^^^ in 2001 study, level of health cover did not include doctor visit card

– not included in 2001 study

Many of the demographic characteristics of the primary carers were significantly different in 2014 compared to 2001 (Table 28). While at both points in time the majority of the primary carer respondents were female, a larger proportion of males answered the survey in 2014 than in 2001 ($\chi^2=64.09$, $df=1$, $p<0.01$). In addition, the primary carer respondents from 2014 were older than the respondents in 2001 ($\chi^2=30.40$, $df=3$, $p<0.01$). In 2014, fewer of the primary carers identified themselves as Irish compared to 2001 ($\chi^2=7.67$, $df=1$, $p<0.01$). Differences also appeared in relation to marital status ($\chi^2=28.40$, $df=3$, $p<0.01$). In 2014, a lower proportion of primary carers indicated that they were married and more primary carers identified themselves as separated, divorced or widowed. Levels of educational attainment also increased for the primary carers in 2014 ($\chi^2=27.90$, $df=5$, $p<0.01$). A higher number of primary carers reported completing a non-degree qualification ($N=69/337$; 20.5%) in 2014 compared with 2001 ($N=43/344$; 12.5%). The proportion of those who had earned a degree also increased from 5.2% ($N=18/344$) in 2001 to 12.2% ($N=41/337$) in 2014. In 2014 more primary carers indicated that they have a GMS card and fewer primary carers reported having private health insurance ($\chi^2=56.60$, $df=3$, $p<0.01$).

3.4 Health status

Was there a change in the proportion of primary carers reporting stress and the severity of this stress between 2001 and 2014?

Table 29: Primary carers' reported experience of stress in the previous 12 months in 2001 and 2014.

Indicator	2001 Number (%)	2014 Number (%)	χ^2
Have you experienced stress in the last 12 months?	N=344/344; (100)	N=339/343; (98.8)	
Yes	204 (59.3)	227 (67.0)	4.3*
No	140 (40.7)	112 (33.0)	
Rating of seriousness of stress experienced where 1 is not serious and 5 is very serious	N=203/204; (99.5)	N=225/227; (99.1)	15.1**
1 (not serious)	33 (16.3)	24 (10.7)	
2	39 (19.2)	31 (13.8)	
3	62 (30.5)	52 (23.1)	
4	30 (14.8)	47 (20.9)	
5 (very serious)	39 (19.2)	71 (31.6)	
Reasons for stress }	N=197/204; (96.6)	N=213/227; (93.8)	15.7*
Family	108 (54.8)	83 (39.0)	
Finances	19 (9.6)	44 (20.7)	
Illness	37 (18.8)	41 (19.2)	
Work/Unemployment/Study	31 (15.7)	39 (18.3)	
Other	2 (1.0)	6 (2.8)	
Actions taken as a result of stress +	N=191/204; (93.6)	N=227/227; (100)	
Talked to friends or relatives	125 (65.4)	114 (50.2)	9.2**
Visited GP	66 (34.6)	101 (44.5)	4.1*
Took prescription medication	37 (19.4)	53 (23.3)	
Visited counsellor/psychiatrist/psychologist	23 (12.0)	39 (17.2)	
Visited church	–	32 (14.1)	
Alternative medicine	19 (9.9)	–	
Other	–	~ (^)	
None	–	49 (21.6)	

~ denotes 5 or fewer cases reported.

^ percentage not provided to prevent disclosure of small numbers

– Not included as a category in the questionnaire

* = $p < 0.05$

** = $p < 0.01$

} Reason for illness was collapsed to five categories to allow for sensible comparisons

+ Participant could select more than one answer

There were a higher proportion of primary carers reporting stress in 2014 compared to 2001 ($\chi^2 = 4.30$, $df=1$, $p<0.03$)(Table 29). In 2001, 59.3% (N=204/344) of primary carers reported experiences of stress in the last 12 months. This rose to 67.0% (N=227/343) in 2014. A higher proportion of primary carers rated their stress as 'very serious' in 2014 compared to 2001 ($\chi^2 = 15.18$, $df=4$, $p<0.01$), with 19.2% (N=39/203) of primary carers reporting very serious stress in 2001 compared to 31.6% (N=71/225) in 2014.

A higher proportion of primary carers reported finances and work, unemployment or study related stress in 2014 compared with 2001 ($\chi^2 = 15.7$, $df=4$, $p<0.05$). In 2001, 9.6% (N=19/197) of primary carers reported that finances were responsible for their stress, compared with 20.7% (N=44/213) in 2014. In 2001, a total of 15.7% (N=31/197) reported that work, unemployment or study was a source of stress, compared with 18.3% (N=39/213) in 2014.

There were also significant differences between the two points in time in the actions people took as a result of stress. In 2001, 65.4% (N=125/191) of respondents reported they talked to friends or relatives due to stress but this was only the case for 50.2% (N=114/227) of respondents in 2014 ($\chi^2 = 9.28$, $df=1$, $p<0.01$). There was an increase in those who visited their GP as a result of stress ($\chi^2 = 4.11$, $df=1$, $p<0.05$) with 34.6% (N=66/191) in 2001 compared with 44.5% (N=101/227) in 2014 choosing to visit their GP. There were no statistically significant differences between 2001 and 2014 in relation to the number of people who either took prescription medication ($\chi^2 = 0.92$, $df=1$, $p=0.33$) or went to see a psychologist or counsellor ($\chi^2 = 2.11$, $df=1$, $p=0.14$).

Is there a change in primary carer reported experience of teenagers between 2001 and 2014?

Table 30: Primary carers' reported experience of teenagers in 2001 and 2014.

Indicator	2001 Number (%)	2014 Number (%)	χ^2
Worry about teenager socialising ^	N=218/218; 100%	N=95/99; 95.9%	8.3**
Yes	130 (59.6)	52 (54.7)	
No	88 (40.4)	43 (45.3)	
Happy with teenagers' friends ^^	N=218/218; 100%	N=89/99; 89.9%	22.4**
Yes	186 (85.3)	70 (78.7)	
No	13 (6.0)	19 (21.3)	
Teenager displays problematic behaviour	N=213/218; 97.7%	N=89/99; 84.8%	3.6*
Yes	97 (45.5)	28 (33.3)	
No	116 (54.5)	56 (66.7)	

* = $p<0.05$

** = $p<0.01$

^ In 2001 study, 'sometimes' was included as a response option

^^ In 2001 study, 'some' was included as a response option

^^~ denotes 5 or fewer cases reported

Fewer parents reported being worried about their teenager socialising in 2014, than in 2001 ($\chi^2 = 8.36$, $df=2$, $p<0.01$) (Table 30). Fewer parents are happy with their teenagers' friends in 2014, than in 2001 ($\chi^2 = 22.4$, $df=2$, $p<0.01$). However, fewer parents in 2014 found their teenagers' behaviour problematic than parents in 2001 ($\chi^2 = 3.6$, $df=1$, $p<0.05$).

Has the proportion of people with a chronic illness changed between 2001 and 2014 and has there been any change in the types of chronic illness between 2001 and 2014?

Table 31: Primary carer reported type of chronic illness for each individual with a chronic illness in the household in 2001 and 2014.

Chronic Illness	2001 Number (%) (N=284/1313; 21.6%)	2014 Number (%) (N=234/1082; 21.6%)
Heart disease	67 (23.6)	68 (29.1)
Diabetes	22 (7.7)	30 (12.8)
Respiratory	92 (32.4)	29 (12.4)
Mental health and addiction	14 (4.9)	24 (10.3)
Arthritis	23 (8.1)	17 (7.3)
Chronic Bowel Disease	16 (5.6)	15 (6.4)
Cancer	~ (^)	13 (5.6)
Neurological	14 (4.9)	11 (4.7)
Orthopaedic	14 (4.9)	~ (^)
Other	19 (6.7)	23 (9.7)

~ denotes 5 or fewer cases reported.

^ percentage not provided to prevent disclosure of small numbers

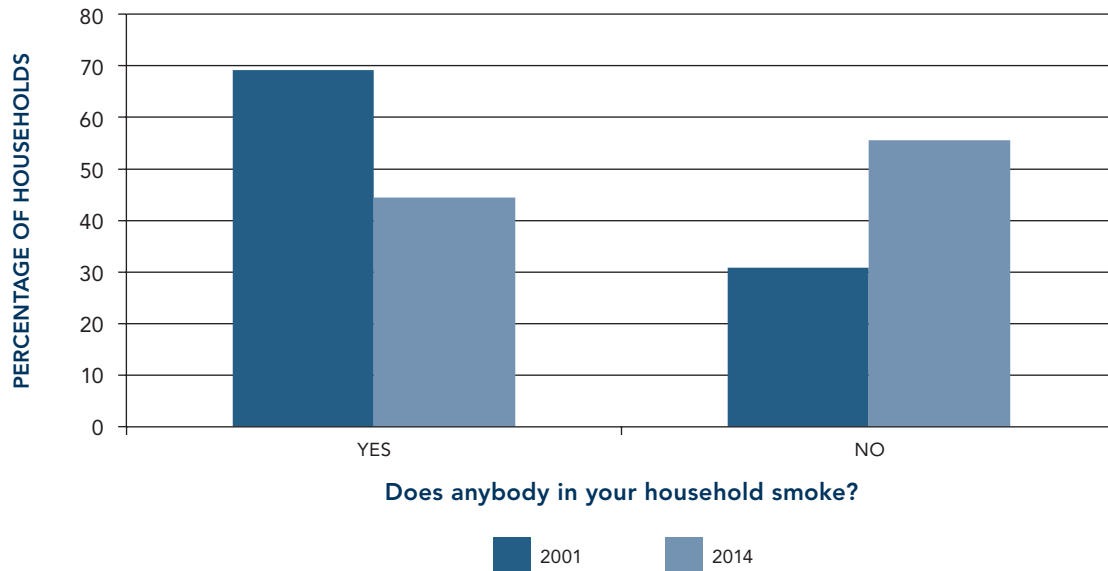
There was no change in the presence or absence of self-reported chronic illness between 2001 and 2014 at the individual level ($\chi^2=0.96$, $df=1$, $p=0.32$) (Table 31). There was a change in the types of chronic illnesses which individuals report ($\chi^2=54.12$, $df=10$, $p=<0.01$). The self-reported prevalence of chronic diseases such as heart disease, diabetes, mental health and cancer increased. Self-reported prevalence of respiratory and orthopaedic problems decreased.

Has the proportion of people with a disability changed between 2001 and 2014?

A higher proportion of the primary carers reported having a person with a disability in the household in 2014 compared to 2001 ($\chi^2=9.19$, $df=1$, $p<0.01$), with 58 households in 2014 compared to 33 households in 2001 having a person with a disability.

Has the proportion of households with a smoker changed between 2001 and 2014?

Figure 12: Number of households reporting any smokers in 2001 (N=334/344; 97.1%) and 2014 (N=340/343; 99.1%).



There was a statistically significant decrease in the proportion of households reported to have at least one smoker between 2001 and 2014 ($\chi^2 = 42.78$, $df=1$, $p<0.01$)(Figure 12). In 2001 a total of 69.1% (N=238/344) reported to have at least one smoker. In 2014, this reduced to 44.0% of households (N=151/343), which were reported to have at least one smoker.

Has the proportion of households with reported substance use problems changed between 2001 and 2014?

There was no difference in the proportion of primary carers reporting that there was someone in the household who has or has had a substance use problem between the 2001 (N=19/343; 5.5%) and the 2014 (N=21/328; 6.4%) surveys ($\chi^2 = 0.22$, $df=1$, $p=0.63$).

Has the proportion of respondents indicating satisfaction with 'out-of-hours' services between 2001 and 2014 changed?

There was no change in the proportion of respondents indicating satisfaction or dissatisfaction with 'out-of-hours' services between the 2001 and 2014 surveys ($\chi^2=0.92$, $df=1$, $p=0.33$). In 2001, a total of 67.2% (N=176/262) of households reported being happy with available 'out of hours' services. In 2014, a total of 87.7% (N=135/154) of households reported being happy with the available out of hours services.

Part 4 – Discussion and Conclusion

4.1 Discussion

This research represents a rare opportunity to compare a community over time. The health needs of the people of Tallaght were assessed in 2001¹. We repeated many of these questions in the 2014 HANA in Tallaght Survey in order to determine change over time. We also sought to balance this assessment by including an assessment of health and wellbeing assets. A focus on assets can provide new ways of identifying health inequalities, improve health behaviours and outcomes and reduce demand on services, making them more efficient and effective while making visible the potential in a community. In addition, it is widely acknowledged that there is a need for a greater focus on health assets as articulated by the World Health Organisation.

The high response rate of 82% suggests a high level of interest in health and wellbeing in the Tallaght area.

Over 50% of those households included within this research have lived in Tallaght for over 21 years, indicating a community that is settled. Over 40% of people are living in houses in which just one or two people reside, a further 40% live in houses with three or four people and a not insubstantial figure of 17% live in houses with between five and eleven people. In 2014 there were more of the primary carers' grandchildren and parents living in the same households. However, there was a decrease in those whose children were living in the home. The employment status of the participants had changed significantly between 2001 and 2014 with a decrease in those in employment (full time or part time), while those who were enrolled in education increased. During the thirteen years between the original needs assessment and HANA 2014, Ireland has undergone a period of economic boom and significant and deep economic recession. It is widely accepted that poorer communities, such as Tallaght, take longer to come out of recession than more affluent communities^{35,36}. This lag-effect may explain the significant drop in numbers of people in employment

Fewer of the primary carers identified themselves as Irish in 2014 compared to 2001. Differences also appeared in relation to marital status. In 2014, fewer primary carers indicated that they were married and more primary carers identified themselves as separated, divorced or widowed.

Over half of the respondents had a medical card and nearly 14% of respondents had private health insurance cover. Over a quarter had neither a medical card nor private health insurance, indicating that a sizeable vulnerable minority is dependent on the public healthcare system and also their own "out of pocket" financial resources for primary care. Indeed, private health insurance plans rarely cover primary healthcare services, leaving a lot of people in Ireland paying for primary care visits through "out-of-pocket" expenditure. When we look at the changes between 2001 and 2014 there have been significant changes in all of the levels of health cover categories. In 2014 more people reported having a medical card and substantially fewer people are covered by private health insurance. There is no doubt that the recession has affected people's ability to be able to afford private health insurance. The number of people nationally with private health insurance peaked at the end of 2008 at 51% of the population³⁷. This dropped

for six years in a row, corresponding with the worst years of the recession, resulting in 44% of the population having private cover at the end of 2014³⁷, which would match with the timeframe of the data collection for HANA of September to December 2014. Recent measures relating to the level and type of cover people have for their healthcare, such as, Lifetime Community Rating to encourage younger people to take up private health insurance, plus the roll out of the 'Free GP' Scheme for under sixes and over 70's had not yet taken place to be captured in this data. Should this work be repeated in the future we predict that the type and level of health cover will change substantially for the community of Tallaght and nationally.

In 2014 primary carers reported an older population living in the participating households than in 2001. The proportion of the population in the younger cohorts is decreasing while the portion of the population in older cohorts, particularly over the age of 50, is increasing. This change in age demographic within the area is reflected nationally³⁸. Healthcare providers and planners in the Tallaght area will need to future proof for the expected increased burden on health and social care services for patients with complex comorbidities and chronic disease management^{39,40} which develops expediently as a population ages.

The people of Tallaght value education as is evident from the large numbers of people who have attained education beyond Leaving Certificate grade. However, just over a quarter of respondents have only a primary education or less and this has implications in terms of written communications, development of health education materials and indeed clinical consultations.

There was a statistically significant decrease of 25% in the proportion of households reported with at least one smoker between 2001 and HANA 2014. This is a positive decline in smoking status and good news for the general health of the community.

High levels of stress are endemic in the area. There are a higher proportion of primary carers reporting stress in 2014 compared to 2001. In 2001, 59% of primary carers reported experiencing stress in the previous 12 months; this rose to 67% in 2014. A higher proportion of primary carers reported finances and work, unemployment or study related stress in 2014 compared with 2001. There were also significant differences in the actions people took as a result of stress between the two points in time. In 2001, 65% of respondents reported that they talked to friends or relatives due to stress but this was only the case for 50% of respondents in 2014. There was an increase in those who visited their GP as a result of stress with 35% in 2001 compared with 44% in 2014 choosing to visit their GP. This indicates that GP services are potentially being utilised for dealing with the impact of stress within individuals within the community. This warrants further examination in future research to determine whether this attendance is for brief counselling provided by GPs of the mental and physical health repercussions of sustained stress or medication prescription to treat same.

The teenage population in Tallaght is large, with nearly a quarter of all households indicating that there was at least one teenager living within the household. A third of these respondents stated that their teenager had some form of problematic behaviour. This was actually a drop of 13%, with fewer

parents in 2014 than in 2001 finding their teenagers' behaviour problematic. Fewer parents reported being worried about their teenager socialising in 2014, than in 2001 but fewer parents are happy with their teenagers' friends in 2014, than in 2001. Primary carers were asked about where they sought help for themselves in relation to their teenagers' problematic behaviour. A considerable portion of primary carers (42.9%) sought no help. Just under one third had gone to their family for help, almost one third reported that they had gone to their friends for assistance and a quarter sought help from their GP. This demonstrates that not all problems met with in the community required formal assistance from a service or agency, but rather the people involved sought help from existing social networks.

Social and community cohesion is a key health asset reported to increase social capital reducing health inequalities^{3,23}. In Tallaght respondents rated themselves as having a lower level of social capital compared to national data available for Ireland as a whole but a higher level of social capital when compared with the EU. This disparity with the rest of the country is important to note as individual social capital has been shown to impact on levels of self rated health¹⁴ and is considered the 'glue' that binds a community together. Community groups and local leaders could consider a series of evidence-based methods to increase the social capital of the population of Tallaght, which would have positive benefits for all^{41,42}.

Primary carers were asked to report the number of people living in the house with a chronic illness or disability. Nearly half of the households surveyed did not contain anyone who had a chronic illness. The most common chronic illnesses were heart disease, diabetes and respiratory problems. There was no change in the self-reported presence or absence of chronic illnesses between 2001 and 2014. However, a higher proportion of households were reported to contain a person with a disability in 2014 compared to 2001, with 11% of households in 2001 compared to 18% of households in 2014 containing a person with a disability.

There are high levels of healthcare service utilisation in the area. Primary carers reported high levels of use of GP services with nearly 100% of respondents reporting that at least one person in the household had used GP services in the previous 12 months. Over a fifth of the sample had attended Tallaght Hospital in the previous 12 months, with the main reason cited as orthopaedic related visits. Over a third of the households had utilised Tallaght Hospital A&E services within the previous 12 months. Chronic illness and disability had a role to play in the high and on-going dependence on both local hospital services and on general practice. Nearly three-quarters of people with a chronic illness had visited their GP within the last three months, and over a third had visited Tallaght Hospital. The effective management of patients with complex chronic conditions remains one of the biggest challenges facing healthcare professionals and systems worldwide⁴³. Recently, a programme of research assessing the readiness of the Irish healthcare system to cope with the current and future burden of chronic conditions made a series of ten evidenced-based recommendations from which local health and social care planners within Tallaght could draw from to strengthen the existing systems within the area⁴⁰.

There are high levels of satisfaction with both Tallaght Hospital and local GP services. Over eighty per cent of respondents indicated that they would recommend Tallaght Hospital to a friend or family member. Nearly three-quarters of respondents reported being satisfied with Tallaght Hospital. The majority of respondents indicated that the hospital was beneficial to the surrounding community, with the main reason being its close proximity. Almost ninety per cent of respondents would recommend their GP to a friend or family member. Nearly ninety per cent also reported being satisfied with their GP.

The majority of respondents indicated that they would prefer to attend GP services, rather than hospital services, for diagnostic testing such as blood tests, x-ray and ultrasound. The evidence as to whether the use of these types of diagnostics in primary care is feasible, cost effective and clinically effective would need to be determined by an analysis of available literature and also a pilot of the initiative locally before full implementation. If the available evidence supports the extension of these types of diagnostics into primary care then there is a need for local healthcare service planners to respond to this innovatively. If, however, evidence does not support this type of initiative then local planners may need to consider expanding the existing diagnostic services within Tallaght Hospital and improving access to same, given the hospitals' close proximity to the community.

Issues relating to access and waiting times for treatment are a consistent feature of the narrative surrounding Irish healthcare. The Euro Health Consumer Index (EHCI) by the Health Consumer Powerhouse group has been independently monitoring healthcare in 36 countries since 2006. The EHCI takes the patient and consumer point of view on a range of important indicators such as access to healthcare services. This in turn yields a ranking of health systems across Europe. In 2013 Ireland was ranked as the 14th best performing healthcare system in Europe⁴⁴; however, in 2014 Ireland's rank fell to 22nd place due to the strength of negative feedback from patient organisations relating to access to healthcare and waiting time for treatment⁴⁵. In HANA 2014 less than 10% of individuals were reported to be on a waiting list to receive care in Tallaght Hospital, of which nearly half were waiting 6 months or less for treatment. One fifth were waiting between seven and twelve months and nearly a third were waiting thirteen months or longer. Over half of respondents rated the length of time waiting as 'unreasonable' or 'very unreasonable'. Almost half were waiting for an adult outpatient appointment. The main reasons for indicating being dissatisfied with Tallaght Hospital were long waiting times and speed of care being too slow. Respondents also cited long waiting times for care in Tallaght Hospital A&E department. The national narrative of patients being frustrated with waiting times and access to healthcare is unfortunately mirrored locally in Tallaght. However, this is in stark contrast to respondents giving almost universal praise for the quality of care that they receive from Tallaght Hospital, and high ratings of satisfaction when they have gained access and are actually receiving care.

Relative to most other European countries, Ireland has fewer GPs per capita⁴⁶. A major criticism coming out of the 2001 needs assessment was a lack of 'out-of-hours' services for general practice within the area. Since then TLC Doc, which is an 'out-of-hours' GP service, has opened. HANA 2014 results indicate that nearly a third of respondents would attend TLC Doc if they needed to see a doctor 'out-of-hours', while almost another third indicated that they would 'attend A&E'. A further third reported that it would 'depend on the situation'. Less than half of respondents reported being satisfied with current 'out-of-hours' doctor service options, indicating that there is a need to further develop and extend the existing 'out-of-hours' service. Respondents also called for more GPs to work in the area in general and also longer opening hours for the existing traditional GP services.

Tallaght is an area with mixed high and low deprivation. A recent study demonstrated that the highest workloads within general practice were observed in the most deprived urban areas⁴⁷. The current distribution of GPs in Ireland is relatively equitable although the most deprived practices have high workloads or appear to be overstretched⁴⁷. General practice makes a critical contribution to healthcare, which is recognised by the community of Tallaght, with high ratings of satisfaction and strong recommendations of GP services. Universal primary care has been a central focus of health policy and is a key recommendation of the Programme for Government⁴⁸, which may create a increase in the demand for primary care services. Considerations such as national policy and local

needs relating to extension of GP contact hours, raise concerns as to whether there are enough GPs and practice nurses working within the area of Tallaght to meet current and future demands. Workforce planners may need to devise strategies to increase the numbers of GPs and practice nurses working within the Tallaght area to meet with the anticipated demands on services due to the removal of direct 'out-of-pocket' payments and an ageing population.

Respondents were asked what healthcare services they believed were needed in Tallaght. The responses differed quite substantially from the 2001 report in which the community called for maternity services to be initiated in Tallaght Hospital. In HANA 2014 an expansion to psychology and addiction services were the most commonly reported services mentioned. Following that, respondents noted that GP services needed to be extended in various ways.

Very interesting results were yielded from asking primary carers two open ended questions in relation to the 'top three good things' and 'top three bad things' about living in Tallaght. The most frequently mentioned 'good thing' about living in Tallaght was 'amenities' such as shops, parks, the library, community centres, pubs, and sports and leisure facilities. The second most frequent response was 'community spirit/neighbours'. The third most frequently cited response was public transport in general and specifically the Luas and bus services. This suggests a strong recognition from local people relating to recent investment in public services within the area. However, when asked to indicate the 'top three bad things' about living in Tallaght, a 'lack of amenities' was also the most frequently mentioned 'bad thing'. While this category was the most common answer for both questions relating to 'good' and 'bad' things, the category captured different types of services for each question. For example, for 'bad things' about living in Tallaght the answers noted were 'not enough facilities or activities for young people' and 'public areas were poorly maintained'. Following that, 'anti-social behaviour' was named as the second worst thing about living in Tallaght. Anti-social behaviour included young gangs in the area, 'animal cruelty', 'loitering' and 'joyriders'. Others made explicit reference to anti-social behaviour. The third most salient 'bad thing' about living in Tallaght was 'crime'. This category included any mention of crimes such as 'theft, burglaries and attacks'. While no neighbourhood in the country is immune to problems there remains a need for an integrated 'whole of community approach', including local leaders, families and the Gardai to respond to the types of crimes and anti-social behaviour cited by primary carers.

Within the assessment of assets we presented participants with a listing of all available health and wellbeing assets within the 13 electoral division areas of Tallaght in which this research took place. These ranged from healthcare assets such as GP, and pharmacy services, to education services such as primary schools and third level institutions, to community services such as hobby facilities and community centres to sports clubs such as GAA and football facilities. Almost all primary carers rated each healthcare, education service, community and sports club as an asset to the community in Tallaght. This could be true or could be an artefact of how we asked the question. The issue of assets and the determining of same by the community warrants further research.

We also asked primary carers to tell us the frequency with which they used these facilities. Since 75% of respondents own a car we were acutely aware that people within a household may indeed be engaging with the types of facilities we were interested in but that they may travel outside of Tallaght to do so. Some reasons for this, although not necessarily all, may have been captured under the category of 'using the facility outside of Tallaght'.

A quarter of respondents reported using crèche/nursery schools, the majority of which were located in Tallaght. Three quarters of respondents who used primary schools did so in Tallaght and nearly three quarters of respondents using secondary schools also did so in Tallaght. Fifteen per cent of households reported utilisation of third level education. Respondents reported low levels of use of third level education in Tallaght and higher levels of use of third level education outside of Tallaght. All of these respondents stated the same reason for using third level education outside of Tallaght, which was that their course of choice was not available in Tallaght. Almost one in 10 households used adult education services with over half utilising services in Tallaght. Similarly, over 10% of respondents used training and employment services, most of which were within the Tallaght area.

Where community facilities and resources were concerned, over four fifths of participants reported using parks, the majority of which were within the Tallaght area. Nearly two thirds use parks on either a daily or a weekly basis. A third of respondents reported using play spaces in the previous 12 months, with most using play spaces in Tallaght on a weekly or a monthly basis. Half of respondents used the Tallaght community centres weekly over the previous 12 months, while a further fifth used the same services monthly. Just over ten per cent reported that someone in the household used senior citizen services or youth services in the previous 12 months. Over forty per cent of the households had used sports facilities within the previous twelve months. The majority of respondents had utilised sports clubs or facilities within Tallaght. A third of respondents had used sports facilities within Tallaght on a weekly basis.

The identified health and wellbeing services, facilities and amenities were plotted on a series of maps to visually demonstrate their locations within the 13 electoral divisions of Tallaght.

4.2 Conclusion

The HANA in Tallaght 2014 Survey demonstrates an effective working partnership between the Department of Public Health & Primary Care, the Adelaide Health Foundation, Tallaght Hospital, South Dublin County Council, HSE Primary Care, Health Intelligence Unit, Health & Wellbeing, HSE and community partners such as the Fettercairn Community Health Project. This report contains a wealth of information that deserves to be studied carefully by healthcare planners and providers, South Dublin County Council, community leaders and citizens in the Tallaght area. Where existing amenities, facilities and services exist there is a need for improved advertising of same to inform the community so that they are utilised to their full extent. We hope that the data within this report will be used by the local community to advocate for additional and better healthcare services and improvements in the provision of public resources such as parks and play spaces, all with a view to improving the health and wellbeing of the population of Tallaght.

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Appendix A: Sampling details – classification of electoral divisions by level of deprivation.

Study area

The study area covered thirteen electoral divisions of Tallaght including Belgard, Glenview, Kilnamanagh, Kingswood, Millbrook, Oldbawn, Springfield, Avonbeg, Fettercairn, Jobstown, Killinarden, Kiltipper, and Tymon.

Deprivation has a role to play in terms of health status^{26,27} and service uptake²⁸ and therefore it was necessary to take account of this factor when selecting the sample.

This process is closely based on the 2001 study (See Appendix B: Study area and sampling methods of 2001 study)¹. However, there have been changes in the Small Area Health Research Unit (SAHRU) deprivation score^{30,31}. The SAHRU deprivation score has been updated based on 2011 census data and the revised deprivation score ranges from one to ten, where one is least deprived and ten is most deprived. In keeping with the original research a deprivation score of 1-6 and 7-10 would roughly equate to the classification of high/low deprivation on the 1-5 scale, however, it must be noted that using 1-6 and 7-10 as cut-off points for high/low deprivation may cause dilution of contrasts (as indicated by A. Kelly, head of SAHRU).

The research team made the decision to choose 1-6 and 7-10 as cut-off points for low/high deprivation (thus keeping in line with previous research) – classification of EDs based on this decision can be seen in table 2, however, examining these results indicates a substantial deviation in classification from the original research. A total of 2,157 households were listed in the low deprivation EDs and 24,009 were listed in the higher deprivation EDs.

Table 1: Classification of high and low deprivation divisions electoral divisions in Tallaght.

Electoral Division (ED)	Population of ED (based on 2011 census)	ED Deprivation Decile 2011 (SAHRU index)	Classified*
Tallaght-Belgard	1694	5	Low
Tallaght-Kilnamanagh	4452	5	Low
Tallaght-Fettercairn	7607	10	High
Tallaght-Glenview	1723	8	High
Tallaght-Jobstown	16630	10	High
Tallaght-Killinarden	3915	10	High
Tallaght-Avonbeg	1613	10	High
Tallaght-Kiltipper	8068	10	High
Tallaght-Kingswood	3974	7	High
Tallaght-Millbrook	3290	7	High
Tallaght-Oldbawn	4527	7	High
Tallaght-Springfield	9123	9	High
Tallaght-Tymon	4888	10	High

Cut-off points were based on team decision one: 1-6 low deprivation and 7-10 high deprivation.

After examining results in Table 1, it was decided to look at EDs with definitely high levels of deprivation (score of 9-10) versus EDs with lower levels of deprivation (score <9). Table 2 indicates results from this classification. These results provide a similar classification of EDs to the classification in the original study. Springfield ED was originally classified with low-level deprivation in the original whereas it is now classified as high deprivation using the updated index. A total of 7483 households were listed in lower deprivation, 18683 households were listed in higher deprivation (See Table 4).

Table 2: Classification of high and low deprivation electoral divisions in Tallaght.

Electoral Division (ED)	Population of ED (based on 2011 census)	ED Deprivation Decile 2011 (SAHRU index)	Classified*
Tallaght-Belgard	1694	5	Low
Tallaght-Kilnamanagh	4452	5	Low
Tallaght-Glenview	1723	8	Low
Tallaght-Kingswood	3974	7	Low
Tallaght-Millbrook	3290	7	Low
Tallaght-Oldbawn	4527	7	Low
Tallaght-Springfield	9123	9	High
Tallaght-Tymon	4888	10	High
Tallaght-Fettercairn	7607	10	High
Tallaght-Jobstown	16630	10	High
Tallaght-Killinarden	3915	10	High
Tallaght-Avonbeg	1613	10	High
Tallaght-Kiltipper	8068	10	High

Cut-off points were based on team decision two: < 9 denotes lower deprivation; 9-10 denotes definitely high deprivation.

Additional notes:

The SAHRU deprivation score (based on 2011 census data) has also been calculated for Small Areas (SAs) within electoral divisions (EDs). Table 3 shows the classification of deprivation for small areas within each of the EDs. Team members decided not to examine high/low deprivation in terms of small areas as this would deviate from the methodology undertaken in the original research. However, after randomization was completed – examining households randomly selected for this research: households selected from high deprivation EDs also had high deprivation SA (and similarly, households selected from low deprivation EDs also had low deprivation SA).

In keeping with the original research a deprivation score of 1-6 and 7-10 would roughly equate to the classification of high/low deprivation on the 1-5 scale, however, as previously noted that using 1-6 and 7-10 as cut-off points for high/low deprivation may cause dilution of contrasts

To explain approach:

Note: as the SAHRU index changed between the needs assessment conducted in 2001³¹ and the HANA 2014 Survey³⁰, the scale had to be reclassified.

“Team decision one” was to try to keep in-line with original approach (1-6: low deprivation; 7-10 high deprivation). However, this was not suitable due to dilution of contrasts.

“Team decision two” was to prevent dilution of results (1-8 lower deprivation; 9-10 definitely high deprivation).

The purpose of table 3 was to determine whether “team decision two” was appropriate for defining high deprivation and low deprivation for EDs, thus the SA’s were examined (SA’s were classed as high/low deprivation based on “team decision one”).

Table 3: Counts of high and low deprivation of small areas within electoral divisions in Tallaght.

Electoral Division (ED)	ED classification*	Total count of Small Areas (SAs) within ED	Count of SAs with low** deprivation within ED	Count of SAs with high** deprivation within ED
Tallaght-Avonbeg	High	7	0	7
Tallaght-Belgard	Low	6	5	1
Tallaght-Fettercairn	High	23	3	20
Tallaght-Glenview	Low	7	4	3
Tallaght-Jobstown	High	56	17	39
Tallaght-Killinarden	High	11	0	11
Tallaght-Kilnamanagh	Low	14	13	1
Tallaght-Kiltipper	High	26	14	12
Tallaght-Kingswood	Low	15	11	4
Tallaght-Millbrook	Low	12	7	5
Tallaght-Oldbawn	Low	14	10	4
Tallaght-Springfield	High	31	2	29
Tallaght-Tymon	High	18	3	15
Total		240	89	151

*ED Cut-off points were based on team decision two: < 9 denotes lower deprivation; 9-10 denotes definitely high deprivation

** low denotes SA's with a deprivation index = 1-6; high denotes SA's with a deprivation index = 7-10. Cut-off points for high/low were based on team decision.

Table 4: Distribution of sample and population in households in both high and low deprivation electoral divisions.

Electoral Division (ED)	Sample households Total (%)	Population households Total (%)	Classified*
Tallaght-Belgard	21 (10.0)	592 (7.9)	Low
Tallaght-Kilnamanagh	42 (20.0)	1565 (20.9)	Low
Tallaght-Glenview	21 (10.0)	813 (10.9)	Low
Tallaght-Kingswood	42 (20.0)	1534 (20.5)	Low
Tallaght-Millbrook	35 (16.7)	1301 (17.4)	Low
Tallaght-Oldbawn	49 (23.3)	1678 (22.4)	Low
Total:	210 (100.0)	7483 (100.0)	
Tallaght-Springfield	42 (20.0)	3663 (19.6)	High
Tallaght-Tymon	21 (10.0)	1917 (10.3)	High
Tallaght-Fettercairn	28 (13.3)	2427 (13.0)	High
Tallaght-Jobstown	63 (30.0)	5834 (31.2)	High
Tallaght-Killinarden	14 (6.7)	1275 (6.8)	High
Tallaght-Avonbeg	7 (3.3)	654 (3.5)	High
Tallaght-Kiltipper	35 (16.7)	2913 (15.6)	High
Total:	210 (100.0)	18683 (100.0)	

* Cut-off points were based on team decision two: < 9 denotes lower deprivation; 9-10 denotes definitely high deprivation.

Note: Springfield ED changed from low deprivation in 2001 to high deprivation in 2011.

Appendix B: Study area and sampling methods of 2001 study

Study area based on the initial study: (see p.16 of the 2001 needs assessment report)

The Small Area Health Research Unit provided a deprivation score, based on parameters from the 1996 census, for each electoral division in the country, including the 13 electoral divisions in the study area³¹. The deprivation scores range from one to five, where one is least deprived and five is most deprived. In order to select the study population, the deprivation scores were collapsed into two groups where electoral divisions with scores of one to three were classified as less deprived and electoral divisions with scores of four and five were classified as more deprived.

Table 5: Classification of high and low deprivation electoral divisions in Tallaght

Electoral Division (ED)	ED Deprivation Decile 1996 (SAHRU index)	Classified*
Tallaght-Belgard	1	Low
Tallaght-Glenview	3	Low
Tallaght-Kilnamanagh	2	Low
Tallaght-Kingswood	2	Low
Tallaght-Millbrook	2	Low
Tallaght-Oldbawn	2	Low
Tallaght-Springfield	3	Low
Tallaght-Kiltipper	4	High
Tallaght-Fettercairn	5	High
Tallaght-Avonbeg	4	High
Tallaght-Jobstown	5	High
Tallaght-Killinarden	5	High
Tallaght-Tymon	4	High

* Low denotes deprivation score =1-3; high denotes deprivation score = 4-5.

In 2001, there were approximately 17,000 households in Tallaght, with 52% of the households situated in the more deprived areas. In contrast, in the updated study – there were approximately 26,000 households in Tallaght with 72% of the households situated in the more deprived areas.

Table 6: Distribution of sample and population in households in both high and low deprivation electoral divisions - 2001 study: (see p.16 of report)

Electoral Division (ED)	Sample households Total (%)	Population households Total (%)	Classified*
Tallaght-Belgard	14 (6.7)	543 (6.8)	Low
Tallaght-Kilnamanagh	42 (20.0)	1451 (18.2)	Low
Tallaght-Glenview	7 (3.3)	378 (4.7)	Low
Tallaght-Kingswood	35 (16.7)	1186 (14.9)	Low
Tallaght-Millbrook	35 (16.7)	1267 (15.9)	Low
Tallaght-Oldbawn	35 (16.7)	1285 (16.1)	Low
Tallaght-Springfield	42 (20.0)	1863 (23.4)	Low
Total:	210 (100.0)	7973 (100.0)	
Tallaght-Tymon	42 (20.0)	1664 (19.2)	High
Tallaght-Fettercairn	28 (13.3)	1165 (13.4)	High
Tallaght-Jobstown	70 (33.3)	2754 (31.7)	High
Tallaght-Killinarden	28 (13.3)	1155 (13.3)	High
Tallaght-Avonbeg	7 (3.3)	552 (6.4)	High
Tallaght-Kiltipper	35 (16.7)	1392 (16.0)	High
Total:	210 (100.0)	8682 (100.0)	

* Cut-points of 1-3 denotes low deprivation, 4-5 denotes high deprivation.

The sample was selected using a sampling methodology validated by the World Health Organization and adapted by the Primary Health Care Management Advancement Programme for assessing community health needs and health service coverage. In this methodology cluster sampling rather than random sampling is employed, and for the Tallaght survey 30 clusters of seven households were selected from each of the low and high deprivation areas, giving the required number of 420 houses.

According to the electoral register there were a total of 8,682 households from the register in the high deprivation group of district electoral divisions and 7,973 households in the low deprivation group of district electoral divisions. The 13 district electoral divisions in the survey area were partitioned into 1085 clusters, each of seven households. A systematic sample of clusters was then selected – 30 clusters from the high deprivation group of district electoral divisions and 30 clusters from the low deprivation group of district electoral divisions, each cluster consisting of seven adjacent houses. The sample selection for each of the district electoral divisions within the high deprived areas and low deprived areas was proportional to the number of households in each contributing district electoral division.

The survey team at the Department of Community Health and General Practice (note: the Department name has since changed to Department of Public Health & Primary Care) adjusted each cluster of seven adjacent houses and inserted those houses missing from the numerical sequence (in order to include those not on the electoral register). The team then removed from the end of the sequence the number of households in excess of seven. This was done in order to ensure a representative sample of the population actually living in Tallaght rather than the population living in Tallaght according to the electoral register. Of the 420 houses in the Economic and Social Research Unit sample, 16 (3.8%) households were missing from the electoral register.

Appendix C: HANA household invitation letter

The Householder
Tallaght
Dublin 24

September 2014

Dear Householder,

Trinity College Department of Public Health and Primary Care along with Tallaght Hospital and with the Adelaide Hospital Society, are looking at the health of people living in Tallaght. This is being done through a Health Asset and Need Assessment of Tallaght (HANA in Tallaght).

We would like to invite the person in your household who looks after the health of the people in the house to complete an interview. We will ask about the health of the household members and satisfaction with the health services provided in the area. Topics will include demographics, health status, chronic illness, physical activity, use of healthcare services and identification of health assets in Tallaght. We want to find out what other services you think are needed.

In the next two weeks one of our researchers will call on you asking you to take part. Each researcher will carry an identity card. We hope you will be willing to complete the interview, which will take about 30 to 45 minutes in your house at a time that suits you.

This is a good opportunity for you to ensure that your opinion is represented in the report that will be made available to healthcare planners. It is up to you whether you decide to take part or not. If you decide not to take part, we will entirely respect your decision. If you do decide to take part you will need to sign a consent form. You are still free to withdraw from this research at any time.

If you agree to be a part of the study we will anonymise your information; this means that your information will not have your name on it. Your information will not be disclosed to anyone outside the research team.

Thank you for reading this letter. I look forward to obtaining your views. If you have any questions, or would not like to take part please contact the project co-coordinator Lucy Whiston on 01-8963737 who will be happy to answer your questions.

Yours sincerely,

Dr. Catherine Darker
Adelaide Assistant Professor in Health Services Research,
Department of Public Health & Primary Care,
Trinity College.



Appendix D: HANA poster



RESEARCH

- A study is being run by Trinity College and is taking place in the Tallaght community.
- Households will be contacted to participate in a questionnaire about health and health services.
- The purpose of the study is to make sure you have a say in healthcare services in Tallaght in the future.

For further information contact Lucy Whiston on 01-8963737

Research Team: Assistant Prof Catherine Darker (Project PI), Ms. Lucy Whiston (Project Coordinator), Dr. Jean Long, Dr. Erica Donnelly-Swift, and Prof Joe Barry.



Survey may help improve services for healthcare

Residents will be sounded out for their experiences in hospital

A NEW research programme will give Tallaght residents a say in the development of healthcare and community services in their area. *The Echo* has learned.

Local households will be invited to share their experiences of local health and community services through the completion of a survey which focuses on areas such as lifestyle, chronic illness, disability and the use and accessibility of local services.

Residents will also be invited to give their opinion on the usefulness of services like Tallaght Hospital, community health centres, parks, recreational facilities, transport links and schools.

A similar survey conducted in 2001 led to the development of a respiratory service in Tallaght Hospital to tackle asthma and other chronic lung diseases – with the follow-up survey striving to respond to local needs,

introducing tailored services needed by the community.

Assistant Professor Catherine Darker, Trinity College Dublin, said: "By doing this follow-up survey we will be able to identify changes in health needs that have occurred in the area over the last 13 years . . . [with the new research initiative] giving Tallaght residents a say in the development of healthcare and community services in their area."

Ms Darker and her team at the Department of Public Health and Primary Care, Trinity College Centre for Health Sciences – which is based at Tallaght Hospital – will be conducting the research which being is funded by Tallaght Hospital and the

By Mary Dennehy
mary@echo.ie

SURVEY: Aerial view of Tallaght and Tallaght Hospital;
(inset) Hospital CEO David Slevin



Adelaide Health Foundation. Project partners include South Dublin County Council and the Knowledge Management (incorporating Health Intelligence), Health and Wellbeing INSE.

Billy Corran, of the council, said: "Tallaght has a lot to offer and the council is committed to providing the best facilities that it can for the community we serve."

"We are very interested in getting feedback on the many

community-based initiatives that we support [and] we also want to know how people view parks and recreational facilities.

"This will be with a view to trying to improve upon the range of services that the council already provides."

According to Tallaght Hospital CEO, David Slevin: "[The hospital] is very interested in getting feedback from patients and family members on their experiences of using the hospital."

"This will help us improve the experience of patients when they come through the doors of the hospital."

The progressive project will also include detailed maps of local healthcare and community services, which will help identify populated areas and where future services may be required.

Households randomly selected to engage with the survey will receive a letter in the post at the end of September.

A similar survey conducted in 2001 led to the development of a respiratory service in Tallaght Hospital to tackle asthma and other chronic lung diseases

Appendix F: Working alone protocol

Faculty of Health Sciences Lone Worker Guidelines

(Adapted from Keele University Lone Worker Guidelines Lone Worker Guidelines)

The following pages are **guidance** for researchers (staff and students) who are working alone or in small teams. They are intended to provide guidance to researchers in the field, irrespective of whether they are working on independent research projects or externally funded ones.

Who is this guidance for?

Members of staff or students who:

- work by themselves without close or direct supervision,
- or in small teams
- who may be vulnerable to the physical environment,
- lone travelling either by public transport or on foot and
- in particular for unaccompanied home visits.
- Researchers are expected to follow these guidelines and to use their professional judgement at all times.

Safe working arrangements for staff who work alone

Lone working on campus should also be considered to have a reasonable element of risk, particularly when working in the evening, after dark and early in the morning. You should have permission from your Head of Department or Supervisor and notify security let them know when you are working late or any other time where you feel vulnerable. Ensure that you have a telephone close to you at all times and the Campus security number to hand.

It is **your** responsibility to ensure that you alert a named co-ordinator/colleague, when your work involves you working alone, in vulnerable situations or undertaking home visits, so that an effective process is put in place to ensure your safety.

This includes:-

Basics –

Good common sense should prevail and all researchers should carry the following items each time they conduct research away from the University:

- Carry an official **identity card** (with photograph).
- Carry a **comprehensive map** of the area.
- Carry a **torch** (and spare batteries).
- Carry a **mobile telephone** and **phone cards** (for areas with poor mobile reception).
- Carry a **personal alarm** (to be kept in an accessible place).

In addition, **each researcher** should:

- Maintain a **visit proforma** as well as their personal diary as a means of logging visits. The visit proforma must be easily accessible by colleagues who are monitoring your visit.
- Never carry large amounts of **money or valuables**.
- Always have familiarisation sessions on home visits with an experienced member of staff during their induction period and only complete a home visit on their own when they, and their more experienced colleague, agree that they are ready. A formal risk assessment should be undertaken prior to new staff undertaking lone working.
- Ask a colleague to accompany you if you feel at all uneasy about conducting a home visit on your own.
- Obtain information about where you are visiting before the visit. Ask how many people will be at the visit.

Risk assessment – ensure that there is opportunity to feedback relevant information from a lone visit – e.g. if you felt at risk or if there was an incident. This should be formally recorded and reviewed with your Supervisor/ Head of Department and other members of your team to ensure appropriate follow up action is taken and to minimise any risk in subsequent visits.

Use of private cars

- Researchers or staff using their own cars for travel:
- Should where possible become a **member of a national breakdown service**.
- Ensure that car users have the appropriate level of insurance cover.
- Drivers should travel with **doors locked and windows closed**. If windows are open, handbags and briefcases should be kept out of sight.
- At night, the car should be **parked in a well-lit and busy place**. Multi-storey parks, or car parks where the car and the user will not be easily visible, should be avoided.
- If a driver thinks they are being followed, they should keep driving until they reach a busy area - Garda station or a garage, etc.
- Staff should avoid taking research participants as passengers unless they know them.

Pre visits

- Make and keep pre-arranged appointments, and notify the participant if you cannot keep them.
- Try to arrange home visits during daylight hours whenever possible. During winter months, weekend visits may be more suitable than evening appointments.
- Consider the purpose of the visit. Does it pose a higher than usual potential of bringing about a violent response e.g. an interview in connection with emotional matters? If so, consider asking a colleague to accompany you or arrange to interview the person at the workplace.
- Ensure that an appropriate room is available and there is financial support to cover participants' travel expenses if necessary.

During a visit

1. **Do not** enter someone's home, if you don't feel comfortable or safe.
2. **Do not** enter a house if the person you have arranged to see is not there. Be aware of, and maintain, personal safety at all times during visits.
3. Always explain your research role clearly and the conditions of confidentiality.
4. If the participant is anxious, consider encouraging them to have a carer/friend within sight/hearing.
5. Never meet aggression with aggression.
6. Your safety is the primary concern, which should be placed above completion of research tasks.

Home visits

- If you are late arriving for your appointment, advise your nominated colleague who will record the revised time on the visit performa.
- When visiting people's homes, try to let the tenant lead the way. Avoid being the first to go into any room. Be extra careful when alone with participants e.g. fetching something from a handbag, comforting participants. You should always make sure that the exit from the room is clear.
- Animals in the home: if you are in any doubt about the behaviour of animals in the home, ask for it/them to be locked away while you are visiting.
- Never undertake an interview or assessment in the bedroom.
- Do not give your personal telephone number or address to clients.
- You should not interview anyone who is under the influence of alcohol or drugs.
- If you feel uncomfortable while in a person's home, you should take steps to leave immediately.
- A professional and friendly attitude should be adopted but over familiarity must be avoided.
- Remember that the interviewee may also feel anxious about the interview and your visit.
- You should bear this in mind whilst also ensuring your own safety.

Be alert for signs of DANGER

- Raised voice, rapid speech and babbling indicate rising tension.
- Changes in tone and pitch as the conversation progresses may suggest anger, frustration or impending violent behaviour.
- Keep your distance. Each of us has a personal space, which we defend when we feel it is being invaded.
- Be alert for body language that may indicate developing anger – e.g. flushed face, fidgeting, pointing, folded arms.

Awkward or potentially threatening situations

If an awkward or potentially threatening situation arises, this should be reported to a colleague as soon as possible. The facts should also be recorded in a specific “untoward incident” file. Formal arrangements should be in place for staff to be accompanied by a colleague for subsequent visits if there have been any incidents giving cause for concern on the first occasion. If, for any reason, you are concerned for your personal safety once you arrive at your appointment venue, then do feel able to cancel your appointment. On return to the office, make alternative arrangements when another member of staff experienced in working on their own undertaking home visits can accompany you.

Process for monitoring researcher visits

When visiting the home of a participant, you should leave the following details with a nominated colleague (complete a visit proforma) who **has formally agreed to monitor the duration of your visit**. The onus is on you, the researcher, to ensure that a colleague is aware of the details of your visit and has agreed to monitor during the visit and when the visit is completed. Ensure that your nominated colleague is available on the phone and contactable by you for the duration of your visit.

Keep your nominated colleague adequately informed by leaving the following details:-

- Sign/make colleagues aware that you are leaving the office and make sure that a named colleague is aware of your visit and details provided on your visit proforma sheet.
- State clearly the name and address and telephone contact for where the interview will take place (and where the interviewee lives, if different) – take care about interviewee confidentiality.
- State the time of the appointment, when you expect the visit to be completed and when to expect you back in the office or the time you expect to contact your nominated colleague to let them know that your visit is safely completed.
- State the make, model, colour and registration of the car you will be driving and the route you will be taking.
- Contact your nominated colleague if you are late for your appointment who will note this on the visit proforma.
- If an appointment or the deadline for contact is after 5pm, the researcher must make other arrangements for someone (colleague/partner/friend/family) to undertake the departmental role in monitoring the researcher's whereabouts. These details should be noted on the pro forma. Your nominated person should also be briefed on these procedures and given details of who to contact in the unit (Head of Department or nominated Deputy), in the case of your failure to return on time.
- Leave your mobile telephone switched on during the interview.
- It is the responsibility of the researcher to ensure that he/she has stated clearly the details about the visit. Where appropriate, a nominated colleague will monitor who is out of the office and when they can be expected to return. It is important that the office are aware of the whereabouts of the researchers, including, wherever it may be practicably possible, the travelling time between the visited site and the office.
- Prepare yourself for difficult meetings by finding out everything you need to know before arriving and planning in your mind how you are going to deal with the situation.
- It is the responsibility of the nominated colleague to ensure s/he is available to receive a call and monitor the time when the visit should be over. If circumstances change, s/he should arrange for another colleague to monitor the visit.
- If the interview is still in progress as the deadline for contacting the department approaches, the researcher should excuse him/herself and call their nominated colleague to inform them.
- If the deadline passes and the researcher has not contacted the nominated colleague, the nominated colleague should ring the mobile telephone number of the researcher.
- If there is no answer, the nominated colleague should inform the Head of Department (or Deputy) immediately and ensure the police are informed immediately.
- If researchers decide that they are not going to return to the office after their last visit, they should ensure that the appropriate person in the office knows about that by telephoning in. The visit pro-forma can then be completed accordingly.

Visit Proforma

Interviewer Safety Information

School or Department	
Name of Head of School or Supervisor	
Contact Details for Head of Dept or Supervisor	
Nominated Colleague (name)	
Researcher name	
Mobile phone no.	
Car registration	
Make of car	
Model of car	
Colour of car	
Public transport – Which route	Bus/Luas/Train

VISIT INFORMATION

Date of interview	
Place of interview (if different from the address of the interviewee)	
Time of interview	
Time will ring in	
Time expected to be back in office OR Decided not going to return to office after last visit	Yes / No
Name of interviewee	
Address of interviewee	
Phone no.	
Route to be taken	

Appendix G: Participant information sheet and consent form

Health Asset and Need Assessment: Participant Information Sheet

Health Asset and Need Assessment of the Tallaght Community (HANA in Tallaght)

Research Team: Assistant Prof Catherine Darker (Project PI), Ms. Lucy Whiston (Project Coordinator), Dr. Jean Long, Dr. Erica Donnelly-Swift, and Prof Joe Barry.

What is the purpose of this research? We are doing a study within the population of Tallaght to assess health assets and needs in the area. A needs assessment was conducted in 2001. We will compare the assessment in 2014 with the one done in 2001. Through a questionnaire we will ask the primary carer in the household questions regarding the health status and health service utilisation of the household, as well as questions about health assets in the area.

What procedures will be performed for research purposes? If you agree to be a part of the study we will anonymise your information; this means that your information will not have your name on it. Your information will not be disclosed to anyone outside the research team.

What are the potential risks of taking part in this study? There are no risks attached to your participation in this study.

What are the potential benefits of taking part in this study? The main benefit is to help improve health services for the Tallaght community. This is a good opportunity for you to ensure that your opinion is represented in the report which will be made available to healthcare planners.

Do I have to take part? You do not have to take part in this study. It is up to you to decide if you would like to take part. You are free to refuse to take part in the survey, refuse to answer any of the questions or stop the survey at any time. You are free to withdraw from the study at any time and your details will be deleted if you decide to withdraw or request that your information is deleted. If you do decide to take part you will need to sign a consent form.

What will happen to the study results? The study results will be used to help plan health services in the Tallaght area. The results of the study may be made available for publication. Your data will not be traceable back to you in any way.

Further information: You can get more information or answers to your questions about the study and your participation in the study from Lucy Whiston who can be telephoned at 01-8963737.

Health Asset and Need Assessment: Consent Form

Health Asset and Need Assessment of the Tallaght Community (HANA in Tallaght)

The research study has been fully explained to me. I have had opportunities to ask questions concerning the project and procedures involved. I am aware that participation is voluntary and that I am free to withdraw my consent at any time. I am aware that my decision not to participate or to withdraw from the study will not restrict my access to health services normally available to me. I am happy that confidentiality of records concerning my involvement in this project will be maintained in an appropriate manner.

I, the undersigned, hereby consent to participate in the described study as outline in the information sheet.

_____ (Please sign here)

_____ (Please print your name here)

Date: _____ Time: _____

Statement of researcher's responsibility: I believe the participant understands my explanation.

Researcher's Name: _____

Researcher's Signature: _____

Date: _____

One signed consent form to be returned with each completed questionnaire to the project coordinator Lucy Whiston

Appendix H: HANA in Tallaght 4 person household questionnaire



Health Assets and Needs Assessment Tallaght (HANA in Tallaght)

An assessment of health assets, needs and health service satisfaction reported by the population of Tallaght 2014

4 Person Household Questionnaire

Household ID: _____

Interviewer: _____

Date: _____

Instructions

- The primary carer is the person in the household who manages the welfare and health of the family/household. In a house of renters this is the person who pays the bills or whose name is on the rent agreement.
- Unless otherwise specified all questions are to be answered by and in relation to the primary carer.
- Unless otherwise specified tick one answer only for each question.

Part 1: Demographics

Section One: Household Demographic details

1.1 Complete the following about the primary carer.

(Tick one only in each line)

Primary Carer Name: _____	
Gender	☐ Male ☐ Female
What age are you?	
Nationality	
Marital status	☐ Single ☐ Cohabiting ☐ Married ☐ Separated, divorced, widowed
Highest level of education attained	☐ Primary education or less ☐ Junior or intermediate certificate, technical/vocational training ☐ Leaving certificate, A level and technical training ☐ Non degree qualification (diploma, certificate) ☐ Degree, professional qualification or both ☐ Postgraduate qualification
What is your current employment status? <i>(Tick all which apply)</i>	☐ Working full time ☐ Working part time ☐ In education ☐ Job Bridge ☐ Working in the home ☐ Ill/unable to work ☐ Unemployed ☐ Retired ☐ Unpaid voluntary work experience
What is your job? <i>(For those working full or part time only)</i>	
What health cover do you currently have? <i>(Tick all which apply)</i>	☐ Medical card/GMS card ☐ Doctor visit card ☐ Private medical insurance ☐ Neither medical card nor private insurance
How many years have you lived in this house?	
House Occupancy Status	☐ Outright owner ☐ Tenant purchasing plan ☐ Renting privately ☐ Mortgage ☐ Renting from or rent paid by health board/county council
Do you own a car?	☐ Yes ☐ No

1.2 How many people live here (including primary carer)? _____

1.3 Complete the following for each person living in the household (**excluding the primary carer**).

(Tick one only in each line)

Person 1 Name: _____	
Gender	☐ Male ☐ Female
What age are they?	
Relationship with primary carer	☐ Spouse/Partner ☐ Child ☐ Grandchild ☐ Parent ☐ Not related ☐ Other
Current employment status <i>(Tick all which apply)</i>	☐ Working full time ☐ Working part time ☐ In education ☐ Job Bridge ☐ Working in the home ☐ Ill/unable to work ☐ Unemployed ☐ Retired ☐ Unpaid voluntary work experience

(Tick one only in each line)

Person 2 Name: _____	
Gender	☐ Male ☐ Female
What age are they?	
Relationship with primary carer	☐ Spouse/Partner ☐ Child ☐ Grandchild ☐ Parent ☐ Not related ☐ Other
Current employment status <i>(Tick all which apply)</i>	☐ Working full time ☐ Working part time ☐ In education ☐ Job Bridge ☐ Working in the home ☐ Ill/unable to work ☐ Unemployed ☐ Retired ☐ Unpaid voluntary work experience

(Tick one only in each line)

Person 3 Name: _____	
Gender	☐ Male ☐ Female
What age are they?	
Relationship with primary carer	☐ Spouse/Partner ☐ Child ☐ Grandchild ☐ Parent ☐ Not related ☐ Other
Current employment status <i>(Tick all which apply)</i>	☐ Working full time ☐ Working part time ☐ In education ☐ Job Bridge ☐ Working in the home ☐ Ill/unable to work ☐ Unemployed ☐ Retired ☐ Unpaid voluntary work experience

Part 2: Health Needs

Section 2: Health status

2.1 How would you rate **your** health?

☐ Very bad ☐ Bad ☐ Fair ☐ Good ☐ Very good

Stress

2.2 Have **you** experienced stress within the last 12 months?

☐ Yes ☐ No

If no skip to question 2.4

2.3 Complete the following table

(Tick one only in each unless otherwise specified)

Thinking about the stress you have experienced, what was the reason for this stress?	
How would you rate the seriousness of this stress?	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 <i>Not serious</i> <i>Very serious</i>
Which of the following have you experienced as a result of stress in the last 12 months? <i>(Tick all which apply)</i>	☐ Anxious ☐ Depressed ☐ Eating too much/too little ☐ Annoyed ☐ Illness ☐ Smoke more ☐ Aggressive ☐ Sleeplessness ☐ Take more alcohol/drugs ☐ None ☐ Other _____
Which of the following actions have you taken as a result of stress that you have experienced in the last 12 months? <i>(Tick all which apply)</i>	☐ Visited counsellor/psychiatrist/psychologist ☐ Taken prescription medication ☐ Visited church ☐ Visited GP ☐ Talked to friends/relatives ☐ None ☐ Other _____

2.4 How many teenagers in your household are currently aged between 13 and 19 years of age? _____

If none skip to question 2.6

2.5 Many parents have difficulties coping with children during their teenage years, we would like to ask your current experience of the teenage children in this household. For each teenager between the age of 13 and 19 years of age complete the following table.

(Tick one only in each unless otherwise specified)

Name (Teenager 1):	
Do you worry about X (teenagers name) when s/he socialises?	☐ Yes ☐ No <i>If no skip to line 3 of box</i>
Why do you worry about X (teenagers name) when s/he socialises?	
Are you happy with X (teenagers name) friends?	☐ Yes ☐ No ☐ Don't know their friends
Have you found X (teenagers name) attitude or behaviour problematic in the last 12 months?	☐ Yes ☐ No <i>If no skip to question 2.6</i>
What action or behaviour (by your teenager) have you found most problematic in the last 12 months?	☐ Violent/aggressive episodes ☐ Unmanageable ☐ Takes/sells drugs or alcohol ☐ Dieting ☐ Refuses to go to school/study ☐ Mood swings ☐ None ☐ Other _____
Where have you gone for help for yourself about your teenagers behaviour in the last 12 months? <i>(Tick all which apply)</i>	☐ Family ☐ Teacher ☐ GP ☐ Social/youth worker ☐ Friend ☐ Church ☐ Counsellor ☐ Garda ☐ None ☐ Other _____

(Tick one only in each unless otherwise specified)

Name (Teenager 2):	
Do you worry about X (teenagers name) when s/he socialises?	☐ Yes ☐ No <i>If no skip to line 3 of box</i>
Why do you worry about X (teenagers name) when s/he socialises?	
Are you happy with X (teenagers name) friends?	☐ Yes ☐ No ☐ Don't know their friends
Have you found X (teenagers name) attitude or behaviour problematic in the last 12 months?	☐ Yes ☐ No <i>If no skip to question 2.6</i>
What action or behaviour (by your teenager) have you found most problematic in the last 12 months?	☐ Violent/aggressive episodes ☐ Unmanageable ☐ Takes/sells drugs or alcohol ☐ Dieting ☐ Refuses to go to school/study ☐ Mood swings ☐ None ☐ Other _____
Where have you gone for help for yourself about your teenagers behaviour in the last 12 months? <i>(Tick all which apply)</i>	☐ Family ☐ Teacher ☐ GP ☐ Social/youth worker ☐ Friend ☐ Church ☐ Counsellor ☐ Garda ☐ None ☐ Other _____

Disabilities

2.6 How many people in this household, if any, are in receipt of a disability allowance? _____

Chronic Illness

Use laminate provided

2.7 How many people in this household have a **chronic illness** *? _____ *If none skip to question 2.9*

*A chronic illness is an illness that has been present for some time or recurs frequently requiring medical treatment, see laminate for examples.

2.8 Complete the following table for each person in the household who has a **chronic illness**.

(Tick one only in each unless otherwise specified)

Name (Person 1 with a chronic illness):	
What chronic illness(es) does this person have?	
Degree of care required	☐ No assistance ☐ Medication only ☐ Housekeeping including medication ☐ Housekeeping, medication and help to sit out in a chair ☐ Total nursing care as confined to bed
Does X (name of person) have organised home-help?	☐ Yes ☐ No ☐ NA
In the last three months was X (name of person) visited by a public health nurse in relation to their chronic illness?	☐ Yes ☐ No ☐ NA
In the last three months did X (name of person) visit the GP in relation to their chronic illness?	☐ Yes ☐ No ☐ NA <i>If no skip to last line of table</i>
What was the reason for this/these GP visit (s)?	☐ Repeat prescription ☐ Medical check up ☐ Sudden illness ☐ Advice ☐ Other _____
In the last three months X (name of person) attend Tallaght hospital in relation to their chronic illness?	☐ Yes ☐ No

(Tick one only in each unless otherwise specified)

Name (Person 2 with a chronic illness):	
What chronic illness(es) does this person have?	
Degree of care required	☐ No assistance ☐ Medication only ☐ Housekeeping including medication ☐ Housekeeping, medication and help to sit out in a chair ☐ Total nursing care as confined to bed
Does X (name of person) have organised home-help?	☐ Yes ☐ No ☐ NA
In the last three months was X (name of person) visited by a public health nurse in relation to their chronic illness?	☐ Yes ☐ No ☐ NA
In the last three months did X (name of person) visit the GP in relation to their chronic illness?	☐ Yes ☐ No ☐ NA <i>If no skip to last line of table</i>
What was the reason for this/these GP visit (s)?	☐ Repeat prescription ☐ Medical check up ☐ Sudden illness ☐ Advice ☐ Other _____
In the last three months X (name of person) attend Tallaght hospital in relation to their chronic illness?	☐ Yes ☐ No

Substance Use

2.9 How many people in your household smoke? _____

2.10 How many people **under the age of 18** smoke in your household? _____

2.11 Do you think that **anyone** in your household has or has had a problem with alcohol or drugs dependency **ever**?
(Tick all which apply) ☐ Yes ☐ No ☐ Don't know ☐ Prefer to skip section

If no, don't know or prefer to skip section skip to question 2.13

2.12 For each individual who has or has had a problem with alcohol or drugs complete the following table:
(Tick one only in each unless otherwise specified)

Name (Person 1 with substance problem): _____	
Scale of the problem	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 <i>Not serious</i> <i>Very serious</i>
Main drug used	☐ Alcohol ☐ Pain medication ☐ Heroin ☐ Cannabis ☐ Illegal methadone ☐ Headshop products ☐ Sedatives ☐ Stimulants ☐ Other
As a result of X (name of person) substance use which of the following have they done? (Tick all which apply)	☐ Talked to family/friends ☐ Taken sedatives ☐ Visited the GP ☐ Attended methadone maintenance ☐ Attended a support group ☐ Attended methadone detox ☐ Attended counselling ☐ Used needle exchange programme ☐ None ☐ Other

(Tick one only in each unless otherwise specified)

Name (Person 2 with substance problem): _____	
Scale of the problem	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 <i>Not serious</i> <i>Very serious</i>
Main drug used	☐ Alcohol ☐ Pain medication ☐ Heroin ☐ Cannabis ☐ Illegal methadone ☐ Headshop products ☐ Sedatives ☐ Stimulants ☐ Other
As a result of X (name of person) substance use which of the following have they done? (Tick all which apply)	☐ Talked to family/friends ☐ Taken sedatives ☐ Visited the GP ☐ Attended methadone maintenance ☐ Attended a support group ☐ Attended methadone detox ☐ Attended counselling ☐ Used needle exchange programme ☐ None ☐ Other

Physical Activity

2.13 Consider a 7 day period (1 week). How many times on average do **you** do the following kinds of exercise for more than 20 minutes **during your free time** (not work related)?

Strenuous exercise (heart beats rapidly) _____ times
e.g. running, jogging, hurling, camogie, football, squash, basketball, judo, vigorous swimming, vigorous long distance cycling, advanced aerobics

Moderate exercise (not exhausting) _____ times
e.g. fast walking, tennis, badminton, easy swimming, easy cycling, intermediate aerobics, heavy gardening

Mild exercise (minimal effort) _____ times
e.g. yoga, golf, easy walking, bowling, beginners aerobics, light gardening.

2.14 How many days, if any, in an average week do you walk for 30 minutes or more? _____ days

Section 3: Tallaght Hospital

3.1 How many people in your household (including you) have had tests or treatment in Tallaght Hospital (**excluding A&E**) within the last 12 months? ____ *If none skip to question 3.5*

3.2 Complete the following table for each person who has had tests or received treatment in Tallaght Hospital (**excluding A&E**) within the last 12 months.

(If more than one visit please describe the more recent visit. Tick one only in each unless otherwise specified)

Name (Person 1 who received test or treatment):	
Reason for attending Tallaght Hospital	
Source of referral	☐ Themselves ☐ GP ☐ Hospital Doctor
How would you rate your satisfaction with Tallaght Hospital? <i>If rated 4-6 please skip to last line of box</i>	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 Dissatisfied Satisfied
If you rated Tallaght Hospital 1-3 what were your main reasons for dissatisfaction? <i>(Tick all which apply)</i>	☐ Lack of friendliness/respect/compassion provided by staff ☐ Poor quality of care ☐ Hospital environment ☐ Long waiting times ☐ Hospital cleanliness ☐ Speed of care too slow ☐ Hospital safety ☐ Speed of care too quick ☐ Other
Would you recommend Tallaght Hospital to a friend/family member?	☐ Yes ☐ No ☐ Don't know

(If more than one visit please describe the more recent visit. Tick one only in each unless otherwise specified)

Name (Person 2 who received test or treatment):	
Reason for attending Tallaght Hospital	
Source of referral	☐ Themselves ☐ GP ☐ Hospital Doctor
How would you rate your satisfaction with Tallaght Hospital? <i>If rated 4-6 please skip to last line of box</i>	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 Dissatisfied Satisfied
If you rated Tallaght Hospital 1-3 what were your main reasons for dissatisfaction? <i>(Tick all which apply)</i>	☐ Lack of friendliness/respect/compassion provided by staff ☐ Poor quality of care ☐ Hospital environment ☐ Long waiting times ☐ Hospital cleanliness ☐ Speed of care too slow ☐ Hospital safety ☐ Speed of care too quick ☐ Other
Would you recommend Tallaght Hospital to a friend/family member?	☐ Yes ☐ No ☐ Don't know

(If more than one visit please describe the more recent visit. Tick one only in each unless otherwise specified)

Name (Person 3 who received test or treatment):	
Reason for attending Tallaght Hospital	
Source of referral	☐ Themselves ☐ GP ☐ Hospital Doctor
How would you rate your satisfaction with Tallaght Hospital? <i>If rated 4-6 please skip to last line of box</i>	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 Dissatisfied Satisfied
If you rated Tallaght Hospital 1-3 what were your main reasons for dissatisfaction? <i>(Tick all which apply)</i>	☐ Lack of friendliness/respect/compassion provided by staff ☐ Poor quality of care ☐ Hospital environment ☐ Long waiting times ☐ Hospital cleanliness ☐ Speed of care too slow ☐ Hospital safety ☐ Speed of care too quick ☐ Other
Would you recommend Tallaght Hospital to a friend/family member?	☐ Yes ☐ No ☐ Don't know

3.3 Do **you** think that Tallaght Hospital is beneficial to the surrounding community?

☐ Yes ☐ No ☐ Don't know *If no skip to question 3.5*

3.4 If yes, why do you think that Tallaght Hospital is beneficial to the surrounding community?

Tallaght Hospital A&E

3.5 Have anyone in your household (including you) used Tallaght Hospital A&E over the past 12 months?

☐ Yes ☐ No ☐ Don't know *If no or don't know skip to question 3.7*

3.6 Thinking of the **most recent visit** to Tallaght Hospital **A&E** by anyone in your household (including you) in the past 12 months complete the following.

(Tick one only in each unless otherwise specified)

Name (Person 1 used Tallaght Hospital A&E): _____	
How were you/they referred?	☐ GP referral after attending ☐ Themselves ☐ GP referral over the phone ☐ Came in by ambulance ☐ Other _____
If self-referral, why did you/they not go to see another healthcare professional, such as your GP, beforehand?	☐ GP was not available ☐ GP Too expensive ☐ GP didn't have access to same tests e.g. x-ray ☐ Other _____
How long were you/they sick before attending A&E?	☐ <24 hours ☐ 1-2 days ☐ 3-7 days ☐ 1-2 weeks ☐ 2-4 weeks ☐ 1-2 months ☐ >2 months
What was your/their reason for attendance?	_____
Would you recommend the Tallaght Hospital A&E to a friend/family member?	☐ Yes ☐ No ☐ Don't know
How would you rate Tallaght Hospital A&E?	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 <i>Dissatisfied</i> <i>Satisfied</i>
If you rated Tallaght Hospital A&E 1-3 what were you main reasons for dissatisfaction?	☐ Lack of friendliness/respect/compassion provided by staff ☐ Poor quality of care ☐ Hospital safety ☐ Long waiting times ☐ Hospital cleanliness ☐ Speed of care too slow ☐ Hospital environment ☐ Speed of care too quick ☐ Other _____

Tallaght Hospital Waiting Lists

3.7 How many people in your household (including you) are on a waiting list to receive treatment in **Tallaght Hospital**? _____
If none skip to question 3.9

3.8 For each individual in your household who is waiting for healthcare complete the following table:

(Tick one on each line unless otherwise specified)

Name (Person 1 waiting for healthcare): _____	
Number of months on waiting list	☐ 3 or less ☐ 4-6 ☐ 7-12 ☐ 13 or more
Type of treatment X waiting for	□ _____
How reasonable would you describe this waiting time?	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 <i>very unreasonable</i> <i>very reasonable</i>

(Tick one on each line unless otherwise specified)

Name (Person 2 waiting for healthcare): _____	
Number of months on waiting list	☐ 3 or less ☐ 4-6 ☐ 7-12 ☐ 13 or more
Type of treatment X waiting for	□ _____
How reasonable would you describe this waiting time?	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 <i>very unreasonable</i> <i>very reasonable</i>

Future Services in Tallaght Hospital

3.9 Please comment on how you think **Tallaght Hospital** could improve the service it provides?

3.10 Would you like to be more involved in the decisions Tallaght Hospital makes in changing and improving its services?

☐ Yes ☐ Yes, but unsure what difference it would make ☐ No ☐ Don't know

Section 4: General Practice and Healthcare Services

General Practice Services

4.1 Is your GP within walking distance of your house? ☐ Yes ☐ No ☐ Don't know

4.2 Would you recommend your GP to a friend/family member? ☐ Yes ☐ No ☐ Don't know

4.3 How would you rate your satisfaction with your GP? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Dissatisfied *Satisfied*

4.4 When anyone in your household (including you) need 'out of hours' doctor services what do you do? *(Tick all which apply)*

☐ TLC Doc ☐ Go to A&E ☐ N/A
☐ House call ☐ Depends on situation ☐ Other _____

4.5 Are you satisfied with current 'out of hours' doctor service options? ☐ Yes ☐ No ☐ Don't know

General Healthcare Services

4.6 Where would you prefer to receive the following tests? *Tick one only in each line*

Test	GP	Hospital
Blood test		
X-ray		
Ultra sound		

4.7 What healthcare services are needed in the **Tallaght community**?

Part 3: Health Assets

Section 5: Personal and Community Characteristics

5.1 What are the top three **good things** about living in Tallaght?

1. _____
2. _____
3. _____

5.2 What are the top three **bad things** about living in Tallaght?

1. _____
2. _____
3. _____

5.3 Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people? Please tell me on a scale of 1 to 10, where 1 means that you can't be too careful and 10 means that most people can be trusted.

(Tick one only)

1 You can't be too careful	2	3	4	5	6	7	8	9	10 Most people can be trusted

Section 6: Healthcare Inventory

Frequency Last 12 Months		
Daily: 4 to 7 times per week Bimonthly: 3 to 6 times a year	Weekly: 1 to 3 times per week Once or twice: 1 or 2 times a year	Monthly: 7 to 12 times a year

Use laminates provided

General Practice Services

6.1 Did anyone in your household (including you) use GP services in the last 12 months?

- ☐ Yes, GP services **in** Tallaght used ☐ Yes, GP services **outside** of Tallaght used
☐ No, GP services not used ☐ Don't know

If yes, GP services outside of Tallaght used skip to question 6.3

If no GP services not used or don't know skip to question 6.4

6.2 Thinking of GP services in Tallaght used in the last 12 months complete the following:

(Tick one on each line only)

How often did your household use GP services in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are GP services in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use GP services in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are GP services in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

6.3 Why did your household use GP services **outside** of Tallaght? _____

Frequency Last 12 Months		
Daily: 4 to 7 times per week Bimonthly: 3 to 6 times a year	Weekly: 1 to 3 times per week Once or twice: 1 or 2 times a year	Monthly: 7 to 12 times a year

Pharmacy

6.4 Did anyone in your household (including you) use a pharmacy in the last 12 months?

- ☐ Yes, pharmacy **in** Tallaght used ☐ Yes, pharmacy **outside** of Tallaght used
☐ No, pharmacy not used ☐ Don't know

If yes, pharmacy outside of Tallaght used skip to question 6.6
If no, pharmacy not used or don't know skip to question 6.7

6.5 Thinking of pharmacies in Tallaght used in the last 12 months complete the following:

(Tick one on each line only)

How often did your household use pharmacies in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are pharmacies in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use pharmacies in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are pharmacies in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

6.6 Why did your household use a pharmacy **outside** of Tallaght? _____

Dental Care

6.7 Did anyone in your household (including you) use a dentist in the last 12 months?

- ☐ Yes, dentist **in** Tallaght used ☐ Yes, dentist **outside** of Tallaght used
☐ No, dentist not used ☐ Don't know

If yes, dentist outside of Tallaght used skip to question 6.9
If no dentist not used or don't know skip to question 6.10

6.8 Thinking of dentists in Tallaght used in the last 12 months complete the following:

(Tick one on each line only)

How often did your household use dentists in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are dentists in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use dentists in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are dentists in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

6.9 Why did your household use a dentist **outside** of Tallaght? _____

Frequency Last 12 Months		
Daily: 4 to 7 times per week Bimonthly: 3 to 6 times a year	Weekly: 1 to 3 times per week Once or twice: 1 or 2 times a year	Monthly: 7 to 12 times a year

Other Healthcare Services

6.10 Did anyone in your household (including you) use other healthcare services in the last 12 months?

- ☐ Yes, other healthcare services **in** Tallaght used
 ☐ Yes, other healthcare services **outside** of Tallaght used
☐ No, other healthcare services not used
 ☐ Don't know

If yes, other healthcare services outside of Tallaght used skip to question 6.12

If no other healthcare services not used or don't know skip to question 6.13

6.11 Thinking of other healthcare services in Tallaght used in the last 12 months complete the following:

(Tick one on each line only)

How often did your household use other healthcare services in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are other healthcare services in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use other healthcare services in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are other healthcare services in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

6.12 Why did your household use a healthcare service **outside** of Tallaght? _____

Mental Health Services

6.13 Did anyone in your household (including you) use mental health services in the last 12 months?

- ☐ Yes, mental health services **in** Tallaght used
 ☐ Yes, mental health services **outside** of Tallaght used
☐ No, mental health services not used
 ☐ Don't know

If yes, mental health services outside of Tallaght used skip to question 6.15

If no mental health services not used or don't know skip to question 6.16

6.14 Thinking of mental health services in Tallaght used in the last 12 months complete the following:

(Tick one on each line only)

How often did your household use mental health services in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are mental health services in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use mental health services in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are mental health services in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

6.15 Why did your household use mental health services **outside** of Tallaght? _____

Frequency Last 12 Months		
Daily: 4 to 7 times per week Bimonthly: 3 to 6 times a year	Weekly: 1 to 3 times per week Once or twice: 1 or 2 times a year	Monthly: 7 to 12 times a year

Support Groups

6.16 Did anyone in your household (including you) use support groups in the last 12 months?

- ☐ Yes, support groups **in** Tallaght used
 ☐ Yes, support groups **outside** of Tallaght used
☐ No, support groups not used
 ☐ Don't know

If yes, support groups outside of Tallaght used skip to question 6.18

If no support groups not used or don't know skip to question 6.19

6.17 Thinking of support groups in Tallaght used in the last 12 months complete the following:

(Tick one on each line only)

How often did your household use support groups in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are support groups in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use support groups in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are support groups in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

6.18 Why did your household use support groups **outside** of Tallaght? _____

Addiction Services

6.19 Did anyone in your household (including you) use addiction services in the last 12 months?

- ☐ Yes, addiction services **in** Tallaght used
 ☐ Yes, addiction services **outside** of Tallaght used
☐ No, addiction services not used
 ☐ Don't know

If yes, addiction services outside of Tallaght used skip to question 6.21

If no addiction services not used or don't know skip to question 6.22

6.20 Thinking of addiction services in Tallaght used in the last 12 months complete the following:

(Tick one on each line only)

How often did your household use addiction services in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are addiction services in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use addiction services in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are addiction services in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

6.21 Why did your household use addiction services **outside** of Tallaght? _____

Frequency Last 12 Months		
Daily: 4 to 7 times per week Bimonthly: 3 to 6 times a year	Weekly: 1 to 3 times per week Once or twice: 1 or 2 times a year	Monthly: 7 to 12 times a year

Disability Services

6.22 Did anyone in your household (including you) use disability services in the last 12 months?

- ☐ Yes, disability services **in** Tallaght used
 ☐ Yes, disability services **outside** of Tallaght used
 ☐ Don't know
☐ No, disability services not used
 ☐ No, disability services n/a

If yes, disability services outside of Tallaght used skip to question 6.24

If no disability services not used or n/a or don't know skip to section 7

6.23 Thinking of disability services in Tallaght used in the last 12 months complete the following:

(Tick one on each line only)

How often did your household use disability services in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are disability services in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use disability services in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are disability services in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

6.24 Why did your household use a disability services **outside** of Tallaght? _____

Section 7: Education Inventory

Frequency Last 12 Months		
Daily: 4 to 7 times per week Bimonthly: 3 to 6 times a year	Weekly: 1 to 3 times per week Once or twice: 1 or 2 times a year	Monthly: 7 to 12 times a year

Use laminates provided

Crèches /Nursery Schools

7.1 Did anyone in your household (including you) use crèches/nursery schools in the last 12 months?

- ☐ Yes, crèches/nursery schools **in** Tallaght used ☐ Yes, crèches/nursery schools **outside** of Tallaght used
☐ No, crèches/nursery schools not used ☐ No, crèches/nursery schools n/a ☐ Don't know

If yes, crèches/nursery schools outside of Tallaght used skip to question 7.3
If no crèches/nursery schools not used or n/a or don't know skip to question 7.4

7.2 Thinking of crèches/nursery schools in Tallaght used in the last 12 months complete the following:

(Tick one on each line only)

How often did your household use crèches/nursery schools in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are crèches/nursery schools in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use crèches/nursery schools in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are crèches/nursery schools in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

7.3 Why did your household use crèches/nursery schools **outside** of Tallaght? _____

Primary Schools

7.4 Did anyone in your household (including you) use primary schools in the last 12 months?

- ☐ Yes, primary schools **in** Tallaght used ☐ Yes, primary schools **outside** of Tallaght used
☐ No, primary schools not used ☐ No, primary schools n/a ☐ Don't know

If yes, primary schools outside of Tallaght used skip to question 7.6
If no primary schools not used or n/a or don't know skip to question 7.7

7.5 Thinking of primary schools in Tallaght used in the last 12 months complete the following:

(Tick one on each line only)

How often did your household use primary schools in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are primary schools in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use primary schools in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are primary schools in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

7.6 Why did your household use primary schools **outside** of Tallaght? _____

Frequency Last 12 Months		
Daily: 4 to 7 times per week Bimonthly: 3 to 6 times a year	Weekly: 1 to 3 times per week Once or twice: 1 or 2 times a year	Monthly: 7 to 12 times a year

Secondary Schools

7.7 Did anyone in your household (including you) use secondary schools in the last 12 months?

- ☐ Yes, secondary schools **in** Tallaght used ☐ Yes, secondary schools **outside** of Tallaght used
☐ No, secondary schools not used ☐ No, secondary schools n/a ☐ Don't know

If yes, secondary schools outside of Tallaght used skip to question 7.9

If no secondary schools not used or n/a or don't know skip to question 7.10

7.8 Thinking of secondary schools in Tallaght used in the last 12 months complete the following:

(Tick one on each line only)

How often did your household use secondary schools in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are secondary schools in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use secondary schools in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are p secondary schools in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

7.9 Why did your household use secondary schools **outside** of Tallaght? _____

Third Level Education

7.10 Did anyone in your household (including you) use third level education in the last 12 months?

- ☐ Yes, third level education **in** Tallaght used ☐ Yes, third level education **outside** of Tallaght used
☐ No, third level education not used ☐ Don't know

If yes, third level education outside of Tallaght used skip to question 7.12

If no third level education not used or don't know skip to question 7.13

7.11 Thinking of third level education in Tallaght used in the last 12 months complete the following:

(Tick one on each line only)

How often did your household use third level education in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are third level education in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

7.12 Why did your household use third level education **outside** of Tallaght? _____

Frequency Last 12 Months		
Daily: 4 to 7 times per week Bimonthly: 3 to 6 times a year	Weekly: 1 to 3 times per week Once or twice: 1 or 2 times a year	Monthly: 7 to 12 times a year

Adult Education

7.13 Did anyone in your household (including you) use adult education services in the last 12 months?

- ☐ Yes, adult education services **in** Tallaght used
 ☐ Yes, adult education services **outside** of Tallaght used
☐ No, adult education services not used
 ☐ Don't know

If yes, adult education services outside of Tallaght used skip to question 7.15

If no adult education services not used or don't know skip to question 7.16

7.14 Thinking of adult education services in Tallaght used in the last 12 months complete the following:

(Tick one on each line only)

How often did your household use adult education services in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are adult education services in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use adult education services in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are adult education services in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

7.15 Why did your household use adult education services **outside** of Tallaght? _____

Training and Employment Services

7.16 Did anyone in your household (including you) use training and employment services in the last 12 months?

- ☐ Yes, training and employment services **in** Tallaght used
 ☐ Yes, training and employment services **outside** of Tallaght used
☐ No, training and employment services not used
 ☐ Don't know

If yes, training and employment services outside of Tallaght used skip to question 7.18

If no training and employment services not used or don't know skip to section 8

7.17 Thinking of training and employment services in Tallaght used in the last 12 months complete the following:

(Tick one on each line only)

How often did your household use training and employment services in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are training and employment services in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use training and employment services in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are training and employment services in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

7.18 Why did your household use training and employment services **outside** of Tallaght? _____

Section 8: Community Facilities Inventory

Frequency Last 12 Months		
Daily: 4 to 7 times per week Bimonthly: 3 to 6 times a year	Weekly: 1 to 3 times per week Once or twice: 1 or 2 times a year	Monthly: 7 to 12 times a year

Use laminates provided

Parks

8.1 Did anyone in your household (including you) use parks in the last 12 months?

- ☐ Yes, parks **in** Tallaght used ☐ Yes, parks **outside** of Tallaght used
☐ No, parks not used ☐ Don't know

If yes, parks outside of Tallaght used skip to question 8.3

If no parks not used or don't know skip to question 8.4

8.2 Thinking of parks in Tallaght used in the last 12 months complete the following:

(Tick one on each line only)

How often did your household use parks in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are parks in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use parks in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are parks in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

8.3 Why did your household use parks **outside** of Tallaght? _____

Playgrounds

8.4 Did anyone in your household (including you) use playgrounds in the last 12 months?

- ☐ Yes, playgrounds **in** Tallaght used ☐ Yes, parks **outside** of Tallaght used
☐ No, playgrounds not used ☐ Don't know

If yes, playgrounds outside of Tallaght used skip to question 8.6

If no playgrounds not used or don't know skip to question 8.7

8.5 Thinking of playgrounds in Tallaght used in the last 12 months complete the following:

(Tick one on each line only)

How often did your household use playgrounds in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are playgrounds in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use playgrounds in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are playgrounds in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

8.6 Why did your household use playgrounds **outside** of Tallaght? _____

Frequency Last 12 Months		
Daily: 4 to 7 times per week Bimonthly: 3 to 6 times a year	Weekly: 1 to 3 times per week Once or twice: 1 or 2 times a year	Monthly: 7 to 12 times a year

Community Centres

8.7 Did anyone in your household (including you) use community centres in the last 12 months?

- ☐ Yes, community centres **in** Tallaght used
 ☐ Yes, community centres **outside** of Tallaght used
☐ No, community centres not used
 ☐ Don't know

If yes, community centres outside of Tallaght used skip to question 8.9

If no community centres not used or don't know skip to question 8.10

8.8 Thinking of community centres in Tallaght used in the last 12 months complete the following:

(Tick one on each line only)

How often did your household use community centres in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are community centres in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use community centres in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are community centres in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

8.9 Why did your household use community centres **outside** of Tallaght? _____

Community Services

8.10 Did anyone in your household (including you) use community services in the last 12 months?

- ☐ Yes, community services **in** Tallaght used
 ☐ Yes, community services **outside** of Tallaght used
☐ No, community services not used
 ☐ Don't know

If yes, community services outside of Tallaght used skip to question 8.12

If no community services not used or don't know skip to question 8.13

8.11 Thinking of community services in Tallaght used in the last 12 months complete the following:

(Tick one on each line only)

How often did your household use community services in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are community services in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use community services in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are community services in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

8.12 Why did your household use community services **outside** of Tallaght? _____

Frequency Last 12 Months		
Daily: 4 to 7 times per week	Weekly: 1 to 3 times per week	Monthly: 7 to 12 times a year
Bimonthly: 3 to 6 times a year	Once or twice: 1 or 2 times a year	

Churches/Places of Worship

8.13 Did anyone in your household (including you) use churches/places of worship in the last 12 months?

- ☐ Yes, churches/places of worship **in** Tallaght used
 ☐ Yes, churches/places of worship **outside** of Tallaght used
☐ No, churches/places of worship not used
 ☐ Don't know

If yes, churches/places of worship outside of Tallaght used skip to question 8.15
If no churches/places of worship not used or don't know skip to question 8.16

8.14 Thinking of churches/places of worship in Tallaght used in the last 12 months complete the following:

(Tick one on each line only)

How often did your household use churches/places of worship in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are churches/places of worship in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use churches/places of worship in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are churches/places of worship in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

8.15 Why did your household use churches/places of worship **outside** of Tallaght? _____

Youth Services

8.16 Did anyone in your household (including you) use youth services in the last 12 months?

- ☐ Yes, youth services **in** Tallaght used
 ☐ Yes, youth services **outside** of Tallaght used
☐ No, youth services not used
 ☐ No, youth services n/a
 ☐ Don't know

If yes, youth services outside of Tallaght used skip to question 8.18
If no youth services not used or n/a or don't know skip to question 8.19

8.17 Thinking of youth services in Tallaght used in the last 12 months complete the following:

(Tick one on each line only)

How often did your household use youth services in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are youth services in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use youth services in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are youth services in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

8.18 Why did your household use youth services **outside** of Tallaght? _____

Last 12 Months Frequency Response Card		
Daily: 4 to 7 times per week Bimonthly: 3 to 6 times	Weekly: 1 to 3 times per week Once or twice: 1 or 2 times	Monthly: 7 to 12 times

Senior Citizen Services

8.19 Did anyone in your household (including you) use senior citizen services in the last 12 months?

- ☐ Yes, senior citizen services **in** Tallaght used ☐ Yes, senior citizen services **outside** of Tallaght used
☐ No, senior citizen services not used ☐ No, senior citizen services n/a ☐ Don't know

If yes, senior citizen services outside of Tallaght used skip to question 8.21

If no senior citizen services not used or n/a or don't know skip to question 8.22

8.20 Thinking of senior citizen services in Tallaght used in the last 12 months complete the following:

(Tick one on each line only)

How often did your household use senior citizen services in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are senior citizen services in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use senior citizen services in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are senior citizen services in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

8.21 Why did your household use senior citizen services **outside** of Tallaght? _____

Transport Services

8.22 Did anyone in your household (including you) use transport services in the last 12 months?

- ☐ Yes, transport services **in** Tallaght used ☐ Yes, transport services **outside** of Tallaght used
☐ No, transport services not used ☐ Don't know

If yes, transport services outside of Tallaght used skip to question 8.24

If no transport services not used or don't know skip to question 8.25

8.23 Thinking of transport services in Tallaght used in the last 12 months complete the following:

(Tick one on each line only)

How often did your household use transport services in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are transport services in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use transport services in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are transport services in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

8.24 Why did your household use transport services **outside** of Tallaght? _____

Frequency Last 12 Months		
Daily: 4 to 7 times per week Bimonthly: 3 to 6 times a year	Weekly: 1 to 3 times per week Once or twice: 1 or 2 times a year	Monthly: 7 to 12 times a year

Hobby Facilities

8.25 Did anyone in your household (including you) use hobby facilities in the last 12 months?

- ☐ Yes, hobby facilities **in** Tallaght used ☐ Yes, hobby facilities **outside** of Tallaght used
☐ No, hobby facilities not used ☐ Don't know

If yes, hobby facilities outside of Tallaght used skip to question 8.27

If no hobby facilities not used or don't know skip to question 8.28

8.26 Thinking of hobby facilities in Tallaght used in the last 12 months complete the following:

(Tick one on each line only)

How often did your household use hobby facilities in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are hobby facilities in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use hobby facilities in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are hobby facilities in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

8.27 Why did your household use hobby facilities **outside** of Tallaght? _____

Other Services

8.28 Did anyone in your household (including you) use other services in the last 12 months?

- ☐ Yes, other services **in** Tallaght used ☐ Yes, other services **outside** of Tallaght used
☐ No, other services not used ☐ Don't know

If yes, other services outside of Tallaght used skip to question 8.30

If no other services not used or don't know skip to section 9

8.29 Thinking of other services in Tallaght used in the last 12 months complete the following:

(Tick one on each line only)

How often did your household use other services in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are other services in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use other services in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are other services in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

8.30 Why did your household use other services **outside** of Tallaght? _____

Section 9: Sport and Hobby Facility Inventory

Frequency Last 12 Months		
Daily: 4 to 7 times per week Bimonthly: 3 to 6 times a year	Weekly: 1 to 3 times per week Once or twice: 1 or 2 times a year	Monthly: 7 to 12 times a year

Use laminates provided

Sports Clubs and Facilities

9.1 Did anyone in your household (including you) use sports clubs or facilities in the last 12 months?

- ☐ Yes, sports clubs/facilities **in** Tallaght used ☐ Yes, sports clubs/facilities **outside** of Tallaght used
☐ No, sports clubs not used ☐ Don't know

If yes, sports club/facilities outside of Tallaght used skip to question 9.3

If no, sports clubs/facilities not used or don't know skip to section 10

9.2 Thinking of sports clubs and facilities in Tallaght used in the last 12 months complete the following:

(Tick one on each line only)

How often did your household use sports clubs and facilities in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are sports clubs and facilities in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use sports clubs and facilities in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are sports clubs and facilities in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use sports clubs and facilities in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are sports clubs and facilities in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

(Tick one on each line only)

How often did your household use sports clubs and facilities in Tallaght in the last 12 months?	☐ Daily ☐ Weekly ☐ Monthly ☐ Bimonthly ☐ Once or twice
Are sports clubs and facilities in Tallaght an asset to the community?	☐ Yes ☐ No
If no , please indicate why not ?	

9.3 Why did your household use sports clubs/facilities **outside** of Tallaght? _____

Section 10: Missing Assets

10.1 Is there anything missing from this list which is an asset to your life in Tallaght?

End of questionnaire

Thank you

Appendix I: Chronic illness examples response card.

Response Card: Q 2.7 **Chronic Illness Examples**

How many people in this household have a chronic illness?

A chronic illness is an illness that has been present for some time or recurs frequently requiring medical treatment such as:

- Heart disease (e.g. angina, coronary artery disease, cerebrovascular disease, ischemic cardiopathy, dysrhythmia-irregular heartbeat)
- Neurodegenerative diseases (e.g. dementia, Alzheimer's, Parkinson's)
- Chronic osteoarticular diseases (e.g. arthritis, osteoporosis)
- Diabetes
- Kidney disease
- Drug or alcohol dependency
- High blood pressure
- Cancer
- Chronic bowel disease
- Epilepsy
- Chronic respiratory illnesses (e.g. asthma, chronic obstructive pulmonary disease (COPD), pulmonary hypertension, recurrent chest infections, cystic fibrosis)
- Chronic pain syndrome (e.g. back injuries, reflex sympathetic dystrophy (RSD) syndrome)
- Anaemia
- Eating disorders (e.g. bulimia, anorexia, obesity)
- Limb deformities
- Mental illnesses (e.g. anxiety, depression, schizophrenia)
- Stroke
- Blindness (e.g. glaucoma)
- Haemophilia
- HIV
- Inactive or overactive thyroid gland
- Multiple sclerosis
- Autoimmune disease (e.g. ulcerative colitis, lupus, crohn's disease, coeliac disease)
- Addison's disease, Cushings disease

Appendix J: Health and wellbeing asset inventories

Section 6: Healthcare Inventory

Q 6.1 GP Surgery	Q 6.4 Pharmacy	Q 6.7 Dental Care	Q 6.10 Other Healthcare	Q 6.13 Mental Health Services	Q 6.16 Support Groups	Q 6.19 Addiction Services	Q 6.22 Disability Services
Anver Amod Family Practice	Boots Pharmacy	The Priory Dental Practice	(Chiropodist) Agnes Flaanagan	CAMHS Lucena Clinic	Accord	Alcoholics Anonymous, St Dominics Hall Old Post Office	Autism Support Group
Aylesbury Clinic	Brookfield Pharmacy	Glenview Dental Surgery	(Chiropodist) Andrew Farrell	Jigsaw Counselling, County Hall	Anam Cara (support bereaved parents and siblings)	AI-Anon Family Group	Barnardos Special Needs Services
Birchview Surgery	DocMorris/ Unicare Pharmacy	Mayberry Dental Care	(Chiropodist) Joseph Kelly	Killinarden Family Resource Centre	Bethany Old Bawn Bereavement Group	Brookfield Addiction Support Programme (BASP)	Beechpark Services HSE- for children with Austistic Spectrum Disorder
Brookfield Health Centre	Glenview Pharmacy	Old Bawn Dental Practice	(Opticians) Dixon Hempenstall	Oldbawn Counselling Service	Brookfield Young Parents Group	C.A.R.P (Community Addiction Response Programme)	DeafHear.ie
Derry Daly Family Practice	Health Express Pharmacy	Dental Practice	Accupunture and Stress Management	St. Catherines' Counselling Service	Intercultural Drop-In Centre	Community Alcohol Services	Helping Hands Tallght
Durkin and Daly	Hickey's Pharmacy	Old Bawn Smile Clinic	Back 2 Health	Suicide Action West Tallaght	Irish County Women's Association	Fettercairn Drugs Rehab Programme	HSE EVE New Horizon Training Centre
Durkin, Daly and Field Family Practice	Hickeys' Pharmacy	Smile Dental Clinic	Insight Opticians	Tabor Counselling and Therapy Centre	Mediation Bureau	HSE Community Drug Team	Little By Little
Glenview Medical Centre	Jobstown/G rogan Pharmacy	KBM Medics Ltd	Specsavers	Tallaght Mental Health Services	Pastoral Care Tallaght Hospital	Jobstown Assissting Drug Dependency (JADD)	National Learning Network
Old Bawn Surgery	Killinarden Pharmacy	The Square Dental Surgery Medical Centre	Vision Express	Teen Counselling, Shalom	Prisoner Support Group	Lifegate Bible Baptist Church	Special Needs Service
John Lennon Family Practice	Lloyds Pharmacy	Springfield Dental Practice	(Primary and Social Care Services) Chamber House	The Village Counselling Service	Saoirse Womens Refuge	Narcotics Anonymous	St. John of Gods (Menni Services) Grenngables Training Centre
		Mary Mercer Health Centre					

Section 6: Healthcare Inventory

Q 6.1 GP Surgery	Q 6.4 Pharmacy	Q 6.7 Dental Care	Q 6.10 Other Healthcare	Q 6.13 Mental Health Services	Q 6.16 Support Groups	Q 6.19 Addiction Services	Q 6.22 Disability Services
John Simon Family Practice	Meagher's Pharmacy			The Well Being Cafe	St. Annes' Family Resource Centre	Reformers Unanimous Ireland	Tallaght Parents of Children with Autism Support Group
KBM Medics	New Bawn/ Loughman and Joyce Pharmacy				Tallaght Cancer Support Group	Smoking Cessation Clinic	The Hearing Service
Killinarden Health Centre	O.D.C Pharmacy				Tallaght Travellers Youth Service/ Catholic Youthcare	St. Aengus Community Action Group	Trustus Home Help Service
Mary Mercer Health Centre	Pharmacy O'Reagan				Teenage parent support group	St. Dominics Community Response Project	
Millbrook Lawn Health Centre	Rossfield Pharmacy				The Integration Centre	SWAN-Fao (Family Support Organisation)	
Patrick O'Connor Family Practice	Springfield Medicare Ltd				Unmarried and separated families of Ireland	Tallaght Local Drugs Task Force	
Paul Lincoln Family Practice	Wilton Late Night Pharmacy				Unmarried and seperated parents of Ireland	Tallaght Rehabilitation Project	
Peter Keogh Surgery	Mark Ellis Pharmacy				West Dublin YMCA	YoDA- Youth drug and alcohol services	
Roland Ling Family Practice	Kingswood Pharmacy				Young Mothers Group		
Springfield Medical Centre							
Tallaght Medical Practice							
The Coady Practice							

Section 7: Education Inventory

Q 7.1 Creche/ Nursery Schools	Q 7.4 Primary Schools	Q 7.7 Secondary Schools	Q 7.10 Third Level Education	Q 7.13 Adult Education	Q 7.16 Training and Employment Services
Aisling Nursery and Montessori School	Abacas Kilnamangh	Kilinarden Community School	Institute of Techonology Tallaght	Adult Educaiton Old Bawn	Action Tallaght
An Turas	Belgard National School	Mount Seskin Community College	Trinity Centre for Education	Adult Education Centre	Cheever Enterprise Training and Employment Service
Ard Mor Montessori	Firhouse Educate Together N.S	Old Bawn Community School		An Cosan, (The Shanty Educational Project)	FAS Employment Services
Barnardos MacUilliam Child and Family Centre	Naomh Maolruain National School	Sacred Heart Seondary School		BEST (Basic Education Servcie Tallaght) Adult Education Centre	FAS Training Services
BEST Adult Education Centre Creche	Saint Aidans National School	Saint Aidans' Community School		Brookfield Adult Education Courses	Noel Recruitment
Brookview Childcare Services	Saint Brigids National School	Saint Marks' Community School		FAME (Fettercairn Adult Morning Education)	Obair LES (local employment services)
Busy Beehive	Saint Dominics National School	Tallaght Community School		JAEN Jobstown Adult Education Network	Partas
Fettercairn Little Ones	Saint Joesphs Special School			National Learning Network Centre	South Dublin County Enterprise Board
Fledglings Childcare	Saint Kevins' National School			St. Basils' Training Centre	Threshold Training Network
Glenview Montessori Pre School	Saint Killians Senior National School			TACT Adult Education	
Headstart Pre-school	Saint Maelruains National School			Tallaght Centre for the Unemployed	
Junior Learning Centre and Montessori School	Saint Marks' National School			Training Institute of Ireland	
Kilnamanagh Kids Creche and Montessori School	Saint Roses Special School			VEC 1 Tuansgate	
					

Section 7: Education Inventory

Q 7.1 Creche/ Nursery Schools	Q 7.4 Primary Schools	Q 7.7 Secondary Schools	Q 7.10 Third Level Education	Q 7.13 Adult Education	Q 7.16 Training and Employment Services
Kilnamanagh pre-school	Saint Thomas National School				
Little Ladybird Creche	Scoil An Chroi Ro Naofa Soisir,				
Moby Playbus	Scoil Cailtin Maude				
St. Annes Community Pre-school	Scoil Cnoc Mhuire				
	Scoil Iosa				
	Scoil Naisiunta Aonghusa				
	Scoil Naomh Colmcille				
	Scoil Santain				
	Solas Chriost				
	St Martin De Porres National School				
	St. Annes National School				
	St. Mary's National School				
	The Adelaide and Meath Hospital Incorporating the National Childrens Hospital Special School				

Section 8: Community Facilities Inventory

Q 8.1 Parks	Q 8.4 Play spaces	Q 8.7 Community Centres	Q 8.10 Community Services	Q 8.13 Churches/ Places of Worship	Q 8.16 Youth Services	Q 8.19 Senior Citizen Services	Q 8.22 Transport Services	Q. 8.25 Hobby Facilities	Q 8.28 Other Community Services
Alysbury Park	Fettercairn Community and Youth Centre Playground	Belgard Community Centre	A.A.C.E Family Resource Centre	Church of Saint Thomas the Apostle	Ballycraugh and Bohernabreena Youth Groups	Active Retired Group	Bus	Alternative Entertainment Artists Studios	Aylesbury Post Office
Bancroft Park	Jobstown Community Centre Playground	Brookfield Community Centre	Adelaide Hospital Society	Church of St Martin de Porres	Barnardos Youth Action Project(YAP)	Kilnamanagh Community Centre Older Persons Group	Luas	Tallaght Historical Society	Brookfield SDCC and Garda Clinic
Butler McGee Park	Killinarden Community Centre Playground	Brookfield Youth & Community Centre	Dodder Valley Partnership	Church of the Sacred Heart	Belgard/ Springfield Youth Group	St. Aengus Parish and Tallaght Senior Citizen Community Centre		Balloon and Airship Association of Ireland	Fettercairn SDCC and Garda Clinic
Dodder Valley Park	Kiltown Park	Dominic's Community Centre	Environmental Health	Holy Family Oratory	Boost Garda Youth Diversion Project	St Marks Senior Citizen Club		Civic Theatre	Glenview Post Office
Jobstown Park	Sean Walsh Park Playground	Fettercairn Youth and Community Centre	Fettercairn Community Enterprise Company	Lifegate Bible Baptist Church	Brookfield /Fettercairn Local Committee	Trustus Day Centre		Des Carty Music School	Jobstown SDCC and An Garda Siochana Clinic
Killinarden Park	Tallaght Square Playground	Jobstown Community Centre	Fettercairn Community Health project	Saint Aengus' Church	Brookfield Youth & Community Centre	The Young at Heart Senior Citizens Age in Action Club		Electra Junior Variety Group	Killinarden SDCC and Garda Clinic
Kilnamanagh Park		Kilnarden Community Centre	Fettercairn Estate Management Office	Saint Aidans' Parish Church	Brookfield Youth Group	South Dublin Senior Citizen Club		Rua Red	Mobile library
Kiltown Park		Kilnamanagh Community Centre	Killinarden Estate Management Committee	Saint Annes Church	Electra Junior Variety Group			Sacred Heart Pipe Band	Springfield Post Office
Old Bawn Park		Kingswood Community Centre	Killinarden Local Committee	Saint Dominics Church	Fettercairn Youth Group			Tallaght Choral Society	Tallaght and District Credit Union
Sean Walsh Park		St. Aengus Community Centre	Restorative Justice Services	Saint Kevins' Church	Jobstown Local Committee			Tallaght Community Arts Centre	Tallaght Credit Union
Tamarisk Park		St. Marks Youth and Family Centre	Restorative Practice, Childhood Development Initiative	Saint Killians' Church	KEY Project			Tallaght Theatre	Tallaght Garda Station
Tymon Park West		St. Murins House Community Centre	South Dublin Community Forum	Saint Maelruains' Church of Ireland	Killinarden Community Council Youth Project			Tallaght Youth Band	Tallaght Library
Tymonville Park		Tymo Bawn Community Centre	South Dublin County Council	Saint Marks' Church	Killinarden Youth and Community Initiative			Tallaght Youth Theatre	Tallaght West Credit Union
Tynan Hall Park			South Dublin County Partnership	Saint Marys' Priory	Kingswood Youth Group			The Pheonix Youth Marching Showband	The Square Post Office
									

Section 8: Community Facilities Inventory

Q 8.1 Parks	Q 8.4 Play spaces	Q 8.7 Community Centres	Q 8.10 Community Services	Q 8.13 Churches/ Places of Worship	Q 8.16 Youth Services	Q 8.19 Senior Citizen Services	Q 8.22 Transport Services	Q. 8.25 Hobby Facilities	Q 8.28 Other Community Services
Alysbury Park	Fettercairn Community and Youth Centre Playground	Belgard Community Centre	A.A.C.E Family Resource Centre	Church of Saint Thomas the Apostle	Ballycraugh and Bohernabreena Youth Groups	Active Retired Group	Bus	Alternative Entertainment Artists Studios	Aylesbury Post Office
Bancroft Park	Jobstown Community Centre Playground	Brookfield Youth & Community Centre	Adelaide Hospital Society	Church of St Martin de Porres	Barnardos Youth Action Project(YAP)	Kilnamanagh Communnity Centre Older Persons Group	Luas	Tallaght Historical Society	Brookfield SDCC and Garda Clinic
Butler McGee Park	Killinarden Community Centre Playground	Brookfield Youth & Community Centre	Dodder Valley Partnership	Church of the Sacred Heart	Belgard/ Springfield Youth Gorup	St. Aengus Parish and Tallaght Senior Citizen Community Centre		Balloon and Airship Association of Ireland	Fettercairn SDCC and Garda Clinic
Dodder Valley Park	Kiltalown Park	Dominic's Community Centre	Environmental Health	Holy Family Oratory	Boost Garda Youth Diversion Project	St Marks Senior Citizen Club		Civic Theatre	Glenview Post Office
Jobstown Park	Sean Walsh Park Playground	Fettercairn Youth and Community Centre	Fettercairn Community Enterprise Company	Lifegate Bible Baptist Church	Brookfield /Fettercairn Local Committee	Trustus Day Centre		Des Carty Music School	Jobstown SDCC and An Garda Siochana Clinic
Killinarden Park	Tallaght Square Playground	Jobstown Community Centre	Fettercairn Community Health project	Saint Aengus' Church	Brookfield Youth & Community Centre	The Young at Heart Senior Citizens Age in Action Club		Electra Junior Variety Group	Killinarden SDCC and Garda Clinic
Kilnamanagh Park		Kilnarden Community Centre	Fettercairn Estate Management Office	Saint Aidans' Parish Church	Brookfield Youth Group	South Dublin Senior Citizen Club		Rua Red	Mobile library
Kiltalown Park		Kilnamanagh Community Centre	Killinarden Estate Management Committee	Saint Annes Church	Electra Junior Variety Group			Sacred Heart Pipe Band	Springfield Post Office
Old Bawn Park		Kingswood Community Centre	Killinarden Local Committee	Saint Dominics Church	Fettercairn Youth Group			Tallaght Choral Society	Tallaght and District Credit Union
Sean Walsh Park		St. Aengus Community Centre	Restorative Justice Services	Saint Kevins' Church	Jobstown Local Committee			Tallaght Community Arts Centre	Tallaght Credit Union
Tamarisk Park		St. Marks Youth and Family Centre	Restorative Practice, Childhood Developent Initiative	Saint Killians' Church	KEY Project			Tallaght Theatre	Tallaght Garda Station
Tymon Park West		St. Murins House Community Centre	South Dublin Community Forum	Saint Maelruains' Church of Ireland	Killinarden Community Council Youth Project			Tallaght Youth Band	Tallaght Library
Tymonville Park		Tymo Bawn Community Centre	South Dublin County Council	Saint Marks' Church	Killinarden Youth and Community Initiative			Tallaght Youth Theatre	Tallaght West Credit Union
Tynan Hall Park			South Dublin County Partnership	Saint Marys' Priory	Kingswood Youth Group			The Pheonix Youth Marching Showband	The Square Post Office
									

Section 9: Sports Clubs and Facilities Inventory

An Croi Naofa GAA Club	Alyesbury Football Club	Belgard Heights Community Centre	Alyesbury Park Pitches	Crunch Fitness Tallaght	Fettercairn Youth Horse Project
Dominics Taekwon-Do Association	Ballycragh United Football Club	St. Aengus Community Centre	Jobstown Park GAA Pitches	Curves	Yoga, pregnancy, baby yoga and massage
Dublin Postal Sports and Social Club	Brookview United Football Club	Arena Leisure Centre	Astro Park Greenhills	Fit 4 Less Tallaght	Greenhills Circuit Sli
Glennane Hockey Club	Fettercairn Youth Football Club	Brookfield Youth & Community Centre	Ballymount Park Soccer and GAA Pitch	West park Fitness	Old Bawn Sli
Glenville Pitch and Putt Club	Jobstown Celtic Football Club	Fettercairn Youth and Community Centre	Bancroft Park Pitches	Maldron Hotel Leisure Centre	Parks Tennis Ireland
Glenville Table Tennis Club	Kilnamanagh Association Football Club	Jobstown Community Centre	Butler McGee Park Pitches	Arena Leisure Centre	Spartan Training Centre
Golden Cobra Boxing Club	Kingswood Football Club	Kilnarden Community Centre	Dodder Park Pitches	Tallaght Community School Sports Complex	St Mary's ABC
Greenhills Archers Club	Marks Celtic Football Club	Killinarden Community School Sports Hall	Institute of Technology Tallaght Pitches	Tallaght Leisure Centre	Tallaght Adventure World
Greenhills Archers Club	Sacred Heart Football Club	Kilnamanagh Community Centre	Jobstown All Weather Pitch		Tallaght Leisureplex
Hazel Grove Golf Club	Shamrock Rovers F.C	St Marks Youth and Family Resource Centre	Killinarden Park Pitches		
Old Bawn Taekwon-Do School	St Maelruans Football Club	Tallaght Community School Sports Complex	Sacred Heart All Weather Facility		
Our Lady of Loretto Ladies Club	Tallaght Leisure Centre Football Club	Tallaght Leisure Centre	Sean Walsh Park Pitches		
Roadstown Group Sports Club	Tymon Bawn Football Club	Tymo Bawn Community Centre	Tallaght Stadium Pitches		
Sacred Heart Boxing Club	Tymon Celtic Football Club		Tymon Park Pitches		
St. Marys' Boxing Club					
St.Marks GAA Club					
Tallaght Athletics Club					
Tallaght Basketball Club					
Tallaght Martial Arts and Kickboxing Association					
Tallaght Swim Team					
Thomas Davis GAA Club					
Westside Boxing Club					

Appendix K: Binary logistic regression model to identify factors associated with primary carer reported stress in the last 12 months.

	Total	Reported chronic illness	Prevalence %	Adjusted Odds ratio (95% CI)	p-value
Gender					
Male	106	57	53.7	1	<0.01
Female	237	170	71.7	2.15 (1.26-3.67)	
Age					
20-35	72	42	58.3	1	<0.01
36-50	96	69	71.8	0.37 (0.16-0.85)	
51-65	112	83	74.1	0.21 (0.09-0.48)	
66-80	59	30	50.8	0.23 (0.10-0.49)	
Whether or not the primary carer has a medical card or not					
Yes	195	147	75.3	2.79 (1.63-4.78)	<0.01
No	146	79	54.1	1	
Whether or not somebody in the household has a chronic illness					
Yes	174	133	76.4	2.77 (1.55-4.93)	<0.01
No	161	89	55.2	1	
Whole model χ^2 (6)= 56.57; p<0.01					

A binary logistic regression examined the likelihood of primary carers reporting to have experienced stress in the last 12 months based on their gender, age, whether or not they have a medical card and whether or not somebody in the house has a chronic illness. This model was statistically significant [χ^2 (6)= 56.57; p<0.01].

Appendix L: Binary logistic regression model to identify factors associated with having a chronic illness in the Tallaght population in 2014 (N=235/1082).

	Total	Reported chronic illness	Prevalence %	Adjusted Odds ratio (95% CI)	p-value
Age					
0-64	957	164	17.1	1	<0.01
65+	108	65	60.1	3.48 (2.15-5.63)	
Unknown	17				
At home full time					
Yes	432	149	34.4	2.26 (1.59-3.22)	<0.01
No	620	82	13.2	1	
Unknown	30				
Used Tallaght Hospital (excluding (A&E) in the 12 months prior to the survey					
Yes	244	122	50.0	4.09 (2.85-5.87)	<0.01
No	833	111	13.3	1	
Unknown	5				
Waiting for healthcare in Tallaght Hospital at time of survey					
Yes	95	44	46.3	2.14 (1.27-3.59)	<0.01
No	987	191	19.3	1	
Whole model χ^2 (4)= 195.47; p<0.0001					

A binary logistic regression examined the likelihood of respondents reporting to have a chronic illness based on their age, employment status, use of Tallaght Hospital and being on a waiting list for tests or treatment in Tallaght Hospital. This model was statistically significant [$\chi^2(4) = 195.47$; $p < 0.01$].

Appendix M: Binary logistic regression model to identify factors associated reported use of Tallaght Hospital (excluding A&E) in the past 12 months (N=1027/1082).

	Total	Reported use of Tallaght Hospital	Prevalence %	Adjusted Odds ratio (95% CI)	p-value
Age					
0-64	957	179	18.8	1	<0.01
65+	108	58	53.7	2.46 (1.51-4.02)	
Unknown	17				
At home full time					
Yes	432	141	32.7	1.56 (1.10-2.22)	<0.01
No	620	100	16.2	1	
Unknown	30				
Presence of a chronic illness					
Yes	235	122	52.4	4.10 (2.85-5.88)	<0.01
No	844	120	14.3	1	
Unknown	3				
Waiting for healthcare in Tallaght Hospital at time of survey					
Yes	95	58	61.6	5.47 (3.33-8.97)	<0.01
No	987	186	18.9	1	
Whole model χ^2 (4)= 191.98; p<0.0001					

A binary logistic regression examined the likelihood of respondents reporting to have used Tallaght Hospital (excluding A&E) based on their age, being at home full time, presence of a chronic illness and being on a waiting list for healthcare in Tallaght Hospital. This model was statistically significant [$\chi^2(4) = 191.98$; $p < 0.01$].

Appendix N: Binary logistic regression model to identify factors associated with those reported to be on a waiting list for healthcare in Tallaght Hospital (N=1074/1082).

	Total	Reported chronic illness	Prevalence %	Adjusted Odds ratio (95% CI)	p-value
Gender					
Female	555	58	10.4	0.62 (0.39-0.99)	<0.04
Male	527	37	7.02	1	
Use of Tallaght Hospital in the last 12 months					
Yes	244	58	23.7	5.18 (3.20-8.38)	<0.01
No	833	37	4.4	1	
Unknown	5				
Presence of a chronic illness					
Yes	235	44	18.7	1.93 (1.19-3.14)	<0.08
No	844	50	5.9	1	
Unknown	3				
Whole model χ^2 (3)= 81.55; p<0.01					

A binary logistic regression examined the likelihood of respondents reporting to be on a waiting list for healthcare in Tallaght Hospital based on their gender, use of Tallaght Hospital in the last 12 months and having a chronic illness. This model was statistically significant [χ^2 (3)=81.55; p<0.01].

