Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Tallaght 2024

Health Assets and Needs Assessment (HANA)

Executive Summary and Recommendations

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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 and 2014. In addition, we wished to assess the health and wellbeing assets of the participating households in relation to what is available in the community in 2024. This asset-based mapping aspect was not included in the 2001 survey but was included in 2014.

How we did it:

- Similar to Rounds one and two, we conducted a household survey across the 13 Electoral Divisions (EDs) of Tallaght. We mailed invitations to participate in the survey to 420 randomly selected households.
- Using a cluster sampling method (see glossary for definition), we selected 420 households from addresses provided by the Health Service Executive's National Health Intelligence Unit. This approach ensured a geographically representative sample from across Tallaght.
- For areas with low participation or where addresses were found to be ineligible, we sent follow-up letters either as reminders or to replace ineligible addresses.
- A market research company was contracted contracted to carry out the survey field work data collection across all 13 EDs of Tallaght.
- The market research company conducted interviews in person in homes using a structured questionnaire (Appendix A).
- The research team analysed the collected data to develop evidence-based recommendations aimed at improving community health and wellbeing across Tallaght.
- We updated and expanded on the inventory of assets from the previous round conducted in 2014 and created a series of maps which physically plot the location of healthcare services and facilities, community facilities, parks and hobby or recreational facilities.

What we found:

Response rate: A total of 274 randomly selected households completed the survey from a total of 420 households invited. This represented a response rate of 65.2%.

In previous rounds, the response rate was 81.6% in 2014 (N=343/420) and 81.9% (N=344/420) in the 2001 health needs assessment.

The people of Tallaght: This report provides a detailed demographic and socio-economic profile of individuals and households involved in the study. We highlight the composition, employment status, housing characteristics, and educational attainment of household members. We provide an overview of the quality of home life and living conditions of households. We examined aspects such as car ownership, digital literacy, accessibility to essential services, and financial wellbeing. We report on the health and wellbeing of the members of the household, including their experiences of using community services and local healthcare services, such as community centres as well as Tallaght University Hospital and local primary care and general practice services.

Figure 1 Summary of key demographic findings of the households

Demographic characteristics of households

43% of respondents were employed full-time
up 14% since 2001

67% of respondents were female: 91% identified as White

50% of respondents were married:
1 in 4 were single

Household tenure

Household composition

Household size

68% of households contained 2-4 members

Change in population age

3X Increase in adults aged 65+ living in Tallaght between 2001-2024

Car ownership

3 in 4 households owned a car

Health cover

20% decrease in medical cards/ GMS since 2014

Demographic characteristics of households:

Household composition:

- A total of 755 individuals were reported across 274 participating households.
- Of these household members, 52.2% (N=247/473) were children, 35.5% (N=168/473) were spouses, and 12.3% (N=58/473) included other relatives or non-family members.
- Gender distribution was nearly equal, with 51.2% (N=383/748) identifying as female and 48.1% (N=360/748) as male.
- Age groups were well represented, with the highest proportion in the 40-49 age group (19.9%; N=148/743) followed by 30-39 (14.9%; N=111/743) and 50-64 (14.7%; N=109/743) and 50-64 (14.7%; N=109/743) age groups.
- Individuals aged 0-9 years accounted for 13.6% (N=101/743) and 65+ years accounted for 13.9% (N=103/743) of the population, highlighting a presence of both young children and older adults.

Changes to the age of the population over time:

- Growth in the older population was seen with the proportion of adults aged 65+ years tripled, increasing from 3.4% (N=45/1,313) in 2001 to 13.9% (N=103/743) in 2024, marking the most dramatic shift.
- There is a decline in younger populations. For example, children aged 0-9 years rose to 16.7% (N=178/1,065) in 2014 but declined to 13.6% (N=101/743) by 2024; teens (10-19 years) and young adults (20-29 years) showed consistent decreases, with young adults dropping from 19.7% (N=259/1,313) in 2001 to 9.3% (N=69/743) in 2024.
- There were some fluctuations in the middle age groups, with the 30-39 age group showing variability, while the 40-49 age group rose significantly from 9.8% (N=104/1,065) in 2014 to 19.9% (N=148/743) in 2024.
- These findings underscore a shift toward an older demographic, with declining proportions of younger age groups and increasing numbers in middle and older age categories.

Household characteristics:

- Most households consisted of two to four members (67.6%; N=184/272). The average household size was 1.91 persons, with the median size being two: lower than the national average of 2.74 persons per household.[4]
- Most respondents had lived in their current household for fewer than 10 years (38.7%; N=106/274), though 27.7% (N=76/274) had resided there for over 30 years.

- Looking at changes over time, the percentage of households living in their homes for 0-10 years remained stable (35.9%; N=122/340) in 2001 and (38.7%; N=106/274) in 2024. As for those living in their homes for 31+ years, this grew significantly from 3.2% (N=11/340) in 2001 to 27.7% (N=76/274) in 2024 (X^2 = 117.35, $p < 0.001$).

Housing tenure:

- Ownership rates were high, with 38.0% (N=104/274) owning their homes outright and a further 26.6% (N=73/274) having a mortgage.
- About 17.9% (N=49/274) were renting through public schemes, and 13.9% (N=38/274) rented privately.
- There were shifts in home ownership over time, with outright ownership increasing from 21.7% (N=74/341) in 2001 to 38.0% (N=104/274) in 2024, while reports of those with a mortgage decreased from 42.2% (N=144/341) to 26.6% (N=73/274) in 2024. There was an increase in private rentals, with households renting privately rising from 4.1% (N=14/341) in 2001 to 13.9% (N=38/274) in 2024.

Employment status:

- Among working-age household members, 41.2% (N=305/741) were employed full time, and 27.3% (N=202/741) were engaged in education.
- A smaller proportion were retired (12.4%; N=92/741), working part-time (7.8%; N=58/741) or unemployed (3.6%; N=27/741).
- Full-time employment among respondents rose from 29.1% (N=100/344) in 2001 to 43.4% (N=119/274) in 2024, while part-time work decreased from 25.0% (N=86/344) to 14.2% (N=39/274) (X^2 = 38.46, $p < 0.001$).

Respondent demographics:

- The majority of respondents were female (67.2%; N=184/274) in the 2024 round. This represented a decrease from 93.0% (N=320/344) in 2001, while male respondents increased from 7.0% (N=24/344) to 32.8% (N=90/274) over the same period (X^2 = 77.22, $p < 0.001$).
- In terms of age, 39.2% (N=107/273) were aged 35-49, while 23.4% (N=64/273) were over 65 years old. Looking at the age profile over time, the proportion of respondents aged 65+ years grew from 7.6% (N=26/341) in 2001 to 23.4% (N=64/273) in 2024, while the younger age group (18-34 years) declined from 23.5% (N=80/341) to 14.3% (N=39/273) (X^2 = 49.65, $p < 0.001$).
- Ethnic background was predominantly White (90.5%; N=248/274), with smaller representations from Asian or Asian Irish (5.5%; N=15/274) and Black or Black Irish (3.3%; N=9/274) groups.

Education and language proficiency:

- Educational attainment varied among respondents: 25.5% (N=70/274) had a degree or professional qualification, while 16.8% (N=46/274) held technical or vocational training.
- Looking at changes over time, the proportion of respondents with a degree or higher increased from 6.1% (N=21/344) in 2001 to 34.6% (N=95/274) in 2024, while those with primary education or less dropped from 36.0% (N=124/344) to 8.4% (N=23/274) ($X^2 = 152.92$, $p < 0.001$).
- Approximately 17.2% (N=47/274) of respondents reported speaking a language other than English or Irish at home, with nearly all indicating proficiency in English.

Marital and employment status:

- Half of the respondents were married (50.0%; N=137/274), while 25.9% (N=71/274) were single.
- Employment was varied, with 43.4% (N=119/274) working full-time, 21.9% (N=60/274) retired, and 14.2% (N=39/274) employed part-time.

Car ownership:

- A significant majority (75.2%; N=206/274) of households own a car, while 24.8% (N=68/274) do not have a vehicle. The percentage of households with car ownership remained consistent over time, with 77.0% (N=264/343) in 2001 and 75.2% (N=206/274) in 2024.

Health cover:

- Among the 274 respondents, 36.1% (N=99/274) reported having private medical insurance, 35.0% (N=96/274) had a medical card/GMS, 24.5% (N=67/274) had neither medical card nor private insurance, 10.9% (N=30/274) had a doctor visit card, and a small, unspecified number (~) were unsure of their health cover status.
- Looking at changes over time, the trends in health cover indicated that private health insurance uptake increased from 32.8% (N=113/344) in 2001 to 36.1% (N=99/274) in 2024, while reliance on medical cards dropped from 54.8% (N=187/341) in 2014 to 35.0% (N=96/274) in 2024 ($X^2 = 113.21$, $p < 0.001$).

Figure 2 Summary of key quality of life findings

Quality of life

Top 3 'good' things about living in Tallaght

- Amenities 73%
- Community spirit 61%
- Proximity to parks, natural spaces 47%

Top 3 'bad' things about living in Tallaght

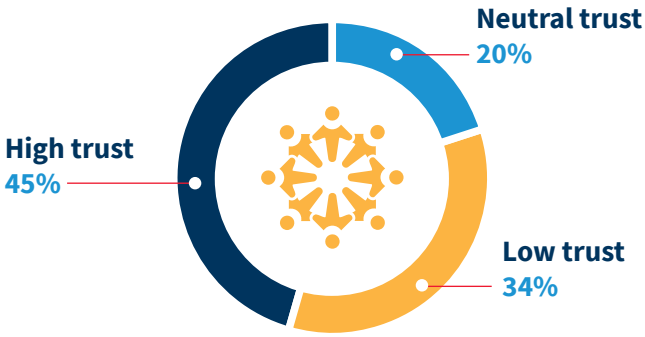
- Antisocial behaviour 72%
- Lack of amenities 61%
- Crime & lack of Gardaí 33%

1 in 5 worried about debt all the time

16% were regularly cold at home due to energy cost savings

32% delayed or did not seek medical care due to costs

Social capital



Community behaviours

1 in 10 volunteered in the community

80% had concerns about antisocial behaviour, which affected their decisions to walk or cycle

98% reported easy access to fresh foods

78% found the air quality to be good or very good

74% reported good digital literacy skills

Quality of life:

Top three 'good' things about living in Tallaght:

- The availability of amenities (72.7%; N=173/238) was rated the best thing about living in Tallaght, followed by a strong sense of community spirit (61.3%; N=146/238) and Tallaght's proximity to other locations such as natural spaces and parks (47.4%; N=113/238).

Top three 'bad' things about living in Tallaght:

- A total of 71.7% (N=168/234) reported antisocial behaviour and not feeling safe, a lack of amenities (61.1%; N=143/234) and crime and lack of Gardaí (32.8%; N=77/234) as being the main 'bad things' about living in Tallaght.

Antisocial behaviour:

- A total of 80.6% (N=216/268) indicated that concerns about antisocial behaviour impacted their decision to walk or cycle in certain areas. Residents reported that gangs, drug use, and a lack of Gardaí presence contributed to feelings of insecurity.

Social capital:

- The respondents indicated a mixed perception of trust; a total of 20.4% (N=56/274) of respondents reported a neutral trust, 33.5% (N=92/274) expressed lower trust, 44.8% (N=103/274) reported higher trust levels (on a scale of 1-10), of this 7.3% (N=20/274) indicated the highest trust score of 10.

Community volunteering:

- Participation among respondents was low relative to the national average of 14.0% participating in volunteering.[5] Only 9.7% (N=26/267) of individuals reported involvement in volunteering activities within their neighbourhoods. The vast majority, 90.2% (N=241/267), indicated they do not participate in such activities.

Household energy and health costs:

- 16.2% (N=44/273) reported feeling cold in their homes regularly due to energy cost savings, while 20.1% experienced this occasionally (N=55/273).
- Financial constraints also impacted healthcare decisions, with 31.6% (N=85/269) delaying or forgoing medical care due to cost concerns.

Financial wellbeing:

- Financial worry is a concern for many: 19.6% (N=53/271) worry about debt "all of the time," while 35.1% (N=95/271) experience financial stress "sometimes".
- There is a gap in awareness of debt support services: 40.9% (N=112/274) were unaware of where individuals in debt could seek advice, though 30.3% (N=83/274) identified MABS (Money Advice and Budgeting Service) as a primary resource.

Access to fresh food:

- Almost all respondents (97.8%; N=268/274) reported easy access to shops providing fresh fruit, vegetables, and meat, indicating strong food security within the community.

Local environmental quality:

- Air quality was generally rated positively, with 77.9% (N=212/272) describing it as "good" or "very good".
- However, 6.9% (N=19/272) rated it as "poor" or "very poor," suggesting some areas may be experiencing localised environmental issues.

Digital literacy:

- Approximately 73.6% (N=201/273) of respondents agreed or strongly agreed that they can use applications and programmes without assistance, while 20.8% (N=57/273) reported difficulty.
- Similarly, 75.4% (N=205/272) felt confident using video chat, and 68.2% (N=187/274) reported being able to solve basic technical issues independently.
- However, there remains a notable minority (N=57/273; 20.8%) who lack confidence in using digital tools, highlighting a need for support in digital skills.

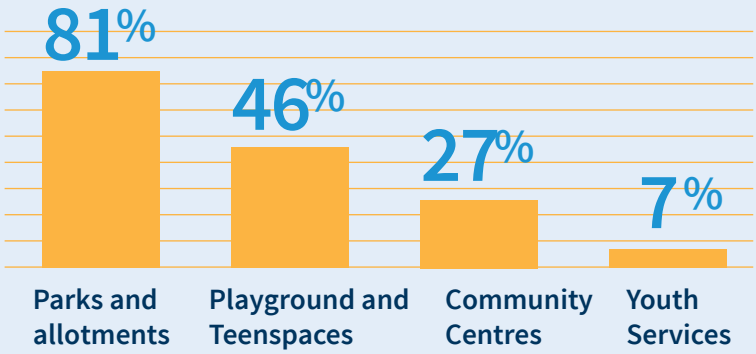
Figure 3 Summary of key health & wellbeing asset findings

Health and wellbeing assets

98-100%
of respondents valued:

- Tallaght parks and allotments
- Playgrounds and Teenspaces
- Community centres
- Sports clubs and facilities
- Hobby facilities

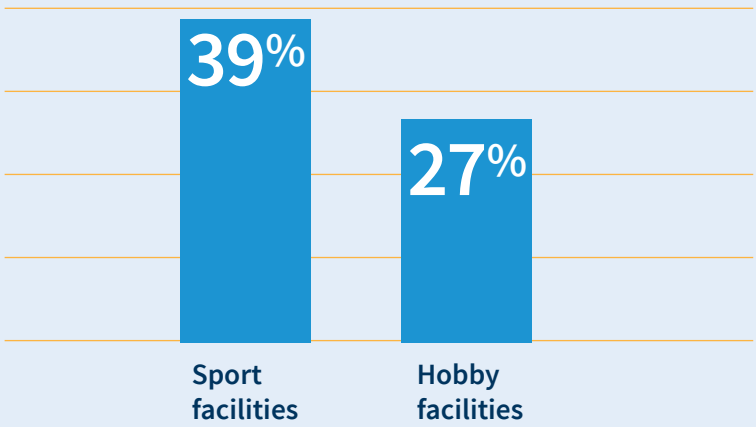
Use of community facilities



Public transport and connectivity

84% used public transport services

Use of sport and hobby facilities



Suggestions for improved facilities and connectivity

- More sport clubs
- Additional youth facilities

Connecting cycle lanes

- Better street lighting
- Improved public safety

Health & wellbeing assets:

Comprehensive inventories of community services and amenities, including facilities for sports and hobbies, were developed and updated by the research team, supported by project partners and community organisations. These resources were mapped across the 13 EDs in the area. During interviews, these inventories were shared with respondents to support their responses regarding service usage in Tallaght and to gauge their perceptions of these services as community assets.

Amenity use and gaps:

- Although 63.2% (N=141/223) of households regularly used parks and allotments, 27.9% (N=24/86) reported a lack of amenities, especially for teenagers. Specific concerns were raised regarding the need for more sports clubs and youth facilities.

Public transport and connectivity:

- Public transport services were highly utilised (84.3%; N=231/274), but 55.1% (N=136/247) opposed further expansion of active travel infrastructure. Suggestions included better cycling lanes and improved public safety, particularly around poorly lit areas and parks.

Community facilities inventory:

- 81.4% (N=223/274) of respondents used parks and allotments, primarily within Tallaght, with 100.0% (N=205/205) viewing them as beneficial.
- Playgrounds and Teenspaces were used by 45.6% (N=125/274), with 99.1% (N=111/112) valuing these spaces.
- Community centres had a usage rate of 26.6% (N=73/274) and all users considered them valuable.
- Other services like youth and support groups or disability services had under 10.0% usage, but most considered these assets to be valuable in the community (ranging from 80.0% to 100.0%).

Sport and hobby facility inventory:

- In the past year, 39.1% (N=107/274) of respondents reported to use sports clubs and facilities, primarily within Tallaght (75.7%; N=81/107).
- 97.8% (N=91/93) of respondents viewed sports clubs and facilities as valuable community assets.
- 27.0% (N=74/274) of respondents used hobby facilities, the majority being within Tallaght (81.1% N=60/74).
- 98.5% (N=64/65) considered hobby facilities beneficial to the community, with 66.2% (N=43/65) visiting them weekly.

Figure 4 Summary of key physical & social wellbeing findings

Physical and social wellbeing

39% rated their health as good; down 7% from 2014

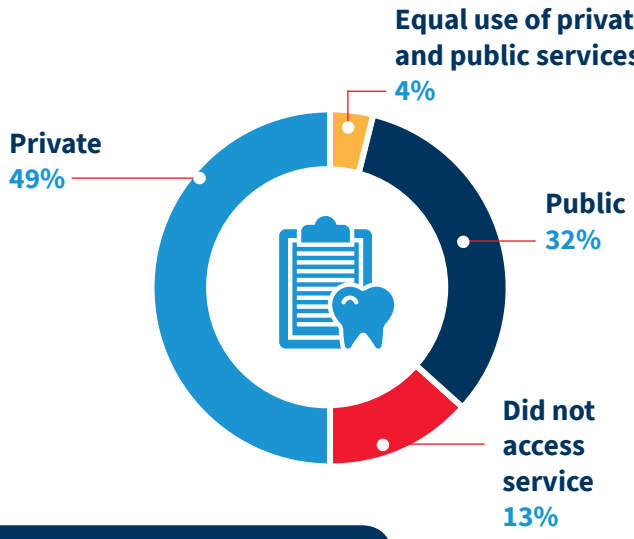
49% reported they would need dental work if they went to the dentist tomorrow

69% of households reported consuming alcohol

Physical activity

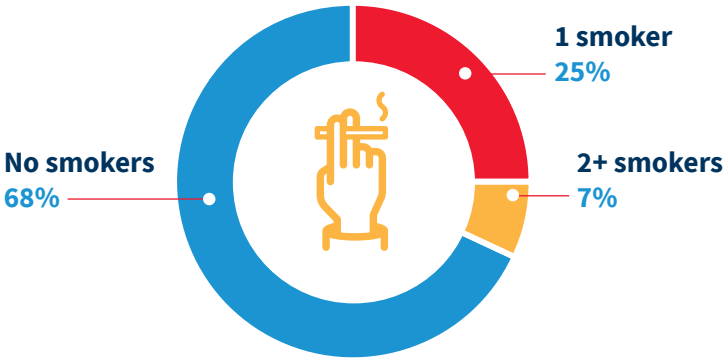
47% walked for 30 minutes or more a day more than 5 times a week

Accessing dental services



49% reported using over the counter pain medication regularly

Household smoking habits



37% decrease in 1+ smoker households since 2001

Physical & social wellbeing:

Self-rating of health:

- Most respondents reported 'good' (39.2%; N=107/273) or 'very good' (30.3%; N=83/273) health.
- In comparison to 2014, most respondents reported their own general health as being 'good' (46.2%) or 'very good' (24.6%).

Dental health:

- A total of 49.3% (N=135/274) of respondents reported they think they would need dental treatment if they went to the dentist tomorrow.
- A fifth of respondents (20.8%; N=57/274) reported occasionally experiencing pain or aching in their mouth in the last four months, with 55.8% (N=153/274) reporting never having experienced pain.
- Nearly half of respondents (49.3%; N=135/274) reported accessing dental services privately, followed by 31.8% (N=87/274) accessing care through public dental services and 13.1% (N=36/274) not accessing any dental care services.
- A total of 49.1% (N=111/226) reported visiting the dentist one to two times in the last two years.

Physical activity:

- A total of 64.7% (N=165/255) of respondents reported no strenuous exercise.
- Mild exercise was more common, with 27.9% (N=72/258) engaging in activities such as yoga or light walking more than five times a week.
- Walking was the most prevalent activity, with 46.6% (N=124/267) walking for more than 30 minutes daily.
- Since 2014, there have been statistically significant improvements in physical activity levels across all categories:
  - Reports of no strenuous exercise dropped from 83.2% to 64.7%. Those exercising less than five times a week increased from 14.1% to 29.4%, and more than five times a week rose from 2.7% to 5.8% (X^2=23.6, p<0.001).
  - Moderate exercise improved as well, with a reduction in no exercise from 57.0% to 43.8% and an increase in exercising less than five times a week from 27.3% to 40.6% (X2=35.1, p < 0.001).
  - For mild exercise, reports of no participation decreased from 35.2% to 26.4% (X^2=8.2, p<0.01).
  - Walking habits remained prevalent, though they slightly declined from 100.0% in 2014 to 97.4% in 2024 (X^2=7.2, p<0.05).

Smoking and vaping habits:

- Within households, 67.8% (N=183/270) reported no smokers and 82.0% reported no vapers (N=220/268).
- However, 25.2% (N=68/270) reported one person smoking, and 15.0% reported one person vaping (N=40/268). A small percentage (6.7%; N=18/270) had two or more smokers.
- Looking at trends over time, the proportion of households reporting one or more smokers decreased significantly over time (X^2=89.0, p<0.001), from 69.2% (N=238/344) in 2001 to 44.4% (N=151/340) in 2014, and further to 32.2% (N=87/270) in 2024. The proportion of households reporting no smokers increased inversely, from 30.8% (N=106/344) in 2001 to 55.6% (N=189/340) in 2014, and 67.8% (N=183/270) in 2024.
- Among respondents, 64.4% (N=56/87) identified as smokers, of which 41.1% (N=23/56) attempted to quit in the last 12 months, primarily using the “cold turkey” method (60.9%; N=14/23).

Substance use in households:

- Alcohol was the most frequently reported substance used in the household (69.3%; N=190/274).
- Almost half (48.9%; N=134/274) reported using over-the-counter pain medications regularly, while the reported use of illegal substances was minimal.
- Cannabis and weed use were reported by a small proportion of households (2.6%; N=7/274 and 2.9%; N=8/274), respectively, and unprescribed sedatives such as Valium were used in 2.2% (N=6/274) of households.

Figure 5 Summary of key stress & loneliness findings

Stress and loneliness

2 in 3 respondents experienced stress in the past year

Reasons for stress

- 41% - Family
- 18% - Work/unemployment/study
- 17% - Finances

68% Experienced stress induced anxiety

24% Experienced illness-related stress

18% used prescription medication to manage stress

2X increase in financial stress since 2001

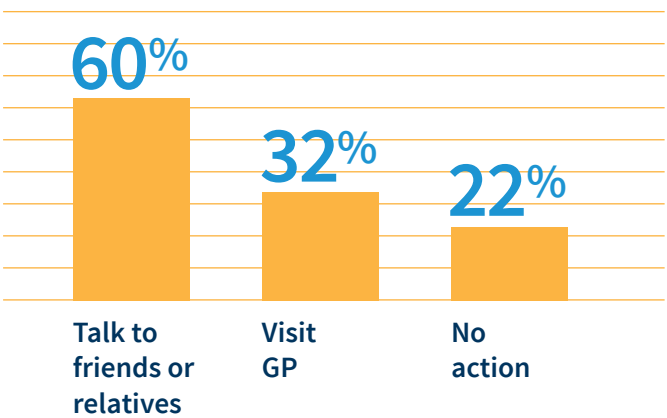
60% reported rarely or never feeling lonely

Stress symptoms

67% Experienced sleeplessness

51% Experienced irritability

Stress management



Stress and loneliness:

- A total of 69.5% (N=189/272) of respondents reported experiencing stress in the last 12 months, the primary reasons for stress were reported to be family (41.4%; N=75/181), work/unemployment/study (18.2%; N=33/181) followed by finances (16.6%; N=30/181).
- There were fluctuations in reported stress over time with the proportion of respondents reporting stress remaining high but varying significantly (X^2=7.88, p<0.05). Stress levels increased from 59.3% (N=204/344) in 2001 to 66.9% (N=227/339) in 2014, before increasing to 69.5% in 2024. The percentage rating their stress as 'very serious' increased from 19.2% (N=39/203) in 2001 to 31.6% (N=71/225) in 2014 but decreased slightly to 26.9% (N=51/189) in 2024 (X^2=19.18, p<0.05).
- There was a sense of the evolving causes of stress with family-related stress, the leading cause in 2001 (54.8%; N=108/197), declining to 41.4% (N=75/181) in 2024. Financial stress increased from 9.6% (N=19/197) in 2001 to 16.6% (N=30/181) in 2024. Illness-related stress decreased slightly, from 18.8% (N=37/197) in 2001 to 16.0% (N=29/181) in 2024 (X^2=18.29, p<0.01).
- The most common stress-related symptoms included anxiety (68.3%; N=129/189), sleeplessness (67.2%; N=127/189), and irritability (51.3%; N=97/189).
- Stress management strategies varied, with 59.8% (N=113/189) talking to friends or relatives, 32.3% (N=61/189) visiting a GP, and 21.7% (N=41/189) taking no action.
- The preferred coping strategies changed somewhat over time with 'talking to friends or relatives' as the most common action, reported by 65.4% (N=125/191) in 2001 and 59.8% (N=113/189) in 2024. Visiting GPs peaked at 44.5% (N=101/227) in 2014 but dropped to 32.3% (N=61/189) in 2024.
- Despite high levels of stress, only 17.5% (N=33/189) used prescription medication, and online or peer support groups were underutilised.
- Loneliness was reported "hardly ever or never" by 59.5% (N=163/274) of respondents, while 29.2% (N=80/274) felt lonely "some of the time".

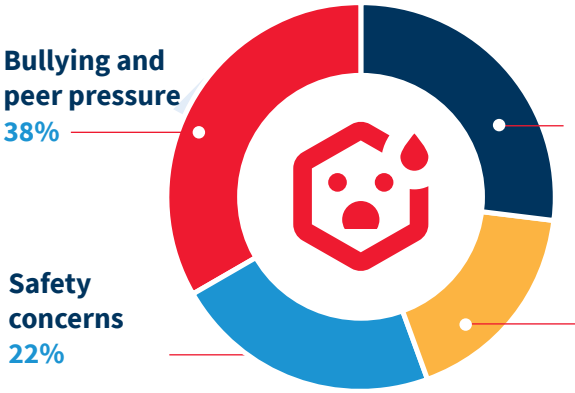
Figure 6 Summary of key teenage behaviour & family dynamics findings

Teenage behaviour and family dynamics

29% of respondents reported having teenagers in the household

Worrying about their socialising habits decreased from 60% in 2001 to 48% in 2024

Reasons for worrying



23% decrease in respondents reporting problematic behaviour with their teenager

87% of respondents are happy with their teenagers' friends

Teenage behaviour & family dynamics:

- Approximately 28.8% (N=79/274) of respondents had teenagers in the household, with 48.1% of these (N=38/79) expressing concerns about their socialising, primarily due to bullying and peer pressure (37.8%; N=14/37) and behavioural issues (27.0%; N=10/37).
- The proportion of respondents worrying about their teenager socialising decreased over time, from 59.6% (N=130/218) in 2001 to 48.1% (N=38/79) in 2024. Those not worrying increased from 40.4% (N=88/218) to 51.9% (N=41/79) in 2024 during the same period.
- The percentage of respondents happy with their teenager's friends declined slightly, from 85.3% (N=186/218) in 2001 to 87.3% (N=69/79) in 2024. Conversely, dissatisfaction peaked in 2014 at 21.3% (N=19/89) before decreasing to 7.6% (N=6/79) in 2024.
- Reports of teenagers in the household displaying problematic behaviour showed a significant decline (X^2=13.67, $p<0.01$), from 45.5% (N=97/213) in 2001 to 22.8% (N=18/79) in 2024. Correspondingly, the proportion of respondents reporting no problematic behaviour increased from 54.5% (N=116/213) in 2001 to 77.2% (N=61/79) in 2024.
- Psychological or emotional conditions were present in 13.9% (N=11/79) of the teenagers, with over half of these (54.5%; N=6/11) having experienced these issues for more than two years.
- Despite these challenges, most affected teenagers had a diagnosis by a professional (72.7%; N=8/11), suggesting active engagement with mental health services.

Figure 7 Summary of key chronic illness & disability findings

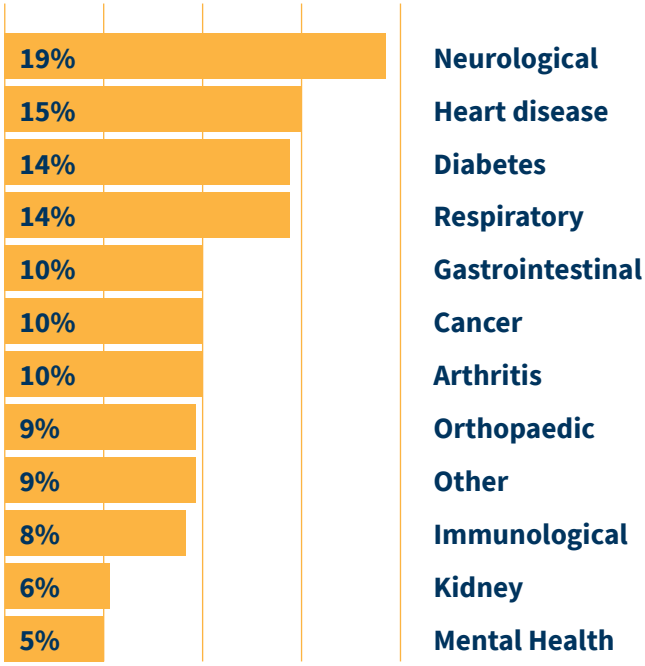
Chronic disease and disability

43% of individuals in the households reported having a chronic illness (N=111)

7% decrease in chronic disease prevalence since 2001

23% reported both a chronic illness and a disability

Most reported chronic illnesses



Chronic disease service utilisation

65% visited the GP for their chronic illness in the last 3 months

44% attended Tallaght University Hospital for their chronic illness in the last 3 months

15% used chronic disease management programme or hub

11% received home healthcare

1 in 3 with a chronic disease reported being on a waiting list for health services

11% of households received a disability allowance

Chronic illness & disability:

Prevalence of chronic illness:

- Among households surveyed, a total of 42.9% (N=111/259) of respondents reported on individuals in the household having a chronic illness. 32.0% (N=83/259) reported having at least one individual with a chronic illness, and 5.4% (N=14/259) reported two individuals with a chronic illness.
- The most reported conditions included neurological disorders (18.9%; N=21/111), heart disease (15.3%; N=17/111), diabetes (14.4%; N=16/111), respiratory illness (14.4%; N=16/111), and gastrointestinal diseases (9.9%; N=11/111).
- Other conditions, such as cancer, orthopaedic issues, arthritis, immunological disorders, and mental health concerns, were also reported, highlighting a broad spectrum of health challenges within the community.
- Looking at changes over time, the proportion of individuals with a chronic illness has significantly decreased. In 2001, chronic disease prevalence was 21.6% (N=284/1313). This remained steady in 2014 at 21.6% (N=234/1082), before falling in 2024 to 14.7% (N=111/755). Changes in the types of chronic illnesses reported demonstrate evolving health trends over time. For example:
  - Heart disease was reported in 2001 as 23.6% (N=67/284), increasing slightly in 2014 to 29.1% (N=68/234), before decreasing significantly in 2024 to 15.3% (N=17/111). This reflects potential improvements in cardiovascular health management.
  - Reports of diabetes rose steadily from 7.7% (N=22/284) in 2001 to 12.8% (N=30/234) in 2014, reaching 14.4% (N=16/111) in 2024, indicating a growing burden of metabolic health conditions.
  - Respiratory conditions were reported in 2001 as 32.4% (N=92/284), dropping significantly to 8.5% (N=20/234) in 2014, with an increase to 14.4% (N=16/111) in 2024.
  - Mental health and addiction increased from 4.9% (N=14/284) in 2001 to 10.3% (N=24/234) in 2014, before decreasing to 5.4% (N=6/111) in 2024, showing fluctuating trends in these conditions.
  - Reports of arthritis remained consistent over the years, from 8.1% (N=23/284) in 2001 to 7.3% (N=17/234) in 2014 and 9.0% (N=10/111) in 2024.
  - Chronic bowel disease saw an increase from 5.6% (N=16/284) in 2001 to 6.4% (N=15/234) in 2014 and 9.9% (N=11/111) in 2024, reflecting growing recognition or reporting.
  - While data on cancer were limited in 2001, reports rose from 5.6% (N=13/234) in 2014 to 9.9% (N=11/111) in 2024.
  - Neurological conditions showed a significant rise from 4.9% (N=14/284) in 2001 to 4.7% (N=11/234) in 2014 and 18.9% (N=21/111) in 2024, highlighting an increasing burden.
  - Orthopaedic conditions were not distinctly reported in 2001 or 2014 but were highlighted in 2024 at 9.9% (N=11/111), indicating emerging concerns about musculoskeletal health.

Healthcare utilisation for chronic illness:

- Of those with a chronic illness, 44.0% (N=48/109) attended Tallaght University Hospital in the last three months, and 33.0% (N=35/106) were currently on a waiting list for services.
- Primary care engagement was high: 64.8% (N=72/111) had visited a GP in the previous three months, with most (55.5%; N=40/72) making one to two visits. Repeat prescriptions and medical check-ups were the primary reasons for these GP visits (74.4%; N=29/39).
- Only 10.8% (N=12/111) received any form of healthcare at home, indicating a low uptake of home-based healthcare support despite significant chronic health needs.

Chronic disease management:

- Engagement with structured chronic disease management programmes was low, with 15.0% (N=16/107) participating in disease management hubs or programmes. This suggests a potential gap in the provision and uptake of chronic illness management services, which could benefit from increased support and awareness.

Prevalence of disability:

- Disability allowance was reported in 11.2% (N=30/267) of households.

Prevalence of chronic illness and disability:

- 18.7% (N=50/267) indicated that one household member had both a chronic illness and a disability, while 3.7% (N=10/267) reported that two people in the household were affected.
- This dual burden of chronic illness and disability in some households underscores the need for comprehensive support services to address complex care needs.

Barriers to healthcare access and support:

- Limited use of home healthcare services (10.8%; N=12/111) and low engagement with public health nurse visits (9.0%; N=10/111) suggest barriers to accessing in-home support, which may be due to either availability or awareness.
- The findings indicate that while chronic illness is prevalent, healthcare service utilisation is fragmented, and there is an opportunity to enhance support for home care, structured management programmes, and integrated care pathways.

Figure 8 Summary of key experience of Tallaght University Hospital services findings

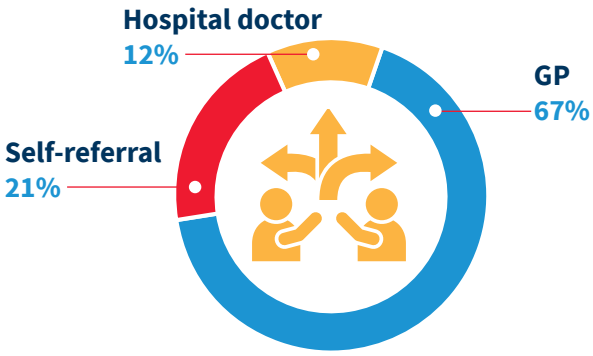
Experience of Tallaght University Hospital Services

47% attended TUH for tests or treatments in the last 12 months (N=125)

90% believed TUH is beneficial to the surrounding community

35% attended TUH Emergency Department in the last 12 months

TUH source of referral



68% were satisfied with services in TUH due to the:

- **77%** Quality of care
- **76%** Friendliness, respect and compassion provided by the staff
- **59%** Good communication from the staff

41% would like to be involved in TUH decisions to change and improve services

57% reported waiting <24 hours before attending TUH Emergency Department

85% reported no unmet healthcare needs in the last 12 months

Top 3 reasons for attendance to TUH Emergency Department (N=95)

- General pain **24%**
- Respiratory and breathing issues **13%**
- Stomach and digestive issues **13%**

Experience of Tallaght University Hospital services

We highlight the findings on the utilisation, satisfaction, and community impact of services provided by Tallaght University Hospital (TUH), as experienced by respondents. The results encompass hospital visits, Emergency Department services, waiting lists, and suggestions for improvement, providing insight into the hospital's strengths and areas for development.

Utilisation of TUH:

- Nearly half (47.0%; N=125/266) of respondents attended Tallaght University Hospital for tests or treatment in the past 12 months, a significant increase from Round 2 where 22.7% (N=244/1077) reported attendance for similar reasons.
- The primary reasons for attendance included clinical investigations (27.2%; N=34/125), skeletal and muscular issues (12.8%; N=16/125), and heart and circulatory issues (12.0%; N=15/125).
- General Practitioners were the main source of referrals (67.2%; N=84/125), while 20.8% (N=26/125) were self-referrals.

Waiting lists:

- Most respondents (85.1%; N=229/269) reported having their healthcare needs met in TUH, with a small proportion (13.0%; N=35/269) reporting being on a waiting list due to delays in receiving treatment in TUH.
- Respondents suggested that reducing wait lists (39.2%; N=78/199) and more staff (31.6%; N=63/199) would significantly improve the service.

Satisfaction with TUH services:

- Of those who used TUH services, 67.7% (N=84/124) reported being satisfied with their experience.
- The main reasons for satisfaction were the quality of care (77.4%; N=65/84) and the friendliness, respect, and compassion shown by staff (76.2%; N=64/84).
- A total of 32.3% (N=40/124) were dissatisfied, citing long waiting lists (85.0%; N=34/40) and poor communication from staff (50.0%; N=20/40) as key reasons for discontent.

Impact of TUH on the community:

- A significant majority (89.8%; N=246/274) of respondents believe that TUH is beneficial to the surrounding community, primarily due to its location and proximity (71.1%; N=175/246) and the quality of services provided (20.3%; N=50/246).

Community involvement in TUH decisions:

- 14.6% (N=40/274) of respondents expressed a desire to be involved in decisions about service improvements, though 26.6% (N=73/274) indicated willingness if they felt it would make a difference.

Suggestions for improvement:

- When asked how TUH could improve, respondents prioritised hiring more staff, reducing waiting lists, and enhancing communication with patients.
- A total of 72.6% (N=199/274) of respondents provided specific feedback on improvements, indicating high engagement and interest in seeing positive changes.

Experience with TUH Emergency Department services:

- A total of 35.1% (N=95/271) of respondents had attended the TUH Emergency Department in the previous 12 months, a reduction from 2014 where 39.6% (N=135/341) reported attending TUH Emergency Department.
- Self-referral was the primary source of referral (50.5%; N=48/95), followed by GP referral (28.4%; N=27/95) and 18.9% came in by ambulance (N=18/95).
- 'Out-of-hours' (43.8%; N=21/48) and GP was not available (31.3%; N=15/48) were the primary reasons for respondents not seeking care from another healthcare professional before attending the Emergency Department.
- More than half (56.8%; N=54/95) of respondents reported waiting less than 24 hours before attending, followed by 18.9% (N=18/95) waiting one to two days and 11.6% (N=11/95) waiting three to seven days.
- Reasons for dissatisfaction (66.3%; N=63/95), highlighted long waiting times (82.5%; N=52/95) and poor communication (54.0%; N=34/95) as primary concerns.
- Nearly half of the households who attended TUH Emergency Department (45.3%; N=43/95) would recommend it to a friend or family member, suggesting scope for enhancing patient experience.

Figure 9 Summary of key general practice, 'out-of -hours' services and social prescribing findings

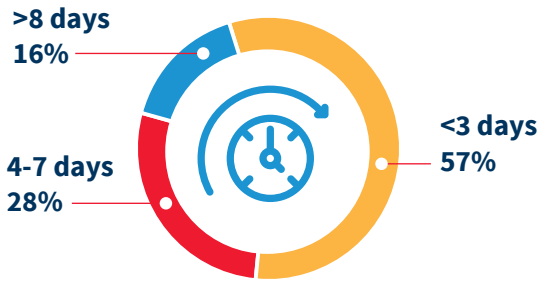
General practice, 'out-of-hours' services and social prescribing

95% were registered with a GP

80% would recommend their GP

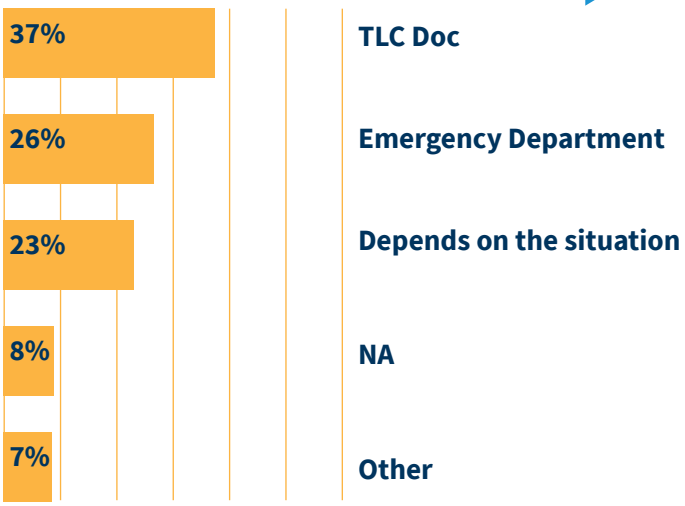
41% were satisfied with their 'out-of -hours' options

Time to get an appointment



12% were aware of 'social prescribing' services (N=32)

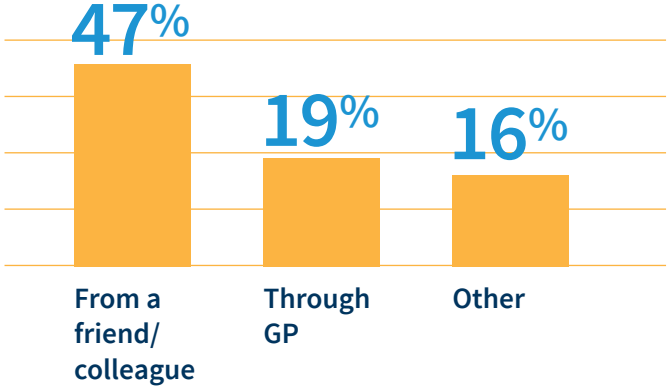
Where do you go 'out-of-hours'?



What might stop you from using social prescribing?

- **54%** Did not know about the service
- **13%** Availability of appointments
- **12%** No self-referral option/ have to go through GP

How did they hear about social prescribing?



General practice, ‘out-of-hours’ services and social prescribing:

General practice (GP) services:

- The majority (94.9%; N=260/274) of respondents are registered with a GP, with a small minority (4.4%; N=12/274) not registered due to reasons such as being on a waiting list or accessing services in other locations.
- While 55.7% (N=146/262) reported that their GP is within walking distance, 43.5% (N=114/262) stated their GP is not easily accessible by foot.
- In terms of appointment availability, 56.5% (N=140/248) were able to secure a GP appointment within three days, while 15.7% (N=39/248) reported waiting longer than eight days.

‘Out-of-hours’ services:

- When household members require ‘out-of-hours’ care, 36.9% (N=101/274) used the TLC Doc service, while 25.9% (N=71/274) go directly to the Emergency Department.
- Satisfaction with ‘out-of-hours’ services is low, with only 40.9% (N=112/274) expressing satisfaction and a significant proportion 38.7% (N=106/274), unsure about their options.

Satisfaction with GP services:

- Most respondents are satisfied with their GP with 81.6% (N=214/262) expressing satisfaction and 79.6% (N=218/274) reporting they would recommend their GP to others.
- A total of 18.3% (N=48/262) were dissatisfied, citing challenges such as waiting times and communication issues.

Social prescribing services:

- Awareness of social prescribing services is low, with 11.7% (N=32/274) of respondents having heard of these services prior to the survey.
- Of those aware, 46.9% (N=15/32) learned about it through a friend or colleague, while 18.8% (N=6/32) were informed via their GP surgery.
- Engagement is limited with 14.9% (N=11/74) reported being linked to a local service or activity through social prescribing, and 74.3% (N=55/74) stated they had not been connected to any specific services.

Barriers to using social prescribing services:

- The most cited barriers include a lack of awareness (53.6%; N=82/153), appointment availability (13.1%; N=20/153), and the need to go through a GP for referrals (11.8%; N=18/153).
- Additional barriers included distance, lack of transport, and concern over feeling judged.

Satisfaction with social prescribing services:

- Due to low awareness, satisfaction of social prescribing services was low, with 12.2% (N=9/74) reporting satisfaction and 68.9% (N=51/74) uncertain about the services.
- This indicates a need for improved outreach, education, and service delivery to enhance engagement and satisfaction.

Additional health services identified by the people of Tallaght:

Participants highlighted several key areas for improvement, including:

- Increased GP and Primary Care Services: 24.2% (N=46/190) indicated a need for more GPs to reduce waiting times.
- Mental Health and Addiction Services: 18.9% (N=36/190) called for more accessible mental health and addiction rehabilitation services.
- Specialised Healthcare Services: 14.2% (N=27/190) called for specialised services such as cancer treatment centres.
- Children's Services: There was a notable call (12.6%; N=24/190) for more paediatric and special needs services, particularly speech and occupational therapy.

Recommendations

1. Housing policy to meet the needs of a changing community:

Given the trends towards increased outright homeownership and private renting, alongside longer durations of respondents reporting living in their homes, housing policies should prioritise enhancing affordability and stability for renters in the private and public rental markets. This includes introducing measures to cap rent increases, increase the supply of affordable rental properties, and expand access to long-term rental agreements with consideration for private and County Council supports that provide tenants with greater security and stability.

2. Enhance safety measures to address antisocial behaviour:

Public safety is everyone's business and requires a joined-up response from all stakeholders. Implement community safety measures, such as improved lighting, enhanced Gardaí presence, and neighbourhood patrols to address the 80.6% (N=216/268) of respondents who reported avoiding walking or cycling in certain areas due to personal safety concerns. Alongside these measures, establish collaborative initiatives between residents, South Dublin County Council, the Gardaí, and community organisations to foster trust, strengthen social cohesion, and ensure long-term safety improvements. Engaging the community through education, outreach, and shared responsibility will help create safer, more inclusive public spaces.

3. Strengthen social capital and trust in the community:

Low levels of trust and a sense of insecurity are detrimental to social cohesion. Initiatives that encourage community interaction, such as neighbourhood associations, volunteer programmes, and community workshops, can rebuild trust and engagement. Programmes focusing on building relationships within and between neighbourhoods can foster a more connected and supportive environment.

4. Utilise local assets to further support social capital and community engagement:

Create a community resource that leverages existing asset inventories to enhance public awareness of healthcare, sport and hobby facilities, and community services. This resource would empower individuals to connect with local services and amenities independently. In partnership with community centres, social prescribing could be strengthened by improving programme delivery, increasing uptake and enhancing coordination between link workers, fostering greater community engagement and cohesion.

5. Promote community engagement and volunteering initiatives:

With only 9.7% (N=26/267) of respondents participating in community volunteering, the development of local engagement initiatives and volunteer programmes would foster a stronger sense of community.

6. Debt concerns and financial strain:

With high levels of worry about debt and economic insecurity, introduce financial literacy programmes and accessible support services, such as more localised Citizens Information centres and budgeting advice clinics. Partnerships with organisations like MABS (Money Advice and Budgeting Service) could help alleviate financial strain and reduce related stress, contributing to overall community wellbeing.

7. Address environmental concerns:

Enhance air quality monitoring and interventions in areas where 6.9% (N=19/272) of respondents rated air quality as ‘poor’ or ‘very poor’. Maintain strong access to fresh food, reported as ‘easy’ by 97.8% (N=268/274) to support community health.

8. Improve digital literacy:

Given that a significant portion of respondents report difficulty using digital tools, expand digital literacy programmes to improve confidence and skills in using technology for healthcare, education, and social connectivity. Partner with local libraries and community centres to provide training and access to resources for all, including greater accessibility to non-digital options.

9. Improve communication about existing amenities and recreational spaces:

Nearly two thirds of respondents (63.2%; N=141/223) reported that members of their household use existing recreational facilities, such as, playgrounds, allotments and parks. A notable minority identified gaps in amenities, particularly those catering for teenagers (27.9%; N=24/86) and a further minority (11.6%; N=10/86) indicated a need to enhance communication about existing amenities.

10. Improve cycling and walking infrastructure:

With only 43.6% (N=78/179) of respondents supporting the need for cycling infrastructure improvements and 44.9% (N=111/247) in favour of more active travel infrastructure, there is a need to create a comprehensive plan to connect existing cycle lanes, develop safe pedestrian routes, and consider bike rental schemes. Focus should be placed on high-traffic areas, schools, and public spaces as identified by participants.

11. Promote physical activity through community programmes:

To improve physical activity levels among respondents, it is essential to enhance and expand community-based physical activity programmes. With 64.7% (N=165/255) reporting no strenuous exercise and only 15.6% (N=40/256) participating in regular moderate exercise, targeted efforts are needed to encourage greater engagement. Building on the significant improvements observed between 2014 and 2024 (for example, the percentage of respondents reporting no strenuous exercise decreased significantly from 83.2% (N=278/334) in 2014 to 64.7% (N=165/255) in 2024); these initiatives should focus on accessibility, inclusivity, and sustainability. Expanding programmes such as community walking groups, yoga classes, or local sports activities can reach a wider audience and foster a supportive environment for physical activity. Providing incentives and tailored support, particularly for those currently inactive will help sustain participation. By highlighting success stories and promoting the practical and health benefits of regular exercise, these efforts can motivate more respondents to become active, improving overall well-being and community health.

12. Towards smoke-free homes:

To sustain and accelerate the decline in household smoking, targeted campaigns should focus on supporting the remaining (64.4%; N=56/87)of households with smokers through tailored cessation programmes (e.g., 'We Can Quit') and public health interventions, aiming to promote healthier, smoke-free environments. With more than one in five households affected, this is a key opportunity to make a lasting impact.

13. Improve access to affordable dental services:

With 31.6% (N=85/269) of respondents indicating that they had delayed healthcare due to costs and 49.3% (N=135/274) needing dental treatment, there is an urgent need to increase access to affordable dental services. Consider subsidising dental care and offering community health programmes focused on oral health education and regular check-ups.

14. Strengthen mental health and stress management support:

With 69.5% (N=189/272) of respondents experiencing stress in the last 12 months, predominantly due to family issues, illness, and finances, increasing access to mental health services, financial counselling, peer support groups, and stress management workshops would be highly beneficial. Promote community counselling services and make mental health resources more visible and easier to access (e.g., peer-led Solace cafes), tailored to meet the evolving needs of the community.

15. Strengthen supports for positive adolescent development:

To support respondents and promote positive adolescent development, interventions should focus on addressing concerns about socialising, strengthening family relationships, and reinforcing positive behavioural trends among teenagers. Although concerns about teenagers socialising have decreased over time, they remain significant, with 48.1% (N=38/79) of respondents still worried in 2024. Additionally, satisfaction with teenagers' friends has slightly increased, with 87.3% (N=69/79) of respondents happy in 2024, compared to 85.3% (N=186/218) in 2001. However, the decline in problematic behaviour—from 45.5% (N=97/213) in 2001 to 22.8% (N=18/79) in 2024—presents an opportunity to build on this positive trend by promoting further resilience and pro-social behaviours in teenagers.

16. Adapt healthcare priorities to address evolving chronic illness trends:

A significant proportion (42.9%; N=111/259) of households reported a member with a chronic illness. Expanding chronic disease management hubs and home care services would greatly benefit these individuals. To address the evolving trends in chronic illnesses, healthcare policymakers and providers should implement a multifaceted strategy focusing on prevention, targeted care, and robust data collection. This includes enhancing preventative health programmes to curb the rise in metabolic disorders such as diabetes, expanding specialised services for neurological and musculoskeletal conditions, sustaining successful interventions that have reduced respiratory and cardiovascular illnesses, and refining mental health services to address fluctuating trends. Additionally, improving the comprehensiveness and consistency of chronic illness reporting will facilitate evidence-based policymaking and efficient resource allocation, tailored to emerging health challenges.

17. Strengthen support systems for households affected by disability and chronic illness:

Given that 11.2% (N=30/267) of households report having a member in receipt of disability allowance and 22.5% (N=60/267) of households indicate having a member with both a chronic illness and a disability, it is essential to enhance targeted support services to help address the specific needs of vulnerable households, promoting equity and wellbeing within the community. Policies should focus on increasing access to community-based healthcare and social support tailored to individuals with disabilities and chronic illnesses; streamlining eligibility processes for disability-related benefits to ensure timely support; and raising awareness of existing supports and services to improve uptake among eligible households.

18. Consider the expansion of the existing HSE Enhanced Community Care hubs:

The HSE's Enhanced Community Care programme currently focuses on older persons and persons with chronic disease. The integration of multiple services—GP, mental health support, addiction services, and chronic illness management—under one roof would streamline service provision and make it easier for residents to access the care they need in one convenient location. This will be particularly important given the changes in the ages of the community which over the three different rounds of the HANA project demonstrate the significant demographic shifts in age distribution from 2001 to 2024, with profound implications for policy and planning. Key findings reveal a significant decline in younger populations (children, teens, and young adults)

and a dramatic growth in the older population (65+ years), which has tripled over the period. These trends underscore the need for a strategic focus addressing the implications of these shifts.

19. Recognise and support the role of General Practice in providing both acute care and chronic disease management in the community:

General Practice is well-placed to expand the amount and breadth of services being provided to patients with high satisfaction rates, 81.6% (N=214/262) and high levels of registration (94.9%; N=260/274). Areas worth exploring are increasing the registration for the population further so there is a close to universal cover as possible. Increased signposting of the TLC 'out-of-hours' service may be useful as well. To further improve the ability of General Practice to meet demand, strategies should be considered to attract more GPs into the area to support the development of robust, responsive practices that are proximal to all areas within Tallaght and can care for more marginalised groups or populations. The integration of care in relation to chronic disease between General Practice, Primary Care, Integrated Care Hubs and TUH should be further encouraged, with a focus also on digital integration to enhance its implementation.

20. Build on Tallaght University Hospital's strengths by continuing to address waiting lists and enhancing communication:

Tallaght University Hospital (TUH) is a vital healthcare provider in the community, with the majority of users (67.7%; N=84/124) reporting satisfaction with its services, citing the quality of care (77.4%; N=65/84) and staff compassion (76.2%; N=64/84) as key strengths. To further enhance patient experiences, continuing to address waiting lists and strengthening communication are opportunities for improvement, as highlighted by some respondents (85.0%; N=34/40) and (50.0%; N=20/40) respectively. Building on its existing patient-centred approach, TUH could explore targeted strategies such as improved patient management systems, regular updates, and streamlined appointment processes to ensure even greater satisfaction and accessibility.

21. Support the acceleration of *Sláintecare* to enhance healthcare access and affordability:

Tallaght University Hospital has demonstrated its importance to the local community, with 85.1% (N=229/269) of respondents indicating no unmet healthcare needs related to its services in the past year. However, for households facing challenges such as waiting lists or cost-related delays, advancing the implementation of *Sláintecare* could provide additional support. Measures such as increased funding for local health services, enhanced coordination between TUH and community care, and expanded eligibility for affordable healthcare could help ensure equitable access for all residents while complementing the high standards already in place at TUH.

22. Promote social prescribing to increase awareness and uptake:

With low awareness (11.7%; N=32/274) and usage (27.0%; N=74/274) of social prescribing services more effort is needed to promote these offerings through GPs and community organisations. Implementing a broader communication strategy, including digital platforms and local community centres, would help link residents to relevant activities and improve their overall wellbeing.

23. Address gaps in health and social services:

Many respondents indicated a need for expanded GP, mental health, and addiction services, as well as specialised healthcare and older persons homecare services. It is recommended to establish more localised healthcare centres, support services, and rehabilitation facilities to meet these needs, ensuring timely access and reducing dependency on emergency services.