

CARE ZONE REPORT

October 2019

LIGHTHOUSE
"A beacon of hope"

CAREZONE
COMMUNITY | COMPASSION | HOPE

The Care Zone working group would like to express their gratitude to all residents, community groups and other partners that have dedicated their time and energy in supporting the Care Zone project since its inception.

RESOURCING

The Care Zone project has been financially supported by the Public Health Agency, the Urban Villages programme and the Belfast Health and Social Care Trust. In addition, the Sacred Heart Parish kindly provided a venue for regular meetings and occasional events. Belfast City Council staff facilitated community events in the Marrowbone Park; Ulster University staff supported the project by providing guidance and assistance towards the training of local Community Champions and Belfast Healthy Cities provided support throughout the project and supported the production of the Care Zone reports.

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 Belfast Health Development Unit
 Belfast Health & Social Care Trust
 Lighthouse
 Public Health Agency
 Sacred Heart Parish
 The Executive Office (Urban Villages programme)
 Ulster University
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"There was a fabulous Fun Day held in the Marrowbone park on the Oldpark Road, with several stalls handing out important information about various resources and groups available to those who require them. There were also complimentary therapies on offer. Many families had a great day out and enjoyed the refreshments on offer. It was lovely to see so many young families out meeting and greeting one another. The community could do with something like this every year".

(local resident)

FOREWORD

"We are delighted to support the launch of this report which we know has been the result of a tremendous amount of effort from the community in the Oldpark and Cliftonville area.

Having both attended the "BUILDING HOPE: Working together to prevent suicide" Future Search event in Belfast back in 2016 (and follow up 2017) we applaud the progress made by the North Belfast Care Zone under the agreed common ground to have a Community Development Approach to suicide prevention. The community-led methodology is very much in keeping with the Making Life Better Framework, which seeks to create the conditions

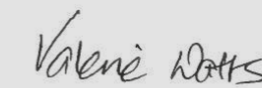
for individuals and communities to take control of their own lives and move towards a vision where all people are enabled and supported in achieving their full health and wellbeing potential and to reduce inequalities in health.

Both the Department of Health and the Public Health Agency remain fully committed to supporting Co-production approaches as set out in Delivering Together to address health and wellbeing, and hope that this report will inspire others to create their own "Care Zone".

We both wish the North Belfast Care Zone every success going forward."



Michael McBride,
 Northern Ireland Chief Medical Officer



Valerie Watts,
 Interim Chief Executive Officer,
 Public Health Agency

“A useful project was the production of a booklet featuring interviews with several people in the area about the old days, when they were young. This is a useful record of the lives and times of some of our more senior citizens with their memories of school days and life as it was when they were young. Reminiscence is a very valuable tool for use with not only senior citizens, but also for the historical facts younger people can learn from. There have been so many changes in lifestyle, employment and schools in the district. Our past sheds light on where we have come from and shows how we have made progress... or have we?”

(local resident)

PREFACE

The Care Zone project was established as a result of a Future Search workshop that was led by the then Health Minister Mrs Michelle O'Neill, 'Building Hope: Working Together to Prevent Suicide', where twelve common ground themes were agreed at the workshop as the best actions to be taken forward to improve mental health and well-being and reduce suicide. Common Ground theme 10, Community Development – Ensuring that a community-development-approach is the preferred method for working with communities, was the challenge to be delivered by the Care Zone. The approach is based on a community development model that seeks to support local residents to improve their health and social well-being, with the longer term aim of reducing suicide. The lessons learned from the application of the Care Zone model are intended to be transferable to other areas in Belfast.

The total population of the area covered by the Care Zone is just above 18,000 persons. The proportion of children aged under 16 is comparatively high in the area, while the proportion of people aged 65 and over is lower than in Belfast as a whole. The area is characterised by significant levels of deprivation, particularly in relation to income, employment and health. Like many other communities that are impacted by deprivation, this community in north Belfast is characterised by high rates of suicide and poor mental health across the population. In 2016, 43 out of 297 Northern Ireland deaths by suicide occurred in north Belfast, representing a suicide rate that is twice as high compared to any other Parliamentary Constituency in Northern Ireland¹. The community residing within the Care Zone project area has been deeply affected by suicide, and a sense of hopelessness has descended over a community that feels neglected

and ignored. Statutory, community and voluntary organisations have found the complex challenges difficult to address within these communities. The physical environment is characterised by high-density housing estates, a lack of green space and high rates of vandalism and anti-social behaviour. In addition, the area has been deeply affected by the sectarian conflict and incorporates interface areas as a result. The demographic nature of the area has also vastly changed as 'The Troubles' instigated a significant population movement, while large parts of the area were physically transformed as a result of major housing redevelopment programmes.

The poorer quality of life is also reflected in general health statistics. A higher proportion of people in the area report poor or very poor health, compared to the Belfast North Assembly Area or Belfast as a whole. Male life expectancy in the Care Zone project area is 74.8 years, which is 3.6 years lower than the Northern Ireland average². The standardised preventable death rate amongst the Care Zone population is more than 70% above the Northern Ireland average³. All major illnesses are more prevalent amongst the Care Zone population compared with Belfast and Northern Ireland as a whole, including cancer, respiratory and circulatory diseases. These adverse health outcomes

1. <https://www.nisra.gov.uk/statistics/cause-death/suicide-deaths>
2. Department of Health, Life expectancy at birth by sex and area, 2013-17 (see figure 7 in Care Zone Health Profile)
3. Department of Health, Standardised Preventable Death Rate by selected areas, 2013-17 (see figure 9 in Care Zone Health Profile)

indicate that urgent action is needed in order to improve the health and well-being of people living in the Care Zone area.

The personal stories behind these statistics, uncovered by a series of 'Community Conversations', reveal a picture of a fragmented community that experiences significant deficits in their quality of life. At the same time, these stories also show that a range of organisations and residents working together to address these deficiencies can bring positive interventions and a sense of hope to local residents. This report has been created to showcase the community development approach utilised by the Care Zone project and to disseminate the findings that stem from it. Special thanks goes to Jo Murphy, Lighthouse for leading this project, to Sean Devlin, Youth Education Health Advice

and to Cecilia McCloskey, Sacred Heart Parish for their expert knowledge and skills in adopting a community development approach in delivering this project and for their tireless efforts working to improve the local community through compassion and care.

This report aims to support health professionals, planners and other policymakers who are working with local communities to develop more targeted community based interventions for improved health outcomes. It will also be of interest to other professionals working in the fields of regeneration and community development. Strengthening leadership and inspiration across agencies to take forward the actions outlined in this report will be essential to reducing health inequalities and improving mental health and well-being in the Care Zone area. The Care Zone project serves as a model of good practice to establish a renewed sense of hope and social connectedness amongst local residents in an area affected by severe health inequalities.

"The Care Zone is a wonderful initiative that takes an ecological approach to mental health, well-being and resilience by promoting protective factors within individuals, families, communities and the physical environment. It is a great example of collective impact, bringing together voluntary, statutory and community groups as well as local businesses and residents to work towards the shared goal of improving the lives of people in the Care Zone area. I was privileged to be involved with the Care Zone during 2018 and feel that a lot can be learned from this model of working by communities across Northern Ireland".

(Roisin O'Neill, Barnardo's NI)

EXECUTIVE SUMMARY

The Care Zone project formed part of the agreed actions taken forward from the Future Search workshop 'Building Hope: Working Together to Prevent Suicide' that took place in September 2016. The project was established as a community development pilot to tackle poor mental health and reduce suicide in the Sacred Heart Parish area in north Belfast. The Sacred Heart Parish was selected as the pilot area for the Care Zone project due to the prevalence of mental health issues and high suicide rate in the area. The project is led by the Lighthouse Charity and brings together a number of key stakeholders that operate in the area, including statutory, voluntary and community organisations and local residents. The whole area approach adopted throughout the duration of the project prevented a bias towards one community or another and favoured cohesive ways of working between various statutory, voluntary and community partners.

The Care Zone project has a community development approach at the heart of its operational and strategic actions. Care Zone partners have worked with communities (not to or for them) to empower them to identify local public health challenges and to increase understanding of the underlying causes. The aim of actively involving local residents and local community groups was to improve skills and build capacity to support them to take action to increase hope and care in the area. A group of local residents were trained as 'community champions' to carry out in-depth conversations with residents about the issues that impact their mental health and well-being. This was seen as an integral part of the community development approach. A key element of the project was to bring hope to local residents, by bringing them together for a

number of high profile community events. The project specifically targeted those families who experienced tragic loss of life through suicide. In addition, local stories and histories were celebrated to increase the "sense of belonging amongst residents". An important part of the project was the development of an evidence base that highlights the severity of the health challenges of local residents. A comprehensive statistical profile was produced alongside the collection of qualitative data from residents through surveys, focus groups and other forms of community conversations. Taken together, these datasets offer a compelling picture of both the positive and negative factors impacting local residents' health and well-being. The data increases understanding of the daily personal challenges experienced by residents that have a direct effect on levels of mental health in the area.

The lack of accessible community facilities or activities would appear to contribute to the gradual process of deterioration of social networks in the area. Family support is very important for those with a range of health issues and even more so for those coping with mental health issues. Despite the efforts of health and other professionals, it remains a challenge to support people that are deeply affected by such issues. Many elderly people feel socially isolated and unable to fend for themselves, whilst young people seem to struggle with boredom and limited opportunities to escape poverty. The lack of support networks appears to contribute to low levels of self-efficacy and to a negative cycle of school dropout, unemployment, low self-esteem and poor mental health. The limited financial security offered by low-skilled jobs and the additional financial strains introduced by the Universal Credit system has increased the burden on

people already suffering from poverty. Limited opportunities for acquiring additional skills appear to leave people feeling they are unable to change their current situation. Anti-social behaviour and crimes, such as burglary, occur regularly, causing many residents to fear for their personal safety. There is a perception held by many in the community that the Police Service is unable to respond effectively to crime in the area.

In relation to service delivery, residents tend to 'put up with things' since they feel they have been let down too often by raised expectations that have not been fulfilled. The fractured responsibilities of public service provision and the increase

of short-term strategies have often limited the effectiveness of any investment made in the area. This would appear to have reduced the level of confidence in statutory agencies among community members. In addition, opaqueness about the mechanisms that determine how investment is being assigned to groups in the area has negatively affected local levels of social trust.

The multidimensional public health challenges described above cannot be addressed easily by health and social care organisations alone. Improved communication and joined-up working between statutory, voluntary and community organisations is critical for making local facilities and services designed in such a way that they make a real difference to residents' lives.

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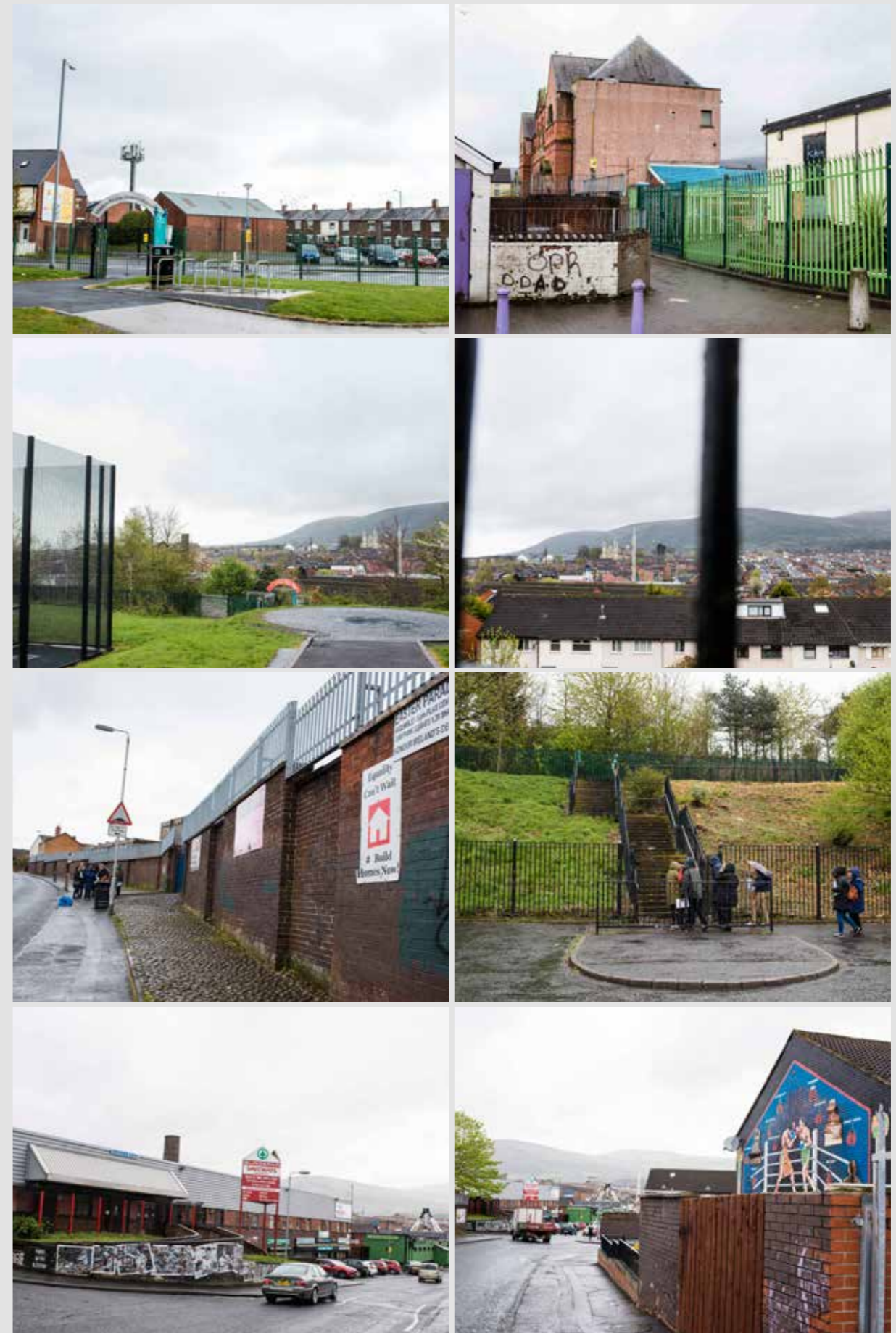
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Bird's eye view of the Care Zone project area with main facilities superimposed. The Care Zone project area is bordered by Ballysillan Road to the west, Alliance Road / Etna Drive / Flax Street / Crumlin Road in the south, Cliftonpark Avenue / Cliftonville Avenue in the East and Water Works park / Sunningdale in the North.

Source: Ordnance Survey / PLACE





CHRISTMAS POSITIVE MESSAGE BOARDS
TO PROMOTE HOPE, KINDNESS AND CARE
ERECTED ON LAMPPOSTS IN THE COMMUNITY.

Spread the sparkle
of kindness in this
community.

Each and Every
Person in this
Community is a Gift.

The biggest and greatest gift we
can give is caring for each other
in the community.

The greatest gift we
have is each other.

Spread the
Gift of Hope.



CONTEXT

BUILDING HOPE: WORKING TOGETHER TO PREVENT SUICIDE

During September 2016 about eighty stakeholders involved in suicide prevention in Belfast came together for a Future Search workshop that was led by the then Health Minister Mrs Michelle O'Neill. The workshop, **'Building Hope: Working Together to Prevent Suicide'**, followed a whole system meeting method that enables large groups to discover common ground and transform their capacity for action. The purpose of the workshop was to bring together the whole system to help tackle the issue of suicide in the city and local communities. During this three-day workshop, participants discovered common ground and agreed future action plans. Stakeholders came from a range of professional backgrounds that each play a role in addressing the complex causes and factors linked to suicide. Amongst the stakeholders were advocates for those with personal experience, crisis and bereavement support providers; funders and commissioners; policy-makers; political representatives; representatives from the health and social care organisations community response officers, rights and advocacy organisations and organisations working in education, training and employment.

The top trends that impact on the work on suicide prevention in Belfast were identified as:

1. Increase in drug-related deaths;
2. Decrease in government structures joining up;
3. More frequent self-harm amongst young people;
4. Increase in health inequalities and the link to suicide;
5. Increase in suicide amongst males;

6. Greater failure of services to be proactive instead of reactive;
7. Higher prevalence of suicide amongst (former) prisoners;
8. Poverty more likely to be a factor in suicide; and
9. Increase in loneliness.

Participants of the workshop also identified eleven 'Common Ground Statements', later known as 'Agreements', that represent the best opportunity for preventing deaths by suicide in Belfast. A lead organisation or person was identified to take forward each of these themes.

1. Culture of Care – Ensuring we take care of staff, families, friends and carers to support them in the crucial but very difficult work they do to keep people safe.
2. Early Intervention for Children and Families – Ensuring that all families are supported to develop children with strong psychological and physical well-being, positive relationships and fulfilled potential.
3. Data Sharing and Collection – Improving data, evidence and knowledge sharing to support better results.
4. Wrap-around services – Creating a way of ensuring that anyone in need receives the appropriate support, no matter the need. This will require a better comprehensive assessment system to help individuals access the right services at the right time through person-centred approach plans.
5. Political Leadership and Legislation – Ensuring that politicians and policy makers are able to make meaningful decisions that support a reduction in suicide. This may include policy proofing and joining up mechanisms.

6. Emotionally Resilient Communities – Creating an environment that promotes open and positive discussion on mental health and well-being to reduce stigma and build hope.
7. Link to Drugs & Alcohol – Ensuring that policy and practice agendas are interlinked and can join up to jointly address these issues in a way that adds value.
8. Community Development – Ensuring that a community-development-approach is the preferred method for working with communities.
9. Tackling Health Inequalities – Committing to make better use of existing resources to reduce health inequalities through addressing social determinants within communities.
10. Funding and Procurement – Changing the focus of funding to become long-term and outcome-focussed using the principles of a social value act (economic, social, health, environmental benefits). Exploring the full range of investment that contributes to suicide prevention across other funding streams.
11. Technology - Maximising the effectiveness of the available technology to improve safety and information sharing and to enhance accessibility and flexibility of support;

An area of high priority within north Belfast was earmarked for piloting Agreement 8. Professionals, community workers and residents based in north Belfast with in-depth knowledge of mental health issues and suicide prevention had already laid the foundations on which this pilot could be based. They recommended to pilot the community development approach in the Oldpark/Cliftonville area in north Belfast, due to the prevalence of mental health issues and a high suicide rate. This local pilot was subsequently renamed the 'Care Zone' and covers the geographical area of the Sacred Heart Parish (see page 10).

SETTING THE SCENE

Many people who have been working to make the Sacred Heart Parish area a better place to live, such as health professionals, carers, school staff, clergy and volunteers, have struggled to respond to the cumulative effects of long term poverty and the traumatic events of 'The Troubles.' Statistical information, used to measure the impact of these detrimental effects on the quality of life of people living within the Sacred Heart Parish area, often does not represent the full extent of the challenges. Statutory agencies have worked to address this situation through various government initiatives, but have not been able to alleviate the significant challenges faced by local residents.

Due to the many sectarian interfaces that evolved over the decades before and since the outbreak of 'The Troubles', a "patchwork" of local communities that lack a common identity has developed in the Sacred Heart Parish area. The fragmented nature of communities has made it challenging for statutory, voluntary and community organisations to identify collectively agreed priorities. As a result, statutory agencies have not as yet developed a holistic area action plan with agreed outcomes to address the many health challenges faced by communities in the area. Local residents perceive that investment has mostly bypassed the area and has been allocated to neighbouring areas such as New Lodge, Tigers Bay, Ardoyne, Ballysillan and Shankill instead. Organisations and volunteers who have sought to continue to support the residents of the area, have identified an increasingly palpable sense of hopelessness in the community. They also recognise the underlying tension that has resulted from a mounting sense of frustration about the perceived lack of facilities and services available to this local community. Sadly, an increasing number of tragic

suicides occurred in the area. Local clergy, parish volunteers, counsellors and youth workers struggled to support bereaved families and address the devastating impact this had on the local community. For this core group of community workers, it was obvious that something more than individual effort was required to provide a sense of hope to local people, particularly to those families who were bereaved. This group believed that a significant positive gesture had to be made to inspire local people to come together and to redress the sense of hopelessness that had grown within the local community. Following initial conversations with bereaved families about the provision of better support, a decision was made to organise a major event to facilitate the “coming together” of the local community and empower those who were most affected, by involving them in the organisation of this event. The tremendous effort made by local residents to make this event a success is testament to the wish amongst residents to do something positive in the community. The resulting ‘**Concert of Hope**’ was held in September 2016 in the Sacred Heart Parish church and included performances from Brian Kennedy and the Gardiner Street Gospel Choir from Dublin. The occasion was also used to make people aware of support services available in the local area. The church was filled to capacity with local residents, from every part of the Sacred Heart Parish area, who remained enthused throughout the duration of the concert. The Concert of Hope inspired the core group to plan further action. It affirmed their belief that the way to provide effective support to this community was for service providers to work together with the community. The concert provided a positive kick-start to reinvigorating local people to become involved in bringing about positive change in their local community.

POLICY BACKGROUND

A number of regional and local planning strategies shape service delivery and investment in the Sacred Heart Parish area. The most important strategies are included below.

The **Draft Programme for Government**⁴ is the highest-level strategic document of the Northern Ireland government. It sets out government priorities and the most significant actions to achieve these. When adopted, the Draft Programme for Government will provide the strategic context for other key government strategies, including the Investment Strategy, the Economic Strategy and an Anti-Poverty/Social Strategy. Although the Draft Programme for Government has not been adopted, due to the collapse of the Stormont Assembly, its priorities are currently being pursued by all government departments through twelve strategic outcomes adopted by the Head of Civil Service in the **Outcomes Delivery Plan**⁵. These cross-departmental outcomes touch on every aspect of government, including the attainment of good health and education, economic success and confident and peaceful communities. The outcomes are supported by a comprehensive set of indicators that will be used to measure progress over time.

Making Life Better - a whole system strategic framework for public health⁶ is the strategic framework for public health and is designed to provide direction for policies and actions to improve the health and well-being of people in Northern Ireland and to reduce health inequalities. This ten-year public health strategic framework builds on the **Investing for Health Strategy (2002-2012)**⁷ and retains a focus on the broad range of social, economic and environmental factors that influence health and well-being. It brings together actions at government level and

provides direction for implementation at regional and local level. Making Life Better recognises the importance of a good quality living environment to improving general health outcomes. A review of Making Life Better is currently under way.

Health and Wellbeing 2026: Delivering Together⁸ is a ten-year approach to transforming Health and Social Care Services (HSC) in Northern Ireland. This strategy aims to move away from HSC services that are planned and managed around structures and buildings towards a health service that puts people at the forefront by facilitating care and support in the community setting. In addition to a long term roadmap, Delivering Together sets out a number of short term priorities that seek to make a positive and ambitious start towards the stabilisation, reconfiguration and transformation of the regional health and social care system.

The **Belfast Agenda**⁹ sets out the vision and long-term ambitions for the city’s future, as well as outlining the priorities for action over the next four years. While Belfast City Council lead the development and delivery of The Belfast Agenda, it was formulated by a partnership between key city partners, residents and community organisations as part of the Community Planning process. The community plan aims to ensure that public services work together with communities to deliver better services for local people. The Belfast Agenda is aligned to the Draft Programme for Government outcomes. The spatial aspects of the Belfast Agenda will be delivered through the **Local Development Plan - draft Plan Strategy**¹⁰. This strategy provides a 15-year plan framework to support economic and social needs in the city by coordinating public and private investment and allocating sufficient land to meet these needs.

The **Together: Building a United Community (T:BUC)**¹¹ government strategy aims to improve community relations and facilitate the development of a more united and shared society. The strategy outlines how government, community and individuals will work together to build a united community and achieve change focusing on the following priorities: children and young people; shared community; safe community; and cultural expression. As part of the T:BUC strategy, the **Urban Villages**¹² initiative is designed to improve good relations outcomes and develop thriving places where there has been a history of deprivation and community tension. The Urban Villages initiative supports shared outcomes across a range of stakeholders and aims to provide meaningful examples of how local communities can inform investment decisions and help shape specific actions. The Ardoyne & Greater Ballysillan Urban Villages programme covers parts of the Care Zone area.

4. <https://www.northernireland.gov.uk/consultations/programme-government-consultation>
5. <https://www.executiveoffice-ni.gov.uk/publications/outcomes-delivery-plan-201819>
6. <https://www.health-ni.gov.uk/articles/making-life-better-strategic-framework-public-health>
7. <http://publichealthwell.ie/sites/default/files/documents/invest1%281%29.pdf>
8. <https://www.health-ni.gov.uk/publications/health-and-wellbeing-2026-delivering-together>
9. <https://www.belfastcity.gov.uk/council/Communityplanning/BelfastAgenda.aspx>
10. <https://www.belfastcity.gov.uk/buildingcontrol-environment/Planning/ldp-plan-strategy.aspx#ldp>
11. <https://www.executiveoffice-ni.gov.uk/publications/together-building-united-community-strategy-tbuc-annual-update-201819>
12. <https://sibni.org/project/urban-villages-regeneration-initiative/>

POLITICAL REPRESENTATION

The Sacred Heart Parish area is represented by elected political representatives on several political levels ranging from the Belfast City Council (Councillors) to the Northern Ireland Local Assembly (MLAs) and the UK Government in Westminster (MPs).

MPs and MLAs are elected on the basis of Assembly Areas. The North Belfast Assembly Area stretches from the Shankill area in the South to parts of Newtownabbey in the North. They have the power to make and amend laws that direct the workings of government departments. The Northern Ireland Assembly has the power to make laws in a wide range of areas, including housing, employment, education, health, agriculture and environment. MPs hold the power to legislate on matters of United Kingdom importance such as defence, immigration, international relations and taxation.

Councillors are elected on the basis of District Electoral Areas (DEAs). The Sacred Heart Parish area is part of the Oldpark DEA, which covers the wards of New Lodge, Water Works, Cliftonville, Ardoyne, Ballysillan and Ligoniel. Councillors have ultimate responsibility of the everyday running of services within the Belfast City Council, ranging from services such as bin collection to urban planning.

The **Care Zone Health Profile**¹³ report sets out the north Belfast political representatives in the Westminster parliament (MPs), the Northern Ireland Local Assembly (MLAs) and Belfast City Council.

THE IMPORTANCE OF ENVIRONMENTAL FACTORS

The place where a person lives affects that person's health and well-being. The built environment can support or undermine

people's ability to pursue healthy lifestyles in a variety of ways. Safe and pleasant environments encourage people to walk, cycle, or spend more time outdoors to pursue other healthy activity and can have a positive impact on physical and psychological well-being. Community assets such as parks, places of worship, community services, childcare centres, and local groups provide opportunities for fostering social interaction, building community spirit and combating isolation. High quality local amenities improve people's experience as service users. Neighbourhoods that help to foster strong social ties between residents promote resilience and mental health. On the other hand, neighbourhoods that are poorly maintained or that lack sufficient amenities can produce feelings of low self-esteem amongst residents that can ultimately have a negative effect on their levels of mental health.

Making Life Better, the strategic framework for public health, recognises the importance of a good quality living environment in improving general health outcomes. This link between the physical environment and public health is also recognised by the Planning Service, as witnessed by the focus on the improvement of health and well-being as one of the five core principles of the planning system. This is recognised in the **Strategic Planning Policy Statement (SPPS)**¹⁴ as well as by the Belfast City Council through the inclusion of health & well-being as one of the cross-cutting themes in its upcoming Local Development Plan. The contribution that good quality design of the built environment can make to a healthy lifestyle is further recognised through the Department for Infrastructure's **Living Places – An Urban Stewardship and Design Guide for Northern Ireland**¹⁵ that serves as a key guidance document for planners and developers alike.

SERVICE DELIVERY IN THE PUBLIC REALM

Historically, the responsibility for the maintenance of public realm and services has been shared among different statutory agencies. Belfast City Council is responsible for the maintenance of leisure centres, community centres, parks, public playgrounds and recreational grounds. Some community centres and recreational facilities are delivered by voluntary, community or private sector organisations. The Department for Infrastructure is responsible for maintaining public roads, pavements and associated facilities, including street lighting, traffic lights, bollards and ramps. Regular street cleaning and collection of household waste is carried out by Belfast City Council and Bryson Recycling, whilst the Northern Ireland Housing Executive also work to maintain healthy places as well as the provision of homes. Translink, a publicly owned transport corporation, is responsible for the delivery of public transport services.

The Department of Education (DE) delegates responsibility for education delivery across two non-departmental public bodies that it directly funds. The Council for Curriculum, Examinations and Assessment (CCEA) advises the department on what should be taught in Northern Ireland's schools through its development, monitoring and reviewing of the statutory curriculum. The Education Authority (EA) is responsible to DE for ensuring the sufficient and efficient provision of education services across Northern Ireland, for example, school transport, building and meals services.

THE IMPACT OF POVERTY / UNIVERSAL CREDIT

Universal Credit is a new social benefit introduced by the United Kingdom government in an attempt to streamline the social welfare system. Universal Credit

was introduced in the north Belfast area on 14 November 2018. The Government is keen to ensure people are supported to stay in work and to help them to increase their earnings and thereby reduce poverty. While the underlying aims of Universal Credit are to simplify benefits and to support people moving into work, a parallel austerity drive has seen social benefits being reduced consistently over the last number of years. Community and voluntary organisations have reported that this has led to significant financial hardship amongst benefit claimants. Most notably, Universal Credit is already having negative impacts on the most vulnerable people with reports of increased hardship in the form of debt and rent arrears as a result of delayed payments and difficulties accessing the 'digital-by-default' system. The discontinuation of child benefit for any third and additional children has also been reported for 'pushing families into poverty' as families no longer receive benefits to cover the cost of feeding and clothing more than two children.

A package of mitigations that seeks to protect the people of Northern Ireland against some of the harshest elements of welfare reform was agreed by the Northern Ireland Executive. These mitigation measures are due to expire in March 2020, and it is not known at the time of publication, if this will be continued. In addition, housing benefit recipients who are receiving a welfare supplementary payment for social size criteria rules (bedroom tax) will see this mitigation payment end and they will need to make up the difference in order to sustain their

13. Available on Lighthouse, YEHA and Belfast Healthy Cities websites

14. <https://www.infrastructure-ni.gov.uk/publications/strategic-planning-policy-statement>

15. <https://www.infrastructure-ni.gov.uk/publications/living-places-urban-stewardship-and-design-guide-northern-ireland>

tenancy. This will have a detrimental effect on many households increasing the levels of poverty especially child poverty. Families receiving a Welfare Supplementary Payment to protect them against the Benefit Cap will see this end on the 31 March 2020, impacting greatly on child poverty and sustaining tenancies.

THE IMPACT OF 'THE TROUBLES'

North Belfast experienced intense violence throughout 'The Troubles', with both Republican and Loyalist shootings and bombings taking place. The infamous 'murder mile', where a high number of assassinations occurred, straddled Cliftonville, Newington, and New Lodge. Table 1 highlights the conflict related deaths in the city from 1969 – 2002. While sectarian violence has significantly reduced since the signing of the Peace Agreement in 1998, outbreaks of sectarian tension have persisted.

As a result of 'The Troubles', the social landscape in the inner north Belfast area changed significantly. Protestant neighbourhoods experienced a large outflow of people, so much so that large portions of terraced streets were demolished. Subsequent construction of peace walls and the buffer zones, such as enterprise parks, took place. Despite subsequent urban redevelopment taking place in inner north Belfast, communities on both sides of these peace walls and buffer zones now live physically back-to-back to each other with little meaningful interaction. There are also less visible cases of spatial division in the area, for example between the lower and upper side of the Water Works park. This particular piece of history of north Belfast has left residents often traumatised and less resilient when facing the challenges of everyday life.

"As a member of the North Belfast Care Zone, it is extremely encouraging to be part of a working partnership that has family life at the core. The sense of good will and passion for creating a better quality of life for local families is immense. This is a great example of the power and the results that are possible from effective collaboration in the heart of the community."

(Gary Symington, The Lighthouse charity)

TABLE 1

CONFLICT RELATED DEATHS IN NORTHERN IRELAND JULY 1969 - DECEMBER 2001¹⁶

Area	Deaths	Area	Deaths
Belfast City East	128	Antrim County	198
Belfast City North	563	Armagh County	468
Belfast City South	213	Down County	235
Belfast City West	617	Fermanagh County	111
Derry City	227	Londonderry County	121
		Tyrone County	337

16. Malcolm Sutton's 'An index of deaths from the conflict in Ireland', available from: <http://cain.ulst.ac.uk/sutton/chron/index.html>

CARE ZONE MODEL

As previously outlined, a key priority for the Care Zone project was to involve local residents in a community development approach to address local health challenges. As part of this commitment, north Belfast residents were involved in the process of defining the geographical extent of the pilot area. This exercise also helped to inform the process of identifying service providers that were to be included in the Care Zone steering group. During the process of defining the geographical extent of the Care Zone, local residents expressed most affiliation with the Sacred Heart Parish as a geographical unit. It was subsequently agreed to use the Sacred Heart Parish area as the geographical extent of the Care Zone project.

A Community Development Common Ground Statement group (henceforth referred to as the Care Zone steering group) was set up to bring together key stakeholders, including local residents, statutory, voluntary and community organisations. The collaboration between these stakeholders and the involvement of local residents has been paramount in the development of the Care Zone model and in the pursuit of a community development approach. The ultimate role of the Care Zone steering group is to assist in identifying the key health issues, resources, and knowledge to address these issues.

A Care Zone working group was established to work with the local residents to co-produce a response to local needs and to support them to bring about positive change in the area. Adopting this approach means that decisions or actions taken will 'not be done' to local residents, but with them instead. One of the early actions identified by the working group was to promote the Care Zone and to increase local residents' awareness of

its existence. Improving health and well-being is a priority for almost every resident with whom the Care Zone working group engaged during the project, particularly on the issues of mental health, suicide prevention, addiction, online safety, sexual health, and support for carers and the elderly. Residents emphasised the need for celebratory activities, such as festivals, parties and fleadh, as a way of restoring local pride and building community cohesion.

WORKING OBJECTIVES

To fulfil the Care Zone's long-term aim of reducing suicide by improving residents' levels of health and well-being, the Care Zone partners established the following objectives:

- to explore the history of the area, including the social and economic changes that have occurred, with members of the community to increase understanding of the factors that could help to restore and build a sense of community pride and identity;
- to provide the local residents with an opportunity to express the issues that impact on their mental health and well-being by organising regular consultation events and empowering and skilling local people as 'community champions' to carry out focus group discussions; and
- to develop a statistical health profile that highlights the main public health challenges in the area that will inform the local community and relevant statutory, voluntary and community sector organisations.

COMMUNITY DEVELOPMENT APPROACH

The core principles of community development are at the heart of the Care Zone's work operationally and strategically. The people who live within the Sacred Heart Parish area are the greatest asset to the Care Zone project. The continued development of the local people as assets of this community is central to the project's continuing aim to create a resilient and flourishing community. When a community is shown care and compassion, the chances of affecting long lasting change will be greatly increased. Providing individuals with a renewed sense of hope will support them to feel valued and to contribute to the building of a vibrant and resilient community, that improves the life chances of future generations.

The Care Zone model requires intensive community development work from various partners on the ground. Nevertheless, the benefits that can be achieved with a relatively small and dedicated team are impressive. The nomination of a lead partner that has the capacity to reach out to the community, engage local partners and statutory agencies alike, is important for guaranteeing a continuity in the development of the model. The inclusion of representatives of various service providers in the area in the Care Zone group has enabled prompt delivery of actions.

COMMUNITY EVENTS

From initial consultations with local residents and through conversations with the Care Zone working group, it was clear there was a demand for celebratory events that would bring people together in a positive context. The need to produce 'quick wins' in the work of the Care Zone project among local residents was

identified as an early priority as a means of fostering community 'buy-in' and support.

Community events have been particularly useful for:

- promoting the purpose and aims of the Care Zone;
- consulting those in the community who are frequently forgotten and whose voices are too often excluded from important decision-making processes that affect the community in which they live; and
- providing the local community with information and support services available.

The organisation of community events demands energy and enthusiasm and a conviction that 'only the best will do'. One of the first concrete interventions was the arrival of an Action Cancer Bus at the former St Gemma's school site where local residents could conveniently access cancer-screening services. The 'Seeing is Believing' events demonstrated to the community that they are important and helped to restore a sense of community pride and foster a positive community identity. Other events include 'The Concert of Hope' and 'Christmas Concert of Hope' events that promoted positive messages of hope and encouraged the community to 'look out' for one another. Both of these events were held in the heart of the community and attracted over one thousand residents. Family Fun days encouraged the use of public spaces, often plagued by vandalism and anti-social behaviour. These spaces were temporarily reclaimed to hold fun filled activities with catering and family entertainment and they provided a great opportunity to consult with local residents. Additional Universal Credit clinics that were organised to explain the impact of Universal Credit to local residents, proved to be very effective in bringing people

with similar concerns together in mutual support. Such events have provided a platform to promote community connections and a sense of belonging, while also increasing awareness of service providers within the Care Zone area through health promotion activities and stands.

CHRISTMAS CONCERT OF HOPE

Following the successful organisation of the Concert of Hope in September 2016, a subsequent 'Christmas Concert of Hope' event was held during Christmas 2017 in the Sacred Heart Parish Church. The concert featured performances from "The Priests", folk groups, local church soloists, local primary schools and reciters. The inclusion of Santa and Mrs Claus ensured that the event was also memorable for children. Despite the most awful weather conditions, many local residents attended.

The concert was also used to highlight the plight of families impacted by suicide and to raise community spirit. A team of volunteers braved the elements to erect message boards (see pages 12 & 13) outside the venue that featured messages of hope and joy. Local volunteers also prepared a unique gift bag for each person attending that signified care, compassion and hope, containing information on support services, a Christmas gift tag to encourage all present to do something special for a friend or neighbour and... a ROLO to share! The event was also used to raise awareness on the Care Zone project and its objectives.

SUMMER FUN DAYS

A Summer Fun Day was organised by the Care Zone working group in the car park of the former St. Gemma's school in August 2017. Information bulletins

highlighting the content of the event were produced and distributed by young volunteers amongst local residents. A range of partners from the Care Zone working group used their networks and resources to provide a range of free activities such as children's play activities, yoga taster sessions, arts and crafts, healthy eating demonstrations, haircuts from a Turkish barber, sport massages and a community barbeque. As with other community events, a number of local service providers offering mental health and well-being services were invited to use the Fun Day as a platform for providing information about their services to local residents. In addition, a conversation corner was set up to allow local residents to engage in a more in-depth discussion on their mental health and well-being and on their experiences of using healthcare services in the local area. The results from this are included in the publication, **A Sense of Place – Stories from the North Belfast Care Zone**¹⁷. The Fun Day was attended by over 400 people of all ages, including many young mothers with their children. Most attendees were local to the area or had close (family) connections living in the area. Some were newcomers and represent a growing community of ethnic minorities in the area.

Following the success of the 2017 Summer Fun Day, a second Fun Day event was organised in consultation with local residents, who selected the Marrowbone Park as an appropriate venue. Although it is the only green space in the local area, the Marrowbone Park has been associated with disrepair, anti-social behaviour, substance misuse and a place where people have sadly taken their own lives. It was felt that the organisation of a community event in the park would make it possible to reclaim this local green space for wider community use. The 'Listening brings Hope' event that took place in August 2018 aimed to create a family friendly event, by providing a range of activities suitable for all ages.

As was the case for the first Fun Day, the event was used as a platform for statutory, voluntary and community agencies to raise awareness about the services they offer. The event attracted 800 people from different age groups and backgrounds including many residents who do not normally participate in community activities. The success of the day was made possible largely by effective partnership working between the Care Zone working group members, public and voluntary agencies and local community organisations.

CYCLE AGAINST SUICIDE NORTH BELFAST SCHOOLS

Each year Cycle Against Suicide partners work with a number of schools along the Cycle route to co-host a mental health event comprising presentations, videos, celebrity speakers, entertainment and an exhibition of local mental health services. In March 2018 Lighthouse, YEHA, Start360, Streetbeat Youth Project and the Belfast Health Development Unit worked together with North Belfast Area Learning Committee to organise the mental health event. Over 400 pupils from 11 post primary schools in north Belfast attended this amazing event hosted in Boys' Model Secondary School. The aim was to promote the message 'It's ok not to feel ok; and it's absolutely ok to ask for help' to young people within the Care Zone area and the wider north Belfast area.

MENTAL HEALTH AWARENESS CLASS WITH EX FOOTBALLER CLARKE CARLISLE

In June 2017 the ex-professional premier league footballer Clarke Carlisle spoke about his battle with depression and the attempt he tried to make in ending his life. There were over 80 young people in attendance at the event organised by YEHA. The aim was to highlight the

importance of speaking out and asking for help whilst breaking down the stigma associated with suicide and mental health.

INSPIRATIONAL YOUTH AWARDS

In March 2019 YEHA, Lighthouse, Streetbeat and Belfast Healthy Cities organised a youth awards ceremony in the Duncairn Centre. The focus of the event was to highlight the positive contributions young people make to their local community. Special awards were presented to young people who have overcome adversity, personal challenges and difficult circumstances and who selflessly support others in their community by volunteering, awareness raising, organising community events or as peer mentors. There were over 100 young people in attendance.

COMMUNITY CHOIR

It is widely recognised that singing is an enjoyable activity. However more recently it has been used as a therapy for relaxation, overcoming depression and anxiety and reducing stress. Following the Christmas Concert of Hope, a community choir was set up in 2017. Its purpose was to bring people together so that they could meet regularly for enjoyment and relaxation. The choir is run by volunteers and meets every Monday evening in Sacred Heart Parish centre. The evening begins with a "chat and a cuppa" and the singing includes a variety of songs and hymns, old and new. The choir varies in number and has members from eight to eighty years of age but has a core group who attend regularly. They have provided the music for the Nativity tableau each Christmas Eve and for other seasonal functions, but its main function is to be a social and enjoyable activity.

MINDFULNESS SESSIONS

Aware NI delivered mindfulness sessions to local residents in June 2017 and in September 2018 in Sacred Heart Parish Centre. The feedback from residents who attended was extremely positive and many stated that the sessions would help them cope with the daily stresses in their lives. They expressed a wish that further sessions could be made available to them.

ACTION ON HEARING LOSS SESSIONS

Action on Hearing Loss agreed to trial "a clinic" in Sacred Heart Parish centre to facilitate local residents who suffer from deafness, tinnitus and hearing loss. So far two clinics have taken place in August and in October 2018. The volunteers carried out hearing tests; provided advice; checked/cleaned hearing aids and provided batteries where necessary to residents. The feedback from local residents was very positive. Many cited that it was useful to have the service locally as they would not be able to travel into town or to hospital or a clinic to have a test or get their hearing aid serviced because taxis were too expensive.

"The Care Zone initiative followed a challenging time in my youth work career, having been impacted by the loss of life of a young person through suicide. I began to lose hope in the role of community work in this local area. Both personally and professionally I was rejuvenated by the Care Zone process. Working in partnership with likeminded people and experiencing the amazing impact of a truly community led methodology, where local people's voices matter most of all, has restored a personal sense of hope and in turn has motivated me to restore hope in the community."

(Sean Devlin, YEHA project)



TIMELINE



HEALTH PROFILE

At the onset of the Care Zone project it was agreed to collate localised statistical information to highlight the major public health challenges effecting residents living in the Sacred Heart Parish area. Since localised data was not readily available in an easily accessible format, an area profile, The Care Zone Health Profile, containing obtainable statistical data on health and well-being and on the determinants of health, including demography, education, skills, housing and community safety has been produced. The profile is also a resource to local community organisations and was used to inform the community conversations with local residents. The data contained in this chapter summarises the key messages from the health profile to provide the reader with an overview of the main health issues and health inequalities experienced by the residents.

DATA SOURCES

Since no data is collected on the Sacred Heart Parish area itself, other geographical units have been used to capture information in the area. For the purposes of the profile, data has been collated at the most local level available; where possible at Super Output Area (SOA)¹⁸ level, alternatively at electoral ward level or at Parliamentary Assembly Area (AA) level. Data from the Department of Health generally relates to Small Areas (SAs)¹⁹, and thereby provides the best statistical representation of the area. Due to the fact that statistical geographies often capture a wider area than the actual Sacred Heart

Parish area, the figures provided in the profile serve as approximation only.

Information in the profile is drawn from the data routinely published by statutory sector agencies such as the Northern Ireland Neighbourhood Information Service (NINIS), which is maintained by Northern Ireland Statistics and Research Agency (NISRA). Statistics published on NINIS are drawn from statutory sector agencies, including government departments, Health and Social Service Trusts, Councils, the Police Service of Northern Ireland and schools, colleges and universities. In cases where information was not available through the NINIS portal, government organisations such as Department of Health, the Police Service of Northern Ireland, the Northern Ireland Housing Executive and the Public Health Agency have made available data from their own databases.

The Sacred Heart Parish area falls within the Belfast North Assembly area and is partially covered by a total of six wards (see Figure 1). Following the redefinition of Belfast Council's geographical area due to the reorganisation of Northern Ireland's 26 Council areas into eleven new 'super' Council areas in 2014, ward boundaries have been aligned with Belfast Council's ten new District Electoral Areas (DEAs) accordingly. These new (post-2014) ward boundaries are shown in Figure 2.

There are nine SOAs (see Figure 3) that cover the area. At SA level, there are a total of 48 Small Areas that fall within the Sacred Heart Parish area of which 30 fall entirely within (coloured green in Figure 4), 14 fall within the parish but also extend across the parish boundary (coloured yellow) and 4 fall minimally within (coloured orange).

FIGURE 1.

ACTUAL MAP OF SACRED HEART PARISH AREA WITH PRE-2014 WARDS PROJECTED

Source: Ordnance Survey / PLACE

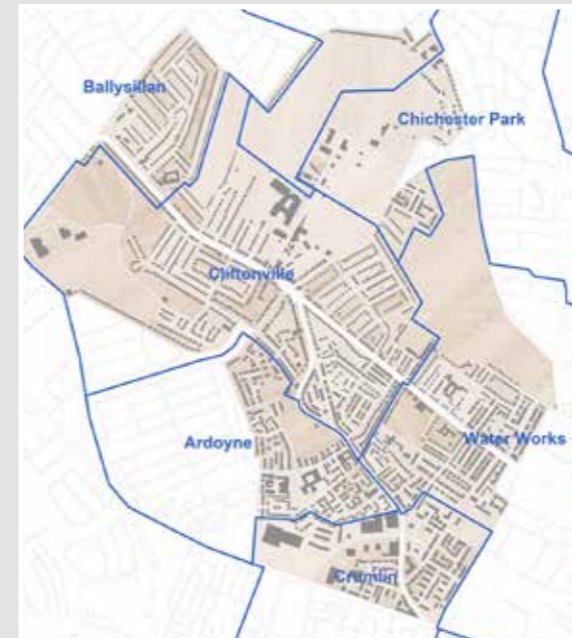


FIGURE 2.

ACTUAL MAP OF SACRED HEART PARISH AREA WITH POST-2014 WARDS PROJECTED

Source: Ordnance Survey / PLACE



FIGURE 3.

ACTUAL MAP OF SACRED HEART PARISH AREA WITH SUPER OUTPUT AREAS PROJECTED

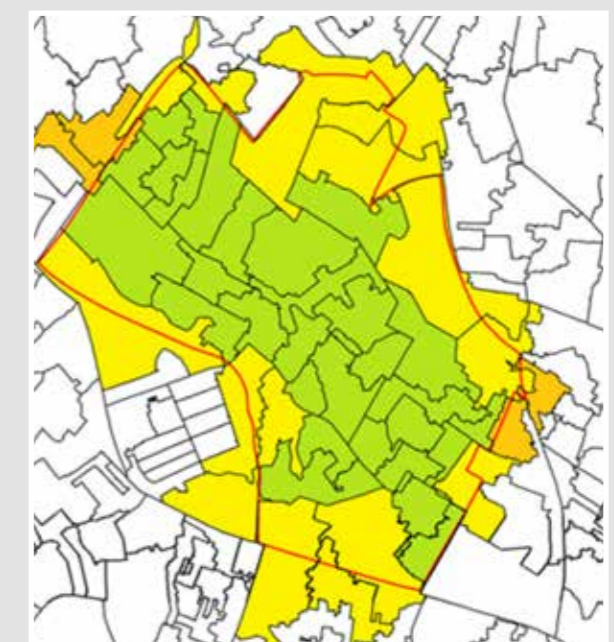
Source: Ordnance Survey / PLACE



FIGURE 4.

SMALL AREAS INCLUDED WITHIN SACRED HEART PARISH AREA

Source: Department of Health / NISRA



18. <https://www.nisra.gov.uk/support/geography/northern-ireland-super-output-areas>

19. <https://www.nisra.gov.uk/support/geography/northern-ireland-small-areas>

Based on 2018 population estimates, the total population in the Super Output Areas covering the Sacred Heart Parish area is 18,350 people. This number represents 17.6% of the population in the Belfast North Assembly Area and 5.4% of the total Belfast population. Table 2 provides an overview of the broad age distribution within the area, compared to the Belfast North Assembly Area and Belfast as a whole. It highlights that the proportion of children aged under 16 is comparatively high in the area, while the proportion of people aged 65 and over is lower in many Super Output Areas than in Belfast as a whole.

KEY FINDINGS

GENERAL HEALTH

There is a high proportion of residents in parts of the Sacred Heart Parish area reporting poor or very poor health (11-15%) compared to Belfast residents (8%). This is also reflected in the fact that in the majority of the Sacred Heart Parish area, a high proportion of the population claims Disability Living Allowance (14-27%), Employment and Support Allowance (18-33%) and/or Carer's Allowance (8-11.5%) when compared against the Northern Ireland population (5%).

The median age of death is below 78 years in many parts of the area, compared to 80 years for the Belfast Council area. Admission rates to hospital are generally higher in north Belfast when compared to Belfast Council and Northern Ireland. Life expectancy in Belfast North is shorter than in Belfast as a whole, and also shorter than in Belfast East and Belfast South Assembly Areas. The gap between male life expectancy at birth in Belfast North and in Northern Ireland is over three years, while the gap for women is just under two years. At age 65, the gap for men is one and a half years, and for women just over one year. However, male life expectancy in the Sacred Heart Parish area stands at 74.8 years, which is 3.6 years lower than

the Northern Ireland number (78.4 years) and 1.2 years lower than the Belfast City Council number (76.0 years). Female life expectancy in the Sacred Heart Parish area is not very different from the Belfast City Council or Northern Ireland numbers. The standardised preventable death rate in the Sacred Heart Parish area (357 deaths per 100,000 population) was over almost 30% higher than the Belfast City Council area average (276 deaths per 100,000 population) and more than 70% higher than the Northern Ireland average (207 deaths per 100,000 population). Tables 3 below provides an outline of the main causes of death. It highlights that malignant neoplasms – cancer – is a major cause of death in most Super Output Areas.

TABLE 2

POPULATION TOTALS BY AREA AND BROAD AGE BAND, 2018

SOA	Persons	Persons: 0-15 years		Persons: 16-39 years		Persons: 40-64 years		Persons: 65+ years	
		No	%	No	%	No	%	No	%
	All								
Ardoyne 3	2,311	627	27.13	765	33.10	630	27.26	289	12.51
Ballysillan 2	1,810	336	18.56	614	33.92	608	33.59	252	13.92
Chichester Park 3	1,436	309	21.52	417	29.04	503	35.03	207	14.42
Cliftonville 1	2,246	633	28.18	790	35.17	614	27.34	209	9.31
Cliftonville 2	1,496	273	18.25	414	27.67	493	32.95	316	21.12
Cliftonville 3	1,759	477	27.12	570	32.40	509	28.94	202	11.48
Crumlin 2	2,830	734	25.94	1007	35.58	744	26.29	345	12.19
Water Works 1	2,695	694	25.75	973	36.10	754	27.98	275	10.20
Water Works 2	1,767	396	22.41	594	33.62	531	30.05	246	13.92
Belfast North	104,457	22,209	21.26	33,124	31.71	32,381	31.00	16,743	16.03
Belfast	341,877	68,023	19.90	122,513	35.84	101,263	29.62	50,078	14.65
Northern Ireland	1,881,641	393,510	20.91	579,513	30.80	600,421	31.91	308,197	16.38

Source: Mid-year population estimates, NISRA

TABLE 3

NUMBER OF DEATHS BY CAUSE AND AREA, 2017

SOA	Deaths	Malignant Neoplasms (%)	Circulatory Diseases (%)	Respiratory Diseases (%)
Ardoyne 3	24	6 (25.00)	4 (16.67)	4 (16.67)
Ballysillan 2	18	4 (22.22)	5 (27.78)	5 (27.78)
Chichester Park 3	9	5 (55.56)	1 (11.11)	0 (0.00)
Cliftonville 1	10	3 (30.00)	2 (20.00)	3 (30.00)
Cliftonville 2	18	7 (38.89)	3 (16.67)	4 (22.22)
Cliftonville 3	10	4 (40.00)	1 (10.00)	3 (30.00)
Crumlin 2	24	7 (29.17)	4 (16.67)	3 (12.50)
Water Works 1	14	5 (35.71)	2 (14.29)	5 (35.71)
Water Works 2	18	4 (22.22)	5 (27.78)	1 (5.56)
Belfast North	1,039	268 (25.79)	229 (22.04)	157 (15.11)
Belfast	3,166	855 (27.01)	701 (22.14)	444 (14.02)
Northern Ireland	16,036	4,460 (27.81)	3,780 (23.57)	2,145 (13.38)

Source: NISRA

- The standardised cancer incidence rate among the Sacred Heart Parish area residents (718 incidences per 100,000 population) is almost 10% higher than the Belfast average (653 incidences) and more than 20% higher than the Northern Ireland average (596 incidences);
- The standardised admission rate due to circulatory disease among the Sacred Heart Parish area residents (2,150 admissions per 100,000 population) is more than 10% higher than the Belfast average (1,934 admissions) and 4% higher than the NI average (2,062 admissions);
- The standardised admission rate due to respiratory disease among the Sacred Heart Parish area residents (3,371 admissions per 100,000 population) is more than 40% higher than the Belfast average (2,378 admissions) and more than 60% higher than the Northern Ireland average (2,074 admissions).

In the Sacred Heart Parish area, there is also a higher proportion of people registered at the GP for Chronic Obstructive Pulmonary Disease (COPD) and diabetes compared to the Northern Irish and Belfast average. Prevalence rates of dementia are generally lower than the Northern Irish average, particularly in the Ardoyne, Cliftonville and Crumlin wards (less than 5 patients per 1000 people) when compared to the Belfast and Northern Ireland population as a whole (around 7 patients). A local study²⁰ on air pollution levels indicate that levels of NO2 pollution is above or near the legal 40 ug/m³ limit along parts of Crumlin Road and at Cliftonville Circus.

MENTAL HEALTH

Like many other deprived areas, the local community within the Care Zone area has been deeply affected by poor levels of mental health:

- The standardised prescription rate for mood and anxiety among the Sacred Heart Parish area residents (312 prescriptions per 1,000 population) is more than 25% higher than the Belfast average (248 prescriptions) and 46% higher than the Northern Ireland average (213 prescriptions);
- The standardised admission rate due to self-harm among the Sacred Heart Parish area residents (243 admissions per 100,000 population) is 27% higher than the Belfast area average (191 admissions) and almost 60% higher than the Northern Ireland average (154 admissions);
- The suicide rate within the Sacred Heart Parish area (39.6 deaths per 100,000 population) is more than 60% higher than the Belfast average (24.4 deaths) and more than 250% higher than the Northern Ireland average (16.1 deaths).

HOUSING

Good quality housing is critical to health outcomes for the population and it is important that different types of homes are required to meet people’s needs as they evolve throughout their life. A higher proportion of households in many parts of the Sacred Heart Parish area live in housing owned by the Northern Ireland Housing Executive or a housing association (28% - 66%), compared to the wider Belfast Council area (25%). There were a total of 938 applicants registered on the social housing waiting list in September 2017, which represents 21% of the waiting list of the North Belfast Assembly Area (the population within SOAs that cover the

Sacred Heart Parish area accounts for only 17% of the North Belfast population). More than half of social housing applicants consist of single households (n=446). Families account for more than a third of the applicants (n=290). Single households seem to be overrepresented in the waiting list, while the elderly underrepresented when compared to the wider Belfast Council area.

COMMUNITY SAFETY

The presence of crime often contributes to levels of anxiety amongst the local community. The most common type of incident reported in the Sacred Heart Parish area in the year before June 2019 was categorised as anti-social behaviour (555 incidents), followed by violence & sexual offences (466) and criminal damage & arson (244). The Water Works

ward experiences a comparatively high rate of recorded anti-social behaviour incidents, domestic abuse incidents and crimes, and hate motivation incidents and crimes. Violence against the person, sexual offences and robbery constituted the largest proportion of crime reported to the PSNI within the Sacred Heart Parish area. The monthly number of reported crime incidents is fairly consistent throughout the year (between 130-170 per month), however a drop in the number of reported incidents seems to occur during December.

DEPRIVATION

Income and economic situation is one of the most significant determinants of health. Table 4 illustrates the rankings of the SOAs located within the Care Zone area in the 2017 Northern Ireland Multiple Deprivation Measure (where 1 is the most

TABLE 4
RANKING OF SUPER OUTPUT AREAS IN CARE ZONE AREA BY NI MULTIPLE DEPRIVATION MEASURE DOMAINS, 2017

SOA	Multiple Deprivation Measure	Income Domain	Employment Domain	Health Deprivation and Disability Domain	Education, Skills and Training Domain	Access to Services Domain	Living Environment Domain	Crime and Disorder Domain
Ardoyne 3	9	67	12	6	19	804	87	16
Ballysillan 2	268	543	224	205	146	766	63	234
Chichester Park 3	559	721	476	403	400	578	180	282
Cliftonville 1	98	161	75	74	183	638	109	100
Cliftonville 2	515	725	361	334	580	888	55	202
Cliftonville 3	150	219	120	96	129	864	398	155
Crumlin 2	21	30	56	20	10	749	168	68
Water Works 1	15	89	18	8	26	767	46	35
Water Works 2	2	23	2	4	63	846	341	21

Source: NISRA

20. Green Party NI/Gradco measurement of NO2 levels across 40 locations in Belfast and North Down. Results available on: <http://www.greenpartyni.org/significant-study-show-extent-of-air-pollution-problem/>

deprived and 890 the least deprived). The table highlights that many SOAs within the Care Zone area are affected by significant deprivation, particularly in relation to income, employment and health. The Access to Services domain indicates that the area is among the less deprived; however, the focus within this, is on physical accessibility to services, and many factors impact on accessibility. In many parts of the Sacred Heart Parish area, 47-71% of households do not have access to a car. This compares to 38% of households in the wider Belfast Council area. The table also highlights significant variation within the area in relation to deprivation, with two of the SOAs within the Sacred Heart Parish area considerably lower on the overall deprivation ranking.

There are high rates of economic inactivity in the Sacred Heart Parish area (42-54%) compared to the wider Belfast Council area (36%), with the exception of upper Oldpark Road area. Long term sickness and disability appears to be a major factor when it comes to explaining

these high rates of economic inactivity. Unemployment is generally higher than the Belfast and Northern Ireland average, with youth unemployment rates particular high in most of the SOAs. In the majority of the SOAs in the Sacred Heart Parish area, the proportion of the population claiming Jobseeker's Allowance (3.5-8%), Income Support (5-12%) or Housing Benefit (25-44%) is above the Belfast average. There is a significant proportion of children 0-15 years old living in low income households (up to 63% in Ardoyne / Water Works areas) and proportion of pensioners on low income (up to 77% in Ardoyne).

EDUCATION AND SKILLS

Good quality education for children is important for enabling a higher quality of life later in their lives. It provides the route into meaningful employment and a stable income. Schools often also equip pupils with the social skills required in life. Social diversity in the school setting might contribute to the development of good

community relations for future generations. Enrolment numbers in primary schools (PS) in the Sacred Heart Parish area between 2002 and 2017 have been quite consistent with the exception of Cliftonville Integrated PS, which has experienced a significant increase in enrolment numbers, and Sacred Heart PS, which has seen its enrolment numbers fall by more than half. While no newcomer pupils were enrolled within the primary schools in 2002/2003, the number of newcomer pupils in 2016/2017 has risen, particularly in the Cliftonville Integrated PS. However, all primary schools in the area still have lower proportions of newcomer pupils compared to the Belfast average.

There is considerable variation in rates of GCSE and A-level attainment within the Sacred Heart Parish area. In many parts of the area a lower proportion of school leavers achieve at least five GCSEs at grades A*-C (54-75%) or at least two A-levels (22-56%) when compared to the Belfast average educational attainment 80% and 66% respectively. Generally speaking, attainment among school leavers entitled to Free School Meals is lower than among their peers without this entitlement. The

proportion of school leavers in Belfast North Assembly Area that go on to higher education (32%) is lower than the Belfast average (39%), while the proportion that become unemployed (8.7%) is higher than the Belfast average (6.7%).

A significant proportion of the adult population in parts of the Sacred Heart Parish area have no formal qualifications (37-51%) when compared to the wider Belfast population (30%), while a lower proportion of the adult population in parts of the Sacred Heart Parish have a third level qualification or above (15-26%) when compared to the wider Belfast population (39%). There is a low level of engagement with essential skills courses, further education and higher education in the parts of the Sacred Heart Parish area (Ballysillan and Ardoyne in particular) when compared to the Belfast average.

TABLE 5

ACHIEVEMENT OF SCHOOL LEAVERS BY SUPER OUTPUT AREA, 2015-16

SOA	School Leavers	Achieved At Least 5 GCSE's grades A*-C (or equiv) ²¹	(%)	Achieved 2+ A-levels (or equiv)	(%)
Ardoyne 3	18	11	61.1	4	22.2
Ballysillan 2	21	15	71.4	11	52.4
Chichester Park 3	16	12	75.0	9	56.3
Cliftonville 1	47	39	83.0	31	66.0
Cliftonville 2	20	20	100.0	17	85.0
Cliftonville 3	16	12	75.0	9	56.3
Crumlin 2	28	15	53.6	10	35.7
Water Works 1	27	17	63.0	11	40.7
Water Works 2	24	19	79.2	8	33.3
Belfast North	1101	821	74.57	581	52.77
Belfast	3695	2918	78.97	2160	58.46
Northern Ireland	22746	18582	81.70	13037	57.30

Source: Department of Education

21. This number includes school leavers that have achieved 2+ A-levels or equivalent)

This Care Zone has provided a lot of help and support for the people of a very deprived part of our city and has been availed of by the whole parish area, with both sides of our community benefitting from it. It has provided much useful information and practical help for everyone who wanted it. e.g. "Action for Hearing Loss" held a regular surgery where people could have their hearing aids checked and be given batteries for NHS hearing aids. This was a blessing for many.

(local resident)

COMMUNITY CONVERSATIONS

METHODS OF ENGAGEMENT

Following completion of the Health Profile, it was recognised that in-depth engagement with local residents of the Sacred Heart Parish about their health and well-being was required to help build a complete picture of the health challenges they experienced. Various engagement methods were deployed by the Care Zone working group, to reach a wide group of local residents.

COMMUNITY CHAMPIONS

A representative group of twelve local residents was recruited to undertake a twelve-week training course that was delivered in partnership with the Ulster University. The purpose of the programme was to empower the group to become health and well-being 'champions' within the community. The training course encouraged the group to undertake a mapping exercise of the area and to increase their understanding of the area's challenges in relation to health, education, crime, services, housing, transport and infrastructure. The training was supported by presenting the statistical data compiled in the health profile. As part of the training, the Community Champions also received assistance to develop the skills and knowledge necessary to facilitate focus group discussions to gain in depth knowledge and stories from local residents and on methods to report on the findings.

FOCUS GROUPS

Focus groups were usually organised around a common interest group and facilitated by Community Champions and Care Zone working group members

who had been responsible for delivering elements of the training programme. In recruiting participants for the focus groups, emphasis was placed on identifying people from different backgrounds, gender and age so that a wide range of voices in the community would be appropriately represented. To achieve this, invitations for focus group participants were advertised as widely as possible, while also relying on 'word of mouth' and the social networks of the Community Champions. A template of questions and additional prompts, developed during the training sessions, supported the facilitators to lead the discussions, which focused on the health challenges residents experienced in their everyday lives. This set of questions and prompts was carefully selected to complement the available statistical information in the health profile on health status and the determinants of health. Initial briefings ensured that protocols were applied to all participants in the focus groups; for example, on behaviours, anonymity and withdrawal, and agreed among facilitators before group discussions were held. All participants were informed that their identities would be kept anonymous and that they had a right to withdraw from the focus group at any time.

PLACE STANDARD TOOL

The Place Standard Tool is a tool developed by NHS Health Scotland²² to record stakeholders' views on the built environment and to support increased understanding of the links between the built environment and health and well-being. The tool seeks to present the findings in a structured way, using key elements of the environment, for example, footpaths, housing, safety, to policymakers and planners. In addition to

their involvement in focus groups on the public health challenges in the area, the Community Champions also took part in the Place Standard assessment of the local environment.

CHRISTMAS CRACKER COMMUNITY QUESTIONNAIRE

A questionnaire was developed with the support of the Public Health Agency to gauge the opinion of local residents about the qualities of the local area. The questionnaire was issued to those who attended the Christmas Concert of Hope (n=170) and included the following questions:

- How do you feel about living in the area?
- How would you rate community spirit in your area?
- How would you rate the look of your area?
- How would you rate the safety of your area?
- How would you rate transport in your area?
- How would you rate health in your area?
- How would you rate housing in your area?
- How would you rate education in your area?
- What would you like to see changed or improved in your community area?

A quarter of the respondents indicated they were below the age of 45, while more than half of the respondents indicated that they were over 55 years of age.

'LOOKING BACK TO GO FORWARD'

The 'Looking Back to go Forward' project aimed to capture the local history of the

Sacred Heart Parish area by documenting life experiences of people who lived there. Fifteen people who grew up or worked in the area during different decades agreed to be interviewed on their experiences of living or working in the area. These participants were recruited with the help of Care Zone working group members and were fully informed about the purpose of the project and how their information could help to inform it. The Public Health Agency funded Planning Landscape Architecture Community Environment (PLACE) to carry out the interviews and to produce the publication A Sense of Place – Stories from the North Belfast Care Zone.

CHILDREN'S CONSULTATION

During the Summer Fun Day event at the site of the former St Gemma's school in August 2017, feedback was collected by Belfast Healthy Cities from children on their play activities and their views on their local built environment. The participating children, aged between 5 and 12 years old were engaged by community artists through a variety of child-friendly art and craft activities. Parents were also consulted about the provision of (child-friendly) facilities in the local neighbourhood. In addition, a school survey on the views of children and young people on their local environment was developed by Belfast Healthy Cities. Questionnaires were sent out to seven schools throughout the north Belfast area in 2014. The pupils surveyed included Primary 4 and Primary 7 children in primary schools, and Years 8 and year 10 pupils in the secondary schools.

MARROWBONE PARK CONSULTATION

The working group also sought to ensure that local residents' views were represented in mainstream consultation processes initiated by Belfast City Council on

proposals to redevelop the Marrowbone Park. Many of the working group members felt that the proposals addressed local concerns insufficiently, particularly those held by women and the families of those who had taken their own lives in the park. They also felt that the proposed consultation sessions in the Marrowbone Park were not likely to uncover those concerns. Following discussion with a Council representative an additional morning session was held in the Sacred Heart Parish centre. A second session with young people who use the park regularly was also organised.

As a result of further liaison with the Council, a meeting between the responsible Council officer and a bereaved family member was organised during which the impact of the proposed redevelopments on the memorial site were explained in more detail. The Youth Education Health Advice (YEHA) project brought together a group of local young people affected by the loss of peers to exchange their views on the proposed redevelopment with the Council officer. This engagement provided consultees with a greater sense of efficacy, while also leading to more informed consultation responses.

SEMI STRUCTURED INTERVIEWS

The community events were used as an opportunity to carry out semi-structured interviews with a wide range of local residents on their experiences of using the healthcare system and on their preferred priorities to be pursued throughout the Care Zone project. At some of these events a 'conversation corner' was set up to allow attendees to articulate personal health challenges on a voluntary basis, about their experiences of living in the area.

KEY FINDINGS

Findings in this section provide an overview of the main health and well-being challenges highlighted by residents living in the area, through the various forms of 'Community Conversations'.

LIVING IN THE AREA

In response to a short questionnaire that was distributed among local residents during the Concert of Hope, residents indicated that they generally like living in the area, with two thirds answering positively to a question on living in the area. People living in the upper parts of the Cliftonville Road tend to be more positive than those living in the Oldpark /Rosapenna areas of the Sacred Heart Parish area.

Throughout the community conversations people talked fondly about the community spirit of the area in the past, but they also highlighted how this was changed with the advent of 'The Troubles' and subsequent urban redevelopment.

"There was a real change in community spirit when the area was redeveloped. You didn't know who your neighbours were or what they belonged to."

Many participants in focus group discussions recalled memories of people working together to organise events such as street parties, that created a sense of connectedness and a welcome to all. These discussions also highlighted that local residents generally have close family generational ties within the local area and these historical family connections to the area, create a strong sense of belonging. However, residents also recognize that the intensity of social bonds has weakened over the last decades:

"People are the strength [of the community] but that is breaking up - keeping themselves to themselves and family connection is broken."

Focus group discussions reported that local residents still tend to look out for each other to some extent. Residents based in the Upper Cliftonville area tend to be mainly positive about their neighbours and the level of support they receive from their social networks. The Sacred Heart Parish seems to provide a certain common sense of belonging to the area and facilitates shared social networks:

"People only acknowledge each other in passing by, a nod. [...] I come here as it's my parish."

The importance of re-establishing values such as friendliness and support for neighbours when required, was highlighted. These were values that residents indicated were upheld during 'The Troubles', when crisis situations demanded that communities came together against common threats. Residents also recognize that the impact of 'The Troubles' in the local area has led to intercommunity strife and fear of the 'other' community.

It was also highlighted that community events create the potential for bringing local residents closer together. This is reflected in the results of the questionnaire that indicate that local residents identify the level of community spirit in the area at the time when the Concert of Hope was held as 'good' or 'very good'.

The issue of lower levels of community spirit was raised as a potential factor in unwanted social behaviour going unchallenged. Local residents feel frustrated about the nuisance caused by younger people through anti-social behaviour and drug use, particularly those

living in the Lower Oldpark / Rosapenna area:

"You daren't speak to them as they would challenge you. They throw stones and litter the place."

Young people are more scathing about the general appearance of the area and the difficulties in making the area look welcoming. They highlight the importance of initiatives that bring people together to counterbalance the negative behaviour associated with some elements in the community.

"I like the men's sheds in that the area is used for that instead of being used for bonfires"

Young people are particularly perturbed about the presence of 'headers' (people on drugs) in the area and the transient nature of some parts of the community

"Manor Street is like benefit street, houses are old, lots of people moving in and out, more foreign people."

SOCIAL CONNECTIONS

Due to the close ties, safety fears and sectarian tensions that many have within their immediate area, residents socialise by visiting family or friends at home. Community facilities such as sport clubs, gyms, the Parish Centre, parks and hairdressers are also referenced as places where people sometimes go. However, during the focus group discussions, participants generally agreed there are not sufficient opportunities to socialise in the local area. There is a lack of welcoming public spaces in the area. The Marrowbone Park is seen as a meeting place for young people only. The nearest leisure centres are perceived to be out of reach. Residents tend to rely on facilities such as pubs and

bookies to socialise in their local area. Although facilities such as cafes and coffee shops would be welcome, some express concern about the affordability of such places:

“It would be nice to have somewhere to meet likes cafes or places to drop in [to] get a tea or coffee and not have to buy a meal.”

Several participants indicated that the prevalence of anti-social behaviour in the area during evening time discourages local residents from leaving their home. As a result, some people, especially elderly residents, do not get the opportunity to socialise regularly and can feel socially isolated. A lack of opportunities for volunteering adds to this problem.

Responses also indicate there are not enough facilities for young people in the area. Almost one fifth of questionnaire respondents identified the improvement of youth services as a priority for change. The Deanby Youth Club and the Youth Education Health Advice (YEHA) facilities are identified as the only opportunities for young people to come together. It was highlighted by some respondents that young people are perceived to ‘hang out in groups at the back of shops’ and to partake in (underage) consumption of alcohol.

Young people themselves mirrored the general perception that there are insufficient facilities for them to come together in a safe environment, particularly in relation to late night youth provision during the weekends. Young men in particular felt they would benefit from better leisure and sports facilities.

“Just walk about and round the Water Works and hang about streets. I stopped going to the youth club last year because nobody was going. Nothing else to do.”

SUPPORT TO ACCESS TO HEALTH AND WELL-BEING SERVICES

The health issues most frequently mentioned by residents in the focus group discussions included mental health, depression, cancer, asthma, Chronic Obstructive Pulmonary Disease (COPD) and arthritis. Most participants acknowledged that poor lifestyle choices and drug and alcohol use is a contributory factor to lower life expectancy with local residents, amongst wider issues.

The Sacred Heart Parish area has a number of General Practitioners (GPs) and pharmacies that offer frontline healthcare services to local residents. Some major health facilities are located just outside the Sacred Heart Parish area such as the Mater Hospital on Crumlin Road, the Carlisle Wellbeing & Treatment Centre and the Community Mental Health Resource Centre (Old See House) on Antrim Road. In addition, leisure facilities such as the Ballysillan Leisure Centre and Girdwood Community Hub are also located just outside the area and residents are fearful of travelling outside the area. It was also noted that residents are not always aware of local facilities or the range of activities that take place within the Sacred Heart Parish area.

There appears to be an unmet demand for addiction support services. There are also insufficient sport and recreational facilities within the Sacred Heart Parish area. The only publicly available sports pitch is Marrowbone Park and is only available through a booking system that requires payment. Schools in the area generally do not offer recreational facilities for public use since school facilities are accessible to school pupils only.

Residents felt that poor public transport connections make it difficult for people on a low income to physically access

health facilities outside their immediate neighbourhood. The nearest public mental health service, for example, is located ‘quite far up’ the Antrim Road. In addition, some residents feel that certain facilities or services are not accessible to them because of fears of personal safety on route or due to a lack of trust in the services provider. The Girdwood centre and Ballysillan park/leisure centre offer good facilities but are perceived by some residents to be in neighbourhoods that are unsafe to travel to.

Focus group participants mainly indicated that they are very unhappy about the effort it takes to get an appointment with a GP, which is usually the first port of call to seek advice on a health issue.

“I phoned 24 times this morning before I got through [to the General Practice]. When you do get through they say it’s too late and you have to try again after 8am tomorrow.”

Discussions highlighted that waiting times of up to four weeks for an appointment with a GP appears to be standard. Some respondents felt that GPs are on a tight time schedule because of the pressures on the health system and do not take the time or make the effort to really understand their health issues. Pharmacies, on the other hand, are easily accessed and tend to offer good advice on health issues and on availability of other services. The quality of service offered by health service carers is perceived to be good, but since carers can only stay for a limited time, the care that is provided by family and friends remains very important.

Young people indicate that their peers’ overall health levels are adversely impacted by drug use and mental health issues, such as depression. Young people identify the use of alcohol as a major health issue affecting elderly residents in the area and suggest that social isolation also plays a role

in reducing health levels of older people.

“lots of older people are alcoholics; old people don’t leave their home apart from going to church”.

In relation to accessing health services, young people largely identify similar issues to those raised by adults, such as GP waiting lists and poor physical access to publicly managed leisure centres.

SUPPORT TO ACCESS MENTAL HEALTH SERVICES

Focus group participants who have experienced drug abuse, depression or suicide themselves, or who have had family members who experienced these problems, generally applaud the level of family support available to them. However, major concerns are flagged up by focus group participants in relation to accessing professional help on mental health. It was highlighted that some people, especially men, may not want to seek help because of the social stigma attached to mental health. Responses also indicate that residents often do not appear to know which service to turn to, other than their GP or the A&E (Accident & Emergency) department in hospitals and often they are not able to provide the right type of care. The reason cited for attending A&E is that in using the mainstream health channels such as the GP or the Community Mental Health Resource Centre, patients can wait several weeks to access a professional mental health service. Even in emergency situations, patients might still have to wait for several hours and might ‘do a runner’ instead of waiting to see a professional. Respondents also raised a problem with consistency in healthcare services, where patients often do not see the same health professional and the health professional is therefore unfamiliar with their health issue or health history. It was also highlighted,

there is a gap in healthcare services for young adults when they are no longer eligible for children's services and are moved on to adult registers.

As a result, respondents indicated that local residents often prefer to go to local charity organisations since they feel workers within the charitable organisations listen more carefully and are able to provide good advice. Organisations such as the Lighthouse charity, Tackling Awareness of Mental Health Issues (TAMHI) and Samaritans were mentioned as the most useful services available in the area.

Respondents generally agreed that the first source of support people turn to in cases of mental health is family, and that it would be very beneficial to make more information on how to access professional services available to family members. Despite the fact that family members often play a crucial role in caring for people with mental health issues, it was felt there is very little support for them as carers. This is a particularly pressing issue for those who support family members who are struggling with drug addiction and those who have had to deal with traumatic experiences such as a suicide in the family.

“No support at all for carers living with this. [You] don't like to tell anyone. Your mind is constantly worrying. God forgive me it was a relief when it happened” (son took his own life).

Young people identified very similar experiences. They also find it very challenging to access professional help on mental health issues. Several young people mention Lighthouse as a crucial resource for seeking information on mental health issues. Young people also indicate that in recent years schools have started to provide some information on mental health services to pupils.

THE BUILT ENVIRONMENT

Local residents acknowledged that the built environment can have a significant impact on their health and wellbeing. This is reflected in the fact that environmental improvements and housing are often mentioned by questionnaire respondents as priorities for change. Residents also highlighted they felt that the quality of their local built environment is poor. Less than one fifth of questionnaire respondents rate the look of the area as 'good' or 'very good'. The quality of housing also appears to be perceived as good but there were concerns about older housing stock and private landlord accommodation.

Focus group participants identify the lack of cleaning and maintenance of public realm; insufficient public transport provision; air pollution and insufficient street lighting as the key environmental factors that have the most negative impact on public health locally. Residents reported that some streets and entries and alleyways between houses are not regularly cleaned. This is sometimes due to parked cars blocking access for Council cleaning machines. Bins and recycling boxes are sometimes not collected for several weeks due to the same issue around access. Respondents also reported that entries are often full of weeds and disposed drug needles.

“You ought to see the druggie stuff around the streets - even on a Sunday morning outside the parish centre you can see the packets lying around.”

The issues of dog fouling and illegal dumping of waste were also highlighted as key environmental issues. Residents highlighted that the poor level of street lighting combined with the presence of derelict houses and land in some residential areas adds to the perception that the built environment is poorly maintained.

Respondents indicated that poor walking and cycling facilities discourage residents from walking, cycling or spending time outdoors. They also perceive that a lack of public spaces and destinations such as parks, playgrounds or coffee shops provide very limited incentives for local residents to go out. Local green spaces such as the Marrowbone Park often feel unsafe due to anti-social behaviour and therefore go largely unused. Focus groups participants felt the area is designed for car use. People with mobility issues have difficulties moving around in the area due to poor quality and limited width of pavements, and often depend on the use of taxis for their shopping and access to other facilities.

Public transport services are generally perceived to be infrequent and unreliable, particularly early in the morning, with waiting times of up to 20 minutes being reported. The lack of timetabling information and bus shelters at bus stops, particularly in the lower Oldpark and Cliftonville Road areas, makes it unattractive to wait for a bus.

“We don't have bus shelters, you have to stand in the rain and the cold waiting for them.”

Most residents do not use public transport at all and have resorted to use private taxis or black (shared) taxis, which are seen as a good replacement for public transport services. This might explain why questionnaire respondents generally rate the quality of transport in the area as positive. Residents also highlighted that black taxis are often full since they start in the Ardoyne area.

The main routes within the area are often heavily congested during peak hours. The presence of seven schools along a 1.2-mile stretch of the Cliftonville Road generates a lot of car traffic during morning peak hours. The resulting concentration of exhaust

fumes makes local residents susceptible to the effects of air pollution. Speeding and joyriding occur regularly and often create dangerous situations for pedestrians and cyclists.

Young people indicate that they need more sports facilities they can use at no cost, as payment has to be made for the only 3G pitch in the area. Local parks are not attractive to use during night-time due to the presence of drug users.

“There is drinks and drugs in the Water Works. I am not allowed in after dark”.

Young people also report similar challenges in relation to transport in the area. Some young people use buses but highlight the poor state of bus shelters and the lack of timetable information. They also highlight that black taxis offer a convenient and affordable way of getting around instead.

Children also identified a lack of dedicated green and open spaces that allows them to play and socialise safely, with a degree of independence. A lack of imaginative and accessible playgrounds for children often results in them playing in car-dominated streets or abandoning active play altogether and staying indoors.

COMMUNITY SAFETY

Focus group participants indicate that local residents are severely affected by low levels of community safety and that this issue seems to have become more prominent over time. This is also reflected in the results of the questionnaire that indicate that only 17% of respondents rate the safety of the area as 'good' or 'very good'. Residents avoid certain areas such as Marrowbone Park due to persistent anti-social behaviour, particularly during the weekends and night-time. Vandalism and joy-riding are highlighted as being the most visible

forms of anti-social behaviour, but the congregation of young people drinking or taking drugs in the area also leads to fears for personal safety.

“I am afraid of the young people on drink and drugs – you don’t know what they could do to you.”

Focus group participants indicated they feel safe traversing the area during the day but that they avoid walking in the area during night-time and use a car instead or stay at home. Elderly residents are particularly fearful of going out during the night-time. The presence of derelict buildings and the fact that shops and offices generally close after 6pm make the area look particularly run down in the evenings. Most participants indicated that they occasionally feel unsafe inside their home as well, particularly because of burglaries that take place. Some have wrought iron doors installed at the bottom of the staircase in order to prevent trespassers from going upstairs. Burglaries and other thefts seem to occur often and most participants reported they have been affected themselves or know people that have been affected. Burglaries also happen during daylight.

“My next door neighbour’s wee girl was upstairs – a man broke in with a knife.”

The presence of organised crime groups in the area that engage in drug dealing, and the related intimidation of those they deem to obstruct their activities, were identified as factors that further increase fears over personal safety. Several participants have personal experiences of being intimidated and having family members being assaulted.

Focus group participants acknowledge that the area is difficult to police due the antagonistic stance among some local residents towards the Police Service. They

also generally agreed that the Police Service struggle to commit sufficient resources to the area and that unwanted behaviour often goes unchallenged. Residents reported that the police often take a long time to respond.

“There are PSNI cars which go up the road at night but ignore the carry-on (shop-bought alcohol) of the young people.”

Young people indicate that they are often directly confronted with criminal activity taking place in the area and do not feel safe as a result. The flaring up of cross community tensions, particularly during the summer season increases vulnerability of all groups. Views of the Police Service are mixed but it is generally acknowledged that the Police Service is not sufficiently resourced to deal with crime in the area.

EDUCATION AND EMPLOYMENT

The Sacred Heart Parish area contains a variety of schools, including one post-primary school, five primary schools and two nurseries. However, since St Gemma’s High School on Ardilea Street was closed in 2013, most secondary school pupils now have to travel outside the area to access education. Results of the questionnaire indicate that local residents are generally happy with the quality of educational facilities in the area. It was reported that the Mater Hospital is a major employer for people in the local area and the Youth Education Health Advice (YEHA) project offers good opportunities for skills development for younger adults. Focus groups participants suggest that local residents feel passionate about improving the lives of young people and children who reside in the area.

Focus groups participants largely felt that there is a need for more nurseries and toddler groups so that mothers

have better opportunities to engage in employment. They also highlighted the need for more out-of-school activities for school-aged children, including summer schemes and homework centres. It was recognised that learning support networks can be particularly important for young people and children living in deprived areas that could support them to achieve good results in school or secure skilled employment. Limited access to appropriate support networks for young people may also contribute to low levels of self-efficacy amongst local young people, resulting in a negative cycle of school dropouts, unemployment, low self-esteem and poor mental health.

“There are no educational facilities for adults around here.”

Focus groups participants also indicated that local residents would benefit from training in life skills to acquire more meaningful forms of employment. There seems to be a particular unmet demand for training around writing Curricula Vitae. Residents feel that there are very limited opportunities for adults to access further education, particularly as the only post-primary school where adult classes were provided has now closed. Although some participants indicated that adult classes may be available in various facilities outside the Sacred Heart Parish area, knowledge about these opportunities tends to be lacking amongst residents and classes were cited as too expensive. Residents also acknowledged the importance of intergenerational projects for sharing knowledge and skills within the community.

“We have no local training facilities and no one to help with CVs or give career information or guidance.”

Residents feel that local businesses offer limited employment opportunities. Jobs

that provide skills to workers such as construction work and work in mills or factories have mostly left the area and therefore it is difficult for young adults to gain work experience. Apart from the Mater hospital, nursing homes, schools, local shops and solicitors there are very limited job opportunities for residents. Perceived difficulties in accessing employment opportunities outside the local area can make it a challenge to find suitable employment. Many residents who are employed rely on poorly paid and repetitive work, often during inconvenient hours, that does not provide them with a decent quality of life. The insecure nature of unskilled employment contracts often denies people an income that they can rely on.

“Years ago there was work on building sites, mills and factories; now very few opportunities.”

A number of ‘Universal Credit clinics’ organised by the Care Zone working group in partnership with North Belfast Advice Partnership to inform local residents about the new Universal Credit benefit system has exposed the additional pressures faced by those receiving benefits. One particular issue is the stress experienced by elderly residents who often do not possess the appropriate internet skills to access the online claim system. Residents who do not have access to internet at home or who cannot afford modern technology such as smartphone devices expressed similar concerns. The potential financial hardship caused by delays in benefit payments was another issue highlighted by many residents. The introduction of the ‘bedroom tax’ causes additional financial stress for many households on housing benefits. The ‘Universal Credit clinics’ emphasised the financial vulnerability of many local residents and the deep impact that the cuts to social benefits have in terms of mental well-being.

Young people are generally keen to develop their skills and enthusiastic about making a positive contribution to their community. Young people, particularly young women, indicate that they feel there is a lack of role models in their lives that can inspire them to put in the extra effort to achieve the best they can.

TRANSPARENCY AND DECISION MAKING

Focus group participants acknowledge that government agencies and services are crucial in helping to provide them with a good quality of life. However, they also feel some local services need increased investment and government strategies have often failed to produce real change on the ground. The fractured responsibilities of public service provision and a growth of short-term strategies limits the effectiveness of the current investment in the area. Residents indicate that expectations raised by government schemes are often not fulfilled. As a consequence, residents tend to feel that their concerns are being ignored by

policymakers and tend to accept the state of affairs rather than attempting to affect positive change.

“We served for four years on an interagency group which met monthly. We had been promised gates for our court [...] but they never got done. There was no point in going as nobody cared what we are suffering.”

Focus group participants also feel that residents, particularly elderly people, are not aware of opportunities to express their concerns when consultation events are carried out by statutory agencies, as there is no central information point available where such consultation events are published.

Opaqueness about the mechanisms that determine how public funding is distributed among local community groups has led to low levels of social trust amongst local residents. Divisions within the perceived Nationalist and Unionist communities, as well as divisions between these communities, are perceived to be allowed to persist by the government departments. Some community organisations in the area conform to such divisions, and as a result, some community facilities and programmes do not appeal widely to residents

My time working with the Care Zone has been inspirational, since it has given me justification to what I already knew: that people within the Care Zone are amazing and special. I am honoured to be able to call the passionate, caring and inspirational people I worked with friends.

(local resident)



MOVING FORWARD: ACTIONS FOR CONSIDERATION

The Care Zone project was established as a community development model to deliver on the Community Development Agreement, following the Future Search workshop, September 2016. Its aim was to work with communities to empower them to build capacity to access knowledge, education and improve connectedness and generate partnerships within the Care Zone area, the Sacred Heart Parish area of north Belfast.

Before considering how the work of this project can be taken forward, it is both appropriate and necessary to reflect on the fundamental aim of the Care Zone project and the methodological approach taken to pursuing this.

To this end, there are two key lessons that this project has identified:

1. The importance of involving the local community to both understand local issues and propose local solutions; and
2. The need to adequately resource the Care Zone model and promote interagency working.

TAKING A COMMUNITY DEVELOPMENT APPROACH

Rooted at the heart of the ambition to tackle the challenging and complex issue of improving health and well-being was the constant guiding role and involvement of the local community. At the broadest level, a principal lesson from this project has been the realisation of the benefit of the community model in trying to address and find solutions to local issues; put

more simply, the benefit of local people grappling with local issues from their perspective and understanding.

The Care Zone model used to guide this project has, most significantly, helped to support a sense of hope among residents in the area. The local community has emerged as the greatest asset the area has and, by bringing people and organisations together, residents recognise they are valued and a more positive outlook for many has been created. The organisation of regular community events has played a crucial role in achieving this. The training of Community Champions as representatives of the local community and the active role assigned to them in terms of skills development and formulation of local challenges is key to engaging with the community. It is recognised that there will be a need to train future Community Champions.

While it is important to celebrate the achievements and successes of the Care Zone project to date, it is also vital that reflection takes place on the ongoing challenges to improving public health outcomes of the residents of the Sacred Heart Parish area. The findings from the community conversations and health profile have been used to inform how the health and well-being of local residents can be improved through better service delivery. What the community development approach has revealed is that it can only be through further consultation with the community that the action needed to address the challenges raised can be identified, along with the agencies and service providers.

RESOURCING THE CARE ZONE

Acknowledging the central role of the community in understanding the nature of the Care Zone area, it is equally important to recognise that those who work to improve the lives of residents in the Care Zone face many challenges. In particular, continued inter community strife combined with sectarian politics and the fear of 'stepping on toes' has slowed the process somewhat. In turn, this has tended to reinforce the apathy and scepticism of those who feel they have been let down in the past.

Added to these particular historical and social dynamics, many of those working 'on the ground' do so on a voluntary basis or as additional workload. The evidence and understanding gained through the work of this project has emphasised that this circumstance does not deter those who are determined to work towards developing the community assets that are essential for combatting suicide and poor mental health. The energy and passion they have demonstrated to achieve improvements in mental health and well-being, and by extension, a reduction of the suicide rate within this area, has been the driving force behind the success of the Care Zone project to date. It is nevertheless vital to recognise the human impact this has had on these volunteers and the limited capacity in the area to further develop local initiatives.

Sustained resourcing, in terms of investment of time to understand the particular context of the area, along with financial support in order to sustain the functionality and continued development of the Care Zone is essential.

A significant learning from the work of the project during the course of the past three years across both forms of investment is the benefit of co-operative interagency working

across statutory, voluntary and community organisations, as well as the local community. For example, responsibility for improvement of public health outcomes among the residents of the Sacred Heart Parish area not only lies with public health agencies but also with a wide range of other service providers for whom public health may not be the core responsibility. Research has consistently shown that the quality of the built environment and the level of access to education, employment, adequate housing and leisure facilities are major factors influencing health and well-being. It is therefore imperative that agencies work together to maximise the positive impact of the services they provide.

ACTIONS FOR CONSIDERATION

The foregoing report, a product of quantitative and qualitative analysis along with detailed conversations and engagement with the local community, has identified some of the factors that have the potential to contribute to the poor mental health levels and high suicide rates in this community. Having identified these factors, it is possible then to look at potential solutions to both address and mitigate them.

Through discussions across the Care Zone community a significant number of potential recommendations were suggested. Of the 48 ideas agreed, three were believed to have the greatest potential for making a positive impact on local residents' lives. These have been identified as the priority recommendations.

PRIORITY ACTION ONE: MOBILE INFORMATION FACILITY

It was noted that a mobile facility where all members of the local community can access relevant information and

professional advice on issues that affect them in their daily lives would be particularly beneficial. This facility would potentially include access to appropriate health services, navigation of the Universal Credit system and access to employment. Services that could be linked to this mobile facility could be a 'street doctor', a 'CV clinic' and a Universal Credit help centre.

PRIORITY ACTION TWO: LOCAL 'DROP IN' CENTRE

The development of a 'Drop In' centre was believed to offer much needed support to the local residents. Through this centre, health professionals and youth workers specialised in mental health and addiction can be easily accessed by local residents. Such a centre would allow residents to obtain help discreetly and anonymously and at a time which suits them. It is anticipated that such a facility could relieve the frontline health services while also allowing people experiencing mental

health or addiction issues, and their family members, to seek advice without going through a formal process first.

PRIORITY ACTION THREE: FURTHER RESEARCH

While the Care Zone project has been very instrumental in identifying some of the factors that among local residents of the Sacred Heart Parish area it did not set out to test established research on causes of poor mental health and suicide. Therefore, more research is needed to establish whether the findings contained in this report can be used to expand the current understanding of the causes of poor mental health and suicide.

COMPLETE LIST OF ACTIONS FOR CONSIDERATIONS

As noted above, these priority recommendations form part of a broader list of 48 recommendations agreed by the local community, considered throughout the course of the project. Each is identified below under the thematic areas through which the community conversations were conducted:

We are honoured to have worked alongside the passionate and dedicated people involved in the Care Zone and are proud to have been able to contribute to the vital work being done by the Care Zone in fostering a sense of care and hope for the community.

(Conor McCafferty, PLACE)

LIVING IN THE AREA

To trial a mobile information hub which could be used in different areas of the Care Zone area on a rolling basis

The setting up of a residents' committee to act as a taskforce for developing and promoting regular events to bring local residents together.

To investigate how existing facilities can be made available for community use.

SOCIAL CONNECTIONS

A mobile 'conversation café' to be set up where all members of the local community feel safe and welcome. This café could operate on an honesty box model to allow visitors to make additional financial voluntary contributions.

Sessions to be established in community facilities that allow (elderly) residents to come together for activities of common interest.

Strategically placed groups of weatherproof 'talking benches' that allow residents to meet and chat in public spaces.

Centrally placed physical information board where local events and activities can be published.

A Care Zone newsletter celebrating local residents and promoting local events and activities.

Outdoor gyms for a range of age groups to be located in St Gemma's grounds and local parks.

SUPPORT TO ACCESS HEALTH AND WELL-BEING SERVICES

Explore the use of school facilities for a range of activities in after school hours.

The deployment of a team of community champions that can serve as a source for in-depth knowledge on health services and other programmes and activities available in the local area.

The employment of a mobile health advice centre, consider a 'street doctor' model.

The setting up of a programme of health promotion events in local schools and with local groups.

The extension of the Multi-Disciplinary Team (MDT) model to the area

Increased financial support for transport to health service facilities

SUPPORT TO ACCESS MENTAL HEALTH SERVICES

The development and promotion of an easily understandable roadmap to access mental health and addiction services.

Appointment of a 'parish nurse' who can visit families to support them to address mental health or addiction issues among family members.

Provision of a drop-in centre for mental health and addiction issues.

THE BUILT ENVIRONMENT

Provision of a range of public and private housing that meets the needs of people as they grow older.

Public realm programme that includes street benches, bins, street lighting and increased cleansing

Piloting of alternative travel to school arrangements including walking buses.

Improved parking strategy to allow access to entries and alleyways.

Street/pavement play equipment for children's play areas

Increased traffic calming measures to discourage speeding and joyriding

Increased activities in parks for children and young people and intergenerational activities

More pedestrian crossings on Oldpark and Cliftonville Roads

Improved pedestrian link between Water Works park and Marrowbone park

The provision of bus shelters and timetables

A community transport scheme for elderly residents

Incentives for local groups of residents to upkeep and improve local area.

Planting of street trees and green walls to counteract air pollution, particularly around schools.

COMMUNITY SAFETY

Work with Policing and Community Safety Partnerships to identify ways for making the Police Service more embedded within the community.

A mapping exercise of derelict buildings and land to explore how to reuse.

Organise events that populate parks in the evening.

CCTV and lighting in the park to discourage anti-social behaviour taking place during the evenings and to encourage residents to walk, run and so on

Stricter enforcement of alcohol licensing laws.

Setting up of a collection scheme for unused prescription drugs and for the safe collection of used drug needles.

EDUCATION AND EMPLOYMENT

Increased access to facilities and nurseries for toddlers

Provision of facilities where children can borrow toys and school books

Employ local teachers to provide GCSE and other courses for adults, using existing school facilities during and after regular school hours

Provision of facility for residents to acquire IT skills

Explore the provision of further education facilities in liaison with Ulster University and Belfast Metropolitan College

Provision of homework clubs and Summer schemes for children or young people

Explore provision of skills based training for growing industries such as hospitality.

Application of social clause for public construction projects that allows local youth to be hired as apprentices.

Local support to complete CVs and job applications

Introduction of an accessible Universal Credit service point

TRANSPARENCY AND DECISION MAKING

Introduction of a participatory budgeting process that would allow input from local residents on priorities for investment in the area

These actions for consideration are intended to start a discussion among local residents, service providers and policymakers about the best actions that can be taken forward in the future. It is anticipated that action on a range of these will alleviate some of the issues raised by residents of the Sacred Heart Parish area.

In order to effectively deliver positive and sustainable change, it is important to take a co-operative and interagency approach in taking forward these actions. To this end then, the table below identifies the opportunities for such partnership working and the relevant sectors that are best placed to take forward elements of these actions.

Action	Central Government	Local Public Agency	Private / Voluntary / Community sector
To trial a mobile information hub which could be used in different areas of parish on a rolling basis	X	X	X
The setting up of a residents committee that acts as a taskforce for developing and promoting a recurring series of events that bring local residents together.			X
To investigate how existing facilities can be made available for community use	X	X	X
A mobile 'conversation café' where all members of the local community feel safe and welcome to go to. This café could operate an honesty box model to allow visitors to make financial voluntary contributions.		X	X
Sessions to be established in community facilities that allow (elderly) residents to come together in activities of common interest.		X	X
Strategically placed groups of weatherproof 'talking benches' that allow residents to meet and chat in public spaces.		X	X
Centrally placed physical information board where local events and activities can be published.		X	X
A Care Zone newsletter celebrating local residents and promoting local events and activities.		X	X

Action	Central Government	Local Public Agency	Private / Voluntary / Community sector
Outdoors gyms for a range of age groups to be located in St Gemma's grounds and local parks.		X	X
Explore the use of school facilities for a range of activities in after school hours.	X		X
The deployment of a team of community champions that can serve as a source for in-depth knowledge on health services and other programmes and activities available in the local area.		X	X
The employment of a mobile health advice centre, i.e. a 'street doctor'.	X		
The setting up of a programme of health promotion events in local schools and with local groups.	X	X	X
The extension of the Multi-Disciplinary Team (MDT) model to the area	X	X	X
Increased financial support for transport to health service facilities	X	X	
The development and promotion of an easily understandable roadmap for accessing mental health and addiction services.	X	X	X
Appointment of a 'parish nurse' who can visit families to support them to address mental health or addiction issues among family members.		X	X
Provision of a drop-in centre for mental health and addiction issues.	X	X	
Provision of a range of public and private housing that meet the needs people as they grow older.	X	X	
Public realm programme that includes street benches, bins, street lighting and increased cleansing.	X	X	

Action	Central Government	Local Public Agency	Private / Voluntary / Community sector
Piloting of alternative travel to school arrangements including walking buses.	X	X	X
Improved parking strategy to allow access to entries and alleyways.	X	X	
Street/pavement play equipment for children play areas	X	X	
Increased traffic calming measures to discourage speeding and joyriding	X		
Increased activities in parks for children and young people and intergenerational activities		X	X
More pedestrian crossings on Oldpark and Cliftonville Roads	X		
Improved pedestrian link between Water Works park and Marrowbone park	X	X	X
The provision of bus shelters and timetables	X		
A community transport scheme for elderly residents	X		X
Incentivised local groups of residents to upkeep and improve local area.			X
Planting of street trees and green walls to counteract air pollution, particularly around schools.		X	X
Work with Policing and Community Safety Partnerships to identify ways for making the Police Service more embedded within the community.	X	X	X
A mapping exercise of derelict buildings and land to explore how to reuse.	X	X	X
Organise events that populate parks in the evening.		X	X
CCTV and lighting in the park would discourage anti-social behaviour taking place during the evenings and to encourage residents to walk, run and so on.	X	X	

Action	Central Government	Local Public Agency	Private / Voluntary / Community sector
Stricter enforcement of alcohol licensing laws.		X	
Setting up of a collection scheme for unused prescription drugs and for the safe collection of used drug needles.	X	X	X
Increased access to facilities and nurseries for toddlers	X	X	X
Provision of facility where children can borrow toys and school books	X	X	X
Employ local teachers to provide GCSE and other courses for adults, using existing school facilities during and after regular school hours.	X	X	X
Provision of facility for residents to acquire IT skills	X	X	X
Explore the provision of further education facilities in liaison with Ulster University and Belfast Metropolitan College	X	X	X
Provision of homework clubs and summer schemes for children or young people		X	X
Explore provision of skills based training for growing industries such as hospitality.	X	X	X
Application of social clause for public construction projects that allows local youth to be hired as apprentices.	X	X	
Local support to complete CVs and job applications		X	X
Introduction of an accessible Universal Credit service point	X		X
Introduction of a participatory budgeting process that would allow input from local residents on priorities for investment in the area	X	X	X

LOOKING TO THE FUTURE

The Care Zone group envisages a number of co-production workshops that allow local residents to work in partnership with relevant service providers to shape the planning and delivery of new and existing services. Working with, rather than doing to, people and communities often leads to more targeted and efficient outcomes. Co-production builds on participants' existing capabilities and can help to break down the barriers between people who use services and the professionals that provide them. In moving forward, it is key that the Care Zone partners continue to pursue a cross-departmental approach and that resources are identified and committed to in order to be able to implement efficient interventions in the future. It also has to be acknowledged that positive changes will take time to materialise and that a long term community development approach has to be supported in order to achieve improved public health outcomes.

Given the fragmented nature of Northern Ireland government responsibilities, it will be demanding to address the multidimensional challenges that impact on the health and well-being of local residents. Government organisations as well as stakeholders from other sectors that need to be involved in the continued efforts to address deficiencies in the quality of life experiences by residents of the Sacred Heart Parish area include:

- Belfast City Council
- Belfast Health and Social Care Trust
- Belfast Metropolitan College
- Department for Infrastructure
- Department for Communities
- Department of Health
- Education Authority
- Northern Ireland Housing Executive
- Police Service Northern Ireland
- Public Health Agency
- Ulster University
- Various education sector councils
- Various Housing Associations
- Voluntary & community sector organisations

Another way for effecting action is to work with local politicians to advocate the appropriate government departments and agencies to address local concerns. The role of political representatives is to represent their electorate's views and priorities and influence the policymaking process accordingly. They can therefore be held accountable for the quality of local services.

The work that this project has undertaken over the past three years has made an important and significant impact on the Sacred Heart Parish community. As the list of possible actions illustrates, this is only the start of the process. This report is not the end of our work, but only a staging post along the journey. The Care Zone Working Group and the local community is ready and committed to the challenges of this work that await and look forward to reaping its rewards.

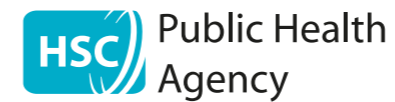
LIGHTHOUSE
"A beacon of hope"



Belfast
A World Health Organization
Healthy City



place



Believe in children
Barnardo's
Northern Ireland

HSC Belfast Health and
Social Care Trust
caring supporting improving together



T:buc
Changing for the better, together



help is at hand...
CANCERlifeline



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