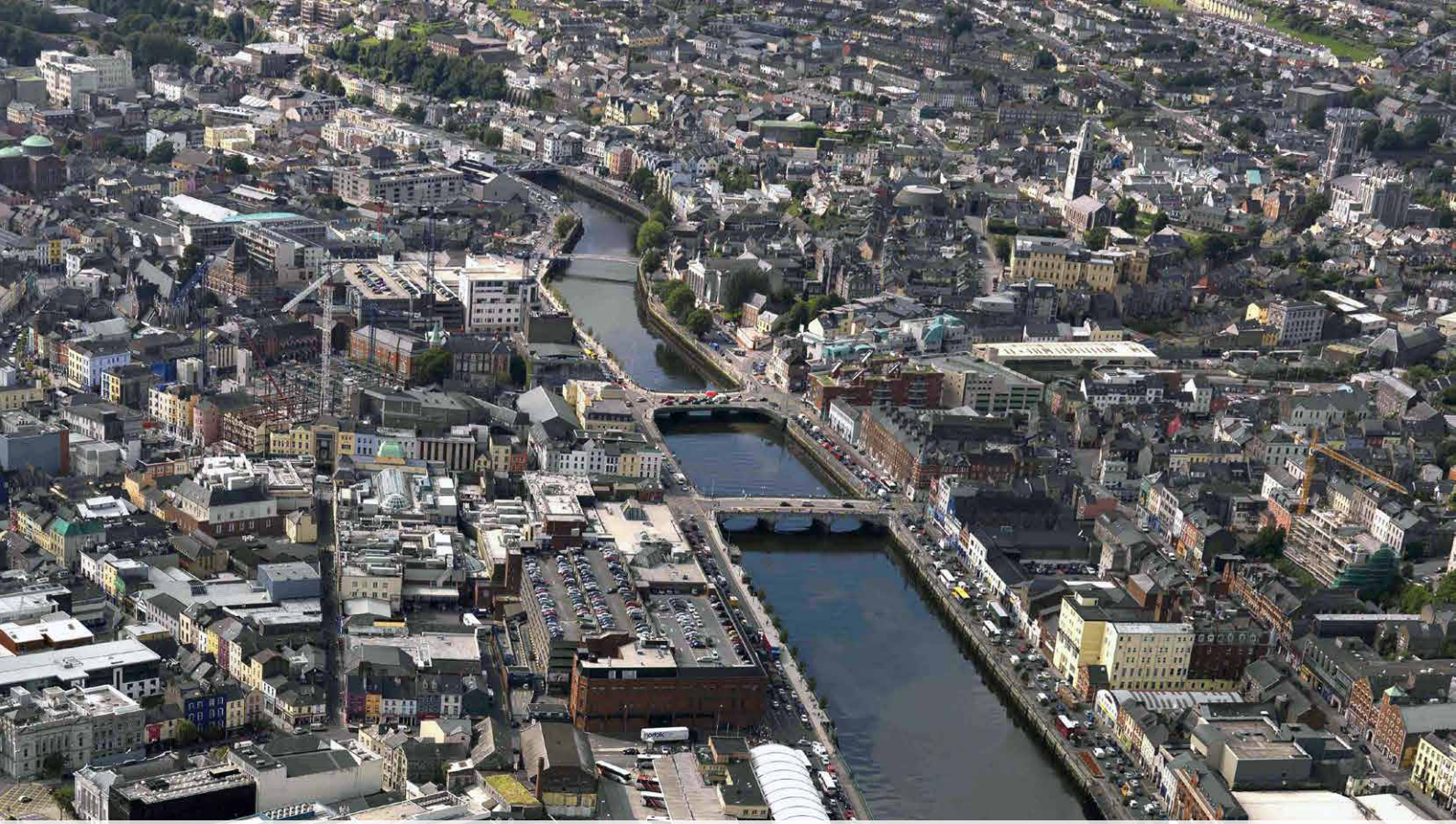
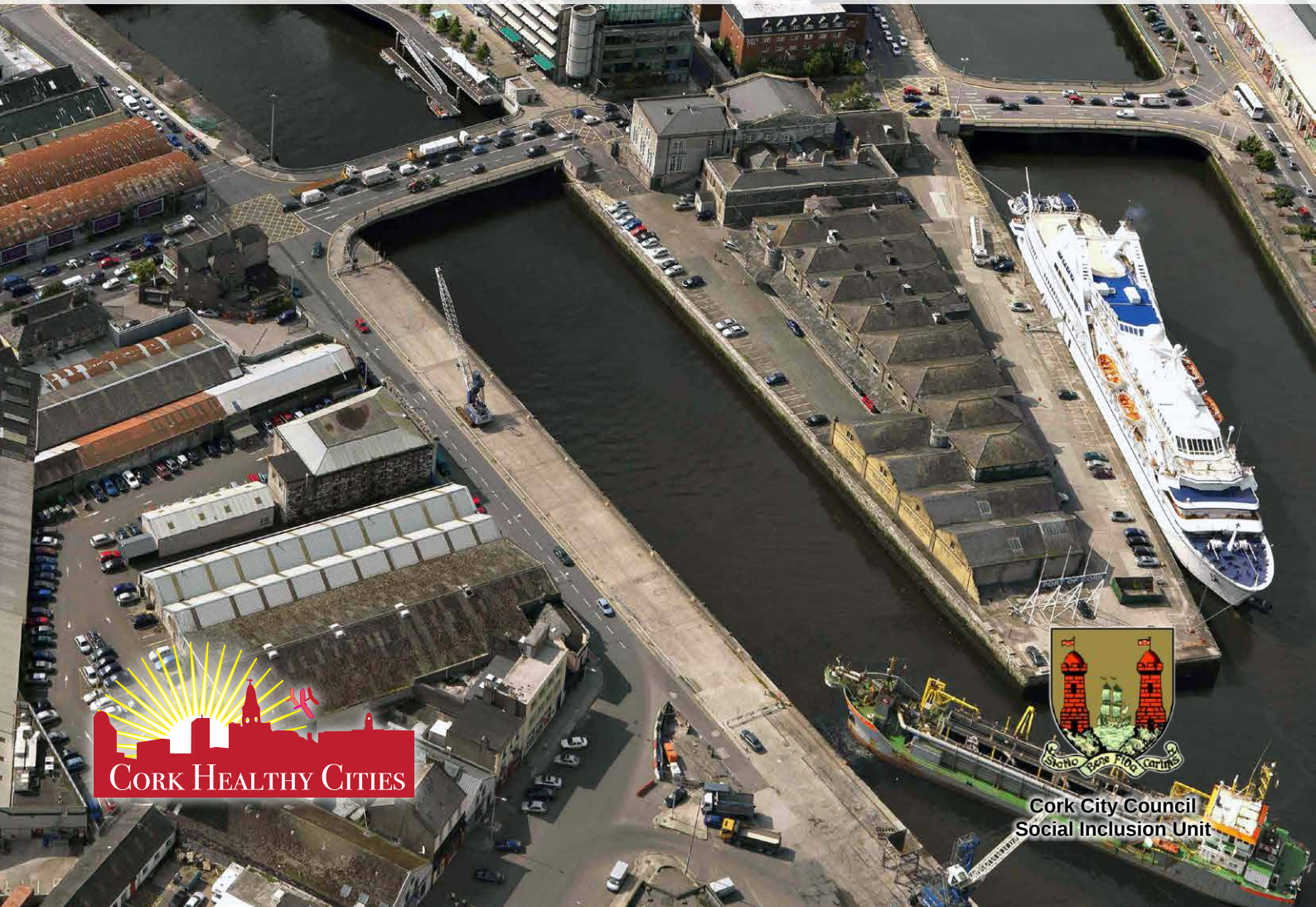


Cork City Profile 2014

A statistical and geographical profile of Cork City Local Authority area focused on Health and Social Inclusion.



Cork Healthy Cities

Cork City Council
Social Inclusion Unit

Cork City Profile 2014

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With the support of
Maria Minguella
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Cartography, Graphics and Typesetting by T. Kelly (except where otherwise stated)

FOREWORD

Cork City Lord Mayor

I welcome the publication of the Cork City Profile 2014. Focusing on social inclusion and health, this publication is a substantial, innovative inter-agency research initiative between Cork Healthy Cities and Cork City Council Social Inclusion Unit.

Since 2012 Cork City has been a World Health Organisation (WHO) designated Healthy City and indeed the importance of having such a comprehensive analysis of Cork City is essential in developing and steering social, economic, health and cultural policy toward a better quality of life for all now and in the future.

Here in Cork, we are proud of our heritage, culture and economic resources. Cork is a city of diversity and vibrancy. It provides a thriving environment for business, education, sports, culture, family and community life. We have a lot to build on. This publication highlights the challenges and focuses our minds on areas we can all contribute to improving on. It provides evidence to ensure that our city develops inclusively for all its citizens, which in turn benefits the city as a whole.

Reflecting that health and wellbeing is all our business, this research drew on the expertise and knowledge of a wide range of interagency partners. I would like to acknowledge Cork City Council Social Inclusion Unit and Cork Healthy Cities Steering Group for their commitment in delivering this joint project. I would like to acknowledge the support of Cork City Partnership for enabling the recruitment of a support research assistant for the development of this project.

Also, I would like to thank all the members of the Cork City Profile Steering Group which was composed of members from all main agencies, organisations, and the community sector of Cork City.

Finally, I wish to commend Tomás Kelly and Paul Hayes, for their enormous effort in delivering a very thorough and excellent report and I congratulate them on this achievement.

As Lord Mayor, I would encourage people to share and raise awareness about this document. It is a resource that can help everyone in the city understand the importance of continuing the work towards a more equal, healthy and socially inclusive city.

Yours Sincerely,

Cllr. Mary Shields

Lord Mayor

ACKNOWLEDGEMENTS

Cork Healthy Cities Steering Group and Cork City Council Social Inclusion Unit would like to extend their thanks to the authors of this report, Tomás Kelly, independent researcher, and Paul Hayes, assistant researcher, for delivering with a lot of effort and patience an excellent report. In addition, they would like to thank those that contributed to this profile:

- Jane E. Ahern *(An Garda Síochána)*
- Brenda Cahill *(Cork City Partnership)*
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- Judy Cronin *(Health Service Executive)*
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- Niall Hedderman *(Cork City Fire Brigade, Cork City Council)*
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- Dr. Ina Kelly *(Department of Public Health, Health Service Executive)*
- Maria Minguella *(Social Inclusion Unit, Cork City Council)*
- Aoife Ní Chonchúir *(Healthy Cities, Health Service Executive)*
- Eilish O'Boyle *(Department of Environment, Cork City Council)*
- Erin O'Brien *(Planning Policy, Cork City Council)*
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- Tony Power *(Social Inclusion Unit, Cork City Council)*
- Nuala Stewart *(RAPID Programme, Housing and Community Directorate, Cork City Council)*

Particular thanks are due to Aoife Ní Chonchúir for her input to the profile, particularly in the 'Lifestyle and Behaviours' and 'Health Outcomes' chapters of the report.

Cork Healthy Cities and Cork City Council's Social Inclusion Unit would also like to acknowledge the following organisations that provided data used in the profile: An Garda Síochána, The Central Statistics Office, The Higher Education Authority, Ordnance Survey Ireland, The National Cancer Registry, The Health Service Executive, Cork City Council, Pobal and The Road Safety Authority.

Finally a special thanks to Cork City Council and Cork City Partnership for accommodating and supporting Tomás Kelly and Paul Hayes in carrying out their work on this project and the helpful staff there who supported a congenial working environment.

BACKGROUND AND PURPOSE OF THE CORK CITY PROFILE 2014

Cork City Profile: a joint Initiative

Cork Healthy Cities Steering Group and Cork City Council's Social Inclusion Unit came together to develop the Cork City Profile as a joint initiative. Cork Healthy Cities commissioned an independent researcher Tomas Kelly to carry out and compile the research. Tomas was assisted by Paul Hayes who was hosted and supported by Cork City Partnership.

A Core Research Team was established between the two researchers, the Cork Healthy Cities Co-ordinator and the Social Inclusion Unit Policy Analyst (see details of Core Research Team at back of document). A further interagency approach was adopted to maximise the effectiveness of the research. A Cork City Profile Steering Group was established and included representatives from HSE, Cork City Council, Cork City Partnership, University College Cork, Gardai, and Community Representatives.

Purpose of Cork City Profile:

Cork is a city of rich diversity, culture and history. It has opportunities for business, education, sports, family and community life. Since the last census, Cork has been greatly affected by a period of recession. However, for a long time Cork city has suffered from levels of deprivation that exceed national averages. Deprivation, social exclusion and negative health outcomes are all mutually reinforcing factors. "The social conditions in which people live powerfully influence their chances to be healthy. Indeed factors such as poverty, food insecurity, social exclusion and discrimination, poor housing, unhealthy early childhood conditions, low occupational status are important determinants of most diseased, death and heath inequalities between and within countries" (WHO 2014). The purpose of this research study is to provide informative evidence, generate discussion among stakeholders and ultimately influence policy and the design and implementation of services to improve health and social inclusion in the city.

Structure of report:

Section I contains an overall profile of Cork City Local Authority Area under nine key themes: Demography; Economy; Education and Skills; Diversity; Families and Living Arrangements; Housing; Transport and the Environment; Deprivation; Lifesyle and Behaviours; and Health Outcomes. The first seven themes lead into the themes of 'Deprivation' and 'Health Outcomes' – both of which are influenced by an array of factors spanning the preceding themes.

Section II contains smaller scale analysis in the form of Electoral Division Profiles. Each Electoral Division in the city – of which there are 74 – is profiled. These profiles include maps, satellite imagery and census data for 91 variables across 10 themes and broad analyses of each Electoral Division's socio-economic characteristics.

Section III contains a series of supplementary maps and appendices that complement the preceding two sections.

Summary Profile

This section contains a summary of the research findings under each of the key themes. Each theme is represented by a full page. Although it is difficult to distill a report as extensive as this into a summary, key points that have emerged have been included. Largely absent from the Summary Profile are discussions on the context within the literature and theoretical implications, which are outlined in the body of the report. Also absent from this section are the overarching conclusions, which are located at the end of Section I. As a summary, some references to the source of figures have been excluded. These can be found in the individual chapters of the document.

DEMOGRAPHY

- As of 2011, there were a total of 119,230 people living in Cork City (58,812 males and 60,418 females). There has been a 0.16% reduction in the city's population between 2006 and 2011. This contrasts with trends State-wide, where the population increased by 8.2% over the same time period, as well as the trends in Cork County, where there was a 10.5% increase.
- In 2012, the number of births recorded in Cork City was 1,431 (705 females and 726 males). There were 45 births to women under the age of 20 who resided in Cork City, which represents 3.1% of total births. In the Republic of Ireland, 2.2% of total births were to women in this age cohort.
- At 3.5 deaths per 1,000 live births, infant mortality rates in the city are higher than the rates for Cork County (3.3) but on a par with the State (3.5).
- The number of deaths registered in Cork City in 2012 was 1,139. In the same year, the standardised death rate per 1,000 persons in Ireland was 6.3. The rate for Cork City was 9.7 – the highest of all administrative counties in the country.[1]
- 57.8% of the population of Cork City are single, 31.8% are married, 4.9% are separated or divorced and 5.4% are widowed.
- At 42.3%, the Age Dependency Ratio of Cork City is significantly lower than the national ratio (49.3%). The Old Age Dependency Ratio, however, is significantly higher (21.4% versus 17.4%). This reflects the ageing nature of Cork City, where the amount of older people in proportion to the working age population is high.
- The Youth Dependency Ratio of Cork City is 20.9%, compared to 31.9% nationally, indicating that the proportion of the population aged under the age of 15 compared with the working age population is low.
- There are 83,783 persons of working age (15 to 64) living in Cork City, representing 70.3% of its population. Cork has disproportionate numbers of people from the 20 to 29 and 35 to 45 age cohorts, which comprise 20.5% and 12.1% of the population respectively.
- The average age of persons in Cork City is 38.7, which represents an increase of over one year since 2006. This compares with an average age of 36.1 State-wide. Cork City is third of all administrative counties in relation to the pace at which it is ageing. Additionally, Cork City is the administrative county with the second highest age gap between women and men, with women being an average of 2.3 years older than their male counterparts.
- Almost one in three persons over the age of 65 in Cork City lived alone in 2011 (29.8%).
- In 2010, the life expectancy for persons living in the city was 73.9 for males and 79.8 for females. This compares unfavorably to the situation State-wide (76.9 for males and 81.7 for females).

1 There are a total of 34 'Administrative Counties' in the Republic of Ireland. Some cities, including Cork City are classified as their own administrative counties.

ECONOMY

- There are 55,328 persons in the labour force in Cork City, which represents 46.4% of its population. 30,323 of these are males and 25,005 are females.
- The impacts of the recession and construction crash are evident throughout the city. Between 2006 and 2011, the percentage of the population aged 15 or older that were classified as 'unemployed or looking for their first regular job' grew from 6.3% to 12.1%. The number of persons employed in Building and Construction decreased by 55.8% over the same period.
- There is a distinct spatial component to levels of unemployment in the city, with areas in the Southwest and in the more affluent southeast generally having lower levels of unemployment. Unemployment is higher in all four RAPID Areas. North of the City Centre, unemployment black spots are contained within the Knocknaheeny, Glen, Gurranabraher, Mayfield, Fair Hill and Farranferris EDs.
- As of April 2014, there were 16,003 persons on the Live Register in Cork City, 2,332 of whom were under the age of 25 (representing 14.6% of all persons on the Live Register). 1,444 (61.9%) of this number were males and 888 (38.1%) were females.
- 6.6% of those aged 15 or older in the city are classified as 'Unable to Work due to a Sickness or Disability'. This group is concentrated to a greater extent in the disadvantaged RAPID Areas.
- 14.7% of those aged 15 or older in the city are classified as students. This is significantly higher than the proportion of students that occupy the total population of Ireland (11.3%).
- 8.8% of those aged 15 or older are 'Looking after the Home/Family' in the city. This category is highly gendered, with 16.5% of the total female population occupying this group. 0.8% are males.
- Reflective of the ageing nature of the city as a whole, 15% of those aged 15 or older have their Principal Economic Status classified as Retired from the workforce.
- In relation to Occupation Type, 16.4% of the population work in Professional Occupations, 11.3% in Elementary Occupations, 10.7% in Sales and Customer Service and 5.9% work as Managers, Directors and Senior Officials.
- In relation to Industry of Employment, 26% of the employed population work in Professional Services, 23.5% work in Commerce and Trade, 8.7% are employed in Transport and Communications and 4.9% are employed in Public Administration.
- Manufacturing is the third most common industry in the city, employing 13.5% of the population at work (18% of males). The manufacturing industry in Cork City has proved resilient, with the proportion of persons employed growing from 9% to 13.5% between 2006 and 2011.
- Women are over three times as likely to be employed in Caring, Leisure and Other Service Occupations (11.8%) and Administrative and Secretarial Occupations (14%). The proportion of females in Sales and Customer Service (14.4%) is nearly twice as large as the proportion of males (7.6%), which is broadly reflective of national proportions.
- 4.9% of women and 6.7% of men at work in Cork City are employed as Managers, Directors and Senior Officials. This makes men 36.7% more likely to be employed in these roles in the city.

EDUCATION AND SKILLS

- In relation to the education levels of those aged 15 or older in the city: 16.6% have Primary Education or less, 18.6% have Lower Secondary, 19% have Upper Secondary and 24.3% have an Ordinary Level Degree, National Diploma or Higher. 7.2% have a Technical or Vocational Qualification, 4.4% have an Advanced Certificate or Complete Apprenticeship and 3.7% have a Higher Certificate.
- The overall trends in the city are towards a more educated population. 15.3% had a third level qualification in 2006, whereas 24.3% had an Ordinary Level Degree, National Diploma or higher in 2011.
- University College Cork and Cork Institute of Technology have had a strong influence on the distribution of socio-economic groups across the city. Combined, these institutions have over 35,000 students. Areas in close proximity to these institutions are distinctly different to the remainder of Cork City, particularly in relation to their age profile and the nature of housing occupancy.
- There is a distinct spatial component to educational disadvantage in the city, with areas north of Cork City generally having lower education levels - 19.1% of the three northside Local Electoral Areas (LEAs) have a highest level of educational attainment of Primary Level or less, whereas 11.9% of the three Electoral Areas south of the River Lee have the same level of education. There are lower proportions of those with third level qualifications north of the City Centre and in Togher/Mahon, while levels in and around UCC and in the southwest of the city are generally higher. The three northside LEAs have 16.7% of their populations aged 15 or older with an Ordinary Level Degree, National Diploma or higher, whereas the Cork Southwest LEA has 31.3%. Pockets of lower educational attainment are also to be found in and around Turner's Cross and Ballyphehane
- Females are more likely to gravitate towards Social and Humanities based qualifications, whilst men are more likely to qualify in science and technical disciplines. 2.9% of female holders of a third level qualification in the city are qualified in the area of Humanities, versus 2.2% of males.
- 9.9% of female graduates are qualified in Health and Welfare versus 2.4% of males; 4.2% of female graduates are qualified in the sphere of Teaching versus 1.6% of males; 14.2% of female graduates are qualified in the area of Social Sciences, Business and Law versus 9.9% of males.
- 16.1% of male graduates are qualified in Engineering, Manufacturing and Construction compared with 1.6% of women; and 6.1% of males are qualified in Science, Mathematics and Computing versus 3.7% of women.
- 7.2% of women hold an Ordinary Bachelor Degree or National Diploma in comparison to 6.6% of men; 8.6% of women hold an Honours Bachelor Degree or Professional Qualification in comparison to 8.2% of men; and 8.7% of women hold a Postgraduate Degree in comparison to 7.1% of men. Fewer women hold Ph.Ds or higher (0.8% in comparison to 1.4% of men), which is a wider disparity than observed at national level (0.6% of women versus 0.9% of men).
- Cork City contains 51 National Schools and 18 Secondary Schools. Pupil/teacher ratios, special needs and truancy levels in Cork City are all better than the national averages.

DIVERSITY

- There are 14,611 Non-Irish Nationals in the city, comprising 12.5% of its total population. This ranks Cork City seventh of all administrative counties in its percentage of Non-Irish Nationals. Of this group, 13.0% comprise those of UK nationality, 25.0% are Polish, 29.0% are Other EU 27 states and 29.54% are classified as 'Rest of the World' nationalities. The overall foreign national population has decreased since the onset of the recession. This group are concentrated to a greater extent in the City Centre, along Shandon Street, in Blackpool and around Cork University Hospital.
- As of December 2013, there were 682 persons in the five Direct Provision Accommodation Centres in the county of Cork. Glenvera on the Wellington Road, which is the only centre within the city bounds has 105 residents. The Kinsale Road centre, in close proximity to the city, has the highest number of residents (252 persons). Figures from 2012 indicate that 51.5% of those accommodated in the centres were male, 48.5% were female and 19.3% were children.
- Although estimating the numbers of Roma in Ireland has been acknowledged as problematical, there are an estimated 40 Roma families in Cork, representing between 300 and 400 people.
- 1,910 persons in Cork City speak English either 'not well' or 'not at all'. This represents 1.6% of the overall population.
- There were an estimated 789 members of the traveller community in Cork as of 2011, which comprised 0.7% of the overall population. These groups are concentrated in Small Areas around Mahon, Hollyhill, Ballyvolane and Cork Business Park. Travellers are significantly more at risk of a variety of health problems, including lower life expectancy, suicide, higher infant mortality and standardised mortality ratio.
- There are an estimated 12,000 gay, lesbian and bisexual people living in Cork City. This group are identified as being discriminated against in relation to employment, education, accommodation, health, and personal safety.
- There is an absence of research relating to the size and nature of the Transgender community in Cork, who are at significant risk of exclusion and discrimination.

FAMILIES AND LIVING ARRANGEMENTS

- In relation to household size, two-person households dominate in the city, with 31.6% of households being classified in this category.
- 29.3% of households comprise one person. These households are concentrated to a greater extent in the City Centre and running north from there towards Blackpool and east towards Montenotte.
- There is evidence of a transition away from traditional family and household structures over the last decade, with Cohabiting Couples (with or without children) becoming increasingly common. Couples Cohabiting with Children grew from 1.6% to 2.3% between 2006 and 2011. It is evident that there are higher concentrations of these forms of couples north of the River Lee and in/ around Mahon. The distribution of Cohabiting Couples without children is different however, with the main concentrations in the City Centre and along a band on the South Douglas road to Turner's cross.
- The percentage of households categorised as 'Two or more Non-related Persons' (9%) is more than twice the national average (3.8%). This is reflected by the concentration of these types of households in the City Centre and around University College Cork and Cork Institute of Technology.
- The average number of persons per family household in Cork City is two (48.1% versus the significantly lower proportion of 39.8% nationally). The next most prominent type of family household contains three persons (23.2%).
- For families with children, the most common number to have in Cork City is one – 31% of families have one child (slightly higher than the national average of 28.8%).
- Cork City features a varied mix of different family stages by Household, with a relatively even distribution of numbers across most categories, with the exception of Adult Families, which account for 29.9% of total families in Cork City and 24.9% nationally. These families are classified as those where the oldest child is 20. The proportion of families categorised from Pre-School to Adolescent consistently fall below national averages, signaling a relatively ageing population.
- In 2011, there were 28,235 family units in Cork City, with 24% of families (6,764) including a lone parent either as head of the household (5,568) or living with another adult (615). This is significantly higher than in Cork County (14.5%) and the State (18.3%). The role of a lone parent is highly gendered, with 87% of this group in Cork City comprising lone mothers with children.

HOUSING

- There are 47,163 housing units in Cork City, which represents an overall increase of 7.5% since 2006.
- Cork City Council's budget for the Social Housing Investment Programme in 2011 was less than one tenth of what it was in 2009 (€5 million versus €54 million). The consequence of this budgetary challenge will be a greater emphasis on the Rental Accommodation Scheme (RAS) and Social Housing Leasing Initiative.Those on waiting lists for social housing can be some of the most disadvantaged, with statistics indicating that the majority are unemployed.
- A number of phases of construction are evident in the city, with housing units located near the City Centre being more likely to have been built before 1960 and those on the outskirts of the city being more likely to be built in later periods. Over 37.7% of housing units in the city were built in or before 1960. This compares with 23.8% nationally.
- There are approximately 50% more flats or apartments (7,767) in the city than the State.
- There are 8,045 unoccupied housing units in the city, representing 14.5% of the overall housing stock. Unoccupied houses feature more prominently in and around the City Centre, as well as along Western Road and north of Blackrock. An area directly east of Shandon also has high levels of unoccupied houses.
- In the city, almost one in three houses are rented privately in comparison to less than one in five for the state. These are concentrated in the City Centre and along Western Road. There has been a large increase in the number of rentals in the city since 2006.
- 20.7% of housing units in the city are occupied by an owner with a mortgage. This has declined from 27.2% in 2002.
- 32.5% of housing units are occupied by an owner without a mortgage. The highest concentrations of these units are to be found in Browningstown, Bishopstown D, Tramore B, Ballinlough C, and Turner's Cross D, all of which are located south of the River Lee.
- 15.4% (7,260 housing units) are local authority rentals and these are highly concentrated in the Knocknaheeny, Mayfield, The Glen A, Gurranebraher C and Blackpool A EDs – all of which fall within, or border, RAPID designated areas.
- At 2.6%, there are almost twice as many houses without central heating in Cork City versus the State.
- In 2008, 421 persons in Cork City were found to be homeless, including 10 children. According to Cork Simon Community Annual Report 2011, 621 persons used services provided by them during that year and 411 used the Emergency Shelter. Furthermore, Cork Simon Community stated that the numbers sleeping rough on the streets of Cork have increased by 330% between 2011 and 2012.

TRANSPORT AND THE ENVIRONMENT

- Car ownership in the State is significantly higher than the Cork City average (82.4% versus 68.2%). Concentrations of car ownership are strong in the southeast quadrant of the city, while there is a concentration of carless homes in RAPID areas.
- Cork's role as an industrial and employment centre is evident in its commuting patterns. Commuters come mainly from Carrigaline (2,945 workers), Cobh (1,737), Midleton (1,600), Passage West (1,309) and Carrigtwohill (1,132).
- Over one in three (33.8%) travel to work, school or college as a driver and a similar proportion as a passenger. Those travelling as a driver are concentrated to a greater extent in the affluent south east quadrant. This is less than the average for the State (40.7%), which is not surprising, considering the significant numbers of students living in the city.
- Public transport usage is less than the national average (9.1% versus 12.9%), which is surprising, considering the array of public transport options available in Cork City. The larger numbers walking, however, illustrate that Cork City fares well in terms of sustainability – 33.9% of persons walk or cycle to work, school or college.
- 17.3% of persons take at least 30 minutes to get to their place of work, school or college, while approximately one in four persons leave between 7.30 and 8.00 a.m.
- There has been an average of 628.6 collisions per annum between 2005 and 2012 in Cork City – 87.3% of which were minor.
- Many pollutants can be found in Cork's air, however, most do not exceed regulatory limits. Sulphur Dioxide, Nitrogen Dioxide, Ozone, Carbon Monoxide, Lead, and Benzene levels all fell within regulatory limits in the monitoring period examined in the 2011 report *Air Pollution in Cork City*. Levels of Particulate Matter (PM 2.5) exceeded regulatory limits in one monitoring station. These regulatory limits are maximum guidelines - the least exposure possible to air pollutants is ideal for human and environmental health.
- According to the Environmental Protection Agency's National Waste Report, there were 46,290 tonnes of household waste collected in Cork City in 2011, representing 3.3% of all collected waste in Ireland. In comparison, 7.5% of all collected household waste was collected in Cork County (105,583 tonnes).
- 65.6% of household waste (25,025 tonnes) is sent to the landfill in Cork City, which does not compare favourably with the County proportion of 62.9% (49,470 tonnes).
- 34.4% of city waste is sent for recycling, compared to 37.2% of Cork County's waste.
- Having been built around the River Lee at low levels of elevation, Cork City has historically suffered from floods. Serious flooding occurred in 2009, 2012 and 2014, causing significant damage to the city and its businesses. With sea levels estimated to rise between 15 and 33 cm by 2050 and precipitation estimated to increase by between 10% and 20% over the same period, the frequency and severity of flooding in the city is likely to increase.

DEPRIVATION

- The Electoral Divisions with the lowest Trutz-Haase Deprivation Index scores are: Fair Hill B (-20.7), Farranferris B (-19.6), Knocknaheeny (-19.1), Gurranebraher A (-18.5), Fair Hill A (-17.9), Mayfield (-16.6) and Gurranabraher E (-15.9). The Electoral Divisions with the highest Deprivation Index Scores are Knockrea A (13.5), Mardyke (11.1), Bishopstown A (11.1), Gillabbey C (10.5), Tramore B (10.2), Gillabbey A (10.2) and Browningstown (10.2)
- There is a distinct spatial component to Disadvantage in the city. RAPID Areas suffer disproportionately from deprivation, as well as the northside more generally. Areas around Turners Cross and Ballyphehane south of the River Lee also have pockets of deprivation.
- Groups at particular risk of poverty and deprivation are:
  - The unemployed (this group comprises 12.1% of the population of the city aged 15 or older)
  - Lone parents (this group comprises 24% of the families in the city)
  - Students (this group comprises 14.7% of the population of the city aged 15 or older)
  - Those with lower levels of education (16.6% of the population have primary education or less, 18.6% have lower secondary level or less)
  - Those living alone (One Person Households comprise 29.3% of the population of the city)
  - Those living with a disability and those who are unable to work due to disability or sickness (Those living with a disability comprise 17.7% of the city's population. Those unable to work due to disability or sickness comprise 6.6%)
  - Travellers (this group comprises 0.7% of the population of the city)
  - The immigrant community (this group comprises 12.5% of the city's population)
- The proportion of Lone Parent families in Cork City is 24%, higher than the State proportion of 18.3%.
- Levels of access to a personal computer are lower in disadvantaged areas and a proportion greater than 50% of households do not have access to a PC in the Electoral Divisions with lowest access: Fair Hill B, Gurranebraher B, Gurranebraher C, Fair Hill A, Gillabbey B.
- In relation to indicators of poverty and deprivation, Cork City has a situation worse than national averages in relation to:
  - Old Age Dependency Ratio (21.4% versus 17.4% nationally)
  - Lone parent families (24% in Cork versus 18.3% nationally)
  - One person households (29.3% in Cork versus 23.7% nationally)
  - Households without central Heating (2.6% in Cork versus 1.6% nationally)
  - Households without a PC (31.6% in Cork versus 25.1% nationally)
  - Households without internet access (30.4% in Cork versus 25.8% nationally)
  - Households rented from Local Authority (15.4% in Cork versus 7.8% nationally)
  - Population with fair, bad or very bad general health (12.5% in Cork versus 9.5% nationally)
  - Population with a disability (17.7% in Cork versus 13% nationally)
- Cork City fares better than the State as a whole in relation to its Age Dependency Ratio (42.3% in Cork versus 49.3% nationally) and Youth Dependency Ratio (20.9% in Cork versus 31.9% nationally)
- There is a lack of local/Small Area level data on the distribution of poverty in the city which presents a challenge to researchers and policy makers

LIFESTYLE AND BEHAVIOURS

- According to the 2007 *Children's Occupation Study* of Children aged 5 to 8 in Cork City:
  - boys and girls aged 5 to 8 in Cork City spent 18% of their time during the week on play.
  - 55% routinely played outside after school.
  - At the weekend, significantly more boys than girls engaged in extra physical activities such as soccer and cycling.
- According to the National Adult Nutrition Survey (2008-2010):
  - 22% of men and 23% of women nationally smoke.
  - Levels in Cork City are in line with national levels, however, the percentage of persons never having smoked was significantly higher in Cork South Lee (47%) compared to Cork North Lee (38%).
- 821 cases accessed treatment for alcohol in Cork City in 2012. Of this group:
  - 507 cases were male and 310 cases were women
  - 96 cases were under the age of 18
  - 359 cases accessed treatment for problematic alcohol use from the 18 – 34 age group
  - 426 cases were unemployed when they accessed treatment
- In 2012:
  - 182 cases in Cork North Lee and 153 cases in Cork South Lee received treatment for drug use with Cannabis being their drug of choice.
  - 111 cases in Cork North Lee and 96 cases in Cork South Lee received treatment for drug use with their drug of choice being classified as an Opiate.
  - 73 cases in Cork North Lee and 45 cases in Cork South Lee received treatment for drug use with their drug of choice being classified as a Benzodiazepine.
  - 26 cases in Cork North Lee and 23 cases in Cork South Lee received treatment for drug use with Cocaine being their drug of choice.

HEALTH OUTCOMES

- The 2011 Census reported 21,098 persons living with a disability in Cork City, representing 17.7% of the city's population and a 40.7% increase since 2006. This is significantly higher than the proportion State-wide, which was 13%. In general, disability rates increase with age and this is reflected in the age profile of those with a disability in Cork City. 35% are aged 65 and over, while 6% are in the 0-14 age group.
- It is clear that populations living with a disability feature more prominently in RAPID Areas, particularly in the Fairhill and Togher Electoral Divisions. Other clusters are evident between Montenotte and Mayfield, as well as in Turner's Cross, Ballyphehane and Greenmount.
- As of 2011, there were a total of 5,332 persons classified as Carers in Cork City. This represents 4.5% of the total population of the city. 60% of carers in Cork City are women. 45.6% of this group work more than 15 unpaid hours per week.
- The EDs with the highest levels of their populations having 'fair', 'bad' or 'very bad' general health are: Fair Hill B, Gurranabraher C, Gurranabraher B, City Hall A and Fair Hill A. With the exception of City Hall A these EDs are characterised by high levels of unemployment, high proportions of persons living with a Disability, lower educational attainment and higher proportions of the aged. Circumstances overall are better in City Hall A, however there are significant proportions of the aged and above average unemployment. The EDs with the lowest levels are: Bishopstown A, Browningstown, Mardyke, Tramore A and Tramore B. These EDs are amongst the most affluent in the City and as such are characterised by high educational attainment and low unemployment.
- In 2010, 12.3% of Cork City's population were newly diagnosed as having hypertension; 2.3% were newly diagnosed with Angina or with having had a heart attack; 0.7% was newly diagnosed with having had a stroke and 3.1% were newly diagnosed with diabetes.
- In the period from 2007 to 2011, there were 4,891 cancer cases (including non-melanoma skin cancer) in Cork City and 3,583 invasive cancer cases (excluding non-melanoma skin cancer). The greatest number of cancers occurred in the 65 – 74 year age group. Among females in Cork City, the leading cancers include non-melanoma skin cancers, breast and colorectal cancers. Non-melanoma skin cancers, prostate cancer and colorectal cancers are the leading cancers in males.
- Uptake (at 24 months) in Cork North and South Lee for the Diphtheria vaccine in 2013 was 96%, which is above the national target of 95%. Uptake of MMR vaccine was 92% for Cork North and South Lee, in line with the national uptake level but less than the national target of 95%.
- The most recent (provisional) data for 2013 shows a continuing decline in the number of Tuberculosis notifications for Cork and Kerry at 68, though TB rates for HSE South have consistently been above national rates for undetermined reasons.
- The number of suicides in Cork City per 100,000 population has reduced from 20.1 in 2006 to 10.9 in 2011. The rates for females went from 3.3 in 2006 to 7.7 in 2010 and back to 3.3 in 2011. While the rates for males remain significantly higher, it steadily decreased from 37.6 in 2006 to 27.8 in 2010 and 18.7 in 2011.
- The rates for Deliberate Self-harm for males in 2011 – at 484 per 100,000 – was more than twice the national rate (a relative increase of 83% since 2007). The rate for female Deliberate Self-harm increased by 41% to over 350 incidences per 100,000 in this time period. Cork City ranks the highest of all Administrative Counties in relation to the self-harm rate of males and second highest of all administrative counties in relation to female self-harm rates.

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1. Introduction

1. INTRODUCTION

1.1 Introduction to Cork City

Located on the south coast of Ireland, Cork City is the second largest in the Republic of Ireland and has a population of 119,230 people.[1] It was originally a monastic settlement founded by Saint Finbarr in the 6th Century and its name derives from the Irish term 'Corcach Mór Mumhan' which translates to 'Great Marsh of Munster'.[2] Over time, Cork City has grown from a trading merchant city set on the River Lee to a vibrant cosmopolitan 21st Century European city.[3]

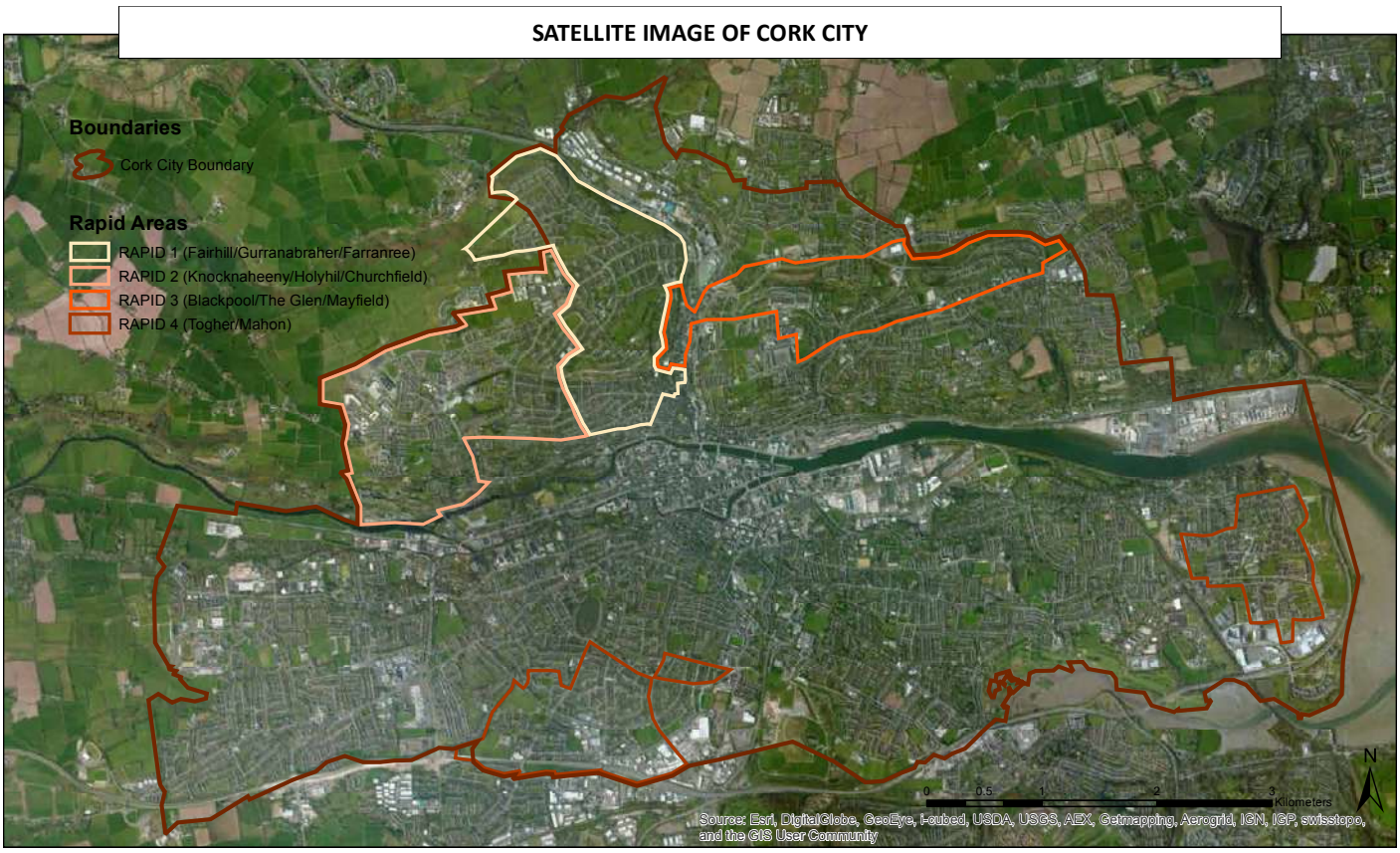

FIGURE 1. SATELLITE IMAGE OF CORK CITY

In relation to its physical geography, Cork City's most defining characteristic is that of a Port city with a major river running through it (See Figure 1). The River Lee divides into two channels at the western end of the city and the City Centre is located on the island created by these two channels. The River Lee flows around Lough Mahon to Cork Harbour. Cork Harbour is Europe's largest natural harbour and the Port of Cork utilises this asset by providing Ireland's only multi-purpose deep sea port facility. Cork's status as a Port city has had a strong influence over its economic development. In more recent times, its status in this regard has somewhat diminished and Cork City has become a center of retail, services and culture, with import and export-led development having moved to Ringaskiddy outside the City limits. Cork City's port status, however, remains a strong influence over the physical development, culture and heritage of the city.

Cork City and its surrounding county are a hub of economic, industrial and business development and the commercial and industrial leader of the southwest region. Over the past 25 years, many of the world's largest companies have located within the region and it is now home to global market

1 Central Statistics Office (2012). *This is Ireland: Highlights from Census 2011*.
2 http://www.corkcity.ie/aboutcork/historyofcork/historicalcontent/
3 The Atlas of Cork City provides a comprehensive outline of Cork City's development in this regard

leaders in pharmaceuticals, healthcare, ICT, biotechnology, professional services and international financial services. Cork is the chosen European manufacturing and services location for the worldwide operations of major corporations such as Pfizer, Novartis, GlaxoSmithKline, Eli Lily, Schering Plough, Apple Inc., Boston Scientific, Stryker, Johnson & Johnson, EMC, Amazon, Bank of New York, Mellon and Citco. The recent economic recession, however, has had a profound impact on the economy of Cork City and its people.

Cork has a rich cultural heritage and was the *European Capital of Culture* in 2005. In 2009, it was included in the Lonely Planet's top 10 'Best in Travel'. The guide described Cork as being 'at the top of its game – sophisticated, vibrant and diverse'.[4] A unique aspect of Cork's identity is its label 'The Rebel County' which dates back to the 15th century and was given by King Henry VII due to its support of the dispossessed House of York.[5] This concept permeates culture in the City and has been capitalised on for events and tourism drives within the county.[6] Cork City and County have produced a long list of venerable artists and entertainers such as writers Seán Ó Faoláin and Frank O'Connor, sports persons Roy Keane and Sonia O' Sullivan, singer-songwriter John Spillane and painter Bryan Smith.

FIGURE 2. STREET MAP OF CORK CITY

Cork is a University city with a total student population in excess of 35,000 who attend the two main third level institutes – University College Cork (UCC) and Cork Institute of Technology (CIT). Other educational institutions within the city include the Crawford College of Art and Design, the Cork School of Music, St. John's Central College, Coláiste Stiofáin Naofa and Cork College of Commerce. Cork possesses a number of world renowned research institutes such as the Tyndall National Research Institute; the Alimentary Pharmabiotic Centre and the Institute for the Social Sciences in the 21st Century (ISS21) at University College Cork. As will become evident in this

4 RTE. (2009). *Cork makes Lonely Planet's top 10 cities*. Available: http://www.rte.ie/news/2009/1103/123731-lonelyplanet/.
5 O'Shea. (2013). *If not for collins, why is it called the rebel county?*.
6 West Cork Times. (2013). *Sorted Boi! – Rebel passports hot off the press*.

report, Cork's status in this regard has had a large influence on its demographic and socio-economic characteristics. Areas in close proximity to University College Cork and Cork Institute of Technology are markedly different from the remainder of the city in a variety of ways, particularly in relation to their age profile, commuting patterns and housing stock.

Cork City, however, is one of inequality. Employment, education and income levels vary widely within the city, as do levels of opportunity, social inclusion and overall health. There are a number of localities where this inequality is concentrated and a variety of groups that are excluded from mainstream society. This inequality has been persistent over the last century, in spite of an array of initiatives to counteract it. Cork City has four designated RAPID Areas (Revitalising Areas by Planning, Investment and Development) - three of which are located on the 'northside' of the City. The fourth RAPID Area incorporates areas of Togher and Mahon on the 'southside' of the city. Informal (and, in some cases, formal) discourses often focus on this dichotomy between the areas north and south of the River Lee, which, although well grounded in some respects, does not acknowledge the diversity of these areas.

1.2 The Evolution of Public Health in Cork City

The Sixteenth Century brought continuous hunger and disease to Cork and the official responses to it shaped the City of today. Overcrowded and insanitary living conditions, along with epidemic outbreaks led to the construction of the 'Chamber of Medicines' in 1719, which became the North and South Infirmaries. The next 100 years brought the development of voluntary hospitals, sanatoria, and asylums in Cork, including: the House of Industry (1776); the Workhouse (1840); the Lunatic Asylum (1792); the Fever Hospital (1802); the Lying-In Hospital (1798); the Cork Midwifery Dispensary (1834) and the Cork Maternity Hospital (1872).[7]

By the early nineteenth century, provision of health services was predominantly through county infirmaries, fever hospitals and public dispensaries. The conditions in these dispensaries became a major contributor to disease transmission. Funding for the provision and management of dispensaries and availability of services at local level was highly political and overall living conditions were unhealthy. There were 14 major epidemic outbreaks in Cork between 1817 and 1872.[8] The Great Irish Famine of 1845-52 had a profound effect on the City and its people and resulted in widespread mortality and emigration.[9] In 1846, the Cork City Relief Committee was formed to oversee the implementation of relief works.[10] This committee oversaw the construction of bath houses and wash houses, as well as the construction of a new city sewerage system.

By 1853, improvements occurred in sanitation and laneways were regularly cleaned using fire engines. Children confined to the workhouse resorted to begging, until measures were put in place to provide education.[11] Living conditions were improved with the removal of manure heaps, and sewers were laid down.

At the beginning of the 1900s, overcrowding was still an issue. In order to deal with this problem, Cork Corporation initiated building schemes which would move the poor from dilapidated housing to newer, healthier establishments. By 1931, the vaccination program had resulted in this infectious

7 Mahoney (1997) *In The Shadows: Life in Cork 1750-1930*, Tower Books
8 Ibid.
9 See Crowley, J., Smyth, W. J. and Murphy, M. (2012). *Atlas of the Great Irish Famine*. Cork: Cork University Press.
10 Cork Examiner (15/4/1846).
11 Mahoney (1997) *In The Shadows: Life in Cork 1750-1930,* Tower Books

disease virtually disappearing. 1932 saw the introduction of slum clearance and northside housing developments, leading to vastly improved living conditions throughout the City.[12]

1.3 Social Inclusion/Exclusion

Social Inclusion has been defined as a series of positive actions to achieve equality of access to goods and services, to assist all individuals to participate in their community and society, to encourage the contribution of all persons to social and cultural life and to raise awareness of, and to challenge, all forms of discrimination. The Joint Report by the Commission and the Council on Social Inclusion (Office for Official Publication of the European Union, Council of the European Union, Brussels, 5 March 2004, 7101/04, SOC 115, Page 8) describes social inclusion as:

> The process which ensures that those at risk of poverty and social exclusion gain the opportunities and resources necessary to participate fully in economic, social and cultural life and to enjoy a standard of living and well-being that is considered normal in the society in which they live.

In society, groups of people or communities may have the experience of being excluded. Exclusion can occur due to groups having a language, sexual orientation, gender identity, culture or religion that differs from the majority. It also occurs due to poverty or low social status. The manner in which this happens, and the effects it has on people, are central to debates around social inclusion and exclusion. Exclusion leads to communities not having access to resources and opportunities, which results in disadvantage across a variety of spheres. Along with material deprivation, marginalised individuals are also excluded from services, programmes, and policies.[13]

Social exclusion and health are strongly interconnected, as illustrated by the following quotation:

> The social conditions in which people live powerfully influence their chances to be healthy. Indeed, factors such as poverty, food insecurity, social exclusion and discrimination, poor housing, unhealthy early childhood conditions and low occupational status are important determinants of most diseases, deaths and health inequalities between and within countries.[14]

Health is not just the outcome of genetic or biological processes but is also influenced by the social and economic conditions in which people live, also known as the 'Social Determinants of Health'. Inequalities in social conditions give rise to unequal and unjust health outcomes for different social groups.[15] Greater equality results in better outcomes across the entire set of social and health indicators. *Tackling Health Inequalities – An All-Ireland Approach to Social Determinants*[16] states that, while the pathways through which social determinants influence health are not entirely obvious, the following patterns are clear:

- The Social determinants of health are interconnected. As an example, poverty is linked to poor housing, inadequate access to health services and poor diet – all of which are in turn linked to health.
- Social determinants contribute to health inequalities between social groups due to the fact

12 Ibid.
13 Young (2000)
14 World Health Organization. (2004). *Commission on Social Determinants of Health Note by the Secretariat* . Available: http://apps.who.int/gb/archive/pdf_files/EB115/B115_35-en.pdf.
15 Combat Poverty Agency. (2008). *Tackling Health Inequalities An All-Ireland Approach to Social Determinants*. Available: http://www.publichealth.ie/files/file/Tackling%20health%20inequalities_0.pdf.
16 Combat Poverty Agency. (2008). *Tackling Health Inequalities An All-Ireland Approach to Social Determinants*. Available: http://www.publichealth.ie/files/file/Tackling%20health%20inequalities_0.pdf.

that the effects of social determinants of health are not distributed evenly across society.

- Social determinants can influence health in a wide variety of direct and indirect ways. Educational disadvantage, for instance, can limit access to employment, increasing the risk of poverty and its associated negative health impacts.
- Social determinants operate at a variety of levels. Structural issues such as socio-economic policies or income inequality are often termed 'upstream' factors, while 'downstream' factors like smoking or stress operate at an individual level.

1.4 Cork Healthy Cities

Since 1986 the World Health Organisation (WHO) Healthy Cities network has continuously developed and adapted as a mechanism in structuring inter-sectoral collaboration amongst key partners in cities across the world. Healthy Cities provides a setting for innovative solutions to public health issues. The WHO European Healthy Cities Network is now being positioned as a strategic vehicle for implementing Health 2020, the European health policy framework at a local level.

In 2011 Cork City Development Board supported Cork in becoming a Healthy City, and endorsed the development of a Health City Profile (2011), with the aim of applying for WHO Healthy City status.

In 2012 Cork City was designated as a World Health Organisation (WHO) European Healthy City under the stewardship of the Cork Healthy Cities Steering group. The steering group is a partnership between Community & voluntary organisations, Health Service Executive, Cork City Council, University College Cork, and Cork Sports Partnership.

In 2012 the HSE Health Promotion and Improvement Division formally appointed a co-ordinator for Cork Healthy Cities to support the steering group to develop and implement a Health City Action Plan in preparation of Phase VI. Cork Healthy Cities received project funding from a variety of sources including Cork City Council, HSE and Cork Sports Partnership.

1.5 Cork City Council Social Inclusion Unit

The Social Inclusion Unit has been supporting Cork City Council in strengthening the focus of its policies through social inclusion policy research, awareness raising and actions. Previously, the Social inclusion Unit at Cork City Council, in conjunction with University College Cork, had developed two city profiles based on the 2002 and 2006 censuses. The City Council has integrated Social Inclusion as a main objective within its Corporate Plan, the City Development Plan and the Docklands Development Plan. The Social Inclusion Unit has led social inclusion policy research to support the development of initiatives that tackle social exclusion and has supported the inter-agency co-ordination initiatives at a local level both with research and as a support mechanism. The Cork City Council Social Inclusion Unit has published a number of research studies that have influenced policy at local and national level. Key publications include "Music as a Tool for Social Inclusion" and "Building co-ordination around communities and local needs: The future of a more inclusive Europe", among others.

1.6 Local co-ordinating structures

Local co-ordinating structures in Ireland were introduced twenty years ago to tackle deprivation and social exclusion. A considerable number of structures and initiatives have been set up to tackle deprivation and social exclusion with co-ordinated responses. In Cork City, the importance of co-ordinating structures has been crucial to providing joined up initiatives that have had an impact on deprivation and social exclusion. Key

local co-ordinating structures include: Cork City Local Drug and Alcohol Task Force; the City Development Board (now being replace by the Local Community Development Commitee); The Cork City Inter-Agency Traveller Steering Group; The Cork Healthy Cities; The "Cork City Integration Strategy (CCIS) 2008-2011 Connecting Communities"[17] ; Cork City Learning Forum, The Lesbian, Gay, Bisexual and Transgender (LGBT) Steering Group; Project Refocus; the Joint Policing Committee; Cork Music Education Partnership and Music Generation; RAPID (Revitalising Areas through Planning, Investment & Development); Northside for Business, Growing More than Apples; Homeless Integrated Strategy; among others.

The report published by the Social Inclusion Unit at Cork City Council under the European project "Ireland in Social Europe: Challenging Perceptions, Changing Realities" in 2013, called "Building co-ordination around communities and local needs: the future of a more inclusive Europe" highlighted the need to strengthen co-ordination of services at local level to tackle deprivation and social exclusion in the city, with a need at national and European level to show leadership on working for the integration and co-ordination of services at local level.

1.7 Structure of Report

This report is divided into three broad sections:

Section I contains an overall profile of Cork City Local Authority Area under nine key themes: Demography; Economy; Education and Skills; Diversity; Families and Living Arrangements; Housing; Transport and the Environment; Deprivation; Lifestyle and Behaviours; and Health Outcomes. The first seven themes lead into the 'Deprivation', 'Lifestyle and Behaviours' and 'Health Outcomes' chapters, which are influenced by an array of factors spanning the preceding themes.

Section II contains smaller scale analysis in the form of Electoral Division Profiles. Each Electoral Division in the city – of which there are 74 – is profiled. These profiles include maps, satellite imagery and census data for 91 variables across 10 themes and broad analyses of each Electoral Division's socio-economic characteristics.

Section III contains a series of supplementary maps and appendices that complement the preceding two sections.

The Central Statistics Office's (CSO's) *Census of Population* was the primary source of data for this report. Academically, the report is grounded in the disciplines of statistics, geography and social science. Commissioned by Cork Healthy Cities Initiative, supported by Cork City Council's Social Inclusion Unit and in consultation with a diverse stakeholder working group, social inclusion and health are two themes that traverse all chapters, with data regularly being discussed in this context. [18]

Maps of census data in this profile are constructed using the new 'Small Area' dataset, which divides the country into units of approximately 100 households (see map on next page). This Small Area data is overlaid with the boundaries of 'Electoral Divisions' (EDs) which, although suffering from a variety of weaknesses, were the smallest spatial unit at which census data was available prior to the 2011 Census.

17 Cork City Partnership; *"Cork City Integration Strategy (CCIS) 2008-2011 Connecting Communities"*, 2007. See: http://www.nascireland.org/#/cork-city-integration-strategy/4549372149

18 Census statistics reported in this document that are not referenced in a footnote were calculated directly from the CSOs raw spreadsheet of census data, which is the closest publicly available dataset to the original source. Percentages were calculated based on the CSO's total column for each individual theme in the spreadsheet. As an example, the total number of households listed by the CSO in relation to levels of access to a PC is slightly different to the total overall number of households listed. In this case, the total number of households relevant to PC Access was used, as opposed to the total number of households listed elsewhere in the spreadsheet. The 'not stated' category was not subtracted from the totals that were used. At times, 2011 census data is referred to in the present tense as it is the most recently available data in many cases.

An index of the Electoral Divisions that correspond to the map can be seen in the accompanying table.

Cork City has four designated RAPID areas that are identified as being in need of targeted investment due to the levels of disadvantage that they face: RAPID Area 1 is located in Fairhill/Gurranabraher/ Farranree, RAPID Area 2 in Knocknaheeny/Hollyhill/Churchfield, RAPID Area 3 in Blackpool/The Glen/ Mayfield and RAPID Area 4 in Togher/Mahon. Each map in the report has also been overlaid with the RAPID boundaries, allowing them to be easily identified. As will become evident throughout the report, these areas differ starkly from the remainder of the city across a wide variety of themes. All census maps in the report can be zoomed in on right down to the Small Area level when viewing the electronic pdf.

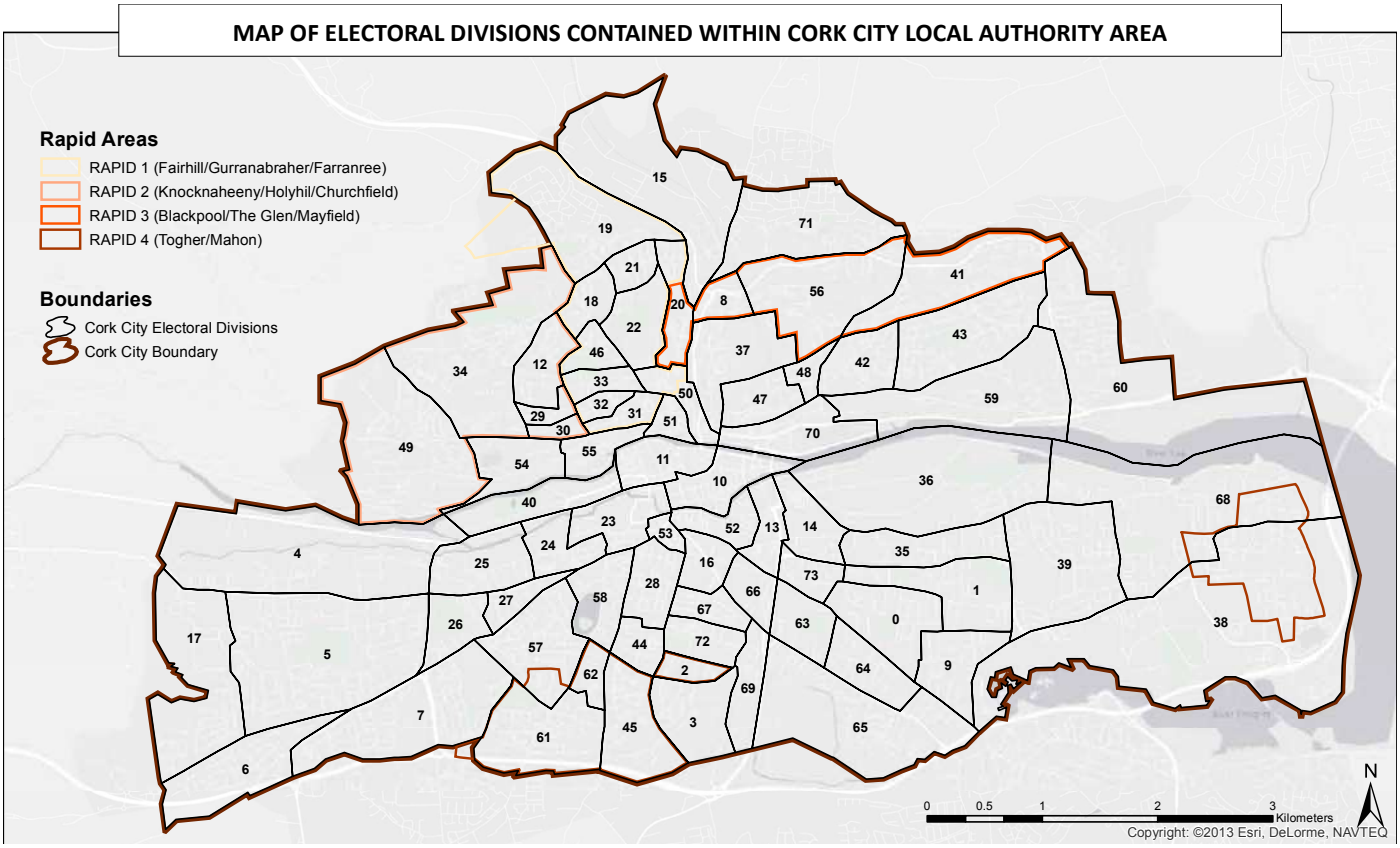

FIGURE 3. ELECTORAL DIVISIONS CONTAINED WITHIN CORK CITY LOCAL AUTHORITY AREA (SOURCE: ORDNANCE SURVEY IRELAND)

INDEX OF ELECTORAL DIVISIONS							
0	Ballinlough B	**19**	Fair Hill C	**38**	Mahon B	**57**	Glasheen C
1	Ballinlough C	**20**	Farranferris A	**39**	Mahon C	**58**	The Lough
2	Ballyphehane A	**21**	Farranferris B	**40**	Mardyke	**59**	Tivoli A
3	Ballyphehane B	**22**	Farranferris C	**41**	Mayfield	**60**	Tivoli B
4	Bishopstown A	**23**	Gillabbey A	**42**	Montenotte A	**61**	Togher A
5	Bishopstown C	**24**	Gillabbey B	**43**	Montenotte B	**62**	Togher B
6	Bishopstown D	**25**	Gillabbey C	**44**	Pouladuff A	**63**	Tramore A
7	Bishopstown E	**26**	Glasheen A	**45**	Pouladuff B	**64**	Tramore B
8	Blackpool A	**27**	Glasheen B	**46**	Fair Hill A	**65**	Tramore C
9	Browningstown	**28**	Greenmount	**47**	St. Patrick's B	**66**	Turners Cross A
10	Centre A	**29**	Gurranebraher A	**48**	St. Patrick's C	**67**	Turners Cross B
11	Centre B	**30**	Gurranebraher B	**49**	Shanakiel	**68**	Mahon A
12	Churchfield	**31**	Gurranebraher C	**50**	Shandon A	**69**	Turners Cross D
13	City Hall A	**32**	Gurranebraher D	**51**	Shandon B	**70**	St. Patrick's A
14	City Hall B	**33**	Gurranebraher E	**52**	South Gate A	**71**	The Glen B
15	Commons	**34**	Knocknaheeny	**53**	South Gate B	**72**	Turners Cross C
16	Evergreen	**35**	Knockrea A	**54**	Sundays Well A	**73**	Ballinlough A
17	Bishopstown B	**36**	Knockrea B	**55**	Sundays Well B		
18	Fair Hill B	**37**	Blackpool B	**56**	The Glen A		

2. Demography

This chapter gives a breakdown of the basic population characteristics of Cork City. This includes discussions of: overall population numbers and how these have been changing over time; the age profile of those living in Cork City; gender; marital status and mortality. The profile of the population in this regard is contextualised in terms of previous research in the area, health and social inclusion.

2. DEMOGRAPHY

2.1 Overall Population

Ireland's population increased from 3,917,203 persons in 2002 to 4,588,252 persons in 2011, representing an increase of 17.1%. Cork County has undergone even more rapid growth, growing from 324,767 to 399,802 over the same time period, representing a growth of 23.1%. Cork City, on the other hand, has seen its population decline from 123,062 in 2002 to 119,230 in 2011 (representing a 3.1% decrease). The population of the city and suburbs combined, however, has grown from 190,384 in 2006 to 198,582 in 2011, representing an increase of 4.3%.[1] There are a significant proportions of people who, although located outside the City boundaries, commute into the city for work and services. The County Metro Area, encompassing the city and numerous towns such as Blarney, Midleton and Cobh, experienced population growth from 153,123 to 170,509 between 2006 and 2011.

TOTAL PERSONS			
Highest (EDs)		*Lowest (EDs)*	
Mahon A	4931	Turners Cross D	451
Mahon B	4843	Gurranebraher B	565
Bishopstown C	4726	Farranferris C	608
Knocknaheeny	4301	Ballyphehane A	609
The Glen B	3775	Mardyke	636

TABLE 2. EDS WITH THE LARGEST AND SMALLEST POPULATIONS, 2011 (SOURCE: CSO, 2011)

Table 2 illustrates the EDs with the smallest and largest populations within the city. Four out of the five most populous EDs suffer from various forms of disadvantage, whereas the EDs with the lowest populations are more diverse.

The Electoral Divisions which have been most affected by the city's declining population, in order of the most affected to least affected, are: Bishopstown A, Mardyke, Turner's Cross A, Ballyphehane A and Gillabbey B. Each of these EDs experienced declines in their populations by proportions ranging from 12% to 22% over the 2006 to 2011 period. Conversely, Gillabbey A, Centre B, Blackpool B, Shandon A, and Knockrea A experienced growth of between 18% and 45% over the same period. Shandon, Blackpool and Centre A are popular destinations for Non-Irish Nationals, and their populations may have been bolstered by recent arrivals. Gillabbey A is a student dominated ED; its population is likely to be prone to fluctuation.

Figures 4 and 5 illustrate how the population of Cork City and Ireland are distributed based on age cohort. When comparing both figures, it is evident that there are disproportionate numbers of people between the ages of 20 and 30 in Cork City, when compared with the State (Republic of Ireland). This is in part attributable to Cork's status as a centre for third level education and employment, with a large amount of rental properties. Also notable is the greater proportion of older people, which is addressed in the Ageing section of this chapter.

2.2 The population of Working Age

Patterns of change in the size and distribution of the working age population in Cork City mirror that of the population in Ireland generally. The total State figure for persons in the general working age cohort of 15 to 64 is 3,073,269 (a 5.7% increase from 2006). The total figure for persons in the same cohort at City level is 83,783 (a 0.7% decrease since 2006). 63.9% of Cork City's population is in the age range of 20-64, compared to 59.8% at county level and 60.8% at State level.

1 Cork City's suburbs fall outside of Cork City Local Authority Area.

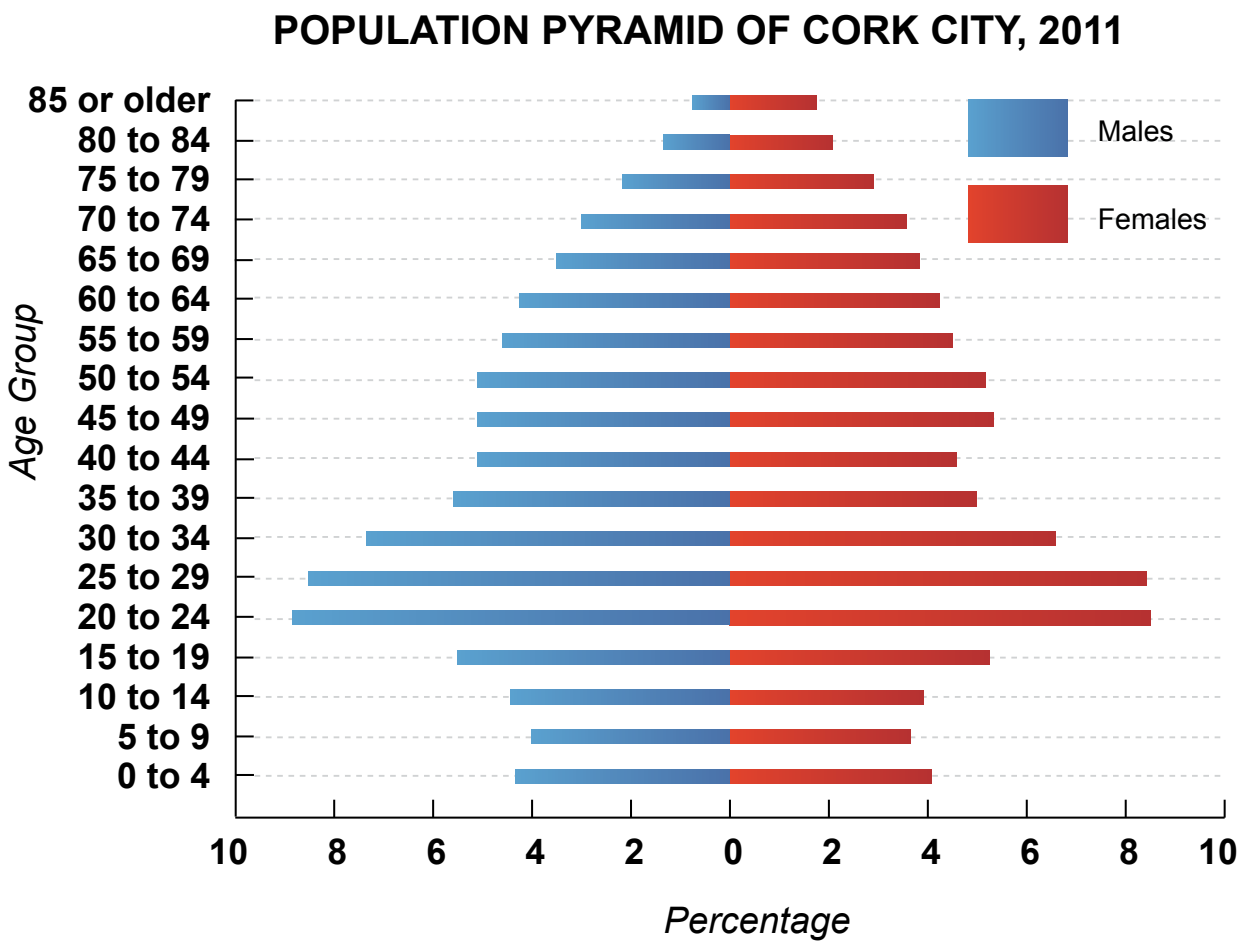

FIGURE 4. POPULATION PYRAMID OF CORK CITY (SOURCE: CSO, 2011)

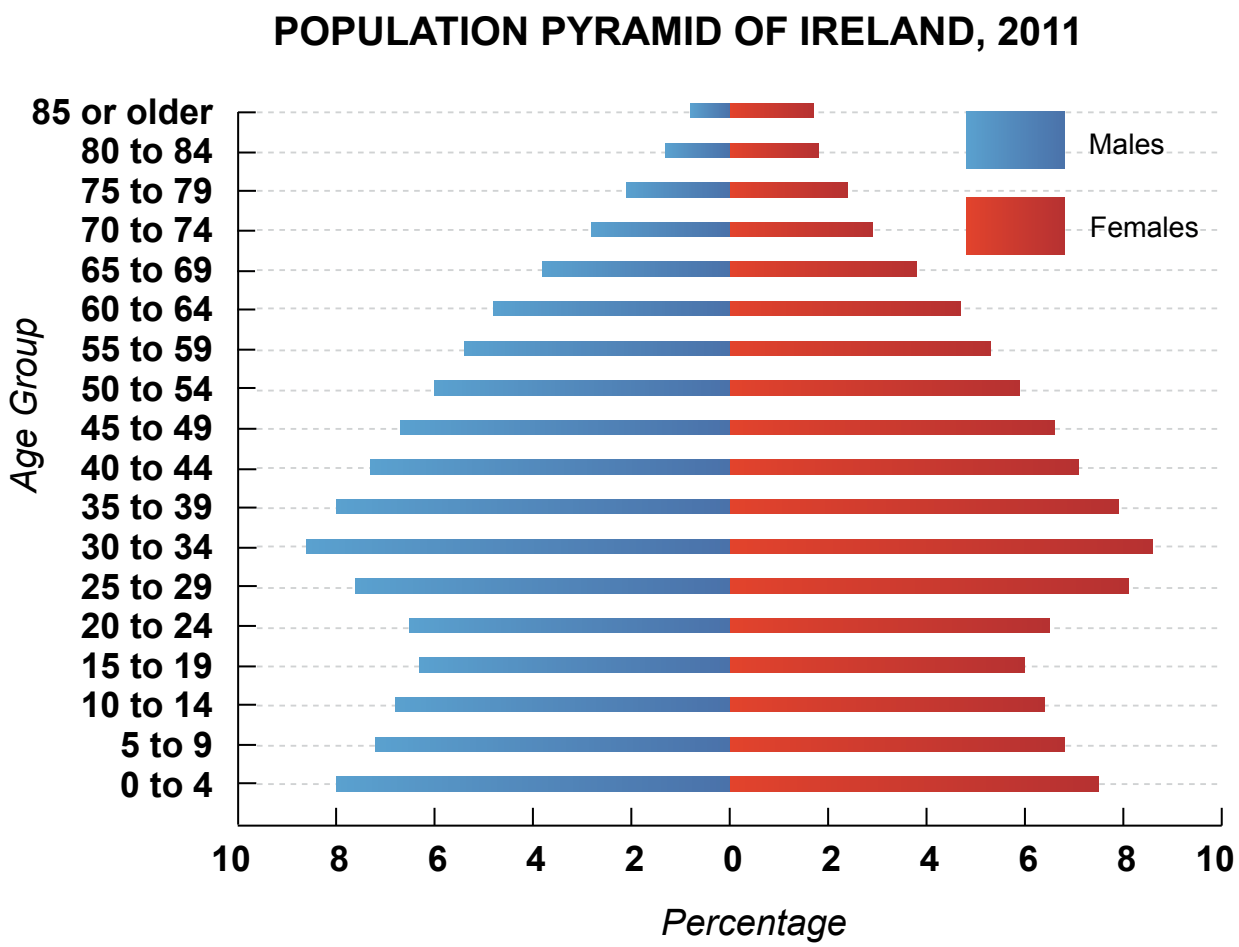

FIGURE 5. POPULATION PYRAMID OF IRELAND (SOURCE: CSO, 2011)

Figure 6 illustrates the distribution of the population that are aged between 15 and 64. There is a concentration of this age cohort within the City Centre, which is a major employment centre. This cohort can also be seen clustered within the surrounds of University College Cork and Cork Institute of Technology, where the group is likely dominated by students attending these institutions.

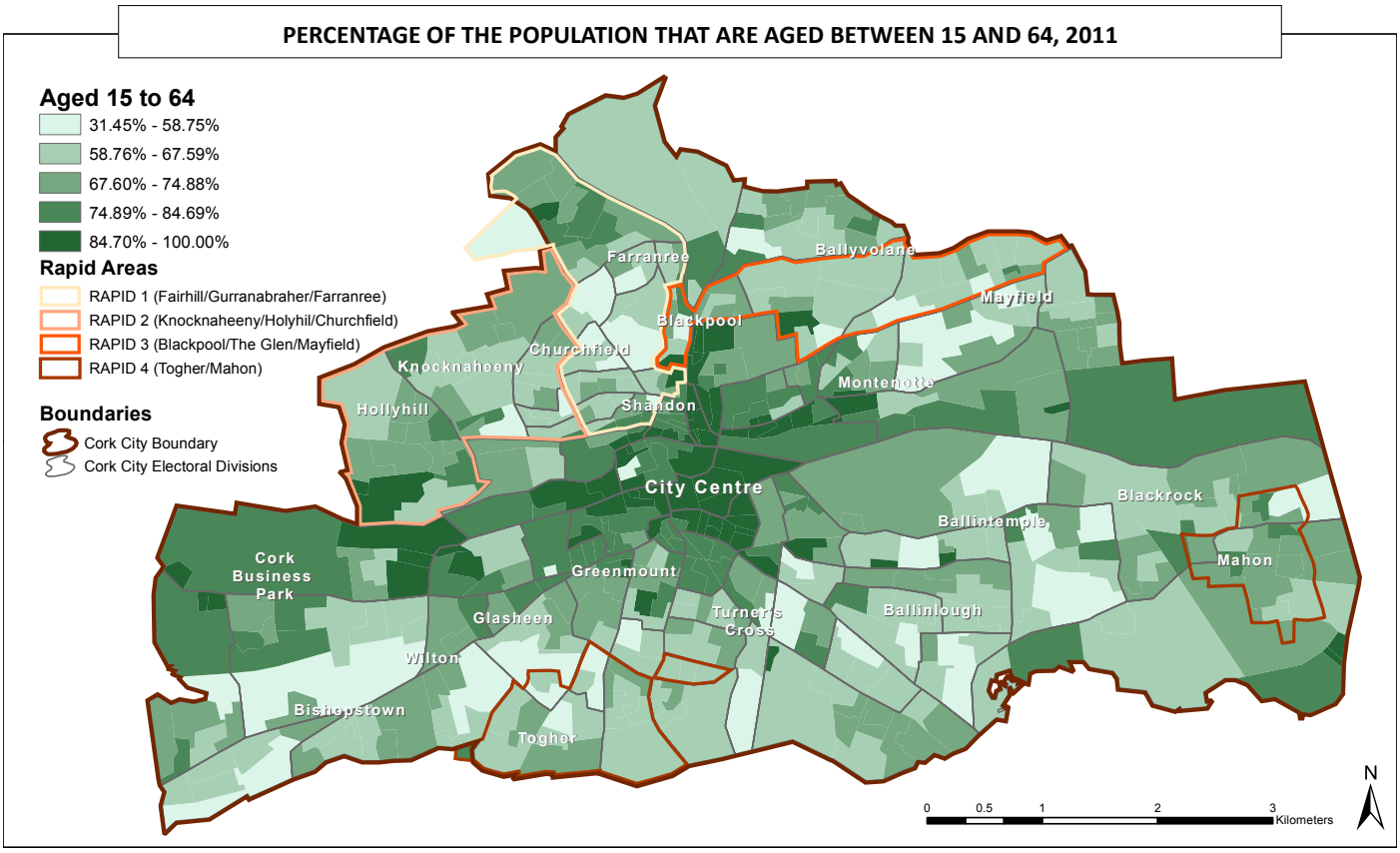

FIGURE 6. MAP OF THE POPULATION THAT ARE AGED BETWEEN 15 AND 64, 2011 (SOURCE: CSO/ORDNANCE SURVEY IRELAND)

Age Dependency Ratio

The Age Dependency Ratio is a figure used to describe the proportion of the population that is available for work relative to those who are not. It provides an indication of the capacity of a society/community to support its population. The dependency ratio is derived by expressing the younger (aged 0 to 14 years) and older (aged 65 years and over) population as a percentage of the population of working age (15 to 64 years). As the age dependency ratio increases, there is a greater requirement on the working population to support the upbringing, pensions and care of the economically-dependent population. A high Age Dependency Ratio indicates a large presence of persons outside of the economically productive ages (children and those of retirement age).

Compared to the national Age Dependency Ratio (49.3%), Cork City has a relatively low dependency ratio of 42.3%, indicating that there are fewer people who are dependent on those of working age. The situation is markedly different when one looks at the Old Age Dependency Ratio - explained later.

AGE DEPENDENCY RATIO			
Highest (EDs)		*Lowest (EDs)*	
Fair Hill B	76.6	South Gate A	11.3
Togher B	72.0	Centre A	12.3
Browningstown	71.4	St. Patrick's A	15.5
Fair Hill A	68.6	Gillabbey A	17.6
Glasheen C	67.4	Mardyke	18.4

TABLE 3. EDS WITH THE HIGHEST AND LOWEST AGE DEPENDENCY RATIOS, 2011 (SOURCE: CSO, 2011)

Analysis of data within Cork City reveals significant differences in the demographic profiles of specific areas, with Age Dependency Ratios exceeding 50% in 29 Electoral Divisions. A Map of the Age Dependency Ratios of Cork City's Small Areas can be found in Section III. The EDs with the highest rates are: Glasheen C, Fairhill A, Browningstown, Togher B and Fairhill B (Table 3). Glasheen C and

Browningstown are amongst the most affluent EDs here and have low unemployment. The remaining EDs are located in RAPID areas and are characterised by lower educational attainment, poorer health, high proportions of Local Authority housing and low employment .

Age dependency ratios are noticeably lower in inner City areas, ranging from 11.3% in South Gate A to 15.5% in St. Patrick's A. Areas with rates below 20% in the 2011 census are: South Gate A, Centre A, Gillabbey A, Mardyke and Shandon B. Whilst not uniformly affluent, these EDs are composed primarily of working age persons or students. South Gate A, Gillabbey A and Mardyke in particular, contain high concentrations of students.

2.3 Fertility and Youth

Births

In Ireland, the number of live births in 2012 was 72,225 - 35,015 of which were females and 37,210 males. This is considerably higher than the birth rate recorded in the 2006 census of 65,425 (31,770 females and 33,655 males).[2] The number of births recorded in Cork City in 2012 was 1,431 -705 of which were females and 726 of which were males.[3]

The average age of mothers in Cork (city and county combined) in 2011 was 32, which is broadly in line with the national average (31.7). There were 45 births to women under the age of 20 (an age when lone parenthood may be more likely), whose area of residence is Cork City – which represents 3.14% of total births. In the Republic of Ireland, 2.27% of total births were to women in this age cohort and 1.3% of total births were to mothers in this cohort in Cork County.[4] 54% of mothers in Cork City had a normal delivery and 28% a Caesarean, versus respective figures of 56% and 28% for the State. 53% of mothers breastfeed in Cork, versus 47% in the State.[5]

BIRTH CHARACTERISTICS OF MOTHER, 2011				
GEOGRAPHIC AREA	AVERAGE AGE OF MOTHER	% NORMAL DELIVERY	% CAESAREAN DELIVERY	% BREASTFEEDING (AS RECORDED ON BIRTH NOTIFICATION FORM)
Cork	32	54%	28%	53%
Ireland	32	56%	28%	47%

TABLE 4. BIRTH CHARACTERISTICS OF MOTHERS IN CORK AND IRELAND, 2011 (SOURCE: PHIS, 2013)

The national figures relating to births provide some valuable insights that are not possible to generate at city level. Nearly two thirds of births were to married women nationally in 2011, signalling that a stable partnership remains the most preferred choice before parenthood. One third of births were to single women. Married women accounted for approximately 72% of multiple births. The maternal occupation status associated with the largest proportions of births is 'intermediate non-manual' (20.9%). Females in the 'Lower Professional' occupations and 'Other Non-Manual' occupations accounted for 16.3% and 13.6% of births respectively. Nationally, Skilled Manual Workers account for 25% of new fathers; Other Non-Manual fathers account for 12.6%.[6]

Life expectancy at birth is the average number of years a newborn can expect to live if age-specific mortality rates remain constant. From 2002-2004, life expectancy at birth was 80.2 years in Cork County (in this case, 'Cork County' includes Cork City) - slightly lower than the national level of 80.6.[7] Between 2001 and 2005 the number of infant deaths per 1,000 live births was 4.61 in Cork County,

2 Central Statistics Office (2013). *Vital Statistics Fourth Quarter and Yearly Summary 2012*. Dublin: Stationery Office.
3 CSO, NISRA. (2014) *Number of live births 2012* [Online]. Available from:http://www.thehealthwell.info/node/730441.
4 Central Statistics Office (2013). *Vital Statistics Fourth Quarter and Yearly Summary 2012.* Dublin: Stationery Office.
5 PHIS (2013) *Births: Perinatal data - 1999 to 2011. Available from: http://data.thehealthwell.info/NTI/indicators/tables.php?resID=2083*
6 Statistics in this paragraph sourced from ESRI. (2012). *Perinatal Statistics Report.* Available: http://www.esri.ie/. p.29.
7 All-Ireland Health and Wellbeing Dataset (2010)

which was lower than the national average of 5.09 (referring to all deaths within the first year of life).

The proportion of babies who are born weighing less than 2,500 grams is a marker of overall population health. Low birth weight is an indicator of the general health of newborns, and a key determinant of infant survival, health and development. Infants with Low birth weight are at a greater risk of dying during the first year of life and of developing chronic health problems. Furthermore, low birth weight is associated with a number of adverse developmental, educational, behavioural and socio-economic outcomes in childhood, adolescence and later life. The working group on the *National Anti-Poverty Strategy and Health* has listed addressing low birth weight as a core target to reduce health inequalities in Ireland.[8] According to the *Unequal at Birth* report by the Institute of Public Health, almost five percent (4.9%) of babies born to mothers in Cork were below 2500g in 1999 and this rose to 5.48% in 2008 but fell again slightly to 5.33% in 2011.[9]

Youth Dependency Ratio

The Youth Dependency Ratio is a number that relates to the Age Profile of a group and indicates the extent to which the cohort of younger ages (<15) are dependent on those of working age (15-64). It is calculated by comparing the number of those that are aged under 15 to those that are aged between 15 and 64 in the form of a percentage. In 2011, the Youth Dependency Ratio in Cork City was 20.9%. This number is significantly higher in the State (31.9%). The total number of persons in the State in the 0-14 category was 979,590 in 2011 (up from 864,449 in 2006--a 13.3% increase). In Cork City, the number of persons in this cohort in 2011 was 17,497 (down from 18,164 in 2006--a 3.7% decrease).

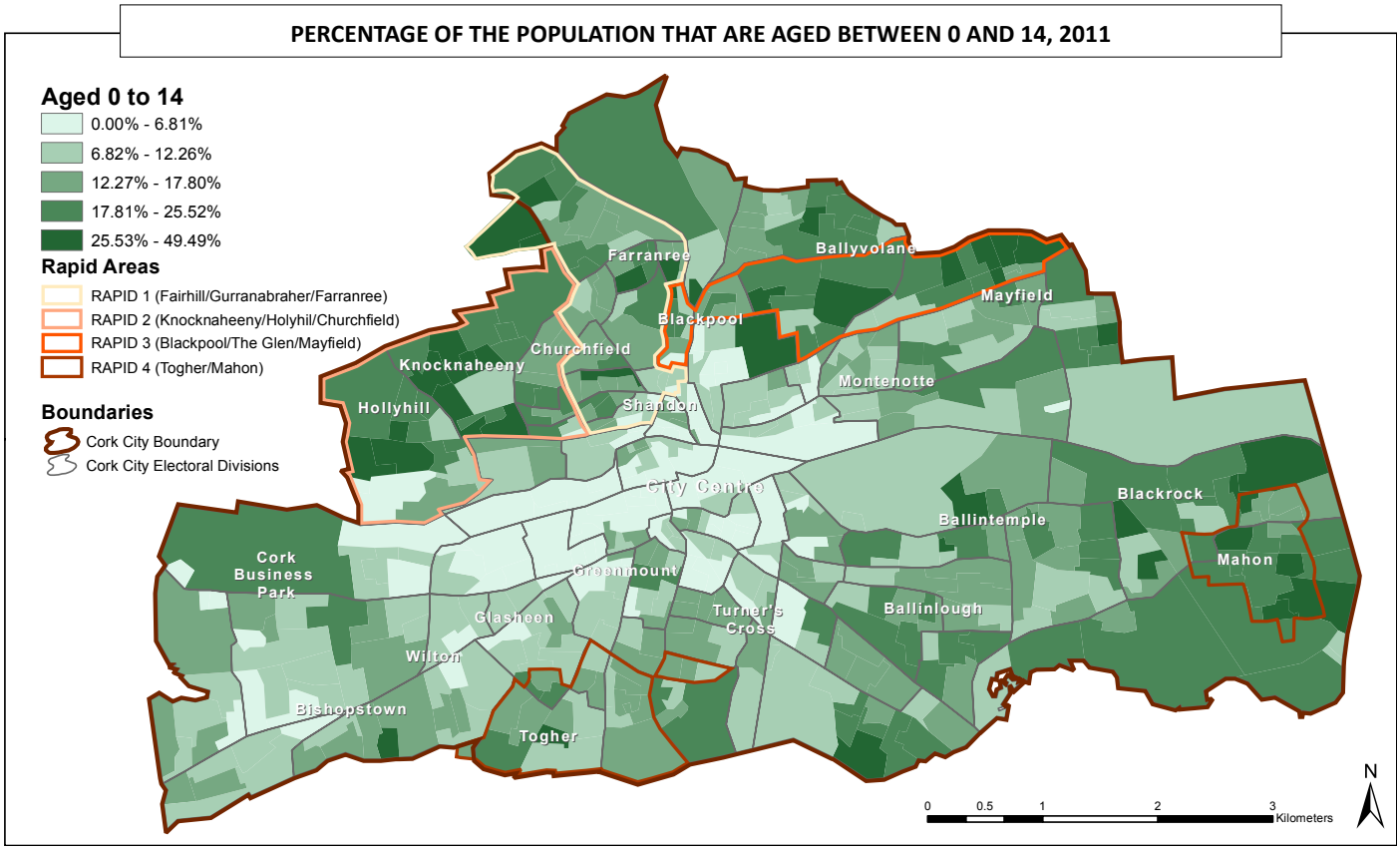

FIGURE 7. MAP OF THE POPULATION THAT ARE AGED BETWEEN 0 AND 14, 2011 (SOURCE: CSO/ORDNANCE SURVEY IRELAND)

8 IPH. (2001). *Report of the Working Group on the National Anti-Poverty Strategy and Health.* Available: http://www.publichealth.ie/files/file/Report_of_the_Working_Group_on_the_National_Anti-Poverty_Strategy.pdf.

9 (NPRS, Health Research and Information Division, ESRI).

According to a set of CSO projections, the number of persons aged between 0 and 14 is set to rise between 2011 and 2021 nationally, before decreasing from 2026 onwards. Projection figures are not freely available for Cork City, however, in the Southwest, the number of persons aged 0-14 is predicted to decline from approximately 138,000 to 129,000 between 2011 and 2031.[10]

Figure 7 on the previous page illustrates the distribution of the population that are aged up to fourteen years old in Cork City. Clear spatial clusters are evident, particularly north of the City Centre and in the south east corner, where some small areas have as high as almost 50 percent of the population in this age group. Concentrations are low within the City Centre, which is characterised by a preponderance of young, single and pre-family persons.

YOUTH DEPENDENCY RATIO			
Highest (EDs)		*Lowest (EDs)*	
Knocknaheeny	39.2	Gillabbey B	3.1
Mayfield	36.9	Centre A	4.2
Farranferris B	35.0	Gillabbey C	5.3
Fair Hill A	32.2	City Hall A	5.4
Knockrea B	31.6	Mardyke	6.0

TABLE 5. EDS WITH THE HIGHEST AND LOWEST YOUTH DEPENDENCY RATIOS, 2011 (SOURCE: CSO, 2011)

EDs featuring the highest Youth Dependency Ratios are Knockrea B, Fair Hill A, Farranferris B, Mayfield, and Knocknaheeny (Table 5). With the exception of Knockrea B, these EDs fall within RAPID areas and are overall disadvantaged, being characterised generally by low employment, low educational attainment, poorer health and higher prevalence of lone parenthood.

EDs featuring the lowest Youth Dependency Ratios are Gillabbey B, Centre A, Gillabbey C, City Hall A and Mardyke. These EDs largely contain young, single or pre-family populations.

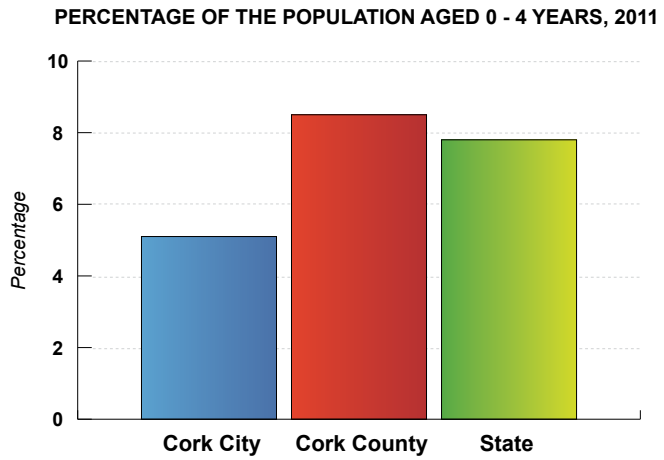

FIGURE 8. PERCENTAGE OF THE POPULATION AGED 0 TO 4 YEARS IN CORK CITY, COUNTY AND THE STATE (SOURCE: CSO, 2011)

Figures 8 and Figure 9 show the proportions of children in the age cohorts 0 to 4 and 5 to 12. In both instances, Cork City features smaller proportions of children than both county and State. Electoral Divisions featuring the most substantial declines in the population of children (0 to 14) over the 2006 to 2011 period are: Gillabbey B, Mardyke, Tramore A, Gurranabraher C and the Lough. These EDs experienced decreases of those in this age group ranging from approximately 27% to 59%.

Electoral Divisions featuring growth in this age cohort are in descending order of growth: South Gate A, Knockrea A, Blackpool B, Centre B and Centre A. Growth here ranged from proportions of approximately 74% to a remarkable 417% (Centre A).

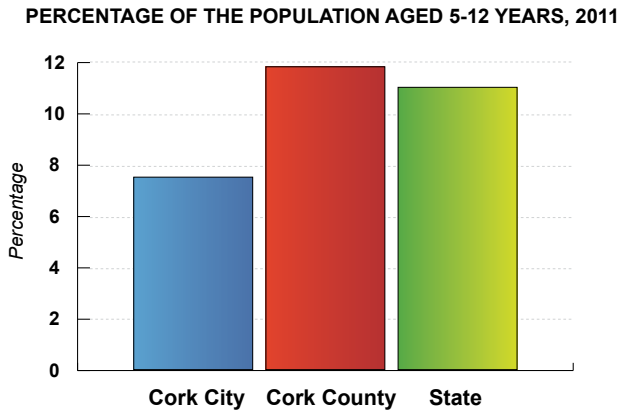

FIGURE 9. PERCENTAGE OF THE POPULATION AGED 5 TO 12 YEARS IN CORK CITY, COUNTY AND THE STATE (SOURCE: CSO, 2011)

10 CSO. (2013). *Regional Population Projections 2016-2031.* Available: http://www.cso.ie/en/releasesandpublications/er/rpp/regionalpopulationprojections2016-2031/#.UzFv2Pl_trY.

2.4 Ageing

The ageing nature of Cork City and the State more generally is a significant issue going forward; by 2050, the number of persons over 65 is expected to be close to one in four of the population.[11]

There are 535,393 persons aged 65 or older in the State (up from 467,926 in 2006 - an increase of 14.4%). At the City level, there are 17,950 people in this age cohort (up from 16,847 in 2006 - an increase of 6.5%). Cork City features a significantly greater proportion of persons over 65 (15.1%) than both County and State (11.1% and 11.7% respectively). A result of this is a comparatively high Old Age Dependency Ratio in the City of 21.4%, versus 17.4% at the State level. 29.8% of those aged 65 or older in Cork City live alone.

At 38.7, Cork City has the highest average age of all administrative counties. This has increased by over one year since 2006, ranking Cork City third of all administrative counties in the speed at which it is ageing. It ranks second in relation to the difference between the average female and male age (average female age exceeds average male age by 2.3 years, compared with 1.3 years in the State).

Nationally, 94% of the those aged 65 or older live in private households whilst the rest - a figure of 31,054 - dwell in communal establishments such as nursing homes.[12] Twice as many females as males live in these caring facilities. Despite containing a sizeable aged population, the city fares badly in comparison to the county and State with only 3.8 residential or nursing care beds per 1,000 people compared to the county's 4.3 beds and the State's 4.2 per 1,000 population.

Figure 10 illustrates the distribution of the population that are aged 65 or older. Clear spatial patterns are evident, with a band of high concentrations in the south of the city, spanning from Bishopstown to Blackrock. Concentrations are comparatively low in the City Centre and in the northwest around

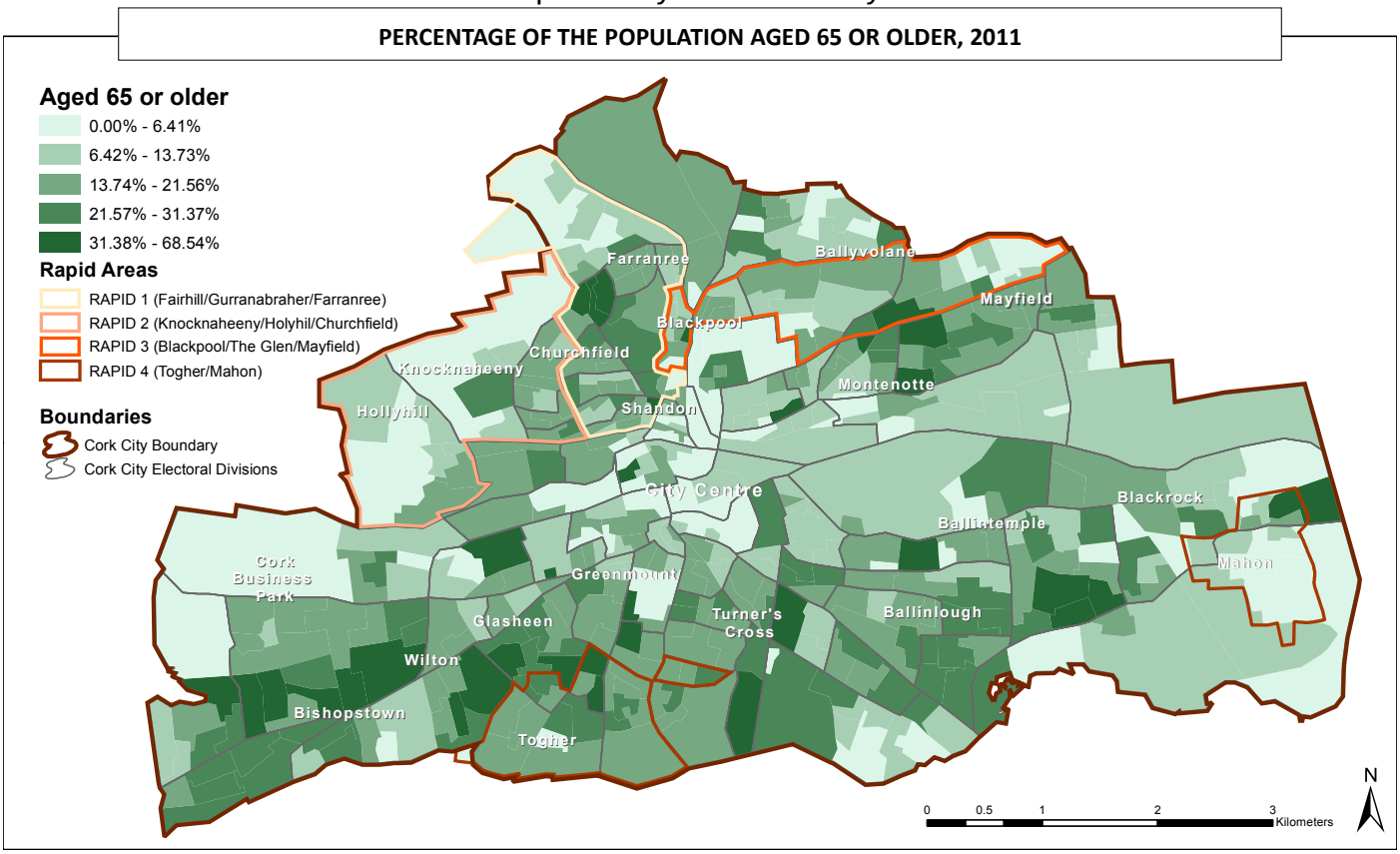

FIGURE 10. MAP OF THE POPULATION THAT ARE AGED 65 OR OLDER IN CORK CITY, 2011 (SOURCE: CSO/ORDNANCE SURVEY IRELAND)

11 UCD. (2010). *Nutrition and Health in an Ageing Population.* Available: http://www.ucd.ie/t4cms/ucd_ageing_policy_doc_june_10.pdf. p.5.
12 CSO. (2012). *Profile 2 Older and Younger.* Dublin: Stationery Office. p.27.

Knocknaheeny and Holyhill, as well as in the south east. A map of those aged 85 or older (see Section III) shows that they are more likely to live in the south of the city, particularly in and around the areas of Wilton, Glasheen, Ballintemple and Ballinlough.

Old Age Dependency Ratio

High Old Age Dependency Ratios are an indicator of high proportions of those aged 65 or older. The Electoral Divisions that feature the highest Old Age Dependency Ratios are Turner's Cross D, Tramore A, Glasheen C, Togher B and Fair Hill B (Table 6).

OLD AGE DEPENDENCY RATIO			
Highest (EDs)		*Lowest (EDs)*	
Fair Hill B	56.8	South Gate A	3.6
Togher B	49.9	Shanakiel	8.1
Glasheen C	46.7	Centre A	8.2
Tramore A	46.2	St. Patrick's A	8.4
Turners Cross D	43.5	Mahon B	8.9

TABLE 6. EDS WITH THE HIGHEST AND LOWEST OLD AGE DEPENDENCY RATIOS, 2011 (SOURCE: CSO, 2011)

The three EDs featuring the largest Old Age Dependency Ratios are relatively affluent, and Turner's Cross D and Tramore A in particular are typified by high educational attainment, low unemployment, and high house owner occupancy. Poorer health is a feature of these EDs, likely influenced by the large proportions of the aged.

Togher B and Fair Hill B, falling within RAPID areas, are more disadvantaged. These areas are typified by poorer self-reported health, low educational attainment, high proportions of Local Authority housing, higher proportions of the manual/skilled social class grouping and lower employment (though Togher B actually features marginally below average unemployment).

Challenges faced by older persons

Table 7 shows At Risk of Poverty, Deprivation and Consistent Poverty rates for both the retired and those aged 65 or older. Also included in the tables are figures for the general population and the unemployed. The Retired and those over 65 have similar rates of risk of poverty, deprivation and consistent poverty. Table 7 shows that in 2011, those classed as 65 or older were more prone to disadvantage than their Retired counterparts. Significantly more in the 65 or older category experience deprivation in each consecutive year.

Generally, those that are retired and/or aged 65 or older appear to be more resistant to deprivation, poverty and poverty risk than the general population of the State. Those at work experiencing deprivation and consistent poverty have been outpacing their older counterparts, possibly due to being more likely to having dependents in the household and more utilities and bills. The At Work population remain more resistant to poverty risk than the older groups.

	AT RISK OF POVERTY RATE			DEPRIVATION RATE			CONSISTENT POVERTY RATE		
	2009	*2010*	*2011*	*2009*	*2010*	*2011*	*2009*	*2010*	*2011*
State	14.1	14.7	16.0	17.1	22.6	24.5	5.5	6.3	6.9
Male	14.1	14.3	16.3	16.8	21.7	23.0	5.5	5.8	6.9
Female	14.1	15.1	15.6	17.7	23.5	26.0	5.4	6.8	6.9
Retired	9.6	8.8	8.9	8.0	7.2	9.8	1.4	1.2	1.6
At Work	5.5	5.7	6.5	7.9	12.6	15.0	1.1	1.3	2.1
Unemployed	24.8	27.3	30.6	34.3	38.3	42.4	11.5	16.0	16.5
65+	9.6	8.7	9.7	9.5	9.8	11.3	1.1	0.9	1.9

TABLE 7. NATIONAL RISK OF POVERTY, DEPRIVATION AND CONSISTENT POVERTY, 2009 - 2011 (SOURCE: CSO, 2013)

Fahey et al. attempt to explain why consistent poverty among those aged 65 or older is lower than for those of working age and explain that it is due to lower housing costs (they report that approximately 90% of those over 65 own their houses and are therefore debt free), more non-cash benefits, accumulated resources and the support of family members.[13]

Table 8 shows that those aged 65 or older have consistently had the lowest average income of the listed groups and it has been diminishing over time (in line with each other listed group). The Retired have higher income levels than those listed only as 65 or older, and by substantial margins. Those listed as 65 plus have the lowest equivalised disposable income. The Retired fare better, having more disposable income than the general population, likely due to a lack of dependents and lower utility costs and financial responsibilities. These statistics demonstrate an economic insulation, but do not fully encapsulate the experiences of older people who face challenges which their younger counterparts may not.

	AVERAGE ANNUAL HOUSEHOLD INCOME			AVERAGE ANNUAL EQUIVILISED DISPOSABLE INCOME		
	2009	*2010*	*2011*	*2009*	*2010*	*2011*
State	45,959	43,151	41,819	23,326	22,138	21,440
Male	50,570	46,780	46,096	23,627	22,324	21,718
Female	39,413	38,425	35,936	23,029	21,955	21,167
Retired	36,183	37,271	35,102	23,691	23,080	22,481
Aged 65+	29,711	28,663	27,821	20,681	20,116	19,725

TABLE 8. AVERAGE ANNUAL HOUSEHOLD INCOMES IN IRELAND, 2009 - 2011 (SOURCE: CSO, 2013)

In his examination of poverty risks for older people across the EU, Zaidi found that older women had a poverty risk rate of 22%, compared to a men's risk rate of 16% (he also observes that the 75+ cohort of both sexes have an even higher poverty risk), though Hick's Irish study refutes this in the Irish context.[14] Adjusting to a poverty measurement of 70% of median income, Hick did find that 46% of women over the age of 65 fell below the poverty line, compared with 38% of men.[15] He notes that single-person households are more likely to experience poverty (two thirds do).[16]

Due to nearly a third of older persons in Cork City living alone and the total proportion of widows in the city being 5.4%, social isolation is a concern. Fahey et al. state that two-thirds of those aged 65 or older meet with friends and relatives often, with the majority of the rest still making social contact once or twice a week. Older people are, however, less likely to be members of clubs or organisations.[17] Exacerbating or increasing risks of isolation are poor mobility, which can create spatial disadvantage or transport disadvantage, and a lack of engagement with ICT - something which can allow them to bridge social gaps and remain in contact with family and friends. Fahey et al. report that, in 2005, only 14% of persons in the 65 to 74 cohort used a computer and only 9% used the internet (though nearly a decade later, ICT usage among older people has likely improved and will continue to improve as younger generations move into old age).[18]

13 Fahey, T, Maitre, B, Nolan, B, Whelan, C, T. (2007). *A Social Portrait of Older People in Ireland.* Available: http://www.socialinclusion.ie/publications/documents/Older_lowres2.pdf. p.19.
14 Zaidi, A. (2010). *Poverty Risks for Older People in EU Countries – An Update.* Available: http://www.euro.centre.org/data/1264603415_56681.pdf. p.8, 9.
15 Hick, R. (2009). *The Social Welfare Pensions in Ireland: Pensioner Poverty and Gender.* Available: http://www.ucd.ie/geary/static/publications/workingpapers/gearywp200902.pdf.p.13.
16 Ibid.
17 Fahey, T, Maitre, B, Nolan, B, Whelan, C, T. (2007). *A Social Portrait of Older People in Ireland.* Available: http://www.socialinclusion.ie/publications/documents/Older_lowres2.pdf. p.9.
18 Ibid., 32.

Fahey classified 60% of the older population in Ireland as 'healthy' in 2007, 30% were considered 'frail' and 10% 'dependent'.[19] Notwithstanding this is the fact that even those who are healthy are vulnerable to episodes of poor health. Frailty presents numerous challenges and can result in:

- Sarcopenia
- Weight loss/undernutrition
- Decreased strength, exercise tolerance
- Slowed motor processing
- Decreased balance
- Limited physical activity
- Cognitive vulnerability
- Increased vulnerability to stressors[20]

The mental and psychological deterioration associated with ageing is another concern. Alzheimer's, for instance, affects approximately 44,000 people in Ireland.[21] The aged are vulnerable to such conditions as delirium (which has a 15% to 26% mortality rate), dementia and depression.[22] These conditions can severely impact an older person's ability to participate in society and at worst prohibit participation almost entirely. Physical activity and adequate nutrition can delay or avert many illnesses. Keeping older people socially and physically engaged and giving them adequate financial support is essential in helping them achieve the best possible health outcomes.[23]

2.5 Gender

As of 2011, there were 2,315,553 females and 2,272,699 males in Ireland, representing increases of 9.3% and 7.1% respectively since 2006. The number of females in Cork City was 60,418 (a 0.9% decrease since 2006) and males was 58,812 (or a 0.6% increase since 2006). Males and females in Cork City differ significantly from each other across a variety of socio-economic themes.

Education

Figure 11 illustrates changes in the proportion of persons aged 25 to 34 with third level qualifications over the 2002 to 2011 period. There has been a strong growth in the number of women obtaining third level qualifications, while growth for males has been slower. In 2002, 31.2% of males in this cohort had a third level qualification, versus 37.5% of women. By 2011, these figures grew to 39.1% and 53.1% respectively.

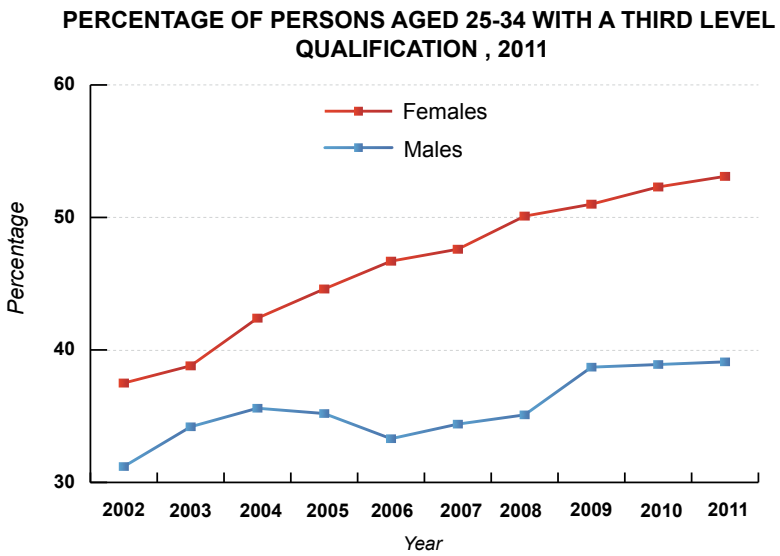

FIGURE 11. PERCENTAGE OF PERSONS AGED 25 TO 34 WITH A THIRD LEVEL QUALIFICATION IN THE REPUBLIC OF IRELAND, 2011 (SOURCE: CSO, 2011)

Figure 12 shows male and female participation in education at City and State

19 UCD. (2010). *Nutrition and Health in an Ageing Population.* Available: http://www.ucd.ie/t4cms/ucd_ageing_policy_doc_june_10.pdf.p.15.
20 Ibid.
21 Ibid., 8.
22 Ní Mhaolain, A. (2009). *Mental health in the elderly*. Available: http://www.medicine.tcd.ie/medical-gerontology/assets/pdf/The-Practice-p31.pdf.
23 UCD. (2010). *Nutrition and Health in an Ageing Population*. Available: http://www.ucd.ie/t4cms/ucd_ageing_policy_doc_june_10.pdf.

levels. In the city, female educational cessation at primary and secondary levels is higher than that of males. The opposite trends are observable at State level up until the Upper Secondary stage. Slightly lower proportions of women than men have vocational or technical qualifications at City level, whereas at State level the opposite is true. In both City and State, Advanced Certificates/Completed Apprenticeship are more in the domain of males - understandable, given their increased involvement in construction related activities. At the levels of Ordinary Bachelor Degree, Honours Bachelor Degree and Postgraduate Degree, women fare proportionately better than men. However, 1.4% of men hold a Ph.D in Cork City, compared to 0.8% of women, making women over 40% less likely to hold a Ph.D in relative terms. This disparity is greater than it is nationally (0.9% of men versus 0.6% of women).

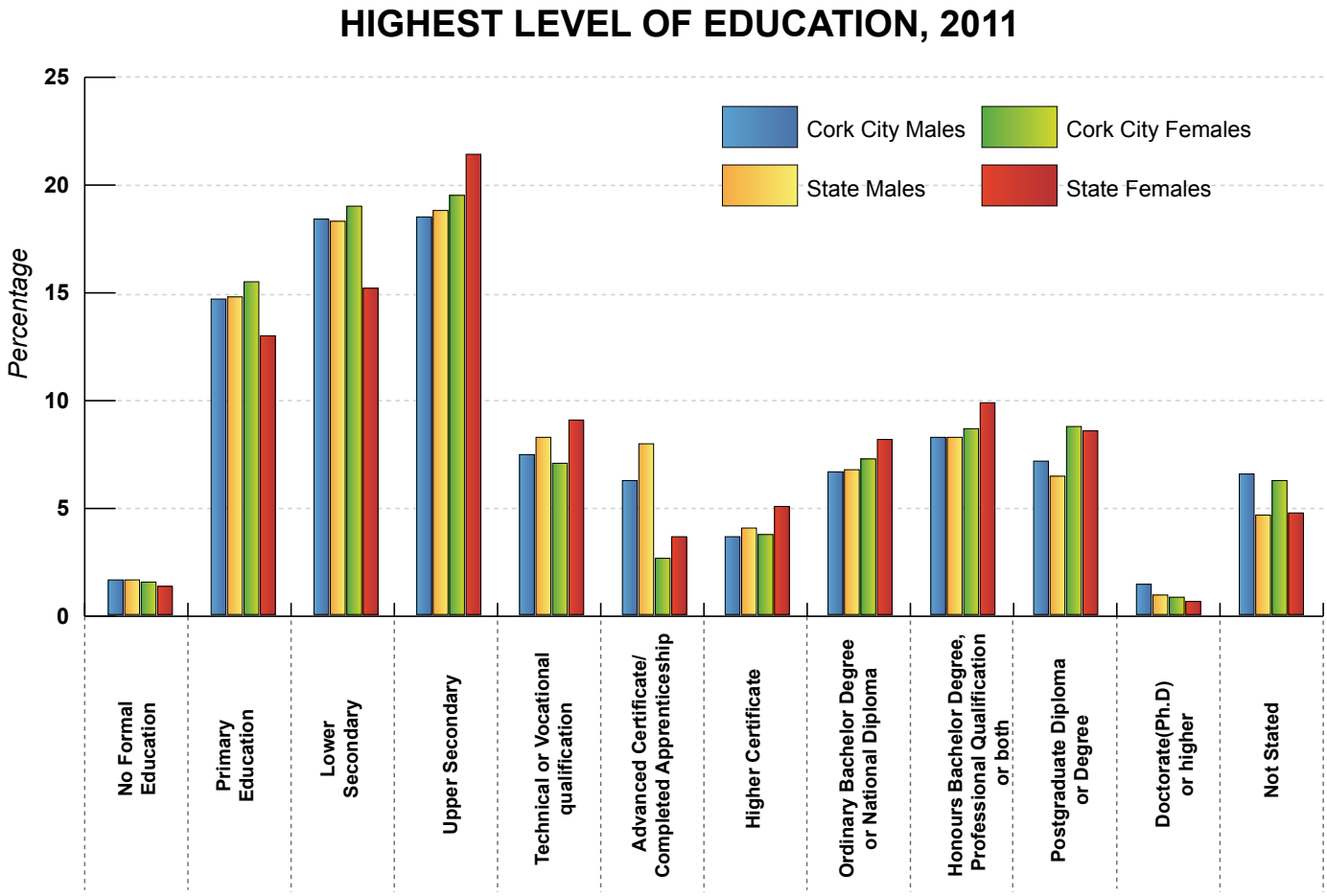

FIGURE 12. HIGHEST LEVEL OF EDUCATION OF RESIDENTS OF CORK CITY AND THE STATE BASED ON GENDER (SOURCE: CSO, 2011)

Figure 13 on the next page shows the area of study in which qualifications were obtained by gender in State and City. There is a clear divide, likely influenced by gender roles, that sees females gravitate towards arts/humanities/social science based qualifications, whilst men are significantly more likely to qualify in hard science and technical disciplines.

Employment

Figure 14 on the next page shows sectors of employment by gender in Cork City and the State. The largest proportion of women in both City and State are employed in 'Professional Occupations' (16.1% and 20.5% respectively) which are both considerably larger than they are for their male counterparts (13.9% and 12.5% respectively). Women also engage in 'Caring, Leisure and Other Service Occupations' and 'Administrative and Secretarial Occupations' in much greater proportions than males. In Cork City, the proportion of females in 'Sales and Customer Service' (14.4%) is nearly

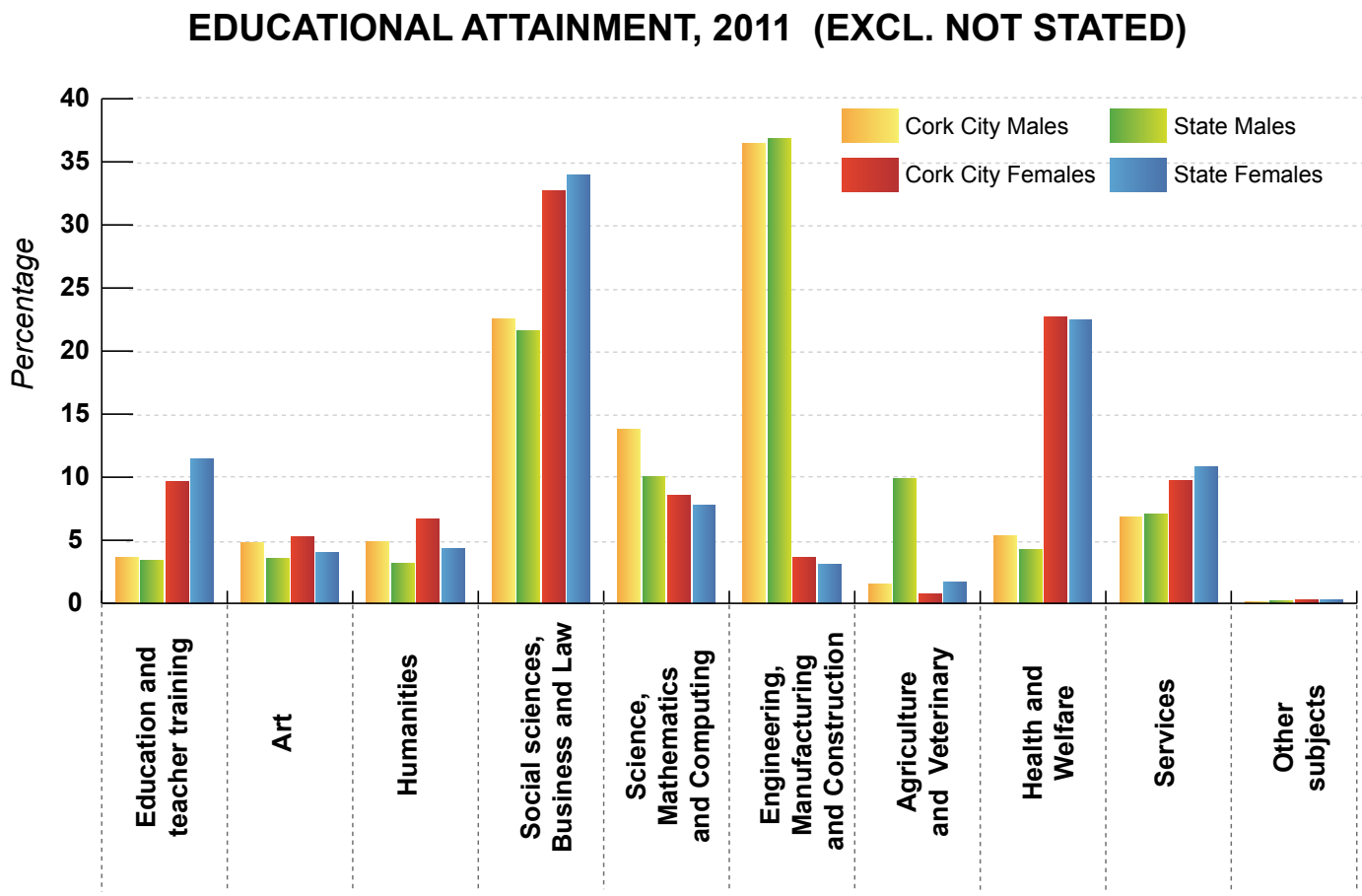

FIGURE 13. DISCIPLINE OF QUALIFICATION OF THIRD LEVEL GRADUATES IN CORK CITY AND THE STATE BASED ON GENDER (SOURCE: CSO, 2011)

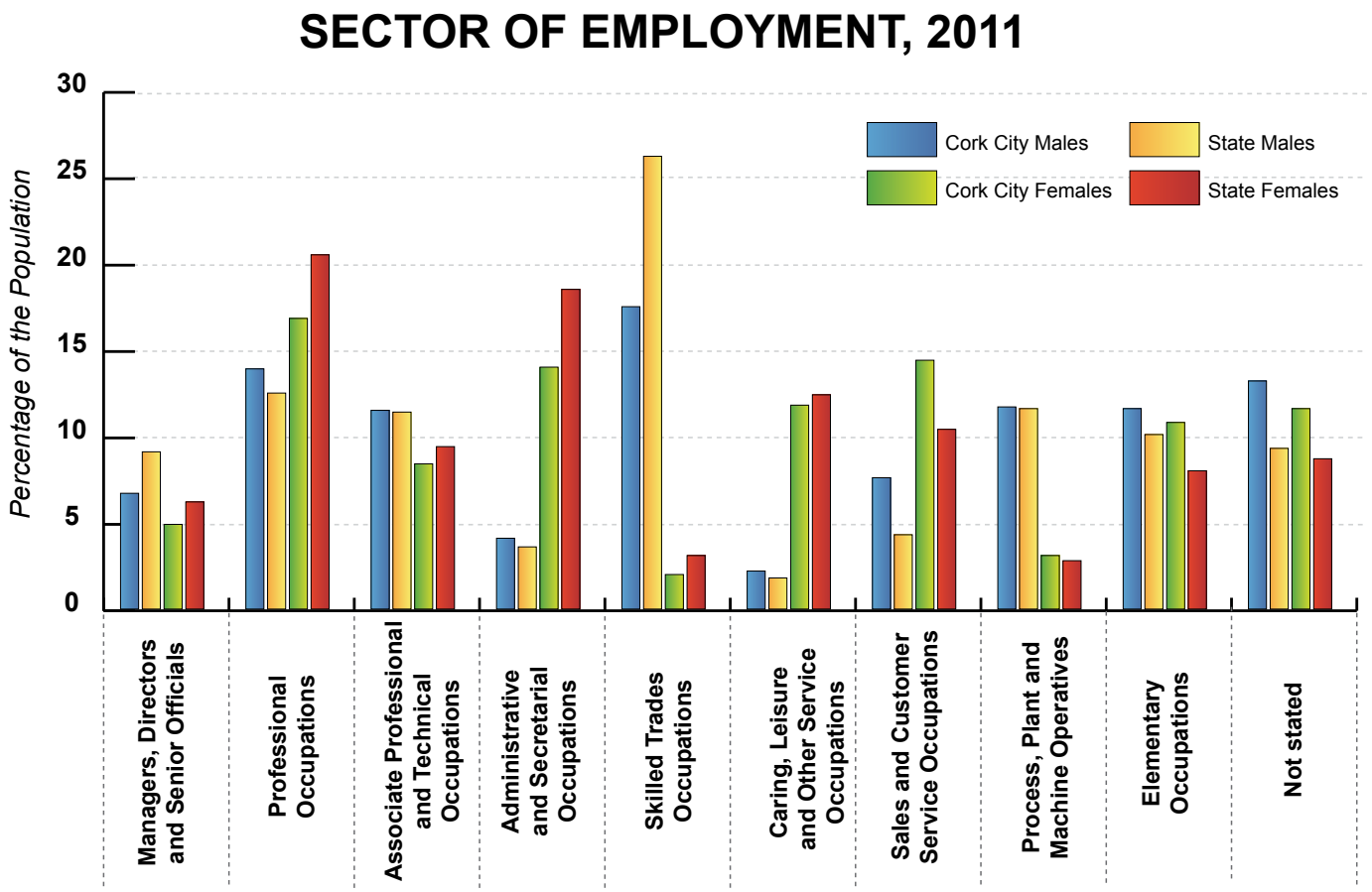

FIGURE 14. INDUSTRY OF EMPLOYMENT OF RESIDENTS OF CORK CITY AND THE STATE BASED ON GENDER (SOURCE: CSO, 2011)

twice as large as the proportion of males (7.6%), which is broadly reflective of national proportions. The figures for females engaged in the category of 'Managers, Directors and Senior Officials' reveal significant gender disparity. 4.9% of employed women are in this occupation in Cork City and 6.2% in the State. For males, these proportions are 6.7% (city) and 9.1% (state), indicating an even wider disparity between city and State. This runs contrary to what would be expected when one considers the increased proportions of women graduating from tertiary education.

Figure 15 shows the proportions of women and men in each social class group in Cork City. Demonstrating that gender roles are still present in society, significantly larger proportions of men than women are in classes associated with physical and manual labour (Skilled-Manual and Semi-Skilled). Larger proportions of women are in the groups of Non-Manual and Managerial and Technical - likely as a result of greater engagement with tertiary education and decreased likelihood of training into skilled and manual occupations. In the City, 8.1% of men are Professional Workers whilst only 6.4% of women are in the same category.

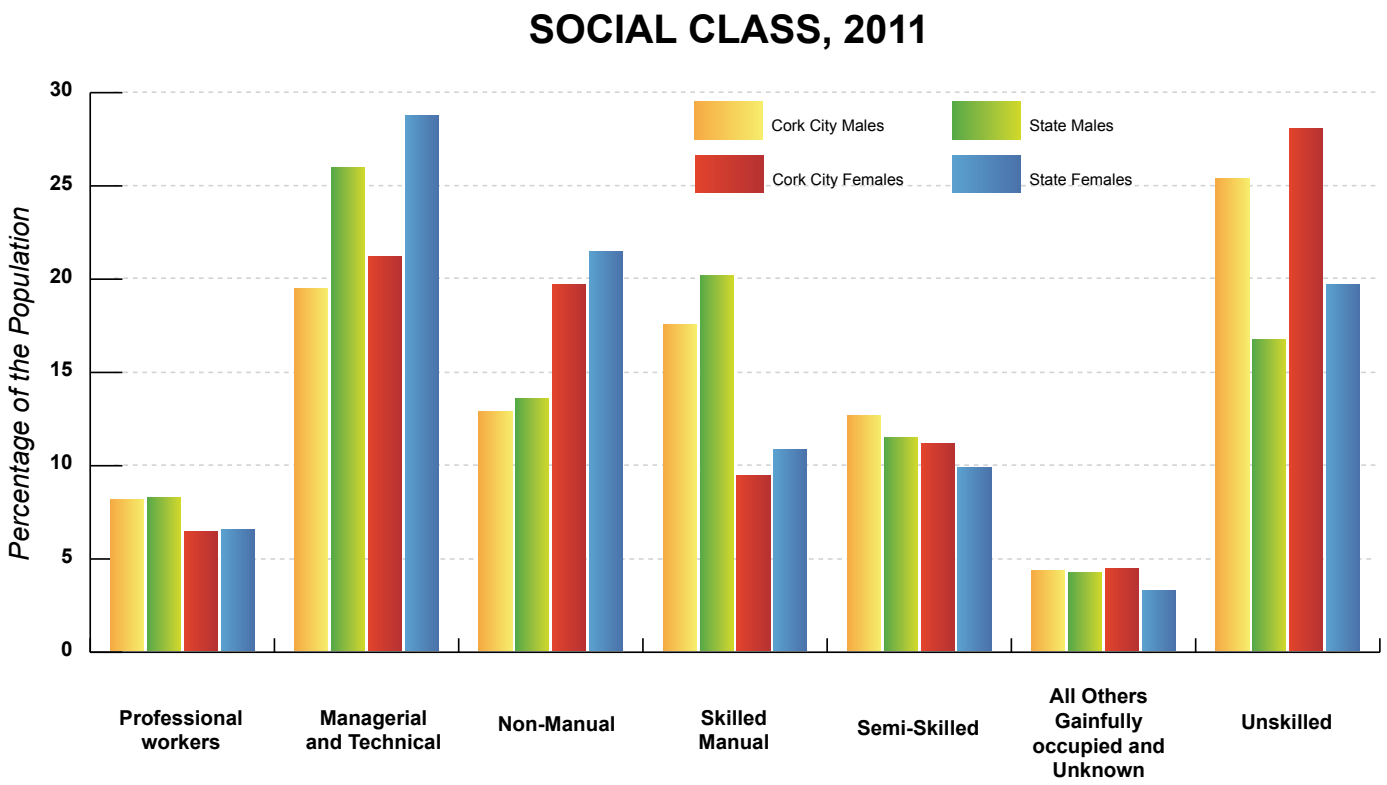

FIGURE 15. SOCIAL CLASS OF RESIDENT OF CORK CITY AND THE STATE BASED ON GENDER (SOURCE: CSO, 2011)

	UNEMPLOYMENT RATE		LONG TERM UNEMPLOYMENT	
Year	*Men*	*Women*	*Men*	*Women*
2001	3.9	3.8	1.4	0.7
2002	4.7	4.1	1.5	0.5
2003	4.9	4.1	1.8	0.8
2004	5	3.9	1.8	0.8
2005	5	4.3	1.9	0.8
2006	4.7	4.5	1.7	0.9
2007	4.8	4.4	1.6	0.8
2008	6.6	4.4	2	0.8
2009	15.1	8.1	3.6	1.3
2010	16.7	9.8	8.1	3.2
2011	17.5	10.4	10.4	4.5

TABLE 9. NATIONAL UNEMPLOYMENT RATES BY GENDER IN THE REPUBLIC OF IRELAND, 2001 - 2011 (SOURCE: CSO 2011)

Social Class Grouping, Income and Employment

Table 9 shows that nationally, the unemployment and long term unemployment rates are significantly lower for women than for men.

Figure 16 shows the labour force participation rate of women at different age cohorts. As can be seen, prior to age 60 women occupy the least amount of the labour force between the ages of 35 and 44.

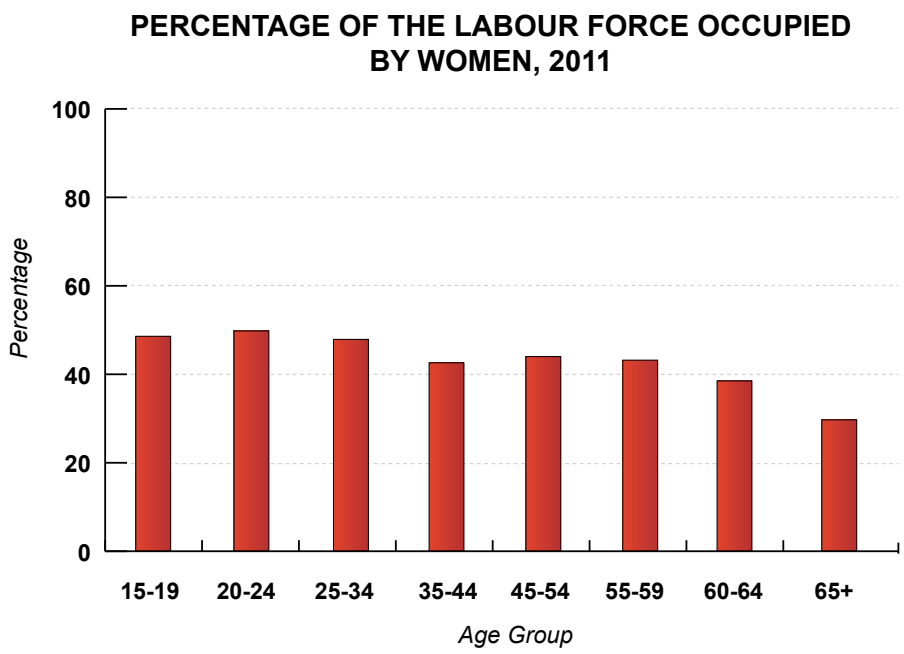

FIGURE 16. PERCENTAGE OF THE LABOUR FORCE OCCUPIED BY WOMEN, 2011 (SOURCE: CSO, 2011)

Table 10 illustrates the number of hours worked by gender and marital status. Regardless of marital status, lower proportions of women work 40+ hours per week than men. The proportions of women working 40+ hours vary considerably by marital status; single women work 40+ hours in the largest proportions. 14.7% of married women work 40 hours or more per week, whereas this is the case for 44.5% of married men. Separated or divorced women are marginally more likely to work these hours (separated or divorced men also work these hours in smaller proportions than married men), whilst widowed women are least likely to work 40+ hours. A greater proportion of Married Men work 40+ hours than Single Men. The Table demonstrates that when women move from single to married status, the proportion of women working shorter hours grows, whilst for men all ranges decrease except for those working 40 hours or over.

	SINGLE		MARRIED		SEPARATED/ DIVORCED		WIDOWED	
Usual Hours Worked	*Men*	*Women*	*Men*	*Women*	*Men*	*Women*	*Men*	*Women*
1-19	6.4	13.0	2.7	15.4	4.4	20.3	8.0	29.7
20-29	8.1	16.8	5.5	25.1	9.1	23.5	8.0	20.3
30-39	37.1	43.5	32.6	39.2	28.2	37.4	35.2	26.7
40+	35.7	20.5	44.5	14.7	39.6	15.2	28.4	10.5

TABLE 10. NUMBER OF USUAL HOURS WORKED IN IRELAND BASED ON GENDER AND MARITAL STATUS (SOURCE:?)

Figure 17 illustrates a gender gap in relation to levels of pay. Reflecting the results of the previous figures, greater proportions of women have intermediate

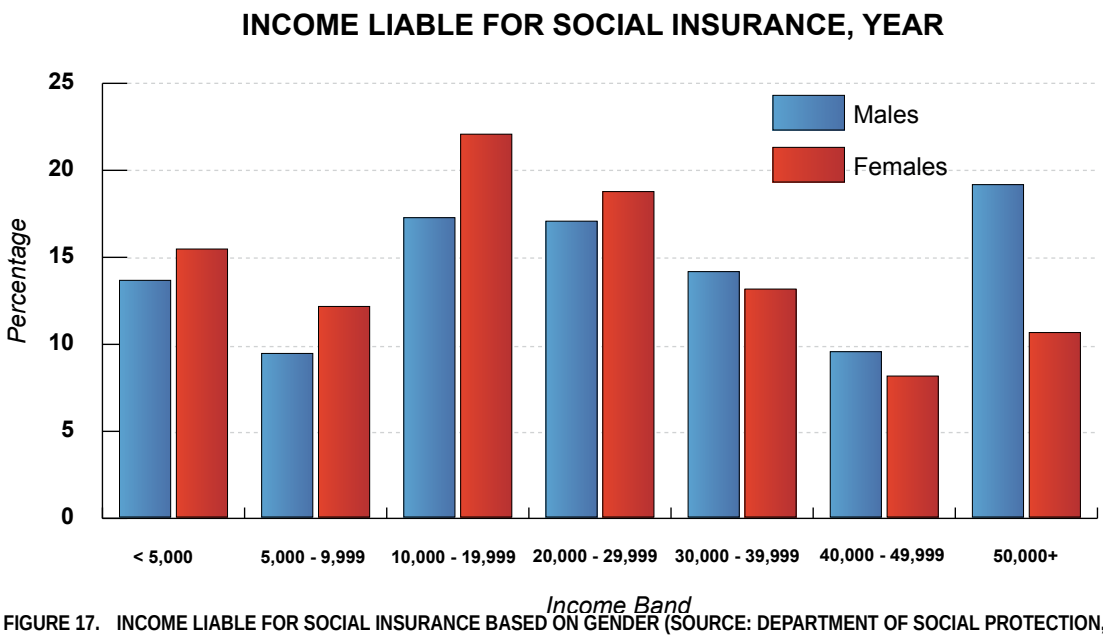

FIGURE 17. INCOME LIABLE FOR SOCIAL INSURANCE BASED ON GENDER (SOURCE: DEPARTMENT OF SOCIAL PROTECTION, REVENUE COMMISSIONERS IN CSO 2011)

income levels. They are also disproportionately represented on the lowest income bands, possibly reflecting the lower number of hours they typically work. At the higher end of the income scales - from €30,000 onwards - proportionately less females than males are found. Only 10.6% of women earn over €50,000 per year, compared to 19.1% of men. The average household income for females in 2011 was €35,936 (down from €39,413 in 2009). This figure was €46,096 for men, which itself was down from €50,570 in 2009.

It is critical to note that gender disparity also exists at the household level and has contributed to a number of the previously described phenomena. It is widely accepted that responsibility for childcare and housework is disproportionately placed on the woman. This rings true in Cork City, where 16.5% of women take on home duties, versus 1.0% of men.

There are a number of research studies that explore the reasons for such wage gaps and the distinctions between gender bias, cultural factors and personal choice, however, the definitive reasons are not explicitly clear. Plantenga and Remery, for instance, attribute these gaps to occupational segregation and wage structure - women are penalised for working in different industries than men.[24] Compounding matters are variable and performance based pay - women are less likely to benefit from such remuneration to the same extent as men when they largely work fewer hours.[25] Less labour market experience may also be a contributory factor to the pay gap. Plantenga and Remery state that up to half of the gender pay gap in Ireland is due to differences of personal and job characteristics between men and women.[26] Barry and Murphy note that:

> "Interruptions in the labour market experience for women who tend to have significant periods of absence from paid employment, leading to disadvantage on the labour market, is reflected in the wider pay gap among most of the older age categories."[27]

They also note occupational segregation as an important factor in the gap which they state crowds women into low status, and low paid jobs. The concentration of low paid women, Barry and Murphy state, is in retail and hotel and restaurant sectors. Importantly, they note that although women are well represented in professional employment, they are concentrated in the roles of first and second level teachers and nurses.[28]

Health

The general health of women is influenced by numerous factors such as age, social class and poverty.[29] Duffy states that women in lower socio-economic groups are likely to have high rates of maternal nutritional deficiency, higher infant mortality rates, die younger, experience depression at greater rates, smoke and have less knowledge of preventive health measures.[30]

Figure 18 illustrates the proportion of women and men who experience a spectrum of different conditions for which they were hospitalised. It shows that women experience these conditions in lower proportions compared to men, aside from 'genitourinary diseases' and 'pregnancy, childbirth and the puerperium'.

24 Plantenga, J and Remery, C. (2006). *The gender pay gap. Origins and policy responses. A comparative review of thirty European countries.* Available: http://www.retepariopportunita.it/Rete_Pari_Opportunita/UserFiles/news/report_pay_gap_economic_experts.pdf. p.5.
25 Ibid., 5.
26 Ibid., 18.
27 Barry, U and Murphy, S. (2006). *Gender Pay Gap in Ireland.* Available: http://researchrepository.ucd.ie/bitstream/handle/10197/2084/Barry-Genderpaygap-2006.pdf?sequence=3. p.6.
28 Ibid., 4.
29 Duffy, C. (1994). Female Poverty, Powerlessness and Social Exclusion in Ireland. *Administration*. 42 (1). p.60.
30 Ibid.

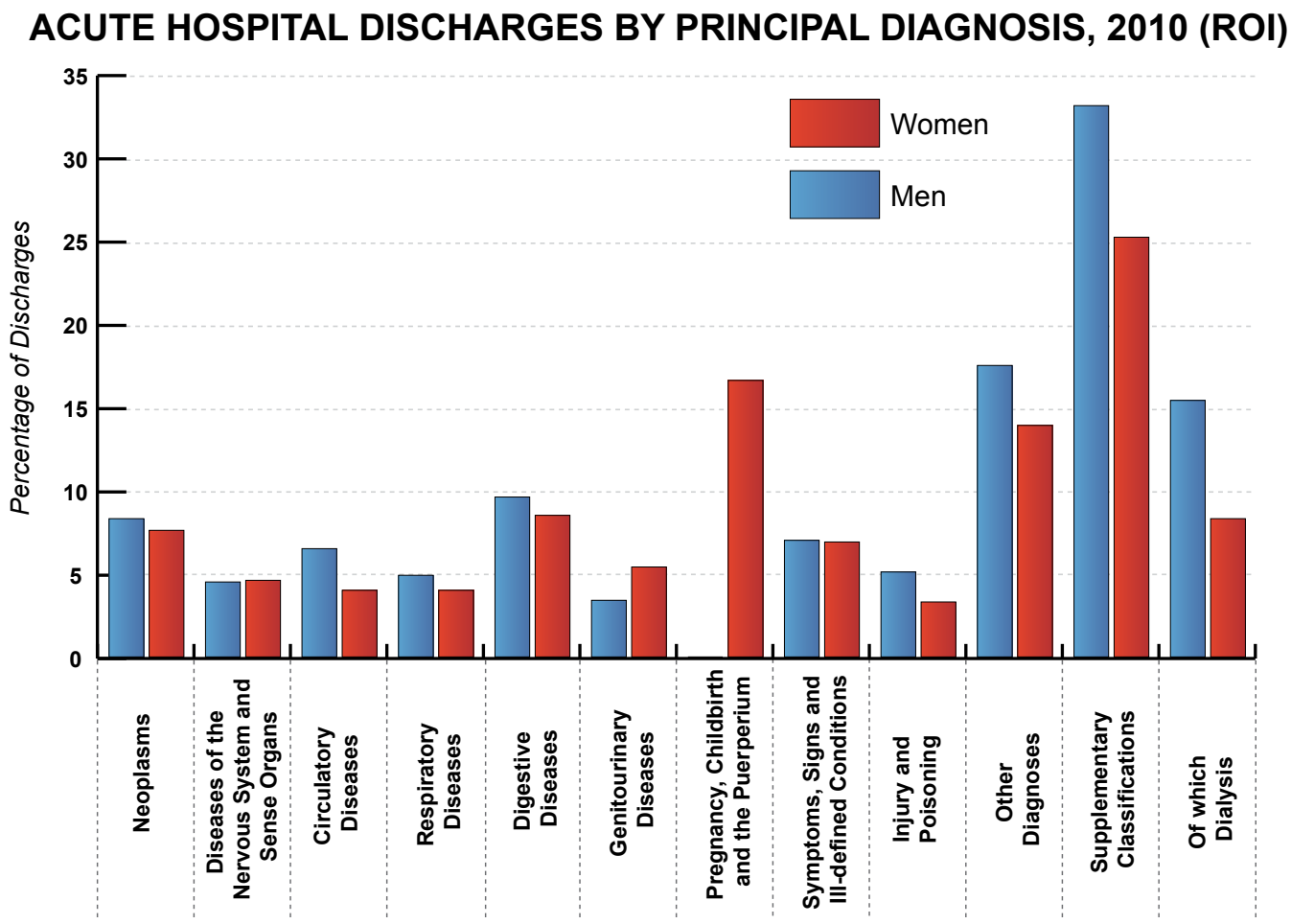

FIGURE 18. ACUTE HOSPITAL DISCHARGES BY PRINCIPAL DIAGNOSIS, REPUBLIC OF IRELAND (SOURCE: HOSPITAL INPATIENT ENQUIRY INFORMATION UNIT, DEPARTMENT OF HEALTH, 2011)

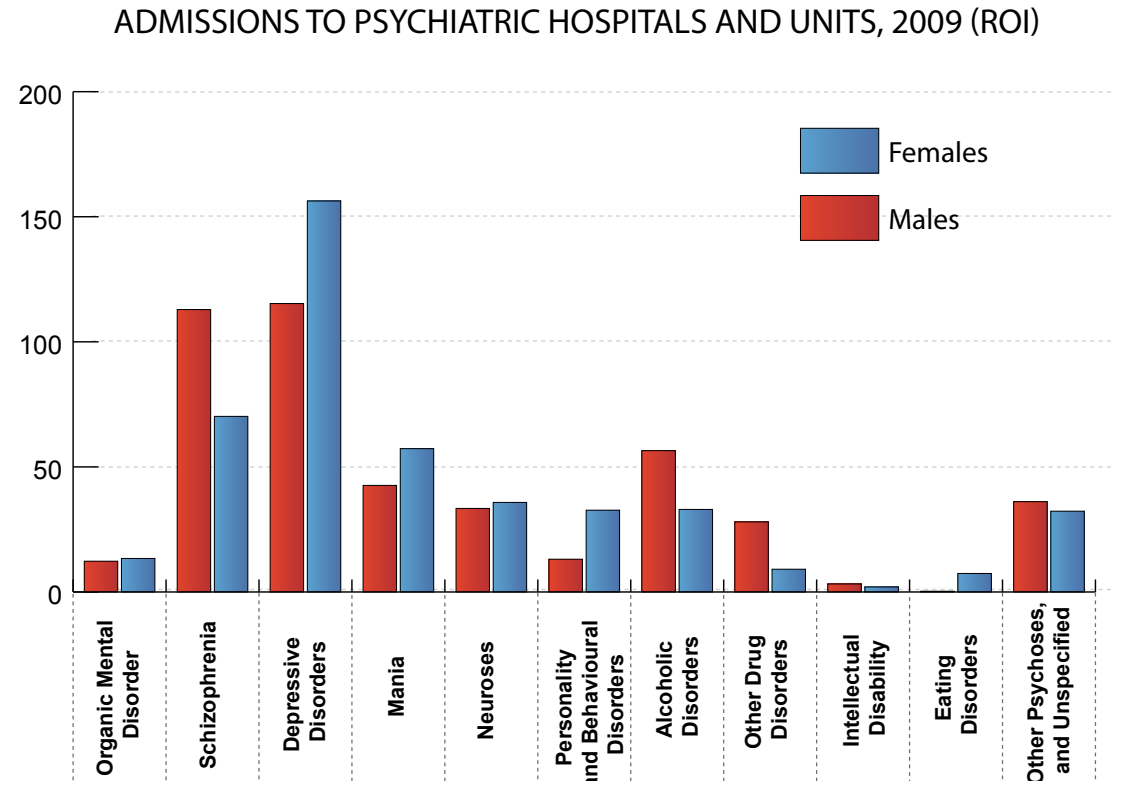

FIGURE 19. ADMISSIONS TO PSYCHIATRIC HOSPITALS AND UNITS IN IRELAND BY CATEGORY (SOURCE: HEALTH RESEARCH BOARD, CITED IN CSO, 2011)

Figure 19 shows admissions to psychiatric hospitals and units by disorder per 100,000 population. It shows women to be more vulnerable to depressive disorders, mania and neuroses, as well as personality and behavioural disorders. They are slightly more vulnerable to organic mental disorders than men.

2.6 Marital Status

Single Population

The Second Demographic Transition (SDT) is defined by Harkonen as "withdrawal from marriage, with the associated increases in divorce, cohabitation and non-marital childbearing, together with declines in and postponement of fertility and marriage.'[31] It saw values shift to personal fulfillment and achievement, is important to consider when observing statistics on marital status. Single living in pursuance of career development is characteristic of the SDT, as are a number of other factors (outlined later). People are more likely to defer marriage now until they are financially secure.

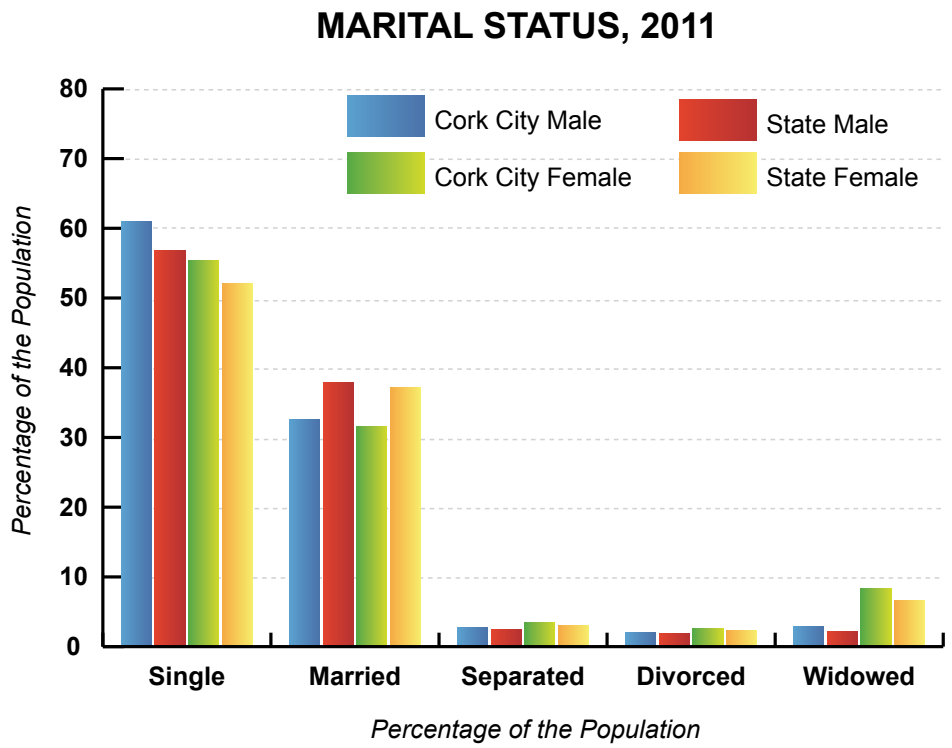

FIGURE 20. MARITAL STATUS OF RESIDENTS OF CORK CITY AND THE STATE BASED ON GENDER (SOURCE: CSO, 2011)

As is evident from Figure 20, single persons comprise the majority of the population in both city and State (57.8% and 54.2% respectively). The urban nature of Cork City and its role as an education and employment centre is likely contributing to the greater proportions of single persons in the City versus the State. Figure 21 on the next page illustrates the distribution of the single population. This distribution is likely connected to the age profile of each Small Area so there is difficulty in generating concrete conclusions. The population is concentrated in the City Centre running west towards University College Cork. Few single people are to be found in the ageing and established areas south of the City Centre.

SINGLE POPULATION (%)			
Highest (EDs)		*Lowest (EDs)*	
Gillabbey C	77.7	Browningstown	43.1
South Gate A	77.1	Turners Cross D	44.1
Gillabbey A	76.0	Fair Hill B	44.1
Shandon B	74.6	Mahon C	44.3
Bishopstown A	73.3	Bishopstown D	45.5

TABLE 11. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF SINGLE PERSONS, 2011 (SOURCE: CS0, 2011)

The Electoral Divisions featuring the greatest proportions of single persons are Bishopstown A, Shandon B, Gillabbey A, South Gate A and Gillabbey C. Bishopstown A, Gillabbey A, South Gate A and Gillabbey C are distinctive by their strong proportions of students.

31 Ibid.

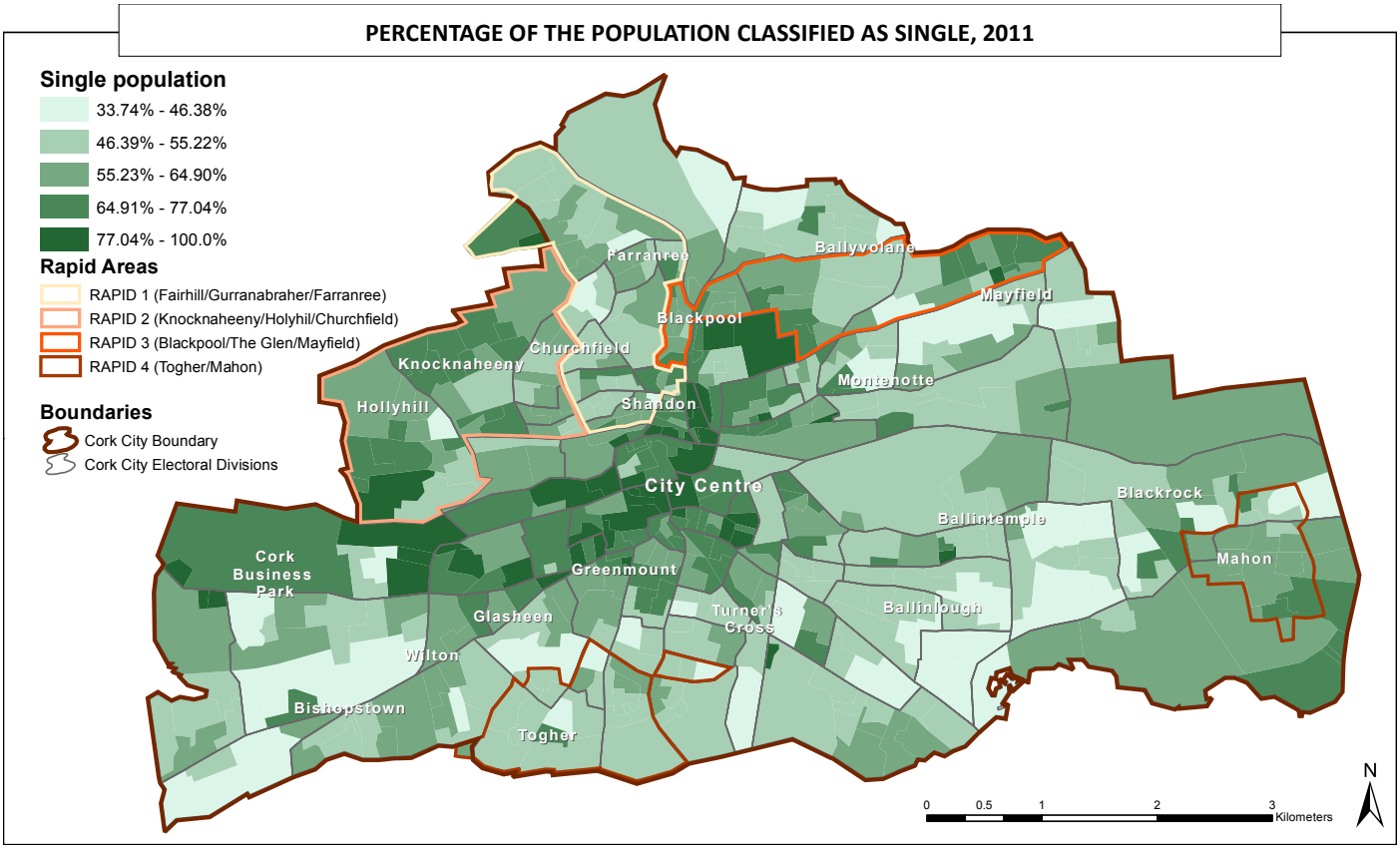

FIGURE 21. MAP OF THE SINGLE POPULATION IN CORK CITY, 2011 (SOURCE: CSO/ORDNANCE SURVEY IRELAND)

Married Population

Large proportions of persons can be observed to be married, with 32.4% of men in the city married and 37.6% in the State, versus 31.3% of women in the city married compared to 36.9% in the State. That marriage is more popular State-wide is interesting but probably accounted for by larger proportions of married couples in less metropolitan settings. Cork was only one of two administrative counties to see a reduction in the percentage of married people between 2006 and 2011 (-1.1%). The national increase was 9%.

MARRIED POPULATION (%)			
Highest (EDs)		*Lowest (EDs)*	
Browningstown	47.0	Shandon B	15.2
Mahon C	44.4	South Gate A	16.1
Tivoli B	43.5	Gillabbey B	16.4
Bishopstown D	42.8	Gillabbey C	16.6
The Glen B	42.8	Gillabbey A	17.3

TABLE 12. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF MARRIED PERSONS, 2011 (SOURCE: CSO, 2011)

The EDs that contain the greatest proportions of married persons are: The Glen B, Bishopstown D, Tivoli B, Mahon C, and Browningstown. All of these EDs, with the exception of The Glen B, can be classified as affluent - good health, high employment and high educational attainment can be observed.

The EDs with the lowest proportions of married persons are: Shandon B, South Gate A, Gillabbey B, Gillabbey C and Gillabbey A. These EDs generally feature high proportions of young/single persons. The Gillabbey EDs in particular are notable for their high proportions of students. Shandon B contains an above average proportion of Non-Irish Nationals.

Separated/Divorced Population

There are concentrations of separated/divorced people directly east and northeast of the City Centre, as well as in Mahon (see Section III). The EDs containing the greatest proportions of separated or divorced Persons are: City Hall A, Blackpool A, Gurranabraher C, South Gate B and Gurranabraher

SEPARATED OR DIVORCED POPULATION (%)			
Highest (EDs)		*Lowest (EDs)*	
Gurranebraher B	9.4	Glasheen A	1.7
South Gate B	8.3	Gillabbey C	1.7
Gurranebraher C	8.0	Bishopstown A	2.0
Blackpool A	7.8	Bishopstown E	2.6
City Hall A	7.8	Tramore B	2.7

TABLE 13. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF SEPARATED/DIVORCED PERSONS, 2011 (SOURCE: CSO, 2011)

B. With the exception of South Gate A, these EDs are largely disadvantaged. Economic malaise may have contributed to marital discord in these EDs. Income is lower and financial stress is likely endemic for significant proportions of their populations. South Gate B is not as disadvantaged, though poor health and higher than average unemployment are noticeable, in addition to a substantial student population. City Hall A features comparatively poor health and high unemployment.

The EDs containing the lowest proportions of persons separated or divorced are: Glasheen A, Gillabbey C, Bishopstown A, Bishopstown E and Tramore B. These EDs are amongst the more affluent. Gillabbey C, Bishopstown A, Bishopstown E and Tramore B are particularly prosperous EDs. Glasheen C's characteristics are more average.

Widowed Population

There is a significant widowed population in the City (5.4%), greater than the national proportion of 4.2%, and they are predominantly (given longer life expectancies) female. 2.7% of males are widowers in the City versus 1.9% in the State and 8.1% of females in the City are widows versus 6.4% in the State. The divergence between City and State in this instance is not unexpected given Cork City's ageing population. Widowhood features prominently for those aged 60 or older.[32]

Due to the age profile of widows, they are more vulnerable to ill health, deprivation and isolation. Hughes et al. note increases in depressive symptoms among persons whose spouses have died.[33] Del Bono et al. state that widowhood is the most important factor associated with loneliness and vulnerability of older people and suggests that companionship and potential informal care are benefits of marital status in old age.[34] They also identify the loss of income from a spouse as being problematic (particularly for women) as it reduces ability to engage socially. In their study, they identify isolation as a particular problem amongst older people who are divorced or separated, having smaller social networks and engaging less socially.

WIDOWED POPULATION (%)			
Highest (EDs)		*Lowest (EDs)*	
Fair Hill B	12.5	South Gate A	1.7
Togher B	10.8	St. Patrick's A	1.8
Tramore A	10.8	Centre A	2.0
Turners Cross D	10.2	Gillabbey A	2.5
Pouladuff B	9.2	Blackpool B	2.7

TABLE 14. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF WIDOWED PERSONS, 2011 (SOURCE: CSO, 2011)

The distribution of the widowed population (see Section III) shows concentrations around the more aged areas of the South-Central/West. The EDs featuring the highest proportions of widowed persons are Pouladuff B, Turner's Cross D, Tramore A, Togher B and Fair Hill B. Unsurprisingly, each of these EDs features high proportions of persons over the age of 65.

32 CSO. (2012). *Profile 2 Older and Younger*. Dublin: Stationery Office. p.25.
33 Hughes, M, E and Waite, L, J. (2006). *The Ageing of the Second Demographic Transition*. Available: http://psychology.uchicago.edu/people/faculty/cacioppo/po1pubs/hw07.pdf. p.14.
34 Del Bono, E, Gunnell, C, Hancock, R, Parisi, L, and Sala, E . (2007).*GENDER, OLDER PEOPLE AND SOCIAL EXCLUSION. A GENDERED REVIEW AND SECONDARY ANALYSIS OF THE DATA*. Available: https://www.iser.essex.ac.uk/files/iser_working_papers/2007-13.pdf. p.56.

Mortality

In 2010, the life expectancy for persons living in Ireland was recorded as 76.9 for males and 81.7 for females. In 2010, Cork city had a life expectancy of 79.8 for females and 73.9 for males. The life expectancy of females is 1.9 years lower than the national average and the life expectancy of males is 3.9 years lower than the national average.[35]

In Cork City, the total number of deaths registered in 2012 was 1,139 (584 male deaths and 555 female deaths). The standardised death rate per 100,000 population in 2012 was 9.7, which was the highest of all administrative counties.[36] Deaths in the South-West region are expected to climb from approximately 4,000 to 6,000 by 2031 (or increase by approximately 50%).

DEATHS BY CAUSE, 2012											
	TOTAL DEATHS	MALIGNANT NEOPLASMS		DISEASES OF THE CIRCULATORY SYSTEM		DISEASES OF THE RESPIRATORY SYSTEM		EXTERNAL CAUSES		OTHER CAUSES	
		Deaths	*% of Total*	*Deaths*	*% of Total*	*Deaths*	*% of Total*	*Deaths*	*% of Total*	*Deaths*	*% of Total*
Cork City	1,139	343	30.1	352	30.9	120	10.5	108	9.5	216	19.0
Cork County	2,199	647	29.4	726	33.0	222	10.1	130	5.9	474	21.6
Ireland	28,848	8,544	29.6	9,267	32.1	3,473	12.0	1,615	5.6	5,949	20.6

TABLE 15. CAUSES OF DEATH IN CORK CITY, CORK COUNTY AND IRELAND; YEAR (SOURCE: CSO, 2012)

Table 15 illustrates data pertaining to cause of death in Cork City, Cork County and Ireland. Excluding deaths from other causes, rates of death from diseases of the circulatory system were highest in Ireland at 32.1% of all deaths, followed by deaths from neoplasm (29.6%), diseases of the respiratory system (12.0%) and deaths by external causes (5.6%). Figures in Cork City, are broadly comparable.

The number of deaths among persons aged less than 75 years per 100,000 European standard populations in 2010 was in line with the national rate, with Cork (City and County) at 269.1 and the national rate at 265.9. These rates are significantly lower than in the 2006 census, when in Cork City and County the rate was 311.71 per 100,000 and in Ireland the rate was 303.55 per 100,000.[37]

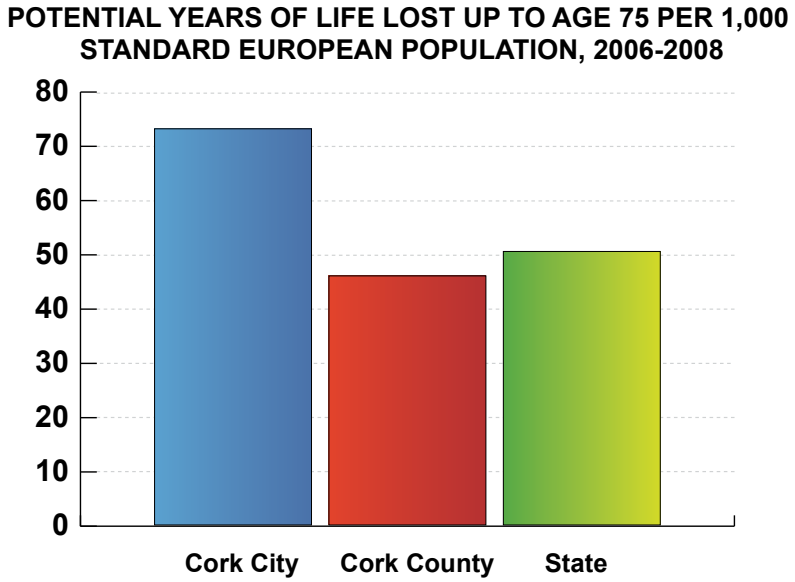

FIGURE 22. POTENTIAL YEARS OF LIFE LOST UP TO THE AGE OF 75 PER 1,000 STANDARD EUROPEAN POPULATION, 2006 - 2008 (SOURCE: IPH, 2012)

Figure 22 represents premature death using a calculation of 'years of life lost' which takes into account the age of each member of a population that died over a given time period. It shows 73 potential years of life are lost up to 75 years per 1,000 population in the city - a figure significantly higher than the

35 Central Statistics Office (2013). *Vital Statistics Fourth Quarter and Yearly Summary 2012*. Dublin: Stationery Office.
36 CSO. (2013). *Regional Population Projections 2016-2031*. Available: http://www.cso.ie/en/releasesandpublications/er/rpp/regionalpopulationprojections2016-2031/#.UzFv2Pl_trY.
37 Healthwell.info (2014)

State figure of 50.4 and the County figure of 45.9. This figure relates is a calculation that attempts to estimate premature deaths.

Infant Mortality

Infant mortality rates in the city stood at 3.5 deaths per 1,000 live births in Ireland in 2012. The infant mortality rate - defined as the number of infant deaths (one year of age or younger) per 1,000 live births - correlates strongly with, and is among the best indicator of, a country's level of health or development, and is a component of the physical quality of life index. The infant mortality rate in Ireland has declined in the past 10 years and most recently stood at 3.5 deaths per 1,000 live births.[38] Infant mortality rates in Cork City have not shown a consistent decline in the same period and did in fact almost double in 2010 to 6.1/1,000 from 3.5/1,000 in 2009. In 2012, this rate stood at 3.5/1,000.[39]

The Economic and Social Research Institute have published extensive statistics regarding perinatal mortality in 2012.[40] Nationally, Perinatal Mortality was 6.1 per 1,000. 66% of perinatal deaths are stillbirths and 70% of stillbirths are classified as being low birth weight. At 8.1, perinatal mortality is highest for mothers aged less than 25. The 25 to 29 year old cohort has the lowest perinatal mortality at 5.3. The lowest stillbirth rate was recorded for the 30 to 34 cohort at 3.3. Nationally, unemployed mothers experienced the highest perinatal mortality rates of 10.9 (per 1,000 live births and still births). Similar was true of unemployed fathers at 8.2. The lowest perinatal mortality rates for fathers were observed in the Employers and Managers and Higher Professional working groups at rates of 3.9 and 4.7 respectively.

38 Central Statistics Office (2013). *Vital Statistics Fourth Quarter and Yearly Summary 2012*. Dublin: Stationery Office.
39 Ibid.
40 ESRI. (2012). *Perinatal Statistics Report*. Available: http://www.esri.ie/__uuid/9495a3d4-7e97-4588-a1d3-c091fa1e7838/NPRS2012.pdf. p.11.

3. Economy

This chapter explores the economic characteristics of Cork City. Key topics addressed include: The Economic Recession and its associated impacts; the Principal Economic Status of its Residents, Industry of Employment, Occupational Groupings and Unemployment.

3. ECONOMY

In addition to its tangible economic benefits, employment - especially good employment (in terms of reasonable working hours, satisfactory working conditions and good income) - is important to provide people with the financial resources necessary to safeguard their family's health. In addition, having a job provides a vital link between the individual and society and enables people to contribute to society, while achieving personal fulfillment.[1] As such, employment is one of the most important determinants of both Health and Social Inclusion.

Cork City contains diverse prospects for employment, accommodating a range of different industries. Cork City Council conducted an Employment and Land Use Survey in 2011 which provides valuable insights into employment in the City.[2] In order of the number of persons employed (all employing more than 500 persons), the largest employers in the City as of 2011 were: Cork University Hospital, Apple, UCC, Boston Scientific, Cork City Council, Cork Institute of Technology, Bon Secours Hospital, Supervalu/Centra, Collin's Barracks, Mercy University Hospital, Blizzard International, South Infirmary Victoria University Hospital, Cork County Council and Bord Gais. 34% of overall employment is located in the City Centre, where large-scale employers include the City Council, Mercy University Hospital, HSE South Infirmary Victoria University Hospital, An Garda Síochána and Starwood Hotels and Resorts. Between 2006 and 2011 some large enterprises were either lost or relocated from the City Centre, such as Siemens and Beamish and Crawford and Revenue Commissioners (which relocated to Blackpool). In 2011, 900 respondents were asked how Cork City could be enhanced as a business environment. Their largest concern was accessibility (64%) i.e. parking, public transport and cycling related concerns.[3]

After emerging from a recession in the 1980s, Ireland's economy began to thrive. Employment grew exponentially until 2007 and average annual GDP growth was 6.3%.[4] Integral to Ireland's economic growth over this period was the housing boom which saw housing stock grow at an unprecedented rate.[5] As a result, the construction industry became critical to the success of the Irish economy, accounting for 13.3% of all employment by 2007.[6] Banks became exposed and vulnerable to changes in the construction/property market. By 2007, the 'bubble' had burst and the collapse of the construction industry was responsible for two thirds of job losses after 2007. House prices responded by falling approximately 50% from peak value.[7] The national economic recession of 2008 that followed the 'Celtic Tiger' boom is the single strongest influence on the changing nature of Cork City's economy since 2006. As will become evident throughout this Chapter, the effects of the economic crash and decimation of the construction sector are evident throughout Cork City.

3.1 Principal Economic Status

As shown in Figure 23, 42.3% of the population aged 15 or over in Cork City is classified as 'at work'. This is significantly lower than the national average of 50.1%, which is not entirely alarming when one considers the proportion of Retired persons (15%) and the proportion of Students (14.7%) in

1 Doyle, C, Kavanagh, P, Lavin, T, Metcalfe, O (2005). *Health Impacts of Employment: A Review*. Dublin: Institute of Public Health in Ireland.
2 Cork City Council. (2012). *Cork City Employment & Land Use Survey 2011 Summary Report – March 2012.* Available: http://www.corkCity.ie/services/strategicplanningeconomicdevelopment/strategicplanningeconomicdevelopmentnews/ELUS%20SPC%20Report%20-%20FINAL.pdf.
3 Ibid.
4 Whelan, K. (2013). *Ireland's Economic Crisis The Good, the Bad and the Ugly.* Available: http://www.ucd.ie/t4cms/WP13_06.pdf. p. 3.
5 Ibid., 6.
6 Ibid., 7.
7 Ibid., 8.

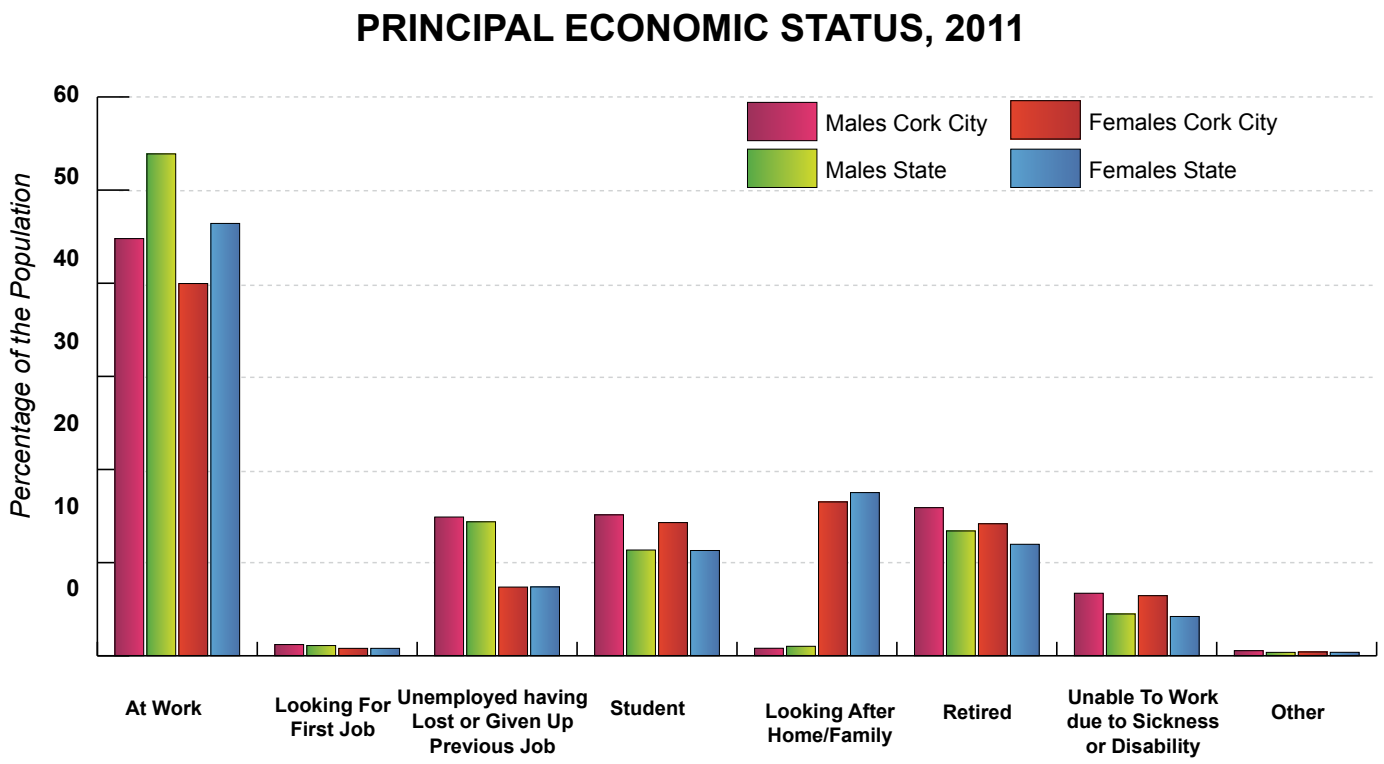

FIGURE 23. PRINCIPAL ECONOMIC STATUS OF RESIDENTS OF CORK CITY AND THE STATE BASED ON GENDER (SOURCE:CSO, 2011)

the City, both of which are over 2% greater (in absolute terms) than the State figures. This indicates that rather than economic circumstances being particularly different, the ageing nature of Cork City and its role as a university city are. At 40%, the proportion of females at work is significantly lower than males in the city (44.8% of men are employed).

RETIRED POPULATION (% OF THOSE AGED 15+)			
Highest (EDs)		*Lowest (EDs)*	
Fair Hill B	31.3	South Gate A	3.4
Glasheen C	25.9	Shanakiel	7.4
Montenotte B	25.6	Gillabbey A	7.6
Togher B	24.2	Centre A	7.8
Browningstown	24.1	Mahon B	7.8

TABLE 16. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF RETIRED PERSONS, 2011 (SOURCE: CSO, 2011)

Retired persons comprise the second greatest proportion of persons over the age of 15 (15%). This is a significantly greater proportion than the State as a whole. The high number of hospitals and nursing homes in the city, as well as its overall age profile, likely contribute to this being the case. The highest proportions of retired persons are in the Browningstown, Togher B, Montenotte B, Glasheen C and Fair Hill B Electoral Divisions (Table 16). These EDs are heterogeneous in composition, though Fairhill B and Togher B are comparatively disadvantaged, whereas Glasheen C, Montenotte B and Browningstown, with high levels of employment, are more affluent.

Students are the next greatest economic grouping of those aged over 15 (14.7% versus State total of 11.3%). This is attributable to Cork City's status as a university city and the location of Cork Institute of Technology and other educational institutions in the city. There is a greater proportion of males who are students than females (15.1% versus 14.3% in the city and 11.4% versus 11.3% in State) though the difference in raw numbers is negligible and in fact nationally, there are more female than males students - 207,635 women versus 201,203 men. The characteristics of Cork City in this regard have been extensively outlined in the Education Chapter of this report.

16.5% of women in Cork City and 17.5% of those State-wide are classified as Looking after the Home/Family. This compares with respective figures of 0.8% and 1% for males. The total proportion of persons in this category in the city is 8.8%, versus 9.4% in the State.

Figure 24 illustrates the distribution of the population aged 15 years or older that are classified as Looking after the Home/Family. There is an absence of these groups in the City Centre and around University College Cork, where children are less prevalent. The highest concentrations are to be found in the northside and in/around the Togher RAPID Area.

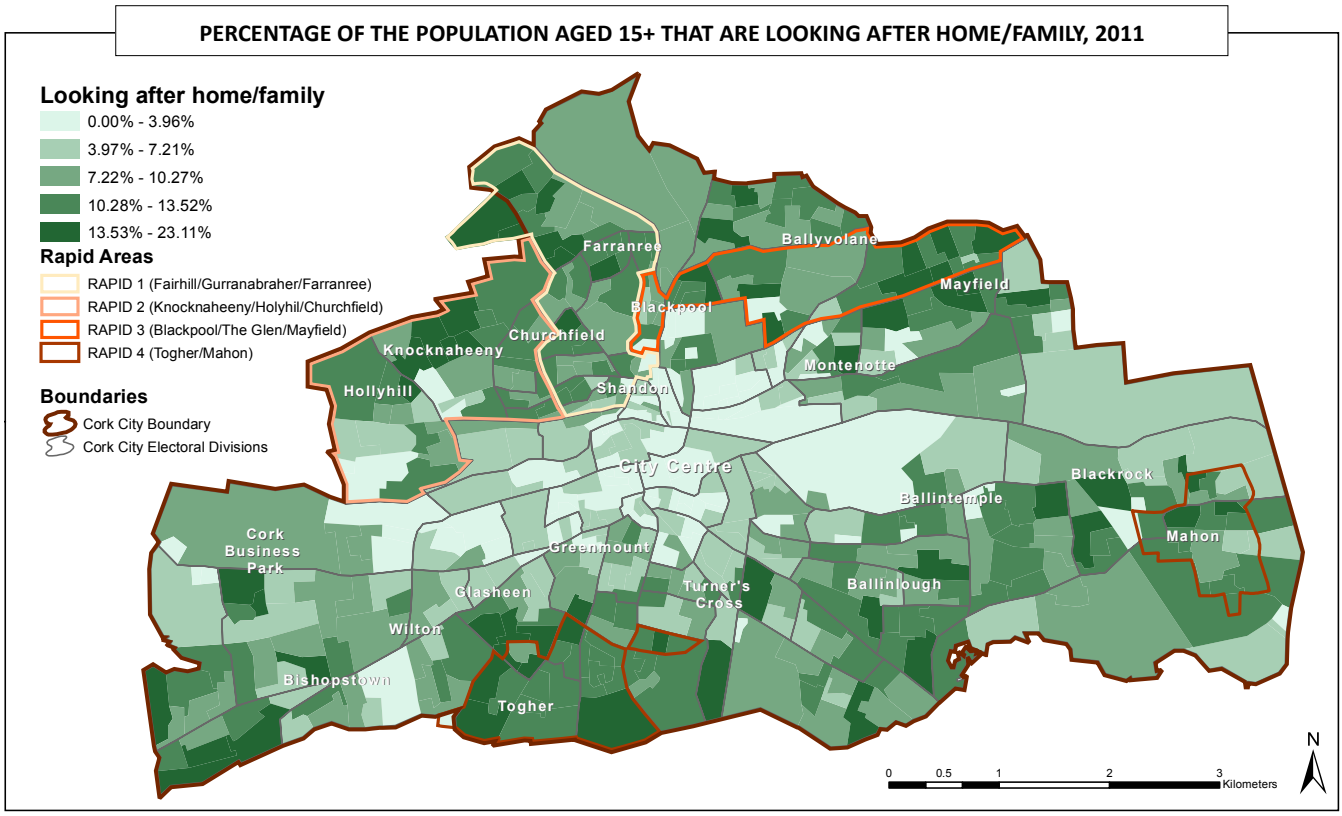

FIGURE 24. MAP OF THE POPULATION AGED 15 OR OLDER CLASSIFIED AS 'LOOKING AFTER THE HOME/FAMILY', 2011 (SOURCE: CSO/ORDNANCE SURVEY IRELAND)

LOOKING AFTER HOME/FAMILY (% OF THOSE AGED 15+)			
Highest (EDs)		*Lowest (EDs)*	
Mayfield	13.6	South Gate A	3.0
Fair Hill A	13.1	St. Patrick's B	3.2
Ballyphehane A	12.9	Centre A	3.2
Browningstown	12.8	Gillabbey C	3.3
Togher A	12.7	St. Patrick's A	3.4

TABLE 17. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS LOOKING AFTER THE HOME/FAMILY, 2011 (SOURCE: CSO, 2011)

The Electoral Divisions with the highest proportions of persons who are classified as Looking after the Home/Family are: Togher A, Browningstown, Ballyphehane A, Fairhill A and Mayfield (Table 17.) Mayfield, Togher A and Fair Hill A contain the characteristics typical of disadvantaged areas - low employment and educational attainment, as well as poorer health, higher proportions of non-professional social classes - and pertinent to this category - higher proportions of lone parents. The economic conditions in the other EDs are marginally more favourable.

6.6% of those over the age of 15 in Cork City are classified as unable to work due to a sickness or disability. Figure 25 illustrates the distribution of the population that are unable to work due to a sickness or disability. A comparison of the situation in 2006 to 2011 indicates that the spatial distribution of persons in this category has changed little over this period, notwithstanding the fact that the overall numbers have shown a large increase.

UNABLE TO WORK DUE TO SICKNESS OR DISABILITY (% OF THOSE AGED 15+)			
Highest (EDs)		*Lowest (EDs)*	
Knocknaheeny	13.8	Bishopstown A	1.0
Farranferris B	13.4	Glasheen B	1.4
Churchfield	12.6	Gillabbey C	1.5
Gurranebraher A	12.4	Mardyke	1.8
Gurranebraher C	12.2	Browningstown	2.5

TABLE 18. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS UNABLE TO WORK DUE TO SICKNESS OR DISABILITY, 2011 (SOURCE: CSO, 2011)

The Electoral Divisions with the highest proportions of persons unable to work due to sickness or disability are: Gurranebraher C, Gurranebraher A, Churchfield, Farranferris B and Knocknaheeny (Table 18), which all fall within disadvantaged RAPID Areas. Figure 25 further verifies the connection between disadvantage and inability to work due to sickness of disability.

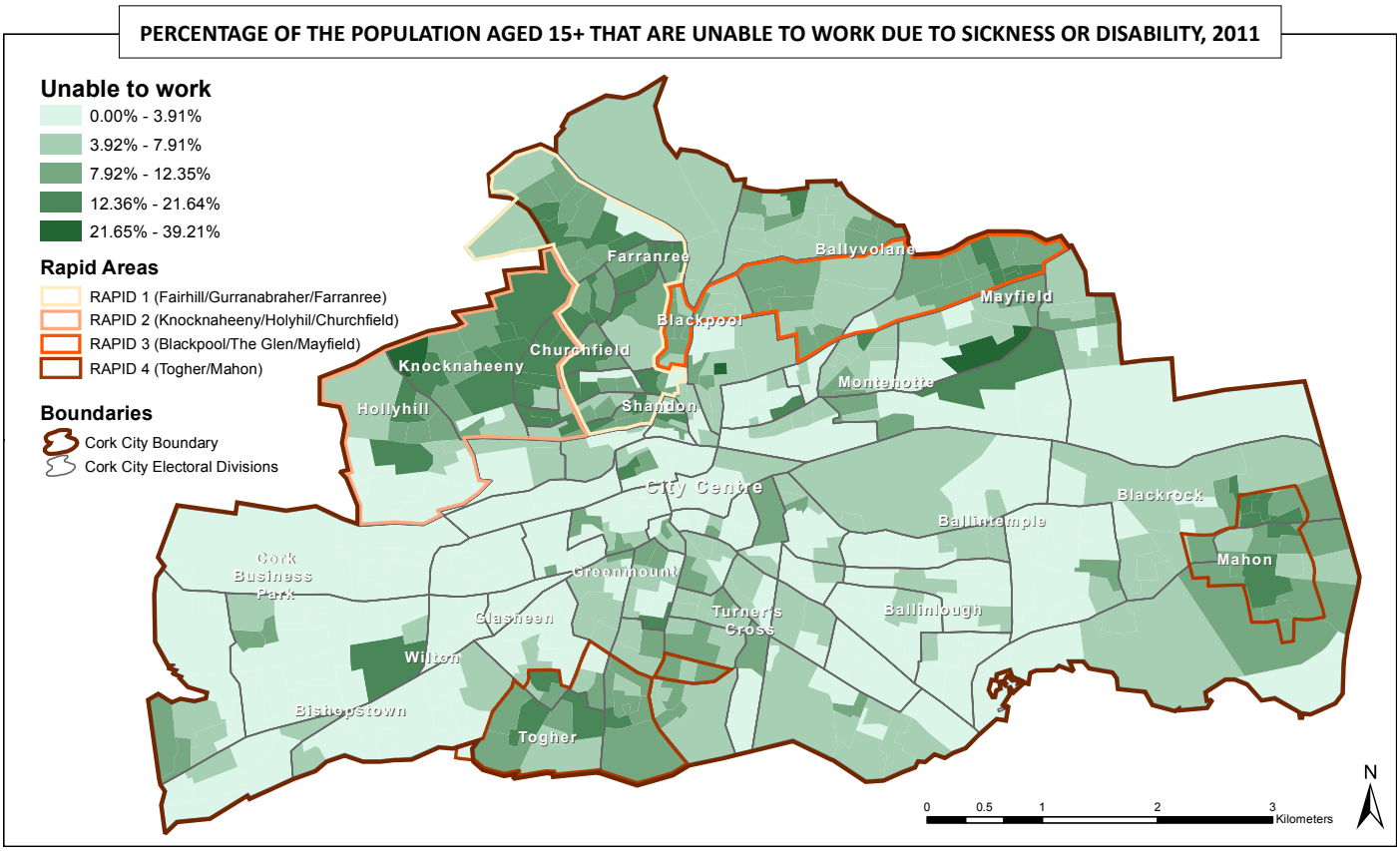

FIGURE 25. MAP OF THE POPULATION AGED 15 OR OVER CLASSIFIED AS UNABLE TO WORK DUE TO SICKNESS OR DISABILITY, 2011 (SOURCE: CSO/ORDNANCE SURVEY IRELAND)

3.2 Industry of Employment

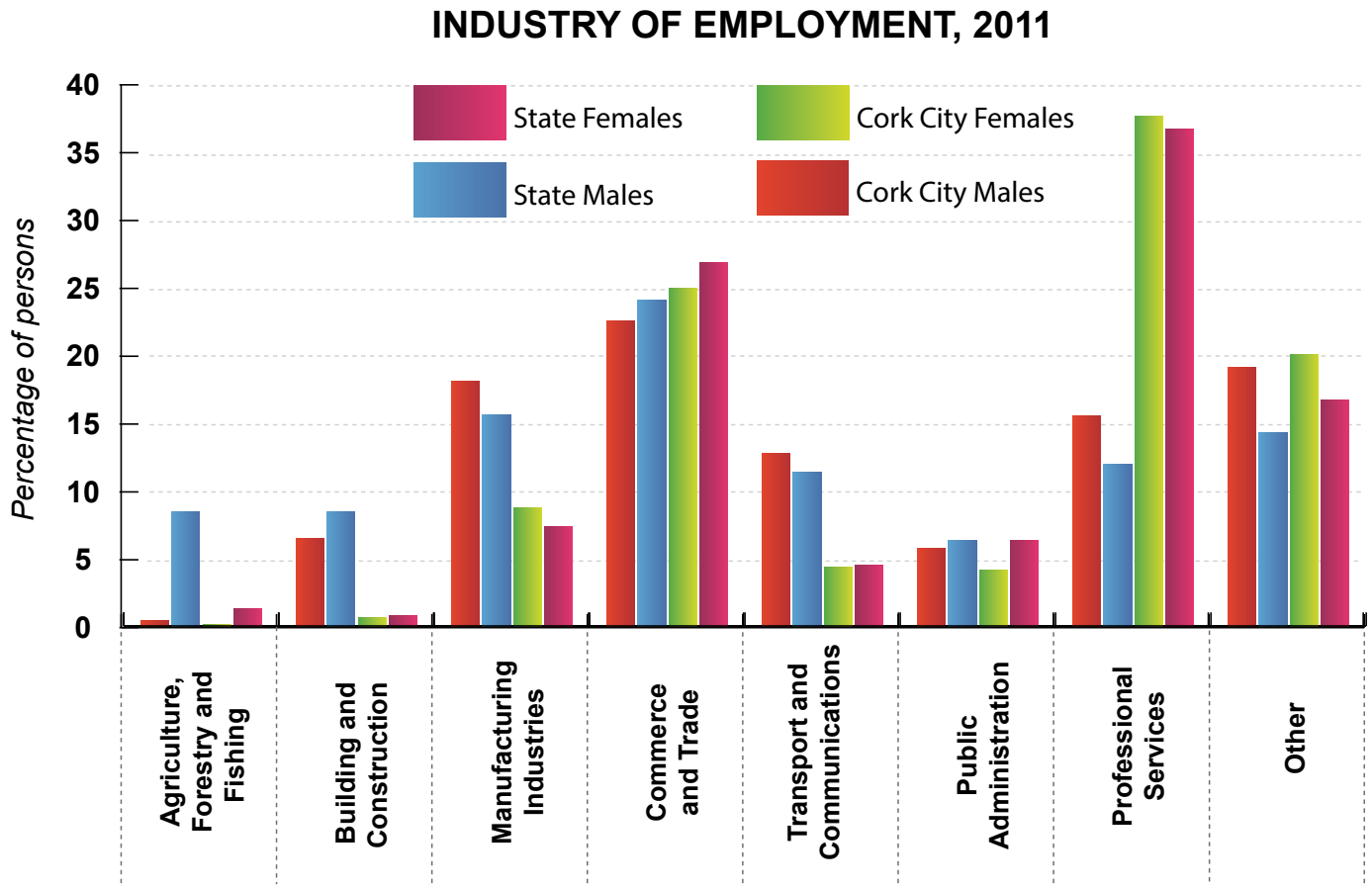

FIGURE 26. INDUSTRY OF EMPLOYMENT OF THOSE AT WORK IN CORK CITY AND THE STATE BASED ON GENDER (SOURCE: CSO, 2011)

Professional Services

The greatest proportion of persons employed in Cork City are engaged in Professional Services (26%), which is higher than the average State-wide (23.5%). Over double the proportion of women work in this industry compared to men. Figure 27 illustrates the distribution of the population working in professional services. There are high concentrations in the far west of the city, where Cork Business Park is located. These professions feature to a lesser extent in the City Centre and north side of the city. This group dominates employment in Cork City with levels exceeding the State average.

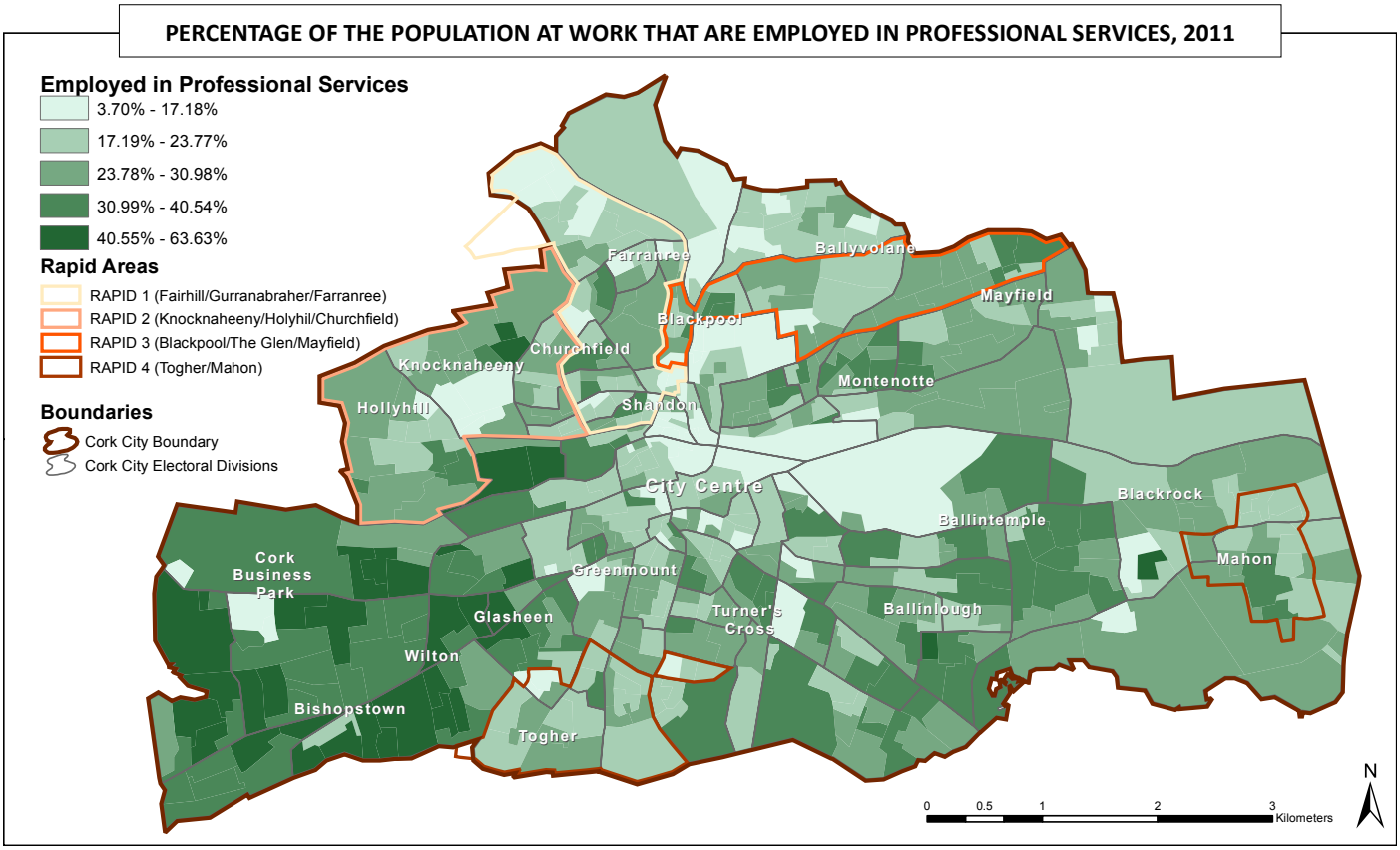

FIGURE 27. PERCENTAGE OF THE POPULATION AT WORK THAT ARE EMPLOYED IN PROFESSIONAL SERVICES, 2011 (SOURCE: CSO/ORDNANCE SURVEY IRELAND)

EMPLOYED IN PROFESSIONAL SERVICES (% OF THOSE AT WORK)			
Highest (EDs)		*Lowest (EDs)*	
Glasheen A	50.8	Shandon A	12.3
Sundays Well A	41.2	Centre A	15.2
Bishopstown D	41.5	Ballyphehane A	17.4
Bishopstown A	39.8	Shandon B	17.6
Bishopstown B	40.3	Commons	17.0

TABLE 19. EDS WITH THE HIGHEST PROPORTIONS OF PERSONS EMPLOYED IN PROFESSIONAL SERVICES, 2011 (SOURCE: CSO, 2011)

The EDs with the highest proportions of persons employed in professional services are: Glasheen A, Sunday's Well A, Bishopstown D, Bishopstown A and Bishopstown B (Table 19). Unsurprisingly, all of these EDs have low unemployment. They are conveniently located near large, professional employers such as hospitals, universities and Boston Scientific.

Commerce and Trade

Commerce and Trade (23.5%) is the industry that provides the second greatest proportion of employment in Cork City and also provides the most employment by a single industry in Ireland (25.2%). The ratio of males to females in this industry is relatively even, with females taking a slight lead at 24.8% versus 22.4%.

EDs with the highest proportions of persons engaged in Commerce and Trade are: Ballyphehane A, Tramore B, Ballyphehane B, Knockrea A and Mahon C (Table 20). The economic outlook of

EMPLOYED IN COMMERCE AND TRADE (% OF THOSE AT WORK)			
Highest (EDs)		*Lowest (EDs)*	
Ballyphehane A	32.3	Blackpool A	16.2
Tramore B	31.8	Shandon B	16.1
Ballyphehane B	30.4	Fair Hill B	16.8
Knockrea A	30.7	Centre B	17.0
Mahon C	30.3	Glasheen A	17.2

TABLE 20. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS EMPLOYED IN COMMERCE AND TRADE , 2011 (SOURCE: CSO, 2011)

these EDs is generally good, with a strong base of households in the Non-Manual category. Ballyphehane B stands out with lower levels of educational attainment and employment, which perhaps indicates the breadth of job diversity within Commerce and Trade (it ranges from retail to clerical and professional positions).

Manufacturing

Excluding the 'Other' category, Manufacturing is the third largest industry of employment in the city at 13.5% (State proportion is marginally lower at 11.6%). Proportionally over twice as many males as females work in this industry (18% versus 8.7% respectively). In Cork City, the Manufacturing industry has been resilient and weathered the recession well - it grew from 9% to 13% between 2006 and 2011.

Figure 28 shows that the highest concentrations of persons engaged in the Manufacturing industry are found throughout the northside of the city. Small areas with high concentrations can be found along a band running from the City Centre north towards Farranree, as well as in Holyhill. The distribution is quite scattered around the remainder of the city. The Electoral Divisions with the largest proportions of those

EMPLOYED IN MANUFACTURING INDUSTRIES (% OF THOSE AT WORK)			
Highest (EDs)		*Lowest (EDs)*	
Fair Hill B	21.2	Gillabbey B	6.3
Gurranebraher A	19.7	Evergreen	8.1
Shandon A	19.7	Browningstown	8.3
Togher B	19.5	Mardyke	8.4
Farranferris B	18.7	Glasheen B	9.0

TABLE 21. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS EMPLOYED IN MANUFACTURING INDUSTRIES, 2011 (SOURCE: CSO, 2011)

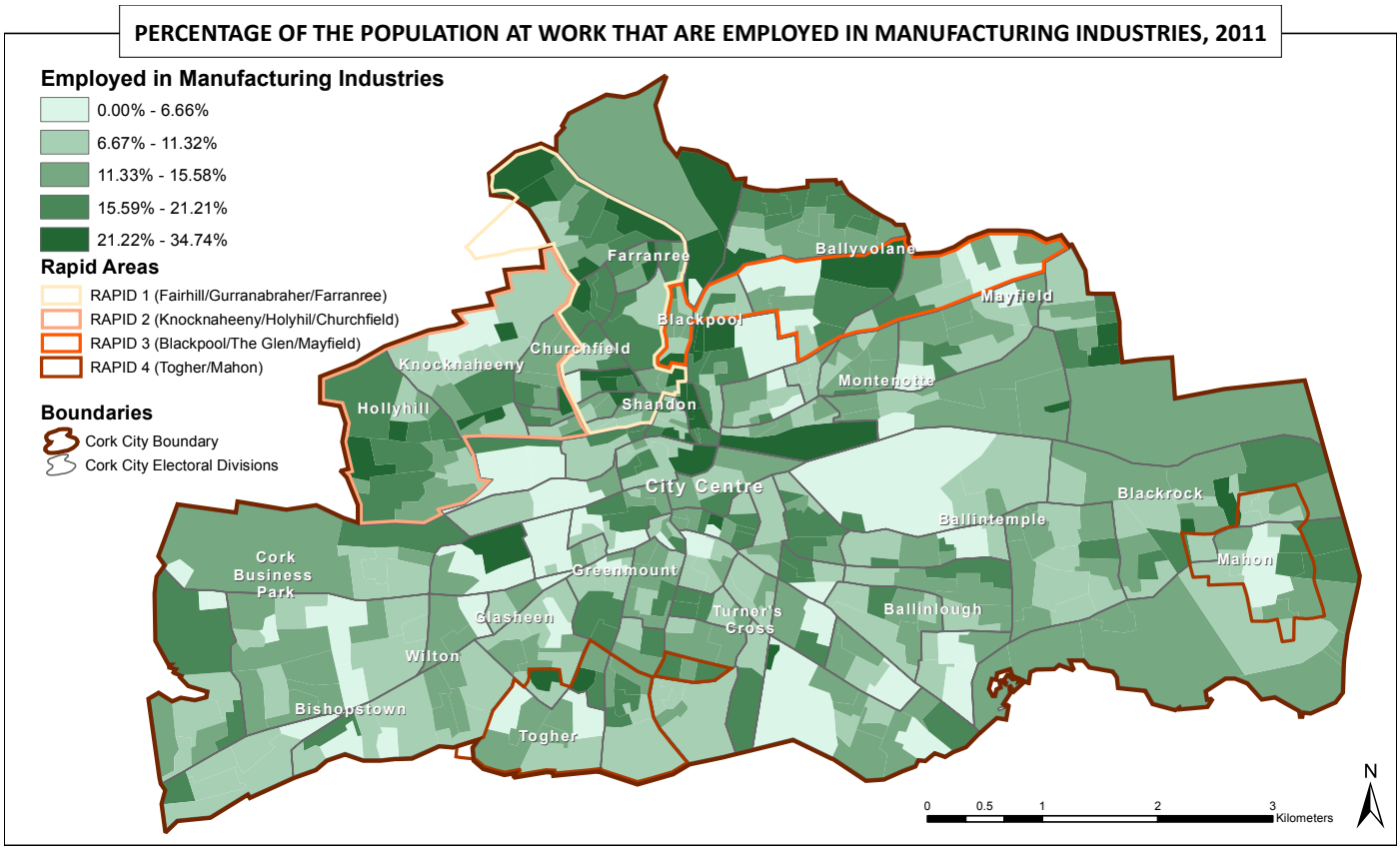

FIGURE 28. MAP OF THE POPULATION AT WORK THAT ARE EMPLOYED IN MANUFACTURING INDUSTRIES (SOURCE: CSO/ORDNANCE SURVEY IRELAND)

employed in manufacturing industries are; Fair Hill B, Gurranabraher A, Shandon A, Togher B and Farranferris B (Table 21).

Building and Construction

Building and Construction accounts for less employment in Cork City than nationally, at 3.6% versus 4.8%. This has been the case since 2002 as can be seen in Figure 29, which shows that growth in building and construction employment followed similar patterns to city, county and the State, before free-falling after 2006. The number employed in construction decreased by 55.8% nationally between 2006 and 2011.[8] As can be seen in Figure 29, Cork City follows similar patterns, having dropped from over 8% to less than 4%. The changes in the employment patterns of this sector in Cork City are reflective of the situation in Ireland and symbolic of the economic recession more generally. The unemployed from this sector are in many respects more vulnerable than those in other sectors. Tradespersons in this category have been left unemployed, with skills for which there is a reduced demand. As a result, it is reasonable to assume that this group are at particular risk of long-term unemployment. This has likely been a contributory factor in the disproportionate numbers of people emigrating from this group.[9]

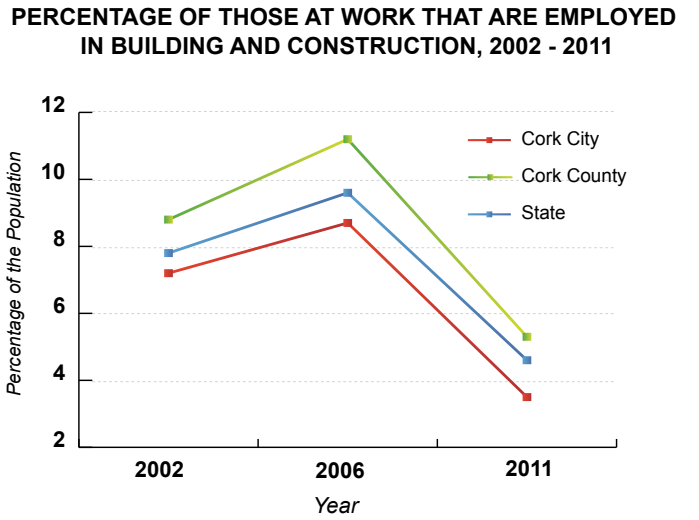

FIGURE 29. PERCENTAGE OF THOSE AT WORK THAT ARE EMPLOYED IN BUILDING AND CONSTRUCTION, 2002 - 2011 (SOURCE: CSO, 2011)

The Electoral Divisions with the highest proportions of persons employed in the Building or Construction sector are; Gurranabraher B, Pouladuff A, Fair Hill A, Knockrea B and Tramore B (Table 22). There is something of a dichotomy between these EDs, as Gurranabraher B, Pouladuff A and Fair Hill A contrast to Knockrea B and Tramore B in unemployment levels - the former have above average proportions of the unemployed. Gurranabraher B, due to having a large proportion of persons employed in Building and Construction, was hit hard by the collapse of the building industry. As of 2011, 59.9% less worked in this industry. The unemployed here, and in Pouladuff A and Fair Hill A, may be particularly vulnerable and find it difficult to find new employment. Economic circumstances are better in Knockrea B and Tramore B.

EMPLOYED IN BUILDING AND CONSTRUCTION (% OF THOSE AT WORK)			
Highest (EDs)		*Lowest (EDs)*	
Gurranebraher B	7.5	Centre A	1.3
Pouladuff A	6.9	Sundays Well B	1.5
Fair Hill A	6.5	Shandon A	16
Knockrea B	6.5	Centre B	1.7
Tramore B	5.8	Glasheen A	1.6

TABLE 22. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF EMPLOYED IN BUILDING AND CONSTRUCTION, 2011 (SOURCE: CSO, 2011)

Transport and Communications

Excluding the 'Other' category, Transport and Communications is the fourth most prominent occupational category in Cork City (8.7%). Electoral Divisions with the highest proportions of persons employed in Transport and Communication are: Shandon A, Commons, Turner's Cross D, Farranferris A and Blackpool

8 Central Statistics Office (2012). *This is Ireland Highlights from Census 2011, Part 2*. Dublin: Stationery Office.
9 Glynn, I, Kelly, T and MacÉinrí, P. (2013). *Irish Emigration in an Age of Austerity*. Available: http://static.rasset.ie/documents/news/emigration-in-an-age-of-austerity.pdf.

EMPLOYED IN TRANSPORT AND COMMUNICATIONS (% OF THOSE AT WORK)			
Highest (EDs)		*Lowest (EDs)*	
Shandon A	17.6	Mardyke	2.8
Commons	15.5	Glasheen A	4.1
Turners Cross D	14.8	Bishopstown A	4.7
Farranferris A	15.5	Bishopstown B	4.6
Blackpool A	12.0	Sundays Well B	5.3

TABLE 23. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS EMPLOYED IN TRANSPORT AND COMMUNICATIONS, 2011 (SOURCE: CSO, 2011)

A (Table 23). Reflecting the broadness of the category and the variety of jobs it encompasses, these EDs have diverse characteristics that range from varying degrees of disadvantage to affluence. Electoral Divisions with the lowest proportions of persons employed in this category are; Mardyke, Glasheen A, Bishopstown A, Bishopstown B and Sunday's Well B. The Professional Services category dominates in these EDs.

Public Administration

With local government, hospitals and universities being major employers in the city, it is unsurprising that there are significant numbers of persons employed in Public Administration (4.9% of those at work in the city). Nevertheless, the proportion still falls below the State average and is not the dominant profession in the city. The EDs with the highest proportions of persons working in Public Administration include: Turner's Cross C, Turner's Cross B, Blackpool B, Fair Hill A and Browningstown (Table 24). The EDs with lower proportions engaged in this sector are: Centre B, Gillabbey A, Shandon A, Mardyke and South Gate A.

EMPLOYED IN PUBLIC ADMINISTRATION (% OF THOSE AT WORK)			
Highest (EDs)		*Lowest (EDs)*	
Turners Cross C	9.3	Centre B	1.0
Turners Cross B	8.0	Gillabbey A	1.2
Blackpool B	8.7	Shandon A	1.5
Fair Hill A	8.2	Mardyke	1.4
Browningstown	7.8	South Gate A	2.1

TABLE 24. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS EMPLOYED IN PUBLIC ADMINISTRATION, 2011 (SOURCE: CSO, 2011)

3.3 Occupational Groupings

The greatest proportion of persons in Cork City are engaged in **Professional Occupations** (16.1%). At 18.7%, there is a greater proportion of females than males engaged in professional occupations (13.9%), which is logical when one considers the greater proportions of women graduating from college and the dominance of men in more manual positions.

Elementary occupations represent the next highest proportion in terms of job distribution (11.3%). These occupations are more prominent in Cork City than nationally, where the proportion is 9.2%. This occupation type encompasses jobs such as cleaners and labourers. A slightly greater proportion of men (11.6%) than women (10.8%) work in these occupations.

Sales and Customer Service is the third largest occupation type in the city (10.7%), which makes it a more popular occupation type than it is at a national level (7.1%). Nearly twice as many women than men occupy these roles.

Managers, Directors and Senior Officials are the least prominent occupations at 5.9%. Nationally, there is a greater prominence of occupations of this type (7.8%). A greater proportion of males (6.7%) than females (4.9%) occupy these roles in Cork City - a trend generally mirrored at a national level.

Figure 30 shows the distribution of occupations by nature of work in Cork City and the State broken down by gender.

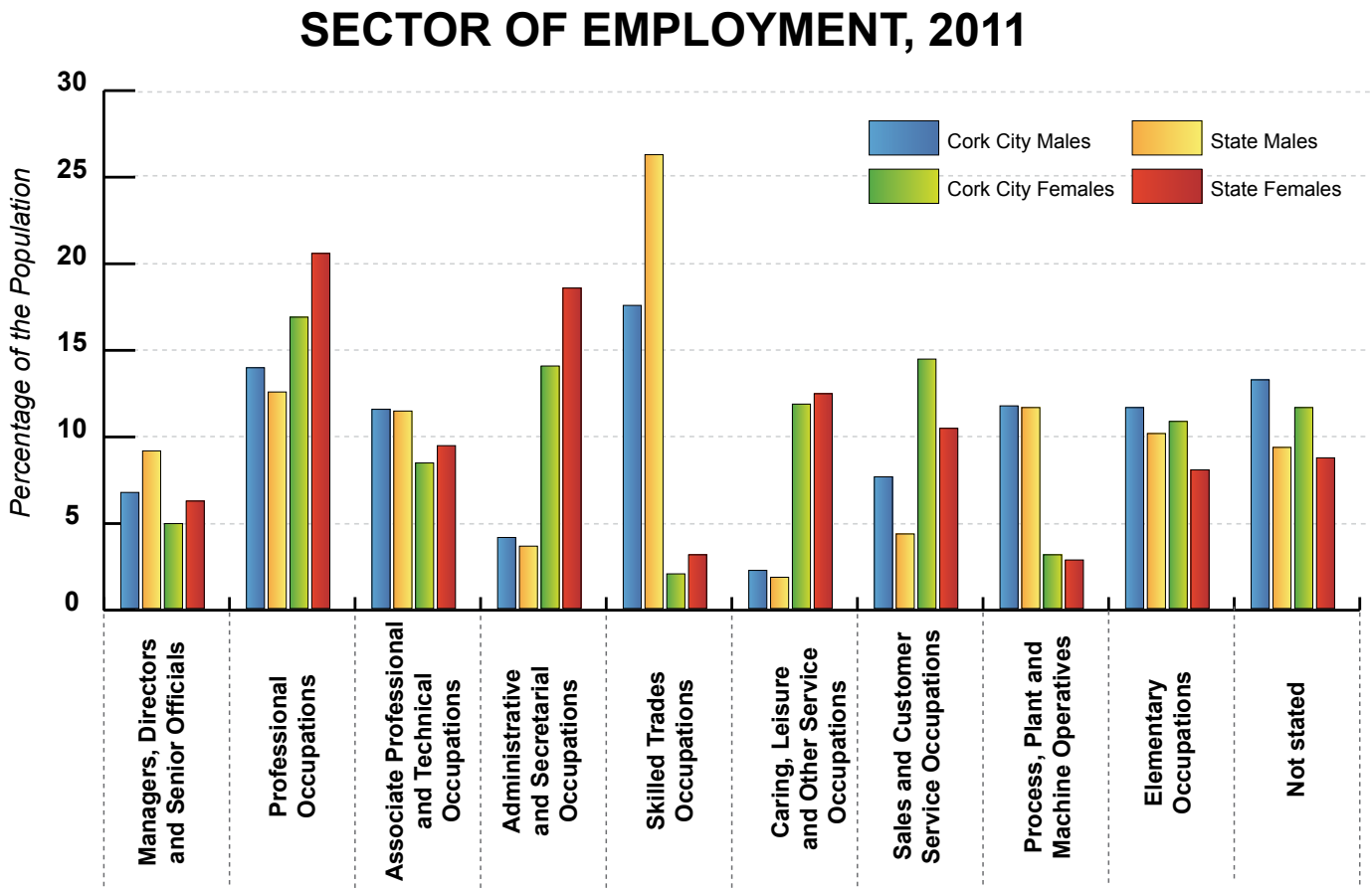

FIGURE 30. SECTOR OF EMPLOYMENT OF THOSE AT WORK IN CORK CITY AND THE STATE BASED ON GENDER (SOURCE: CSO, 2011)

3.4 Unemployment

In the context of both Health and Social Inclusion, unemployment is one of the most important factors to consider due to its strong inter-relationship with both.

Persons particularly vulnerable to exclusion from employment include travellers, those with poor English language proficiency, and those with a disability. These groups may face discrimination or practical handicaps (such as language skills in the case of asylum seekers), lack of support, accessibility or even legal prohibition (asylum seekers, contrary to international law, are not permitted to work in Ireland).[10] Bradshaw et al. note additional groups who were found to be at risk of 'non-employment' in Britain: single people without partners and lone parents, people with low qualifications and skills, people in their fifties and people living in areas where there is weak labour demand.[11]

The financial constraints associated with unemployment hamper the capacity to participate fully in social and economic activity. Unemployment and resultant financial stresses can also erode personal relationships and reduce social capital in the communities affected. The five Electoral Divisions in Cork City with the highest proportions of divorced/separated persons, for instance, are all high unemployment areas.

The United Nations Development Programme Croatia examined the consequences of long term unemployment and suggest critical effects on wellbeing such as declining standards of living, compounded by limited resources to find employment, which also limits a person's ability to

10 Irish National Organisation of the Unemployed. (n.d.). *Barriers to Employment Affecting Travellers, Refugees and Asylum Seekers and People with Disabilities.* Available: http://www.inou.ie/download/pdf/inou_briefing_paper_barriers_to_employment_dec_2003.pdf.

11 Baldwin, S, Bradshaw, J, Kemp, P, and Rowe, A. (2004). *The drivers of social exclusion Review of the literature for the Social Exclusion Unit in the Breaking the Cycle series*. Available: http://www.bris.ac.uk/poverty/downloads/keyofficialdocuments/Drivers%20of%20Social%20Exclusion.pdf. p. 29.

participate in social activities and access social and information networks that can help them find employment.[12] In their own study, they confirm that prolonged unemployment is a path to social exclusion and reduced probability of finding work. [13] They identify the most vulnerable groups as those over 45, people with inadequate education, the poor, the long-term unemployed and persons with impaired physical and mental health.[14]

It has been reported that unemployed people with no previous illnesses are more likely to die at a younger age than the general population.[15] In one study, the unemployed (with no previous illnesses) were found to be 37% more likely to die over a 10 year time-frame than the rest of the general population. [16] With long-term unemployment associated with socio-economic deprivation, those living in poverty die younger, have less healthy lifestyles and live in less healthy environments.[17] Chronic job insecurity, exacerbated by a greater exposure to poor quality jobs and a lack of control over working life can all have health implications, in particular amongst older and middle-aged workers.[18]

Unemployment can contribute to poor psychological states by removing structured time, social opportunity and status which can manifest in suicide, self-harm and depression. The magnitude of this influence is the subject of debate. In certain cases, mental illness can be biological in nature and disconnected from environmental factors such as the economy. Brendan Walsh contends that adverse economic circumstances are not a prominent factor in mental illness in Ireland and that there is a weak association between suicide and income per capita (while suicide rates rose at the beginning of the recent recession, they fell back in 2010).[19] While not necessarily strongly linked to the prevalence of severe mental disorders, lack of employment and poor working conditions are undoubtedly detrimental to the mental and physical health of the individuals affected, as well as those close to them. Findings that reinforce this outlined by Doyle et. al. include:

- Unemployed people have lower levels of psychological well-being, ranging from symptoms of depression and anxiety to self-harm and suicide.
- Unemployment may result in unhealthy behaviours such as smoking and alcohol consumption.
- The loss of ‘position’ or status and the loss of self-esteem are linked to depression.[20]

Prevalence of Unemployment

At the national level, unemployment more than doubled between 2006 and 2011. The overall unemployment rate for the State was 19% in 2011 and rates were higher for males (22.3%) than for females (15%). The proportion of persons aged 15 or older who are unemployed or looking for their first regular job in Cork City as of the 2011 was 12.1%, compared to 6.3% in 2006. They were highest for young people aged 20-24.[21] The unemployment rate for lone mothers was 24.8% compared to 12% for females with partners and children, whether married or unmarried. The unemployment rate

12 United Nations Development Programme Croatia. (2006). *Poverty, Unemployment and Social Exclusion*. Available: http://www.undp.hr/upload/file/104/52080/filename/Poverty,%20Unemployment%20and%20Social%20Exclusion.pdf.p.32.
13 Ibid., 37.
14 Ibid., 42.
15 Mathers & Schofield. (1998).
16 Doyle, C, Kavanagh, P, Lavin, T, Metcalfe, O (2005). *Health Impacts of Employment: A Review*. Dublin: Institute of Public Health in Ireland. p.6.
17 Marmot, M and Wilkinson, R. (2003). *Social Determinants of Health The Solid Facts*. Available: http://www.euro.who.int/__data/assets/pdf_file/0005/98438/e81384.pdf.]
18 Bartley, M. (1994). Unemployment and ill health: understanding the relationship. *Journal of Epidemiology and Community Health*. 48, 333-337.
19 Walsh, B. (2011). *Well-being and Economic Conditions in Ireland* . Available: http://www.ucd.ie/t4cms/WP11_27.pdf. p. 13.
20 Doyle, C, Kavanagh, P, Lavin, T, Metcalfe, O (2005). *Health Impacts of Employment: A Review.* Dublin: Institute of Public Health in Ireland. P.8.
21 Central Statistics Office (2012). *This is Ireland Highlights from Census 2011, Part 2*. Dublin: Stationery Office. p.15.

for lone fathers was 28.2% in contrast to 16.5% for fathers with partners.[22]

Live Register numbers are the only source of official information in relation to levels of people signing on at Social Welfare offices. The Live Register is not designed to measure unemployment. It includes part-time workers (those who work up to three days a week) and seasonal and casual workers entitled to Jobseeker's Benefit or allowance. However, the Live Register signals a continuation of the severe deterioration in the labour market conditions since the start of the year 2008 and is one indicator to identify current levels of unemployment. The official indicator in relation to unemployment is that given in the Quarterly National Household Survey, which does not give specific levels of unemployment for Cork City or County.

Table 25 gives the raw numbers of those on the Live Register in Cork City from 2008 to 2014 (in April of each year). The figures reach a high of 19,606 in April 2011. There are 3,603 less people signing on the live register in April 2014. In 2010, those aged under 25 years old comprised 19.2% of all those on the Live Register, whereas in April 2014 this figure was 14.6%. It should be noted that, although Live Register figures are a useful indicator of the health of the economy, they do not take into account emigration due to unemployment, as well as a number of other factors - one less person on the Live Register does not necessarily mean one more person employed.

PERSONS ON THE LIVE REGISTER IN CORK CITY							
	APRIL 2008	APRIL 2009	APRIL 2010	APRIL 2011	APRIL 2012	APRIL 2013	APRIL 2014
Total							
Under 25 years	1,969	3,626	3,733	3,586	3,251	2,684	2,332
25 years and over	7,000	13,166	15,707	16,020	15,767	15,014	13,671
All ages	8,969	16,792	19,440	19,606	19,018	17,698	16,003
Males							
Under 25 years	1,349	2,403	2,387	2,296	2,038	1,645	1,444
25 years and over	5,092	9,466	11,121	11,123	11,008	10,278	9,174
All ages	6,441	11,869	13,508	13,419	13,046	11,923	10,618
Females							
Under 25 years	620	1,223	1,346	1,290	1,213	1,039	888
25 years and over	1,908	3,700	4,586	4,897	4,759	4,736	4,497
All ages	2,528	4,923	5,932	6,187	5,972	5,775	5,385

TABLE 25. PERSONS ON LIVE REGISTER (NUMBER) BY SOCIAL WELFARE OFFICE, SEX AND AGE IN CORK CITY 2008-2014 (SOURCE: CSO LIVE REGISTER 2013)

As of 2011, Cork had the third lowest rates of labour force participation of all administrative counties. [23]Analysis of the unemployment rates in the 2011 Census indicates that the city still contains areas of high unemployment and this pattern has deteriorated since early 2008. The main indicators that would justify this statement are seen on the percentage of educational levels and the nature of the labour force skills and professions (with higher percentages of manual and manual skilled labour force) in the areas that already suffered high unemployment. The distribution of employment in the city is uneven, and unemployment amongst certain groups, such as men and women aged over twenty five has increased by almost 300% from 2007 to 2013.[24]

In terms of the age profile of those currently unemployed (excluding first time job seekers), the greatest proportion are aged between twenty five and thirty five (constituting 26.6% of all those

22 Ibid., 16.
23 There are a total of 34 'Administrative Counties' in the Republic of Ireland. Some cities, including Cork City are classified as their own administrative counties.
24 Source: CSO Live Register, 2013.

unemployed).

Two sectors in the City experienced 2% increases in total employment since 2006 - the North East (which contains a retail park and large employers such as the Defence Forces, Blizzard International, Revenue Commissioners, St. Patrick's Hospital and Marriott Global Reservation Sales) and North West (which contains Apple, Eircom, St. Mary's Orthopaedic Hospital, Cope Foundation and Supervalu).[25]

The proportion of persons aged 15 or older who are unemployed or looking for their first regular job in Cork City as of the 2011 was 12.1%, which is marginally higher than the national figure of 11.8%. Figure 31 illustrates the distribution of unemployment within Cork City. Clear clusters of unemployed persons are evident within each RAPID area, being over 25% in many small areas. There are also a significant number of small areas close to the City Centre where unemployment is between 12 and 18 percent. A comparison with the situation in 2006 indicates that the overall distribution of unemployment levels in the city has remained similar - even though there have been large increases in the levels of unemployment, the relative differences between areas remains similar.

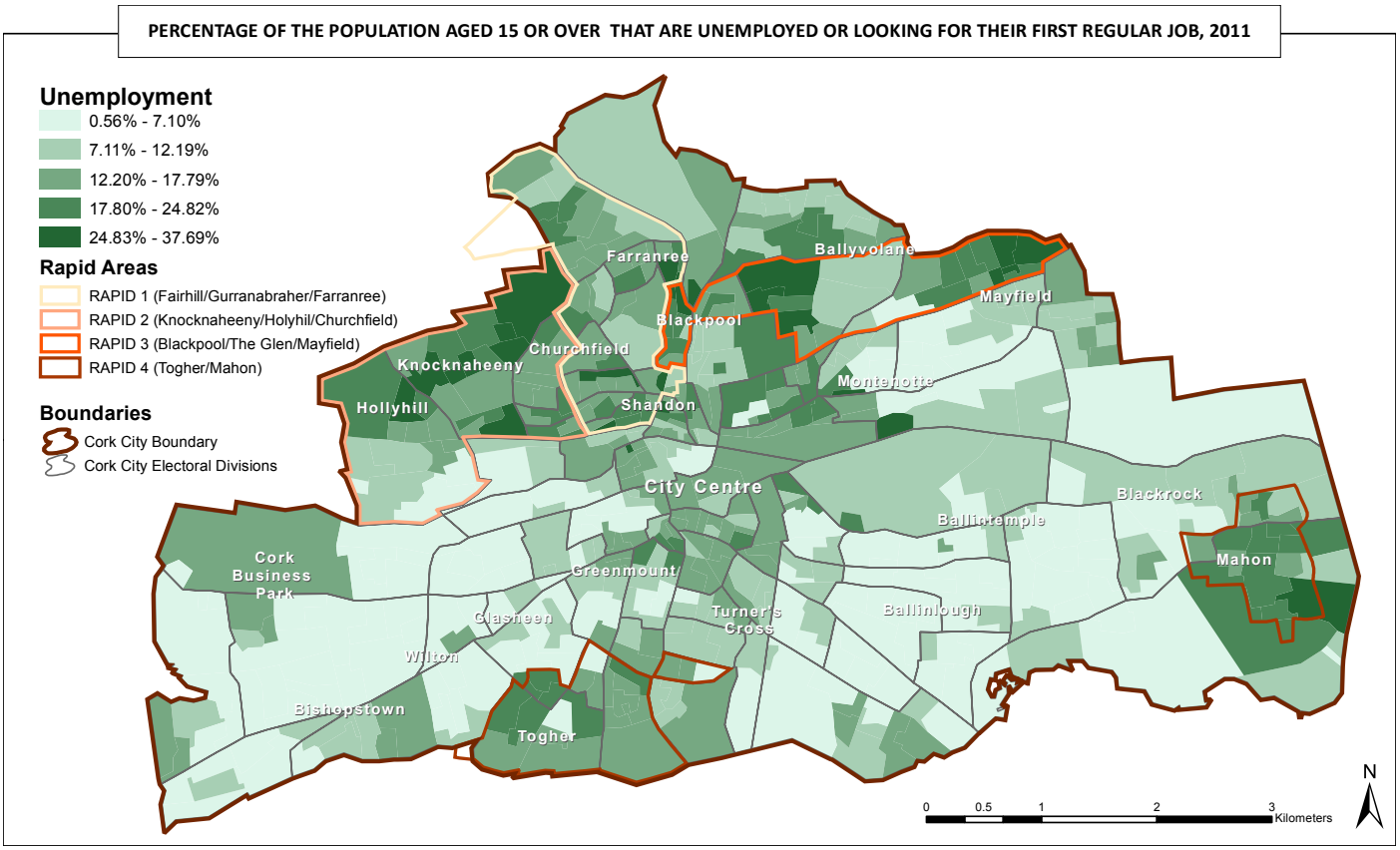

FIGURE 31. MAP OF THE POPULATION AGED 15 OR OLDER THAT ARE UNEMPLOYED OR LOOKING FOR THEIR FIRST REGULAR JOB, 2011 (SOURCE: CSO/ ORDNANCE SURVEY IRELAND)

The Electoral Divisions with the highest proportions of unemployed persons are: Knocknaheeny, The Glen A, Farranferris A, Gurranabraher C, and Mayfield (Table 26). These EDs are within RAPID areas and are characterised by high proportions of social housing, low educational attainment, and large families with multiple children (with the exception of Gurranabraher C, where there is a particularly aged population). The proportions of lone parents in these EDs is also high, and these households may face particularly daunting challenges, with even more constrained

25 Cork City Council. (2012). *Cork City Employment & Land Use Survey 2011 Summary Report – March 2012*. Available: http://www.corkCity.ie/services/strategicplanningeconomicdevelopment/strategicplanningeconomicdevelopmentnews/ELUS%20SPC%20Report%20-%20FINAL.pdf.

UNEMPLOYED OR LOOKING FOR FIRST REGULAR JOB (% OF THOSE AGED 15+)			
Highest (EDs)		*Lowest (EDs)*	
Knocknaheeny	23.8	Gillabbey C	3.0
The Glen A	23.0	Browningstown	4.3
Farranferris A	20.6	Bishopstown A	4.4
Gurranebraher C	20.2	Tramore B	4.5
Mayfield	19.5	Tramore A	4.8

TABLE 26. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS UNEMPLOYED OR LOOKING FOR THEIR FIRST REGULAR JOB, 2011 (SOURCE: CSO, 2011)

finances and limited opportunities for finding employment and upskilling for more lucrative employment. The risks of intergenerational transmission of deprivation may be acute in these EDs due to the lack of resources parents may have in investing in their children's social and economic development. Self reported poor health is above average in each ED, which could be both a cause and effect of low employment levels.

The Electoral Divisions with the lowest proportions of unemployed persons are: Gillabbey C, Browningstown, Bishopstown A, Tramore B and Tramore A. These EDs have higher levels of educational attainment. The more educated constituents of these EDs are likely to be more resilient to job loss, both in terms of being less vulnerable to becoming unemployed (at least for protracted periods of time) and perhaps have greater financial resources to maintain a healthy lifestyle until new opportunities become available to them. Gillabbey C and Bishopstown A EDs are within comfortable travelling distance of large, professional centres of employment such as CUH, UCC, CIT, Bon Secours and Boston Scientific. The concentration of large-scale professional working environments are somewhat more distant from Tramore A, Tramore B and Browningstown though access to centres in the Southeast, such as the Central Statistics Office, Project Management Ltd., St. Finbarr's Hospital, RCI and McAfee's should be relatively accessible, particularly for car owners.

Youth Unemployment

As of April 2014 there were 16,003 persons on the Live Register in Cork City, 2,332 of whom were under the age of 25 (representing a proportion of 14.6% of all persons on the Live Register). 1,444 (61.9%) of this number were males and 888 (38.1%) were females. The number of persons aged under 25 on the Live Register was 18.4% higher in April 2014 than April 2008, though note that this does not represent linear growth; viewing Table 25 shows that numbers have been in decline after hitting a peak (relative to all points in time observed) of 3,733 (an 89.6% increase from April 2008) in April 2010.

Nationally, unemployment rates for the 15-24 age cohort have been significant; the CSO recorded an unemployment rate of 39% for this cohort based on Census 2011 data -- rising to 45% for males only and decreasing to 32% for females only.[26] In comparison, the corresponding figure for the general population was 19%.[27]

Nationally, the unemployment rate for this cohort at Q3 2013 was 26.5%.[28]

The Report Youth Unemployment in Ireland conveyed the experiences of 150 young people who participated in the study. In the report it was found that the key concern among young people was a lack of work-place experience, which was a concern that ranked above "poor or limited

26 CSO (2012). Profile 3 At Work. Dublin: Stationery Office.
27 ibid., p.23
28 See Oireachtas Library & Research Service. (2013). Responding to Youth Unemployment in Europe. Available: http://www.oireachtas.ie/parliament/media/housesoftheoireachtas/libraryresearch/spotlights/Responding_to_Youth_Unemployment_in_Europe.pdf. p.2. and CSO. (2013). Quarterly National Household Survey Quarter 3 2013. Available: http://www.cso.ie/en/media/csoie/releasespublications/documents/labourmarket/2013/qnhs_q32013.pdf.

education, undeveloped skills, intense job competition, low motivation for finding a job , [and] limited commitment to the job search....”[29]

Other issues identified were:

- Shortages of training and education places --for the 2010/2011 academic year there were for instance three applicants for every one PLC place.[30]
- Insecurities regarding the depth and quality of jobseekers’ CV -- again the lack of professional experience was perceived as a weakness.[31]
- The high level competition in the job market -- young job seekers felt at a disadvantage due to the high number of applicants pursuing positions and felt that it was a buyer’s market. The requirement of advanced qualifications and professional experience of one to two years represented an insurmountable hurdle in acquiring interviews.[32]

29 O’Connor, H. (2010). Youth Unemployment in Ireland. p.22. Available: http://www.youth.ie/sites/youth.ie/files/Youth_Unemployment_in_Ireland_web.pdf. p.28.
30 ibid., p.29
31 ibid., p.38
32 ibid.

4. Education and Skills

This chapter explores the theme of Education and Skills in Cork City under three main headings: ‘Primary Level Education and Early School Leaving’, ‘Second Level Education and Skills’ and ‘Third Level Education’. The connections between social inclusion, health and education are also explored.

4. EDUCATION AND SKILLS

4.1 Introduction to Education in Cork City

As a large metropolitan area, Cork City contains a large number of educational facilities and students. The city contains 51 National Schools, 18 Secondary, 6 Vocational Schools, 3 Community and 1 Comprehensive School.[1] Figure 32 shows the distribution of Primary and Secondary schools in Cork City, based on the total number of students. The size of each dot represents the number of students at each institution. Cork City's largest Primary Schools include: Scoil Naomh Antoine boys' school in Ballinlough (~800 Pupils), Scoil Oilbheir in Ballyvolane (~800 Pupils) and Scoil Naomh Bríd in Ballinlough (~600 Pupils). Its largest secondary schools include Christ the King Girls' Secondary School on the South Douglas Road (>1000 pupils), Christian Brother's College on Wellington Road (~ 800 pupils) and Mount Mercy College on the Model Farm Road (~720 pupils). Cork College of Commerce on Morrison's Island, St. John's Central College on Sawmill Street and Coláiste Stiofán Naofa on the Tramore Road all have large numbers of pupils, however, these numbers include a substantial non-secondary school contingent. Pupil/teacher ratios, the ratio of students with special needs to other students (in mainstream schools) and truancy levels in Cork City are all lower than national averages.[2]

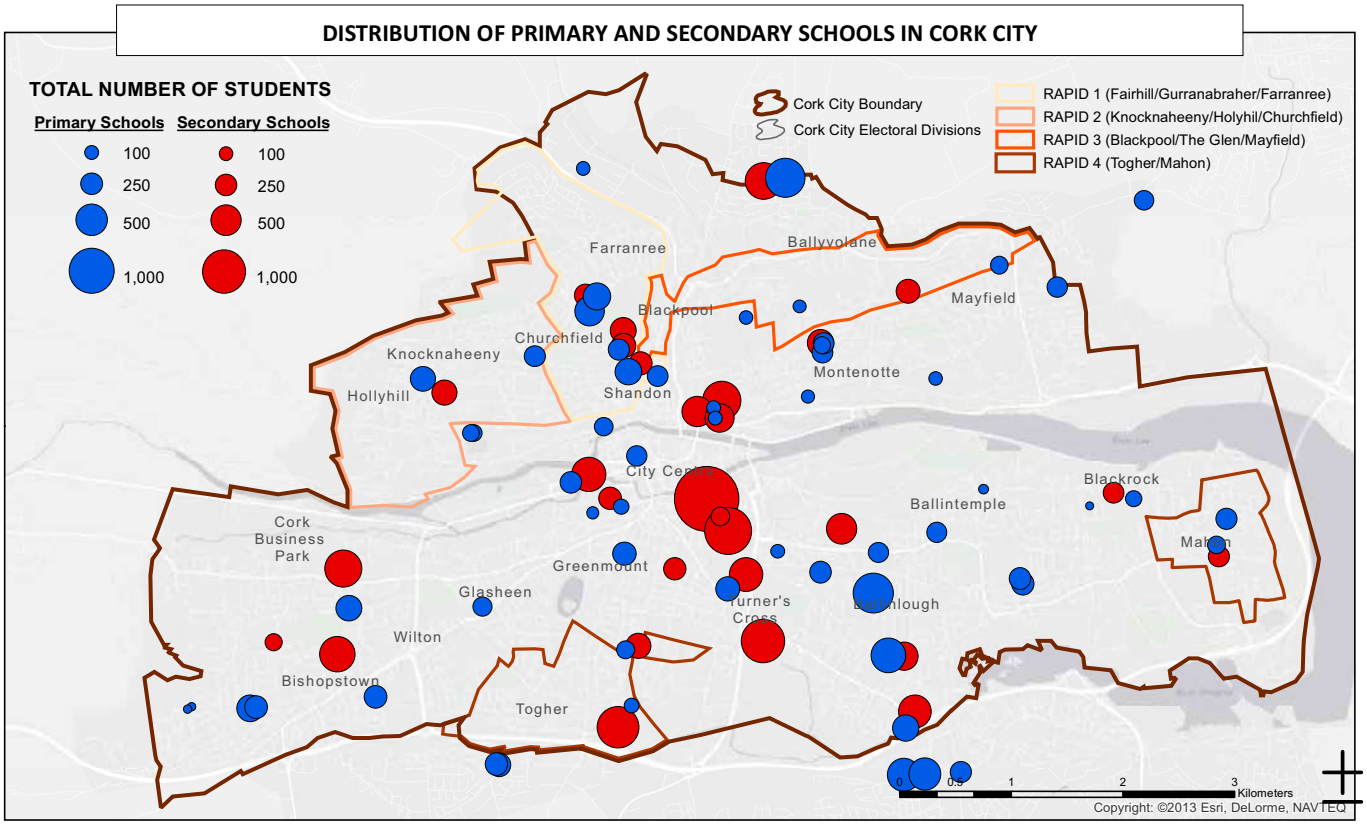

FIGURE 32. DISTRIBUTION OF PRIMARY AND SECONDARY SCHOOLS IN CORK CITY BASED ON TOTAL NUMBER OF STUDENTS, (SOURCE: CORK CITY COUNCIL, 2014)

Cork City is a centre of academic and educational achievement due to the presence of University College Cork and Cork Institute of Technology, as well as a variety of other institutions. The university was recently ranked in the 276-300 band in Times Higher Education World Rankings.[3]

1 Department of Education and Skills. (n.d.). *Annual Statistical Report 2012-2013.* Available: http://www.education.ie/en/Publications/Statistics/Statistical-Reports/. NOTE: Comprehensive Schools are Post Primary schools that are managed by Boards of Management and have varying compositions. Vocational Schools are Post Primary schools that were established by the state and are managed by Education and Training Boards.

2 See IPH. (2013) *Pupil teacher ratio RoI 2011/12.* Available: http://www.thehealthwell.info/node/286674, Department of Education and Skills. (2013) *Rate Special Needs pupils in Mainstream Schools, 2011-12.* Available: http://www.thehealthwell.info/node/461884 and DES. (2013) *Pct post-primary pupils/school absent 20+days, RoI 2009/10.* Available: http://www.thehealthwell.info/node/475584 and DES. (2013) Pct primary pupils/school absent 20+days, RoI 2009/10. Available from: http://www.thehealthwell.info/node/475582.

3 Times Higher Education. (2013). *World University Rankings 2013-2014.* Available: http://www.timeshighereducation.co.uk/world-university-rankings/2013-14/world-ranking.

The number of students attending these universities represents a significant proportion of Cork City's total population; Cork Institute of Technology hosts approximately 12,000 students (both part-time and full-time)[4] and University College Cork hosts approximately 19,000 students.[5] Figure 33 illustrates the distribution of Further Education Institutions/buildings in Cork City. University College Cork can be seen as a dominant influence directly southwest of the City Centre, while Cork Institute of Technology is clustered in the far west of the City. Institutions and buildings not connected to UCC and CIT have a greater tendency to be located in the City Centre.

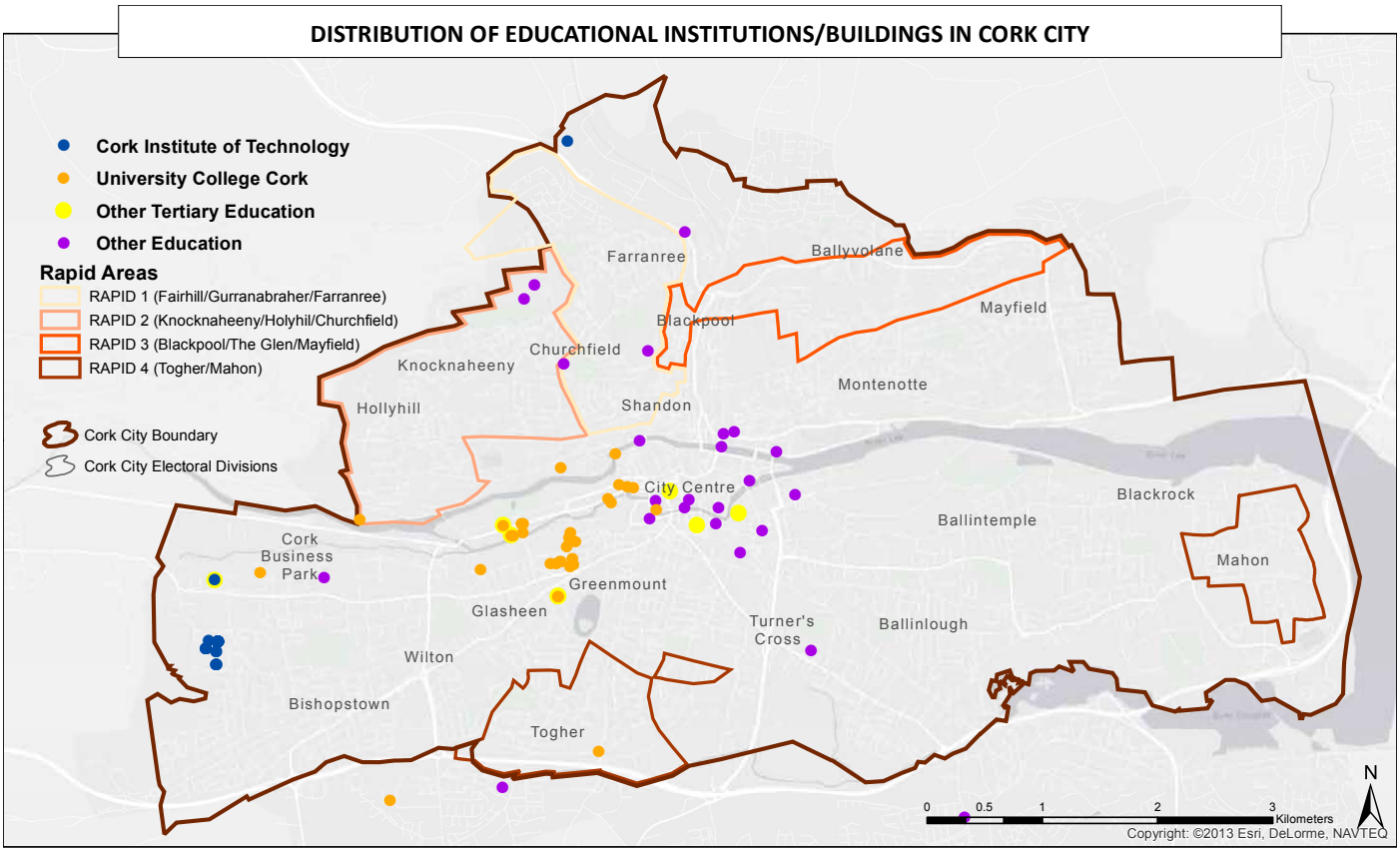

FIGURE 33. DISTRIBUTION OF FURTHER EDUCATION INSTITUTIONS/BUILDINGS IN CORK CITY (SOURCE: CORK CITY COUNCIL, 2014)

Figure 34 on the next page gives an overall profile of education levels in Cork City, the components of which will be explored in greater depth in the subsequent sections.

4.2 Educational Attainment, Social Inclusion and Health

Social Inclusion

Education attainment can act as a doorway to a better quality of life. Those from disadvantaged socio-economic backgrounds face challenges in the educational system and early education cessation occurs with greater frequency among these groups.

In relation to the causes of this poor educational attainment, poor health, as will be examined, can result in poor educational performance and it is correlated with poor housing and low income, both of which contribute to higher incidence of poor health.[6] Family composition also plays a role; lone parenthood, in combination with other factors like low income, can contribute to poor educational outcomes.[7] Disruption in the family household also has a detrimental effect on educational performance. With marital breakdown being more prevalent in lower educated households, the

4 Cork Institute of Technology. (n.d.). *Fact and Figures*. Available: http://www.cit.ie/aboutcit/factsandfigures/.
5 Education Ireland. (n.d.). University College Cork (UCC). Available: http://www.educationinireland.com/en/where-can-i-study-/view-all-universities-colleges/university-college-cork-ucc-profile.html.
6 Sparkes, J. (1999). *Schools, Education and Social Exclusion*. Available: http://eprints.lse.ac.uk/6482/1/Schools,_Education_and_Social_Exclusion.pdf. p.13.
7 Ibid., 17.

effects can be compounded.[8]

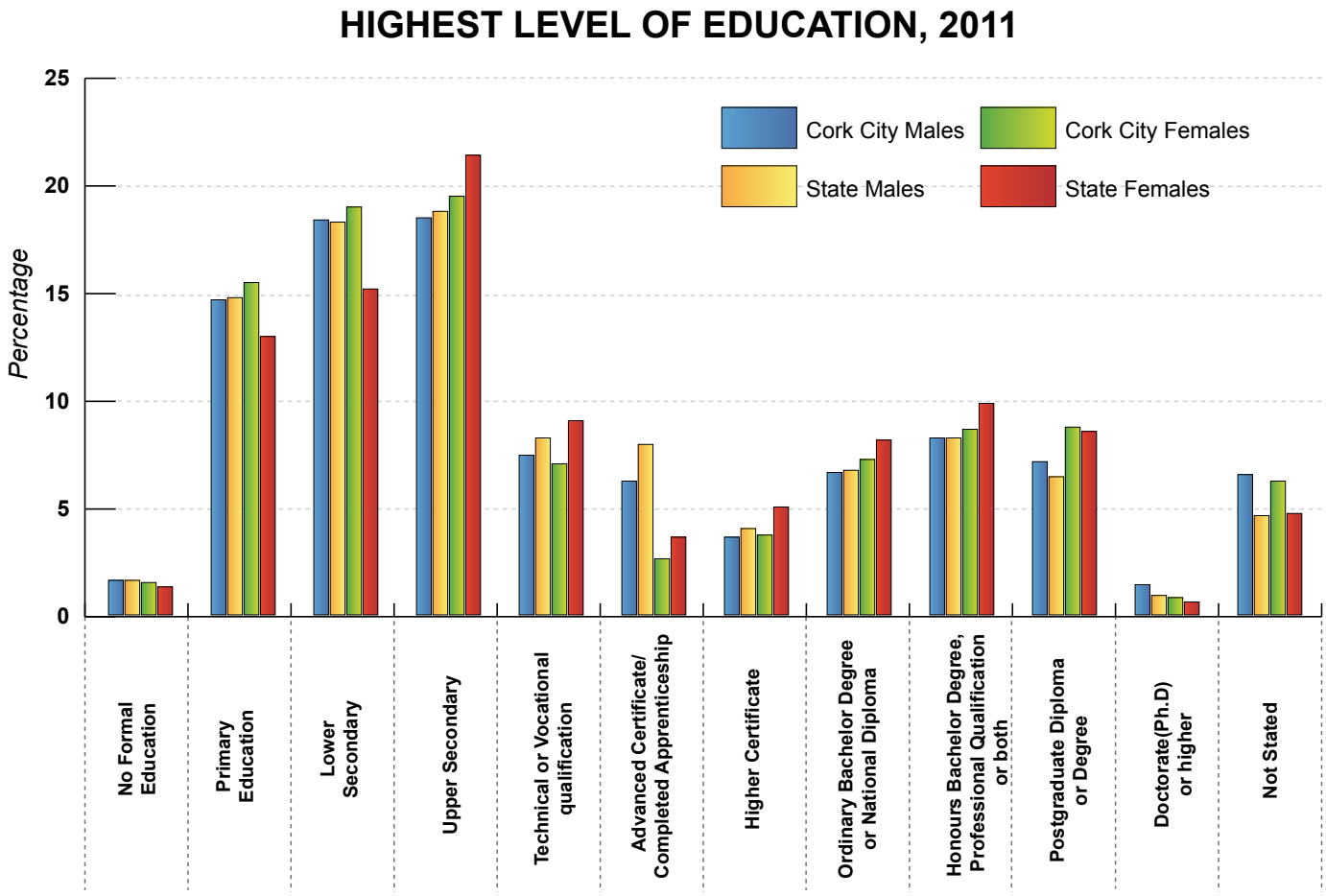

FIGURE 34. HIGHEST LEVEL OF EDUCATION OF RESIDENTS OF CORK CITY AND THE STATE BASED ON GENDER (SOURCE:CSO, 2011)

Parental education is an important determinant of the educational attainment. At national level, 20 year olds with two parents educated to a tertiary level were recorded by the CSO as having an 89% chance of continuing education compared to 44.6% of persons whose parents did not have tertiary qualifications and 68% for those whose parents were educated to upper-secondary level only.[9] This was the case for 92% if both parents hold an Honours Bachelor Degree and 94% if both parents hold a postgraduate degree. In these cases, the father's level of education was found to be a stronger determinant.[10] The number of students in tertiary education with parents not educated beyond primary level is an acutely low 608 - educational attainment has a strong intergenerational component.

Much literature also indicates that education builds social capital (defined as "shared norms or values that promote social cooperation, instantiated in actual social relationships"); therefore it can harness community cooperation and positive social experiences.[11] The OECD suggests that people with similar levels of education typically live and work together and their environments tend to have lower incidence of crime and anti-social behaviour. They suggest that in environments where lower educational attainment is more prominent, the opposite is true.[12] Similarly, citing research conducted by the Educational Research Centre, the Department of Education and Science note there is strong

8 Central Statistics Office (2012). *Profile 5 Households and Families.* Dublin: Stationery Office. p. 41-42.
9 Central Statistics Office (2012). *Profile 9 What We Know*. Dublin: Stationery Office. p. 22.
10 Ibid.
11 Fukuyama, F. (1992) The End of History and the Last Man, London, Penguin. p. 27
12 Organisation for Co-operation and Economic Development. (2009).*Education at a Glance 2009*. Available: http://www.oecd.org/education/skills-beyond-school/43636332.pdf. p. 172-173

evidence that, in the school environment, multiplier effects manifest themselves where there are large concentrations of persons from disadvantaged backgrounds, perpetuating disadvantage.[13] Corroborating this, O'Higgins et al. note that schools in known disadvantaged areas attain poorer educational outcomes than the State average--up to 30% of students in disadvantaged primary schools had literacy problems.[14]

Low educational attainment also contributes to exclusion from democratic processes. O' Higgins et al. highlight the importance of education in promoting civic participation, theorising that more educated people are likely to take an interest in politics and voting.[15]The OECD also explore the issue of education and civic and political education, noting that the relationship between education and political interest is positive, stating:

> "Education can directly increase civic and political engagement by providing relevant information and experience, and by developing competencies, values, attitudes, and beliefs that encourage civic participation."[16]

Health

Education can contribute positively to health outcomes. Literature shows that those with higher levels of education consistently have better self-reported health conditions. With the higher levels of education and employment opportunities that it provides, people will have more resources at their disposal for adequate housing, food and medical expenses. Winter-Ebmer found those with higher levels of education to be more likely to have health insurance.[17] The OECD suggests that education can aid health by allowing people to choose healthier lifestyles, avoid dangerous jobs and avoid the stress of poverty.[18] In Petter Lunborg's report on the health returns of education, he found strong positive associations between health and education. He found reduced incidence of chronic conditions with greater educational attainment, and more engagement in physical exercise.[19] Winter-Ebmer et al. report that one additional year of education reduces self-reported poor health by 7.1% in females and 3.1% in males.[20]

An individual's level of educational achievement often influences his/her job prospects, future income and social status. As such, it can inhibit or promote the ability of people to exert more control over their own lives and their future health. At an individual level, the knowledge, personal and social skills provided through education can better equip individuals to access and use information and services to maintain and improve their own and their family's health and life options and opportunities.[21] Educational attainment is significantly associated with being free from long-term illness, satisfaction with one's health and quality of life.[22] People with lower levels of education are also at risk of adopting lifestyle behaviours that can have a potentially negative impact on health, such as poor diet, physical inactivity, unsafe sexual activity, smoking

13 Department of Education and Science (2005). *DEIS (Delivering Equality Of Opportunity In Schools) An Action Plan for Educational Inclusion.* Dublin: New Oceans. p. 27.
14 Lavin, T and Metcalfe, O' Higgins, C (2008). *Health Impacts of Education a review.* Dublin: Institute of Public Health. p.19.
15 Ibid., 12.
16 Organisation for Co-operation and Economic Development. (2009).*Education at a Glance 2009.* Available: http://www.oecd.org/education/skills-beyond-school/43636332.pdf. p. 172-173
17 Brunello, G, Fort, M, Schneeweis, N, and Winter-Ebmer, R . (2011). *The Causal Effect of Education on Health: What is the Role of Health Behaviors?* Available: http://ftp.iza.org/dp5944.pdf. p. 4.
18 Organisation for Co-operation and Economic Development. (2009).*Education at a Glance 2009*. Available: http://www.oecd.org/education/skills-beyond-school/43636332.pdf. p.173
19 Lunborg, P. (2008). *The Health Returns to Education: What Can We Learn from Twins?.* Available: http://www.econstor.eu/obitstream/10419/35167/1/562099964.pdf. p.15.
20 Brunello, G, Fort, M, Schneeweis, N, and Winter-Ebmer, R . (2011). *The Causal Effect of Education on Health: What is the Role of Health Behaviors?* Available: http://ftp.iza.org/dp5944.pdf. p. 3.
21 HSE. (2008). *Health Impact Assessment of Early School Leaving, Absenteeism and Truancy*. Available: http://publichealth.ie/files/file/Hia%20ESL%20NEWdoc09.pdf.
22 IPH. (2008). *All-Ireland Health and Wellbeing Dataset* . Available: http://www.publichealth.ie/files/file/AIHWDS_0.pdf%20.

and drugs misuse.[23]

In terms of Ireland specific data, the Department of Education and Skills (DES) reports that 21.2% of adults with a highest level of educational attainment of upper-secondary or lower are obese, compared to 12.8% of those with third level education. Persons with lower education levels are also more likely to be smokers in Ireland, with tertiary qualification holders being 15.5% less likely to smoke. 23% of adults with tertiary education were found to be smokers, versus 30% of those with an upper-secondary level attainment and 38.1% of those with less than secondary level attainment.[24]

Higgins et al. make several observations about the relationship between education and health:

- The civic and social engagement aspect of being educated contributes to positive health outcomes through promotion of 'cohesive, safer and healthier societies' and enables persons to use information and services to efficiently manage their personal and family health.
- Persons with lower levels of educational attainment were found to be more likely to have lower life expectancies and an increased risk of death from strokes, lung cancer, infectious and cardiovascular diseases.
- The better educated are likely to have better diets and consume more nutritious foods.
- Better educated persons are also more likely to observe safer sexual practices.
- Teenage girls with lower educational attainment are more prone to pregnancy than their more educated counterparts.[25]

Those with lower educational attainment are also more likely to smoke and binge drink, behaviours with profound implications for personal health.[26]

The presence of social, personal and health education in secondary school curriculums may also have the effect of promoting positive health outcomes for those graduating at both lower and upper secondary levels of education moving forward, by dealing candidly with issues of sexuality, substance abuse and others.[27]

Educational Attainment, Income and Deprivation

Tables 27 and 28 reveal income levels and risk of poverty/deprivation based on highest level of educational attainment.

HIGHEST EDUCATION LEVEL ATTAINED (AGED 16 AND OVER)	AT RISK OF POVERTY RATE			DEPRIVATION RATE			CONSISTENT POVERTY RATE		
	2009	*2010*	*2011*	*2009*	*2010*	*2011*	*2009*	*2010*	*2011*
Primary or Below	18.6	16.3	18.6	24.0	26.5	27.8	6.6	6.8	7.4
Lower Secondary	19.7	18.2	21.9	21.5	24.8	26.7	7.7	7.8	9.5
Upper Secondary	12.8	14.4	18.9	13.0	19.8	20.9	4.8	5.6	6.8
Post Leaving Cert	9.1	12.2	14.5	15.2	22.0	22.2	4.4	6.1	5.5
Third Level Non-Degree	4.9	7.3	10.8	7.9	12.0	18.2	1.8	1.7	5.8
Third Level Degree or Above	4.8	6.7	5.4	4.2	6.9	11.2	0.6	1.5	1.8

TABLE 27. NATIONAL RISK OF POVERTY, DEPRIVATION AND CONSISTENT POVERTY, BASED ON HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT, 2009 - 2011 (SOURCE: CSO 2013)

23 Freudenberg,N and Ruglis, J. (2007). *Reframing School Dropout as a Public Health Issue*. Available: http://www.cdc.gov/pcd/issues/2007/oct/pdf/07_0063.pdf.
24 Department of Education and Skills. (2013). *Education at a Glance 2013 A Country Profile for Ireland*. Available: http://www.education.ie/en/Publications/Statistics/Education-at-a-Glance-OECD-Indicators-2013-Key-Facts.pdf. p.10.
25 Higgins, C, Lavin, T and Metcalfe, O (2008). *Health Impacts of Education a review*. Dublin: Institute of Public Health. p.9.
26 Ibid.
27 Galvin, M, Kennedy, C, and O' Higgins, S. (2007). *The Implementation of SPHE at Post-Primary School Level: A Case Study Approach*. Available: http://www.drugsandalcohol.ie/12921/1/SPHE_NUIG_-_SPHE_EVALUATION_FULL_REPORT_SEPTEMBER_2007.pdf

HIGHEST LEVEL OF EDUCATION ATTAINED (AGED 16 YEARS AND OVER)	AVERAGE ANNUAL HOUSEHOLD DISPOSABLE INCOME			AVERAGE ANNUAL EQUIVILISED DISPOSABLE INCOME		
	2009	*2010*	*2011*	*2009*	*2010*	*2011*
Primary or Below	30,224	29,452	27,504	17,582	16,934	16,205
Lower Secondary	40,648	38,026	33,619	19,806	19,003	17,548
Higher Secondary	47,912	46,020	41,095	23,597	22,044	20,404
Post Leaving Cert	49,982	41,250	39,534	23,810	21,462	19,995
Third Level non Degree	65,036	53,697	49,454	27,837	26,743	25,679
Third Level Degree or Above	69,401	63,912	64,715	35,552	34,521	33,244

TABLE 28. NATIONAL AVERAGE ANNUAL HOUSEHOLD DISPOSABLE INCOME AND AVERAGE ANNUAL EQUIVILISED HOUSEHOLD INCOME BY HIGHEST EDUCATIONAL ATTAINMENT (SOURCE: CSO, 2013)

Table 28 demonstrates that each successive level of educational attainment results in exponentially more disposable income, highlighting the importance of educational attainment in giving persons financial resources to invest in their future and that of their families. Disposable income has been diminishing significantly year by year, undoubtedly due to the economic downturn and policies of austerity. The deprivation rate has been increasing for all categories across the board according to Table 27, potentially due to growing unemployment and difficulty maintaining lifestyles previously enjoyed under diminishing household budgets.

The DES report shows that the net value for persons attaining upper-secondary, post-secondary or non-tertiary education is €105,191.39 for men and €87,230.70 for women.[28] In contrast, the net value for tertiary level attainment is €213,198.65 for men and €137,402.12 for women.

The Central Statistics Office established a clear correlation between education and employment. Census 2011 data shows that persons who were at work finished their education at a later age than those who were unemployed. There were 377,186 people aged 15 and over who had ceased their education and were unemployed. Almost 30% did not complete their education until they were at least 21 years old. Additionally, the CSO found that the unemployment rate for early school leavers was 31% versus the general unemployment rate of 19%.[29]

As further evidence of the benefits of a higher level qualification in the jobs market, the OECD recorded that unemployment rates for those with a tertiary degree (level 8 and above) was only 6.1% (and 8.8% for the level 6-7 category) versus 23.4% for pre-primary and primary education, 21% for lower secondary, and 13.4% for upper secondary.[30]

4.3 Primary Level Education and Early School Leaving

The most prominent education level at which residents of the city and State cease education is Upper Secondary (at 19% and 20% respectively), followed by Lower Secondary (at 18.6% for the city and 16.6% State) and the Primary Level (16.6% for the city and 15.2% State). In Cork city, a lower proportion of males have a highest level of educational attainment of Primary Level or less (14.6% versus 15.4% for their female counterparts). This is the opposite of the situation regarding gender nationally, where the proportion of females with this level of educational attainment is below

28 Department of Education and Skills. (2013). *Education at a Glance 2013 A Country Profile for Ireland*. Available: http://www.education.ie/en/Publications/Statistics/Education-at-a-Glance-OECD-Indicators-2013-Key-Facts.pdf. p.8. (Note: Figures here have been converted from dollar figures of $142,366 and $118,058 and are subject to fluctuating exchange rates)

29 Central Statistics Office (2012). *Profile 9 What We Know*. Dublin: Stationery Office. p.13.

30 OECD. (2013). *Education at a Glance*. Available: http://www.oecd-ilibrary.org/education/education-at-a-glance-2013_eag-2013-en.

that of males (12.9% versus 14.7%).

In the context of Social Exclusion and Health, early school leaving is an important topic to address. Early school leavers are at higher risk of unemployment and lower skilled employment, associated with lower incomes.[31] However, those aged between 16-18 years old who are outside of education and employment are reported as being particularly vulnerable to continuing disadvantage in adulthood and more likely to experience sub-optimal health.[32]

Primary Education or Less (% of those 15+)

Figure 35 illustrates the distribution of the population aged 15 or older whose education ended at primary level or less.

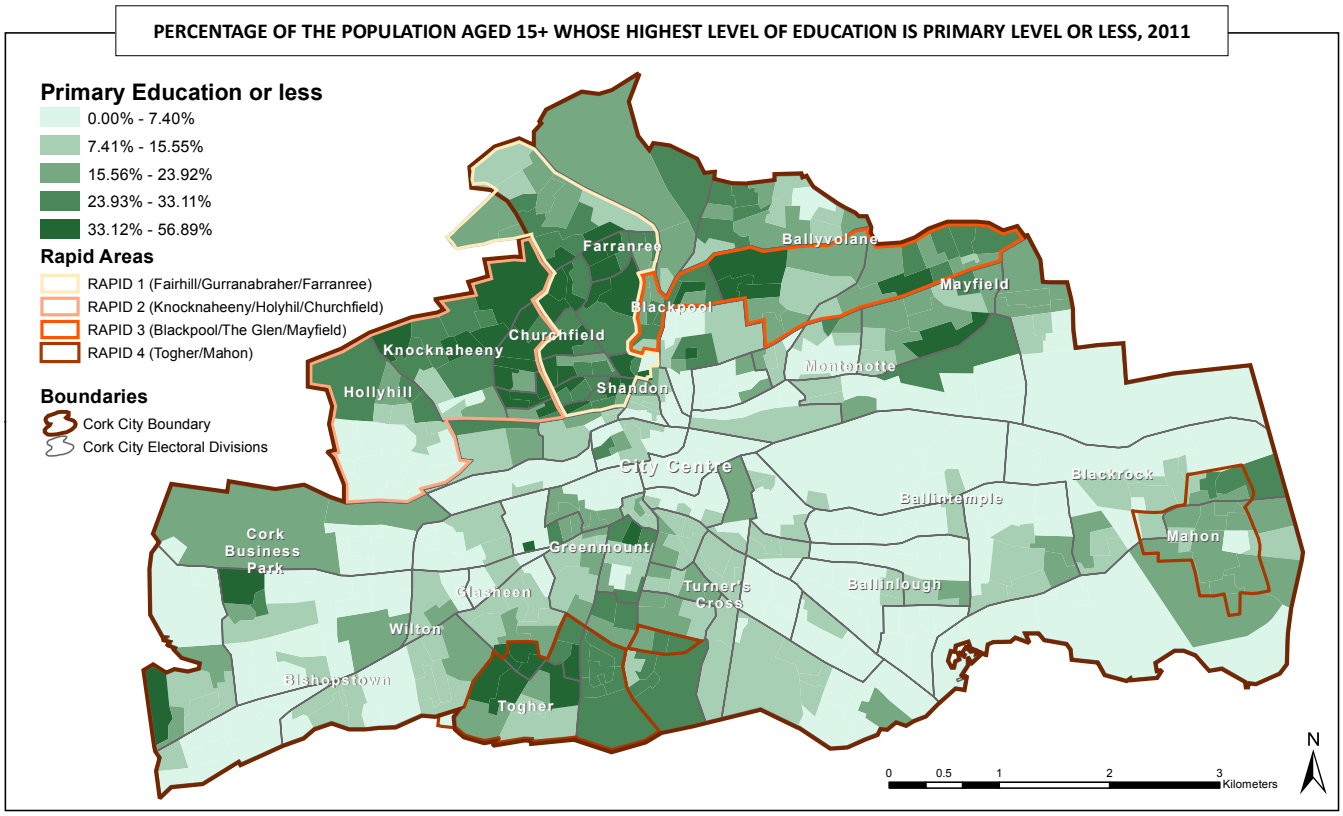

FIGURE 35. MAP OF THE POPULATION AGED 15 OR OLDER WHOSE HIGHEST LEVEL OF EDUCATION IS PRIMARY LEVEL OR LESS, 2011 (SOURCE: CSO/ ORDNANCE SURVEY IRELAND)

PRIMARY EDUCATION OR LESS (% OF THOSE AGED 15+)			
Highest (EDs)		*Lowest (EDs)*	
Fair Hill B	42.2	Browningstown	4.1
Farranferris B	38.9	Tramore B	4.6
Gurranebraher A	38.2	Knockrea A	4.6
Gurranebraher E	33.9	Tramore A	4.9
Farranferris C	33.9	Bishopstown D	5.0

TABLE 29. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS WHOSE HIGHEST LEVEL OF EDUCATION IS PRIMARY LEVEL OR LESS, 2011 (SOURCE: CSO, 2011)

The Electoral Divisions containing the greatest proportion of persons with an educational attainment to the level of Primary School or Less are: Fair Hill B, Farranferris B, Gurranabraher A, Gurranabraher E and Farranferris C (Table 29). These Electoral Divisions comprise RAPID areas and are characterised by low levels of income, employment and educational attainment. In these EDs, above average proportions can be observed working in the Manufacturing industry.

The Electoral Divisions containing the lowest proportions of persons in this category are: Bishopstown

31 McCoy, S., Kelly, E. and Watson, D. (2007) *School Leavers' Survey Report 2006*, Dublin: ESRI and Department of Education and Science
32 Balanda, K. and Wilde, J. (2001) *Inequalities in Mortality 1989-1998: A Report on All Ireland Mortality Data*, Dublin/Belfast: Institute of Public Health in Ireland

D, Tramore A, Knockrea A, Tramore B and Browningstown. These EDs are more affluent than RAPID based EDs, therefore, the higher educational attainment is unsurprising. Tertiary educational attainment is the norm in these EDs and there are large proportions of persons in professional employment.

Government policy is in place to attempt to avert low educational attainment among disadvantaged groups. Schools characterised by large proportions of disadvantaged children are granted additional supports.[33] These schools fall under the inclusion plan known as *Delivering Equality of Opportunity in Schools* (DEIS) and more than 20 primary schools in Cork City fall under the blanket of DEIS - many of which are in, or close to, RAPID areas. Schools under the plan include: Scoil Padre Pio (Churchfield), Naomh Eoin Easpal (Mayfield), Scoil Mhuire Banrion (Mayfield), Mhuire Ar Chnoc Haoine (Knocknaheeny), Scoil Iosagain (Farranree), Scoil Na Croise Naofa (Mahon), Scoil Aiseiri Chriost (Farranree), Realt Na Maidine (Ballyphehane) and Scoil Maria Assumpta (Ballyphehane).

Under the DEIS, there are also efforts being made to support post-primary schools in Cork City and reduce inequality in education. Schools of particular interest in the context of their locations are: North Presentation Secondary School (Farranree), Nagle Community College (Mahon), Terence Mac Swiney Community College (Hollyhill) and Mayfield Community School (Mayfield).

Lower Secondary (% of those 15+)

Education cessation at lower secondary is also a form of early school leaving and has been identified as having similar, albeit less pronounced, effects on social exclusion and health. The spatial distribution of these groups (see Section III) is similar to those with primary level education or less.

The EDs containing the greatest proportions of those whose highest level of educational attainment is Lower Secondary are: Togher B, Fair Hill C, Pouladuff B, Pouladuff A and Mayfield (Table 30). These areas are characterised by above average to high unemployment levels (with the exception of Togher B), as well as above average to high proportions of poor health. With the exception of Mayfield, these EDs share higher than average proportions of persons working in Commerce and Trade. The EDs containing the lowest proportion of persons in this category are: Mardyke, Centre B, Centre A, Knockrea B and Tramore A. Again, high levels of educational attainment are normal in these EDs.

LOWER SECONDARY EDUCATION (% OF THOSE AGED 15+)			
Highest (EDs)		*Lowest (EDs)*	
Togher B	29.2	Tramore A	5.5
Fair Hill C	29.2	Knockrea B	6.1
Pouladuff B	29.1	Centre A	6.9
Pouladuff A	29.1	Centre B	7.4
Mayfield	28.6	Mardyke	7.9

TABLE 30. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS WITH LOWER SECONDARY EDUCATION, 2011 (SOURCE: CSO, 2011)

4.4 Second Level Education and Skills

Upper Secondary

Upper Secondary level of education is the most prominent amongst the populations of Cork City and the State (at 19% and 20% respectively).

Section III contains a map of the spatial distribution of those whose highest level of education is

33 Support include home school community liaison services, school meals programmes, literacy and numeracy supports, additional funding under School Books Grants Scheme and support under the School Completion Programme (education.ie).

Upper Secondary in Cork City. The EDs featuring the greatest proportions of persons who have attained a maximum level of Upper Secondary education are: Ballinlough B, Tramore B, Bishopstown D, Browningstown, and Mahon C (Table 31). These areas are generally characterised by low unemployment. Commerce and Trade and Professional Services employment are above average in these EDs, with the exception of Bishopstown D, where proportions in Professional Services are noticeably large at 41.7% (there is potentially a high concentration of persons employed in the academic and medical fields due to its location).

UPPER SECONDARY EDUCATION (% OF THOSE AGED 15+)			
Highest (EDs)		*Lowest (EDs)*	
Ballinlough B	25.0	Tramore A	9.8
Tramore B	24.9	Gillabbey A	12.3
Bishopstown D	24.6	Centre A	12.8
Browningstown	24.3	Fair Hill B	13.9
Mahon C	24.1	Glasheen A	14.3

TABLE 31. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS WHOSE HIGHEST LEVEL OF EDUCATION IS UPPER SECONDARY, 2011 (SOURCE: CSO, 2011)

The EDs featuring the lowest proportions of persons in this category are: Glasheen A, Fair Hill B, Centre A, Gillabbey A and Tramore A. In Gillabbey A, Centre A, Tramore A and Glasheen A, levels of completion of tertiary education are high. Unemployment is generally low in these EDs. Fair Hill B on the other hand is characterised by high unemployment and low educational attainment, separating it from the other EDs with low levels of Upper-Secondary attainment. The proportion of students here is remarkably low, at 3.9%.

Technical or Vocational Qualification

The EDs containing the largest proportion of persons whose highest educational attainment is a Technical or Vocational Qualification are: St. Patrick's B, South Gate A , South Gate B, Shandon A, and Turner's Cross D (Table 32). With the exception of Turner's Cross D, all of these EDs have above average levels of unemployment but average to high educational attainment. Surprisingly, Turner's Cross D has a lower than average proportion of persons with at least an Ordinary Bachelor Degree. Household reference persons employed in Non-Manual jobs occur in greater than average proportions in these EDs, with the exception of Shandon A.

TECHNICAL OR VOCATIONAL QUALIFICATION (% OF THOSE AGED 15+)			
Highest (EDs)		*Lowest (EDs)*	
St. Patrick's B	10.1	Fair Hill B	3.8
South Gate A	9.5	Gillabbey C	4.3
South Gate B	9.4	Farranferris B	4.3
Shandon A	9.3	Gurranebraher E	4.7
Turners Cross D	9.2	Farranferris C	4.8

TABLE 32. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS WITH TECHNICAL OR VOCATIONAL QUALIFICATIONS, 2011 (SOURCE: CSO, 2011)

Advanced Certificate/Completed Apprenticeship

Those qualified with an Advanced Certificate or Completed Apprenticeship comprise 5.3% of the population of the city that is aged 15 or older. Section III gives a map of the distribution of those with this level of education. EDs containing the greatest proportions of persons with Advanced Certificates/Completed Apprenticeships include: Shandon B, Turner's Cross D, Tivoli B, South Gate A and Commons (Table 33). Education

ADVANCED CERTIFICATE/COMPLETED APPRENTICESHIP (% OF THOSE AGED 15+)			
Highest (EDs)		*Lowest (EDs)*	
Shandon B	8.0	Gurranebraher A	1.6
Turners Cross D	7.8	Farranferris B	2.2
Tivoli B	7.0	Knocknaheeny	2.5
South Gate A	6.4	Gillabbey A	2.5
Commons	6.4	Fair Hill B	2.5

TABLE 33. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS WHOSE HIGHEST LEVEL OF EDUCATION IS AN ADVANCED CERTIFICATION/ COMPLETED APPRENTICESHIP, 2011 (SOURCE: CSO, 2011)

and employment levels are variable in these EDs. Shandon B features a highly educated population but with above average unemployment levels and a significant proportion of persons working in manufacturing. Educational attainment is comparatively low in Turner's Cross D, but unemployment is sharply below average at 7%. Tivoli B contains a low proportion of persons with at least an Ordinary Bachelor Degree or higher. South Gate A contains a well educated population and large proportions of persons in the Lower Professional and Non-Manual occupational grouping but also features above average unemployment. Commons has a less educated population and high unemployment. As with many EDs, Professional Services is the dominant occupational grouping in Commons, but significant numbers also work in Construction and Manufacturing.

Higher Certificate

Higher Certification represents a stepping stone towards further education. The Electoral Divisions containing the highest proportions of persons whose maximum educational attainment is Higher Certificate level are: Shandon A, Gillabbey C, Centre A, Mardyke, and St. Patrick's A (Table 34). It is unsurprising that there are high proportions of persons with a maximum educational attainment of Higher Certificate in Gillabbey C and Mardyke, considering the large population of students here in ongoing education.

HIGHER CERTIFICATE (% OF THOSE AGED 15+)			
Highest (EDs)		*Lowest (EDs)*	
Shandon A	8.0	Gurranebraher A	0.4
Gillabbey C	7.7	Gurranebraher B	0.7
Centre A	6.7	Farranferris B	0.8
Mardyke	6.6	Togher B	1.0
St. Patrick's A	6.2	Pouladuff A	1.3

TABLE 34. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS WHOSE HIGHEST LEVEL OF EDUCATION IS A HIGHER CERTIFICATE, 2011 (SOURCE: CSO, 2011)

4.5 Third Level Education

Those Holding an Ordinary Level Degree, National Diploma or Higher

The proportion of persons aged 15 or older who ceased education with a third level qualification is 24.3%, below the County and State levels of 31.4% and 24.6% respectively. This may not necessarily suggest that the people of Cork are less likely to stay in education; the variation could also be explained by a lack of employment opportunities relevant to qualifications in Cork City, resulting in migration outside of the city boundaries, as well as the city's disproportionate number of persons aged 65 or older, who are less likely to hold degrees.

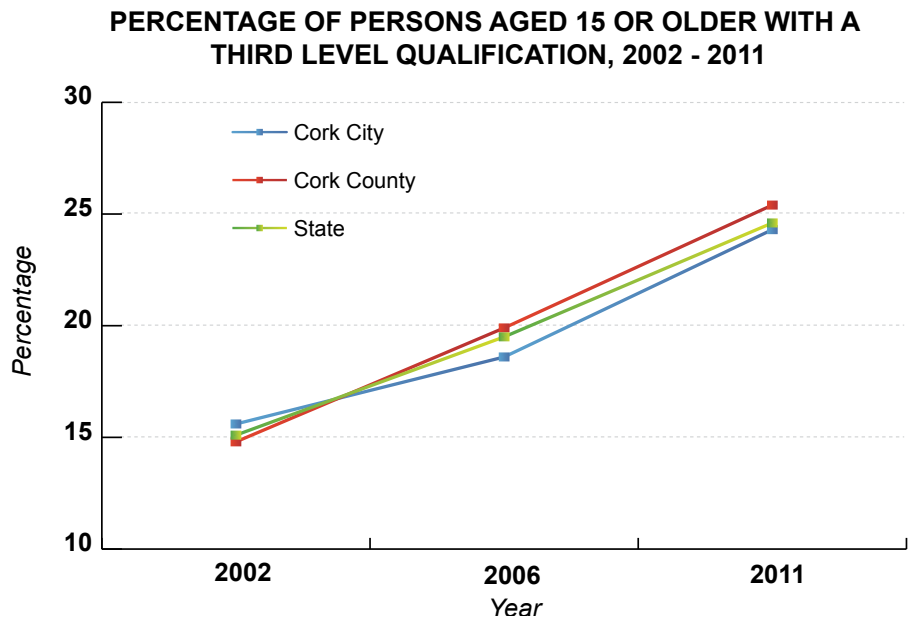

FIGURE 36. PERCENTAGE OF PERSONS AGED 15 OR OLDER WITH A THIRD LEVEL QUALIFICATION, 2002 - 2011 (SOURCE:CSO, 2011)

The proportion of persons with Ordinary Level Degrees, National Diplomas or higher has grown across the city, county and State between 2002 and 2011, as illustrated in Figure 36. The sharp rise in educational attainment depicted is uninterrupted by the recession,

which may imply that in some cases, individuals may have continued in further education to enhance their employability prospects in vastly more competitive times. The DES reports the proportion of adults with third level educational attainment has been increasing by 5.2% per annum since 2000.[34] According to census data, there has been an increase in third level education between 2006 and 2011 at National and Cork City levels of 6.11% and 5.74% respectively.

Figure 37 illustrates the distribution of the population with third level qualifications. At ED level there are particularly low shares of the population with third level education in the north of the city in 2011. In total, there are nine EDs where the proportion of the adult population with third level education falls below the 10 per cent level. The EDs within the highest percentage range of persons holding a third level qualification are located in the central area of the City. The concentrations of rental accommodation in these areas, together with a mobile professional population, go some way in explaining this pattern.[35]

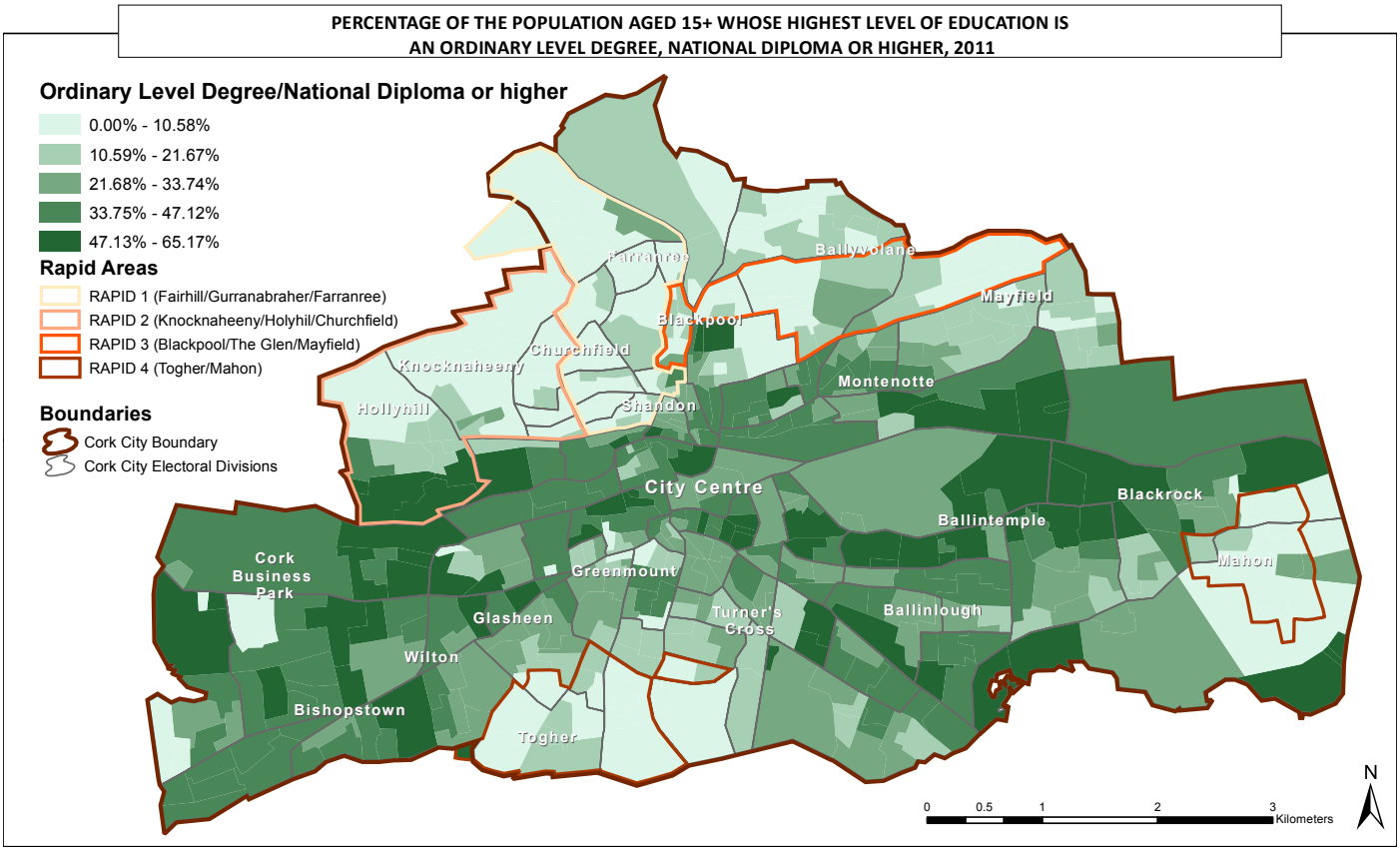

FIGURE 37. MAP OF THE POPULATION AGED 15 OR OLDER WHOSE HIGHEST LEVEL OF EDUCATION IS AN ORDINARY LEVEL DEGREE, NATIONAL DIPLOMA OR HIGHER, 2011 (SOURCE: CSO/ORDNANCE SURVEY IRELAND)

ORDINARY BACHELOR DEGREE, NATIONAL DIPLOMA OR HIGHER (% OF THOSE AGED 15+)			
Highest (EDs)		*Lowest (EDs)*	
Knockrea A	50.7	Farranferris B	3.5
Bishopstown A	49.2	Knocknaheeny	4.7
Glasheen B	44.7	Fair Hill B	5.2
South Gate A	44.2	Gurranebraher A	5.3
Browningstown	43.6	Fair Hill A	5.5

TABLE 35. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS WHOSE HIGHEST LEVEL OF EDUCATION IS AN ORDINARY LEVEL DEGREE, NATIONAL DIPLOMA OR HIGHER, 2011 (SOURCE: CSO, 2011)

The Electoral Divisions with the greatest proportions of those with the highest levels of educational attainment in Cork City are: Knockrea A, Bishopstown A, Glasheen B, South Gate A and Browningstown (Table 35). High educational attainment among the population in a community is not guaranteed to result in minimal unemployment, as is the case in South Gate A. However, there is a clear correlation

34 DES (2013), p.5
35 Edwards,C and Linehan, D. (n.d.). *City of Difference Mapping Social Exclusion in Cork.* Available: http://www.corkcity.ie/services/corporateandexternalaffairs/socialinclusionunit/#d.en.3096.

between educational attainment and lower unemployment nonetheless, as the other EDs listed have low levels of unemployment. With the exception of South Gate A, these areas are affluent, with high proportions of professional occupations, generally good health and high levels of house ownership. South Gate A has large proportions of the non-manual and 'lower professional' CSO groupings.

EDs with low proportions of graduates of Ordinary Bachelor Degree programmes or higher include: Fair Hill A, Gurranabraher A, Fair Hill B, Knocknaheeny and Farranferris B. These EDs are typified by low employment and poor educational attainment.

Students

The CSO has a category under 'Principal Economic Status of those aged 15 or older' for students, which is, for the most part, a proxy for third level students and those pursuing further education (aside from those aged 15 and older who are in secondary schools, which are also included in this grouping). Figure 38 illustrates the distribution of the population aged 15 years or older who are classified as students. This population is strongly concentrated near Cork's educational institutions, where some small areas are almost totally occupied by students, many of whom moved to Cork City to attend these institutions. High concentrations are also to be found dotted across the City.

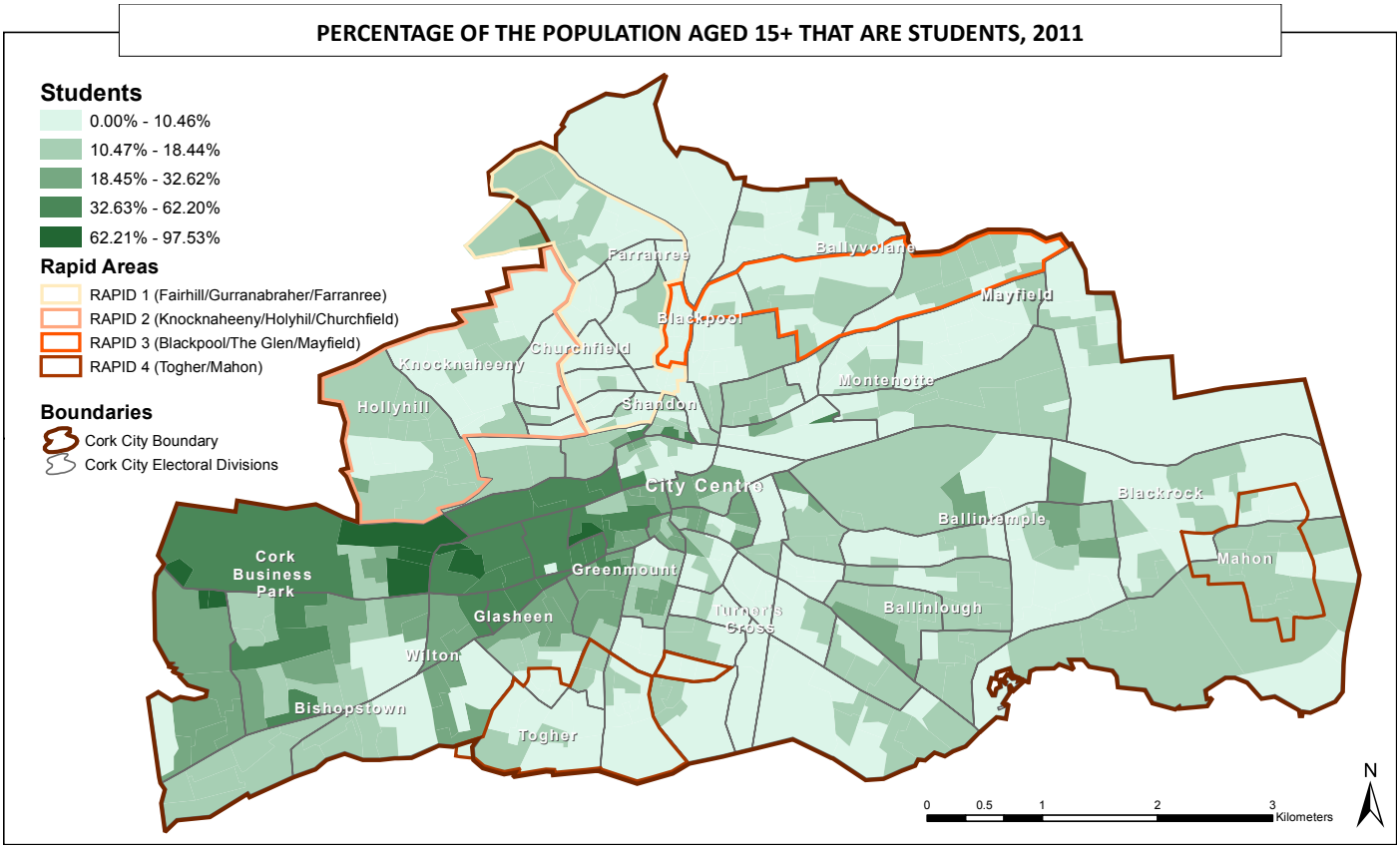

FIGURE 38. MAP OF THE POPULATION AGED 15 OR OLDER WHO ARE CLASSIFIED AS STUDENTS, 2011 (SOURCE: CSO/ORDNANCE SURVEY IRELAND)

Electoral Divisions containing the largest proportions of students are: Gillabbey C, Bishopstown A, Mardyke, Glasheen B and Gillabbey B (Table 36). Most households in these EDs don't contain particularly large proportions of families, with the Bishopstown B and C EDs containing among the highest proportions of families.

Electoral Divisions with the lowest proportions of students are: Farranferris B, Gurranabraher B, Turner's Cross A, Shandon A, and Fair Hill B. Farranferris B, Gurranebraher B and Fair Hill B fall

STUDENTS (% OF THOSE AGED 15+)			
Highest (EDs)		*Lowest (EDs)*	
Gillabbey C	57.9	Fair Hill B	3.9
Bishopstown A	52.6	Shandon A	6.4
Mardyke	42.9	Turners Cross A	6.4
Glasheen B	42.8	Gurranebraher B	7.3
Gillabbey B	40.3	Farranferris B	7.3

TABLE 36. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF STUDENTS, 2011 (SOURCE: CSO, 2011)

partly or wholly within disadvantaged RAPID areas. Enrollment in further education by the children of families in these areas has historically been low and the low proportions of students in these Divisions signal a concerning trend of inter-generational poor educational attainment. Due to the lower income returns from low skilled employment, the financial barriers of putting a child through college also pose a challenge.

1.4% of males in Cork City hold a PhD versus 0.8% of females (nationally it is 0.9% versus 0.6%; therefore PhD graduates exist in higher proportions in Cork City). Nationally, the total numbers of recorded graduates by gender were 413,257 (56%) women and 326,735 men (44%).[36] Post-graduate degree holders exist in greater proportions in Cork City than the State generally, with a total of 7.9% holding a postgraduate degree in the city versus 7.5% in the State.

It is worth considering students as a challenged group, who may face limitations to participation in society and that may be conducive to social exclusion or resultant health problems. Because of the predominantly young age profile of students and the significant social aspect of the college experience, students may be more vulnerable to sexually transmitted infections--persons aged between 20 and 29 were responsible for 59.3% of STI notifications in 2011.[37] Potentially compounding this vulnerability to infection is that students are quite likely to binge drink, as has been shown by a small study conducted in UCC, where 83.4% of students reported binge drinking in the previous twelve months and 44.8% reported binge drinking once a week or more.[38] Where the student is in full time education, there will be an opportunity cost in terms of time available to take up employment, which can result in limited financial means. Burdening them further will be related college fees/ expenses and potential debt.

Discipline of Qualification

Figure 39 on the next page gives a breakdown of Third Level disciplines pursued by city and State based on gender. In city and State, the largest proportion of persons are qualified in Social Sciences, Business and Law (12.2% and 13.8% respectively), ignoring the Not Stated category. Women qualify in these fields in significantly greater proportions than men. The top two most popular occupational groups for this qualification are Business, Media and Public Service and Administrative Occupations.[39]

Excluding the not stated category in City and State, more males are qualified in Engineering, Manufacturing and Construction (36.5% and 36.9% respectively), whilst few women are qualified in these fields (3.7% and 3.1% respectively). It is the second most prominent area in which to be qualified generally, and it is likely that persons employed in it were greatly affected by the collapse of construction and the economic downturn. The most popular occupational areas for persons holding these qualifications (at third level) are Science, Research and Technology, and Business, Media and Public Service occupations.[40]

36 CSO (2012), p.9
37 HPSC. (2012). *Sexually Transmitted Infections in Ireland 2011*. Available: https://www.hpsc.ie/hpsc/A-Z/HIVSTIs/SexuallyTransmittedInfections/Publications/STIReports/STIAnnualandQuarterlyReports/2011/File,13765,en.pdf. Last accessed 7th February 2014. p. 6.
38 Long, J. (2011). *Substance use among students in Cork.* Drugnet Ireland. 21.
39 CSO (2012), p. 16
40 ibid. p.18

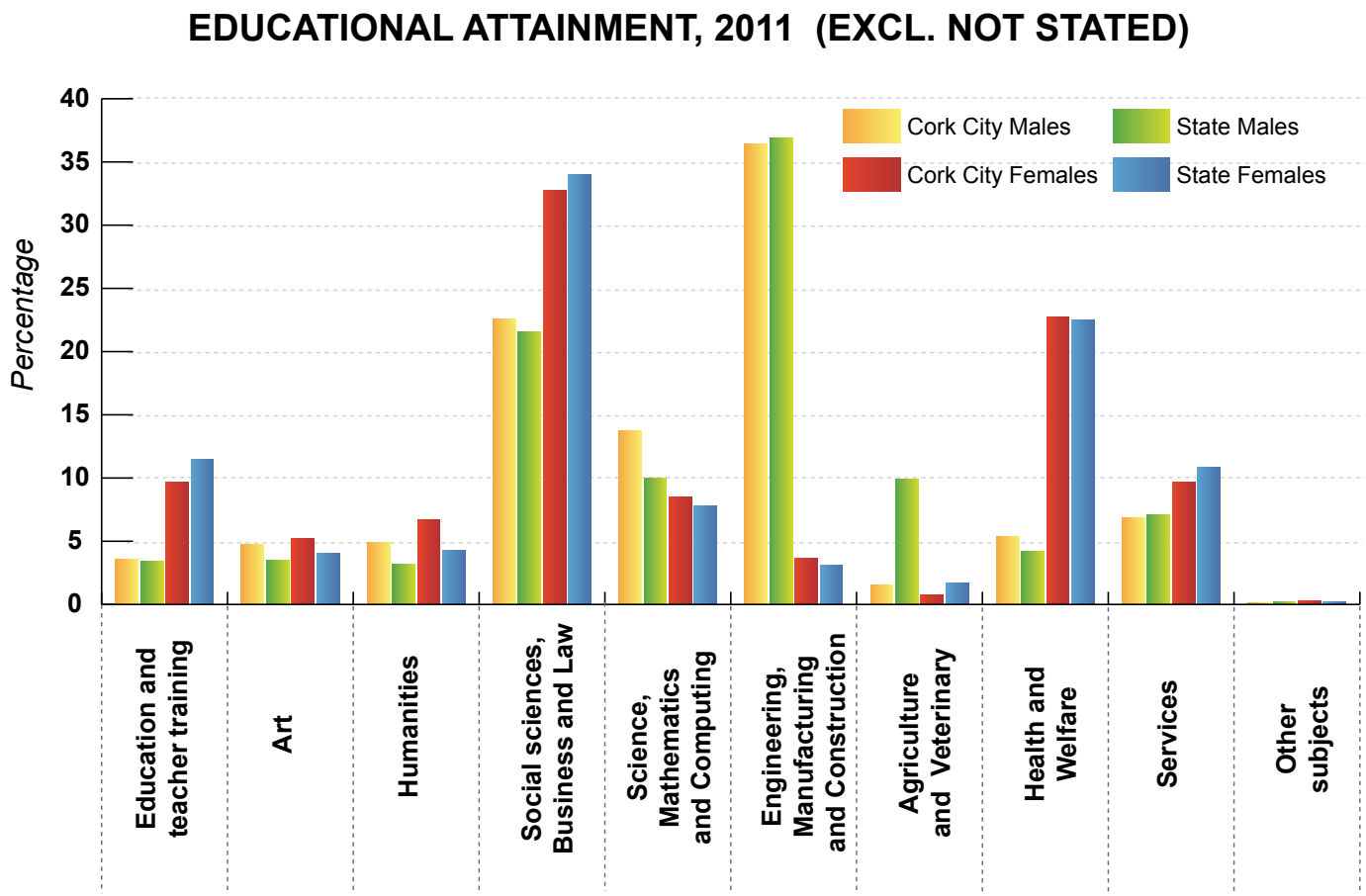

FIGURE 39. DISCIPLINE OF QUALIFICATION FOR THIRD LEVEL GRADUATIONS IN CORK CITY AND IRELAND BASED ON GENDER (SOURCE: CSO, 2011)

5. Diversity

This chapter discusses minority groups within Cork City with particular focus on immigrants, asylum seekers, travellers and the LGBT community. These groups are explored in terms of their overall numbers, their spatial distribution and the challenges that they face from a social inclusion and health perspective. Religion and ethnicity are also explored in the Chapter.

5. DIVERSITY

Cork City has a diverse population that includes a number of minorities at risk of social exclusion and adverse health outcomes. Those who differ from the majority - whether by sexual orientation or gender identity - ethnicity, nationality or other characteristics, often face societal challenges due to prejudice. Similarly, people with different levels of education, skills and English language proficiency can face varying degrees of exclusion from full participation in society. Feelings of being 'the other' are more prominent in these groups and are often reinforced by experiences of social and institutional discrimination. In the context of the discussions that follow, it should be noted that the categories of diversity that follow are not necessarily discrete - one could be both a migrant and a LGBT or a traveller with a disability. As a result, people often experience multiple forms of discrimination based on their own individual characteristics.

5.1 Non-Irish Nationals in Cork City

Ireland's economic boom attracted a large number of immigrants to the country. As a result, the population of Ireland has become increasingly diversified over the past two decades. The data available on migration in Ireland reveals that the net migration was positive between 1996 and 2009, with particularly large inflows of immigrants arriving in 2006, 2007, and 2008. The average number of immigrants arriving per year from 1987 to 2013 was approximately 56,800, whereas for the three year period of 2006, 2007 and 2008 the average was 124,100. The CSO notes that between the 2002 and 2011 Census, the registered number of Non-Irish Nationals increased by 143%. Large increases were recorded for persons of Polish and Lithuanian nationality between the period of 2006 and 2011, with other notable increases occurring amongst Romanians, Indians, Latvians and Hungarians.[1]

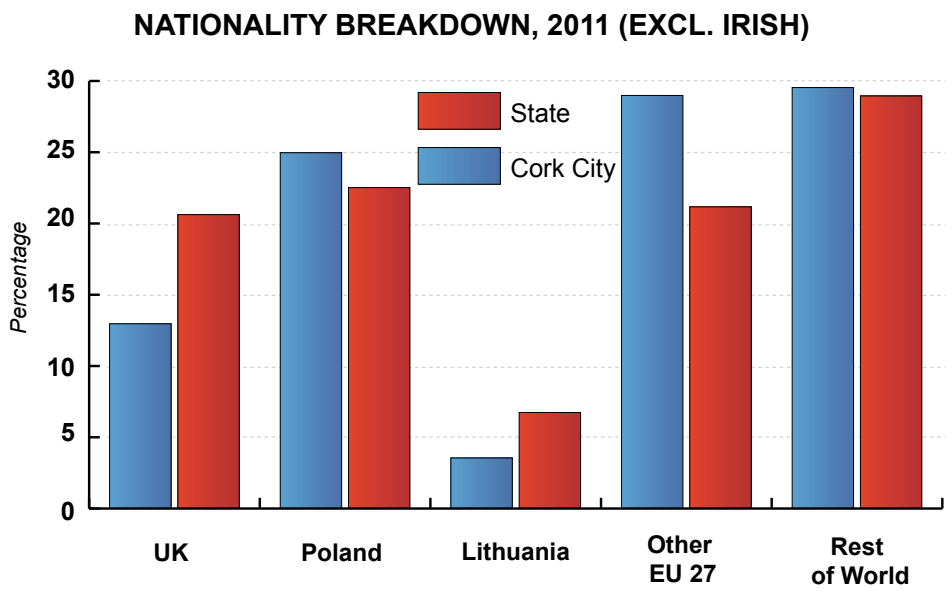

FIGURE 40. NATIONALITY BREAKDOWN OF THOSE LIVING IN CORK CITY AND THE STATE (SOURCE: CSO, 2011)

Figure 40 illustrates the distribution of nationalities in Cork City and State (excluding Irish nationality). Overall, it ranks 7th of all administrative counties in the percentage of Non-Irish Nationals. The 'Other EU' category accounts for over 7.2% of the city's population, compared with 6.1% across the State. 'Rest of the World' nationalities account for nearly 3.7% of the city's population. The two largest individual nationalities in the city are Polish and British, at 3.1% and 1.6% of the population respectively.

Although there is a lack of published research by the CSO concerning the Polish population of Cork

1 Central Statistics Office (2012b). *Profile 6 Migration and Diversity*. Dublin: Stationery Office. p.7

City, their publication regarding the Polish community State-wide gives valuable insights.[2] In 2011, the Polish accounted for 26% of all Non-Irish Nationals at work, making the Polish and persons of UK nationality the dominant working groups (43.4% combined). Popular industries in which the Polish work are 'Wholesale and Retail Trade', 'Accommodation and Food Service', 'Manufacturing Industries', and 'Health and Social Work'. They are the most dominant foreign national group in the former three industries, whilst they are the fourth most dominant group in Health and Social Work, below persons of UK nationality, Indians, and Filipinos. Whilst the Polish have high labour participation rates, their levels of educational participation for 19-24 year olds is low (9.1%). The composition of the Polish population is largely young and has grown younger since 2006, with the number of Polish aged under 20 increasing from 9.9% to 21.2% between 2006 and 2011. The 20 to 34 age group decreased from 72.4% to 56.7% over the same period.

The next most prominent foreign group in the State are UK nationals, who account for approximately 2.5% of Ireland's population and a markedly smaller proportion of Cork City's population (1.6%). Research by the CSO into those of UK nationality State-wide reveals that they are largely older than their Irish counterparts. Consequently, there are high rates of widowhood and account for over 75% of non-Irish retirees.[3] UK nationals have high work force participation, accounting for 17% of Non-Irish Nationals at work. Large numbers of UK Nationals work in each of the four industries listed in the previous paragraph and are second only to the Polish in 'Wholesale and Retail' and 'Manufacturing Industries', whilst they account for the third greatest proportion of Non-Irish Nationals in 'Accommodation and Food Service' (below Polish and Lithuanians). They are the most dominant foreign nationalilty working in the Human Health and Social Work sector.

The third largest foreign nationality in the State is Lithuanian (0.8%). Cork City features a significantly smaller Lithuanian population (0.44%). Nationally, Lithuanians are the third largest group of foreign national workers in the industries of 'Wholesale and Retail' and 'Manufacturing', whilst they are second largest group in 'Accommodation and Food Service' and sixth in 'Human Health and Social Work'. Persons from Lithuania have low levels of higher level educational attainment (15.5%).[4]

Figure 42 illustrates the spatial distribution of the foreign national population in Cork City as of 2011. There is a clear correlation between proximity to the City Centre and the proportion of the population classified as Non-Irish Nationals. The City Centre contains a large concentration of flats and apartments and therefore has a high capacity for unrelated persons to live together, whilst also being within convenient distance of many employment centres and transport hubs. There is a band evident running north from the city along Shandon Street and past Blackpool, that contains a high population of Non-Irish Nationals. Non-Irish Nationals feature far less prominently in all four RAPID areas. The concentration of 'other EU (excluding UK)' is quite similar, with an even greater degree of concentration in the City Centre (see Section III). The distribution of those of UK nationality (see Section III) is far more dispersed, possibly reflecting their greater degree of integration due to spatial, linguistic and cultural proximity to native residents of Cork City.

2 Ibid., 19.
3 Ibid., 14, 15, 21.
4 Ibid., 24.

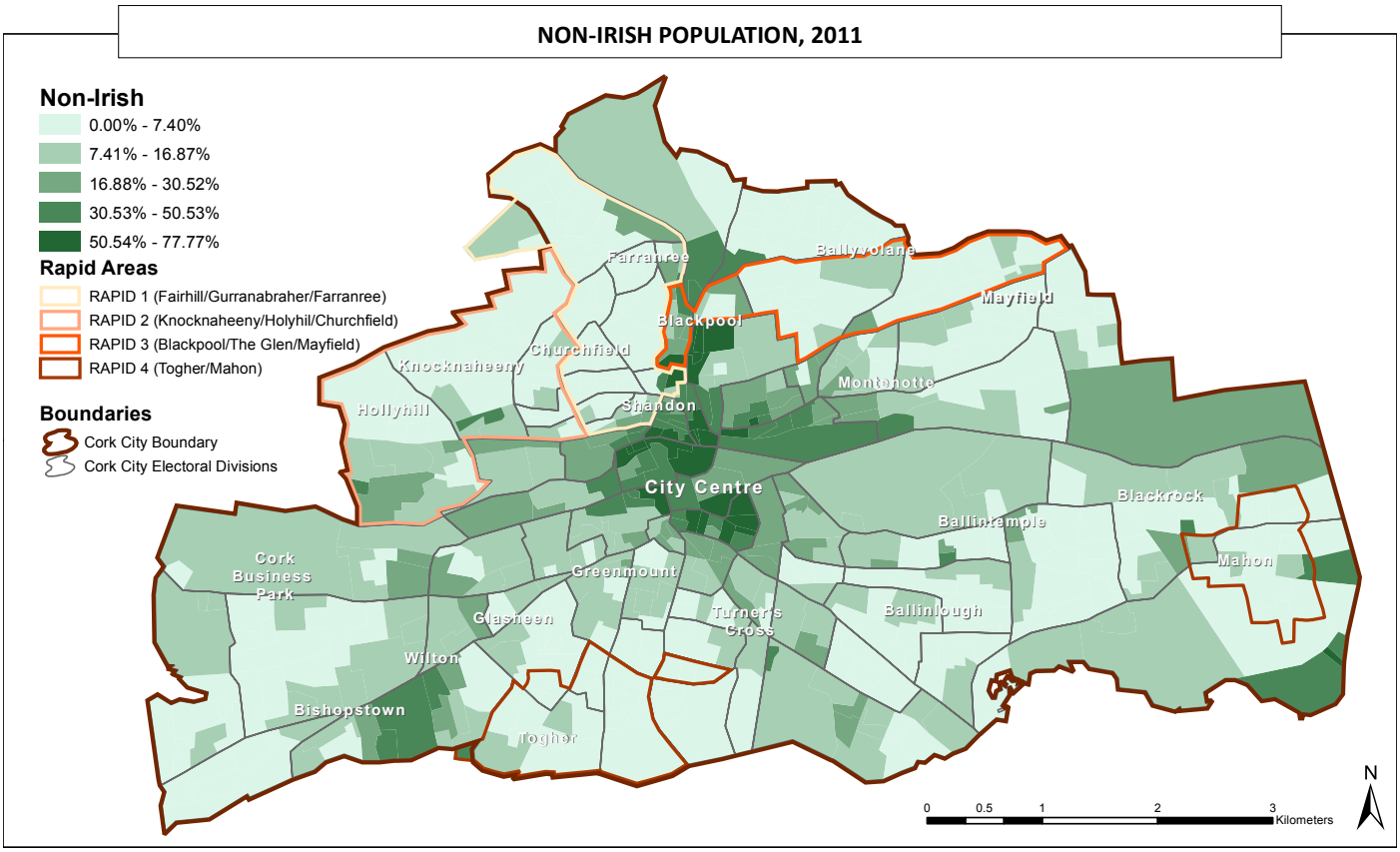

FIGURE 42. MAP OF THE POPULATION THAT ARE OF FOREIGN NATIONALITY, 2011 (SOURCE: CSO/ORDNANCE SURVEY IRELAND)

Other EU (Excl. UK)

Other EU nationalities comprise 7.2% of the population of the city. The Electoral Divisions containing the greatest proportions of persons of Other EU (excluding UK) nationalities are: Shandon A, South Gate A, Shandon B, Centre A and Centre B (Table 37). These EDs contain higher proportions of young persons and single persons. Each ED features above average proportions of persons with higher level education. Levels of unemployment in these EDs is above the city average. For those who are employed, the Non-Manual socio-economic group dominates. Overall health is generally good, though proportions of those with fair or poor health in Centre B are somewhat higher than the city average. Poor English language proficiency is disproportionately high in the case of each ED. This creates an obstacle to employment and is possibly feeding into the higher unemployment levels observed. South Gate A has a particularly high student population; there are likely Non-Irish Nationals here who are pursuing education.

PERCENTAGE OF 'OTHER EU' NATIONALITY (EXCL. UK)			
Highest (EDs)		*Lowest (EDs)*	
Shandon A	39.7	Fair Hill B	0.1
South Gate A	31.4	Farranferris B	0.2
Shandon B	26.9	Ballyphehane A	0.3
Centre A	26.8	Gurranebraher E	0.7
Centre B	26.5	Pouladuff B	0.8

TABLE 37. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSON OF 'OTHER EU' (EXCL. UK) NATIONALITY, 2011 (SOURCE: CSO, 2011)

Rest of the World

Rest of the World nationalities comprise 3.7% of the population of the city. These nationalities relate to all non-EU nationalities and publicly available Small Area level Census data do not subdivide them. The group is too diverse to break down on a country basis, but in continental terms, Asians account for 2% of the population of Cork City, Africans account for 0.6% and Americans 0.5%. The EDs with the greatest proportions of persons with 'Rest of the World' nationalities are: Centre B, Glasheen A, St. Patrick's B, South Gate A and Bishopstown E (Table 38). The socio-economic make-up of these EDs is quite diverse. Centre B, St. Patrick's B and South Gate A are broadly comparable, with higher

PERCENTAGE 'REST OF WORLD' NATIONALITY (EXCL. UK)			
Highest (EDs)		*Lowest (EDs)*	
Centre B	17.3	Togher B	0.1
Glasheen A	14.8	Fair Hill A	0.3
St. Patrick's B	14.0	Pouladuff A	0.4
South Gate A	13.8	Farranferris C	0.5
Bishopstown E	13.4	Browningstown	0.5

TABLE 38. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS CLASSIFIED AS 'REST OF WORLD' NATIONALITY, 2011 (SOURCE: CSO, 2011)

than average proportions of single persons and the non-manual and lower professional groups existing in higher proportions. Unemployment levels in these EDs is above average and the proportion of the population with fair to poor health is higher than average, with the exception of South Gate A. These EDs have high proportions of persons with poor English proficiency, which is possibly contributing to higher unemployment rates.

Glasheen A and Bishopstown E have a different demographic composition but are comparable with each other. These EDs are affluent in many respects and feature high proportions of professional groups, low unemployment and high educational attainment, with generally good health. Both EDs also feature notably higher rates of home ownership. Proximity to Cork University Hospital differentiates these EDs from the others. Bishopstown E is distinctive in its higher proportions of older persons (65 to 84) and lower proportions of students, indicating that it has a more settled population on the whole. It also features high proportions of persons with poor English language skills, which is incongruous with its overall affluence, considering the handicap that poor language skills represents in the job market. It is worth considering that there may be some foreign national couples where one spouse has better command over the English language than the other. These EDs are within close proximity of a range of high skill employment centres such as CUH, CIT and UCC, which makes them a suitable location for academic and medical professionals, as well as for the student population.

Challenges faced by migrants

Education and Employment

Employment and education are vital in aiding persons to elevate their standards of living, integration and overall levels of participation in society. The Nasc report *Evaluating the Barriers to Employment and Education in Cork* outlines a number of obstacles for immigrants in accessing employment and education.[5]

Principal obstacles to education identified by the Nasc report include financial barriers. Non-EU migrants in particular are often liable for steep fees for education. These financial barriers are particularly challenging for Asylum Seekers who often do not have the means to pay fees (which can be three times greater for non-EU nationals). Entitlements for subsidisation (such as the Back to Education Allowance or Vocational Training Opportunities Scheme) generally require periods of unemployment and significant numbers of non-EU nationals are not entitled to any grants at all. Another issue arising is recognition of prior educational achievements, or lack thereof, with some migrants having difficulty registering their qualifications with the National Qualifications Authority of Ireland and others feeling that qualifications obtained in Ireland were favoured by employers.

In terms of finding employment, migrants interviewed by Nasc found poor English language skills to be a significant obstacle to finding employment. Racism and discrimination on the part of employers

5 Nasc. (2012a). *Evaluating the Barriers to Employment and Education for Migrants in Cork*. Available: http://www.Nascireland.org/wp-content/uploads/2012/02/Barriers-to-Employment-and-Education.pdf. p.17

was found to be another problem for migrants - particularly Africans - in pursuing employment. Obtaining a work permit is difficult for some migrants as it often requires securing a position with a salary of over €30,000 (restricting opportunities for all but educated professionals). The permit also incurs a cost to the applicant of over €1,000 and the waiting time can be long, with the bureaucracy to be negotiated by employers making it an unattractive process for all involved. Another issue is limited work experience - a problem shared with young Irish nationals - whereby, although people may have a qualification for a certain role, a lack of corresponding experience acts as an obstacle to acquiring employment. Issues pertaining to experience may be particularly acute for asylum seekers, who are not entitled to work until their refugee status has been approved. Other barriers to employment include isolation and lack of access to information and networks.

Discrimination

The CSO's *Quarterly National Household Survey on Equality* (Quarter 4, 2010) registered self-reported rates of discrimination in Irish society.[6] Some of the most pertinent findings were that:

- The highest rates of discrimination were registered by persons of non-white backgrounds (29%) and Non-Irish Nationals (20%).
- One of the highest grounds for discrimination was race (22%).
- Non-white persons and Non-Irish Nationals experienced work-related discrimination at rates of 17% and 12% respectively.
- 27% of discrimination in the workplace applied to persons of a different race, ethnicity, skin-colour or nationality, up from 19% in 2004.
- In terms of effects of discrimination for all groups, the highest proportions in the Very Serious Effects category were in accessing public services (13%), the workplace (12%), accessing health services (12%) and looking for work (11%).

Relating to Cork specifically, Nasc conducted a survey on racism in 2012.[7] They found that 30.2% of respondents had been victims of racist attacks, rising to 42.6% when Irish respondents were excluded and 54.7% when considering only African respondents. Verbal attacks were the most common (92.5% of respondents experienced them) and physical attacks were experienced by 17%. 70% of ethnic minority respondents to the survey reported discrimination across the public sphere, including the public sector and other services. The number was high (72%) for Black African respondents in particular. Nasc found that 82.8% of respondents did not report their experiences of discrimination to the authorities.

Nasc found that 77.8% of respondents were aware that there were laws to protect them, however, they found that only 23% of foreign national respondents understood their rights under equality law. The figures show that 66% of the foreign national group took no action in 2010 versus 73% in 2004. Reasons for not reporting discrimination have been identified as including feeling that there was no point (34%) and that the incident wasn't serious enough (30%). Other reasons concerned victims not knowing who to complain to (10%), being fearful of the authorities (6%), too scared (6%) or too upset (5%).[8]

6 Central Statistics Office. (2011a). *Quarterly National Household Survey Equality Quarter 4 2010*. Available: http://www.cso.ie/en/media/csoie/releasespublications/documents/labourmarket/2010/qnhs_equalityq42010.pdf. p. 3

7 Nasc. (2012c). *Stop the Silence: A Snapshot of Racism in Cork*. Available: http://www.nascireland.org/latest-news/stop-the-silence-a-snapshot-of-racism-in-cork/. p. 17

8 The Integration Centre. (n.d.). *Recording Racism in Ireland.* Available: http://www.integrationcentre.ie/getattachment/d70f7539-ce06-403d-98d7-da21f7d46426/Recording-Racism-in-Ireland.aspx. p.12

Health

The HSE West conducted research which was published in 2007 that provided comprehensive insights into health related issues faced by migrant communities:

- Language was identified as posing an obstacle to communication with healthcare professionals.
- A lack of information and awareness was identified as contributing to cancer risk.
- Migrant communities can suffer from mental health problems due to experiences of isolation and poverty on the part of migrant communities.
- Approximately 40% of respondents were not aware of Medical Card entitlement (EU migrants were the most unaware).
- 21% of respondents reported being smokers, which is actually lower than the proportion of smokers in the Irish population in the same year (28.5%[9]).[10]

Language

1.6% of the population of Cork City speak a foreign language and speak English either 'not well' or 'not at all'. Accessing services, information networks, friendship circles and engaging in social activities can depend on the ability to communicate and understand a language, making the population with language difficulties vulnerable to a spectrum of disadvantages. In relation to the most common foreign languages spoken nationally, Polish is most dominant, with nearly twice as many speaking the language as French, which is the next most widely spoken foreign language. At 6.2% of the total, Lithuanian is third.

ABLE TO SPEAK ENGLISH 'NOT WELL' OR 'NOT AT ALL'(%)			
Highest (EDs)		*Lowest (EDs)*	
Shandon A	6.0	Fair Hill B	0.1
Centre B	5.4	Pouladuff B	0.2
South Gate A	4.8	Pouladuff A	0.3
Farranferris A	4.3	Ballyphehane A	0.3
Shandon B	4.3	Farranferris C	0.3

TABLE 39. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF THEIR POPULATIONS THAT SPEAK A FOREIGN LANGUAGE AND SPEAK ENGLISH 'NOT WELL' OR 'NOT AT ALL', 2011 (SOURCE: CSO, 2011)

The EDs with the highest and lowest prevalence of the population with difficulties speaking English are shown in Table 39. All of the EDs with the highest levels, with the exception of Farranferris A, have strong proportions of the Non-Manual social group. Farranferris A is characterised by low educational attainment, high unemployment levels and poor self-reported health.

Asylum Seekers and Refugees

An Asylum Seeker is a person who has fled their country of origin or normal country of residence to escape adverse circumstances such as persecution and conflict. They make applications for Refugee status upon arrival and remain Asylum Seekers until their status has been determined by the Office of the Refugee Applications Commissioner (ORAC), or on appeal by the Refugee Appeals Tribunal.[11] Data relating to the nationality of refugees in Cork City is not readily available, however, at the national scale, the top five countries of origin of persons applying for Refugee status were: Nigeria, Pakistan, Democratic Republic of Congo, Zimbabwe, and Malawi, whilst other countries of origin comprised 55.9% of applications as of the end of 2013. The total number of applications at

9 IPH. (2011) *Pct smoke RoI 2007* [Online]. Available from:http://www.thehealthwell.info/node/286605 [Accessed: 12th March 2014].

10 Health Service Executive West . (2007). *Multicultural Health:An Assessment of Health and Personal Social Service Needs relating to Ethnic Minority Groups within the Mid-West Area*. p.11

11 Irish Refugee Council. (2012). *Difficult to Believe The Assessment of Asylum Claims in Ireland.* Available: http://www.irishrefugeecouncil.ie/wp-content/uploads/2011/08/Difficult-to-Believe-The-assessment-of-asylum-claims-in-Ireland.pdf. p.1

national level in the same year was 946.[12]

Asylum seekers awaiting a final decision, if they are unable to provide for themselves, are accommodated in Direct Provision Centres. Direct Provision Centres also accommodate those who have been refused asylum and are awaiting deportation, or the possibility of being granted humanitarian leave to remain.

According to the December 2013 report of the Reception and Integration Agency (RIA), there are now 682 asylum-seekers residing in five Direct Provision Centres in the county of Cork. Figure 43 illustrates the share each centre has of Cork County's total asylum seeker population. In Cork city, within the city boundaries only, where Glenvera is located, 15.4% of asylum seekers are accommodated. The centre's contracted capacity is 107.[13] It is worth noting that the most occupied centre, the Kinsale Road Accommodation Centre is located just outside of the city boundaries and had 252 occupants in 2013.

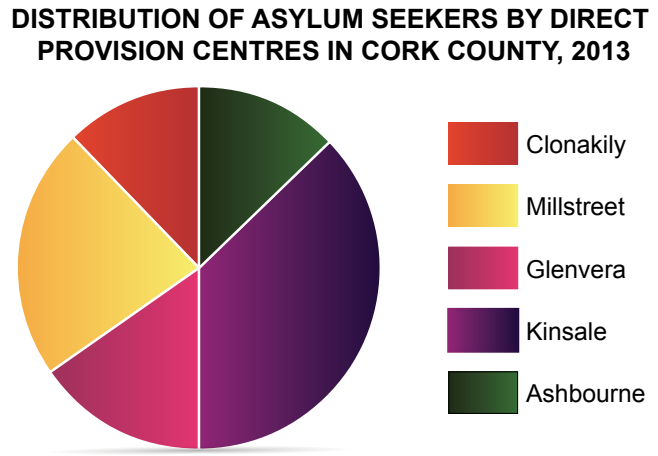

FIGURE 43. DISTRIBUTION OF ASYLUM SEEKERS BY DIRECT PROVISION CENTRES IN THE COUNTY OF CORK, 2011 (SOURCE: RIA, 2013)

Challenges faced by Asylum Seekers and Refugees

Asylum seekers and refugees often face the same challenges as migrant groups that have been previously outlined. They also experience a variety of additional challenges.

In relation to Direct Provision (DP) centres, research has indicated that issues for those living in these centres include:

- Lack of coordination of services for immigrants, provided by the Departments of Health, Education, Justice, Equality and Law Reform.[14]
- Inconsistencies in service provision, with different centres varying in the quality of services being offered.[15]
- Poor overall health.[16]
- Poor mental health - 48% of Direct Provision residents in Cork and Kerry reported poor mental health - particularly depression and stress - due to social exclusion, poverty, overcrowding, the lack of privacy associated with room sharing, a sense of hopelessness and discrimination.[17]

Research in Waterford found that many asylum seekers were being prescribed anti-depressants and sleeping tablets. Although the research in Kerry and Cork found that 48% of the persons surveyed had poor mental health, experts have indicated that Direct Provision could 'do as much longterm damage to asylum seekers' mental health as the trauma from which they fled'.[18] Direct

12 Reception and Integration Agency. (2013). *Reception and Integration Agency Monthly Statistics Report.* Available: http://www.ria.gov.ie/en/RIA/RIADec(A4)2013.pdf/Files/RIADec(A4)2013.pdf.p.3

13 Statistics in this paragraph sourced from: Reception and Integration Agency. (2013). *Reception and Integration Agency Monthly Statistics Report.* Available: http://www.ria.gov.ie/en/RIA/RIADec(A4)2013.pdf/Files/RIADec(A4)2013.pdf. p.15.

14 Foley Nolan, C, Sheehan, A, Cahill, D. (2002) *A Better World Healthwise, A health needs assessment of immigrants in Cork and Kerry*. Department of Public Health, Southern Health Board.

15 Ibid.

16 Brady, (2002) :13.

17 See Dunbar et al. (2008); MacCormaic (2007); Roche (2005).

18 Nasc. (2012). *Hidden Cork The Perspectives of Asylum Seekers on Direct Provision and the Asylum Legal System*. Available: http://www.

Provision Centres have been said to exclude asylum seekers from mainstream life and cause institutionalisation, rendering integration into Irish society a significant challenge.[19]

The limited financial resources of asylum seekers also render them a group particularly vulnerable to social exclusion. Asylum seekers are not permitted entry into the workforce while their applications are being processed. They are not entitled to many of the benefits afforded to Irish citizens or refugees, excepting the Medical Card and Child Benefit. Asylum seekers receive €19.10 per adult per week and €9.50 per child per week, but may also benefit from discretionary payments (exceptional needs) by the Department of Social Protection.[20]

The Roma Community

Another group which warrants particular attention due to discrimination and exclusion they face in society is the Roma community - an ethnic group composed predominantly of persons coming from Romania, Hungary, Poland, Slovakia, Bulgaria and the Czech Republic. A precise demographic profile of the number of Roma in Ireland is not possible using Census data due to the data being collected on the basis of nationality, not specific ethnic origin. According to Nasc (with the caveat that there is a dearth of accurate statistics relating to Roma in Ireland), there is an estimated 5,000 persons belonging to this group in the State, which represents approximately 0.1% of the population.[21] Nasc estimates that there are approximately 40 Roma families in Cork, representing between 300 and 400 people who mostly come from Romania. Taking the upper estimate of 400, the Roma represent approximately 0.3% of Cork City's total population.

The Roma are one of the largest minorities in Europe and have historically faced persecution and adversity. They have poor socio-economic status in Ireland, creating challenges for inclusion and integration. Challenges to Roma securing employment include: lack of suitable skills and qualifications and poor educational attainment.[22] The Roma also face particular challenges to social participation – a survey found that 38% of persons surveyed in Ireland 'totally disagree' that Roma integration could benefit Irish society. This compared with 87% of Swedish respondents agreeing that society would benefit from Roma integration.[23] In the Nasc study in Cork, 90% of Roma respondents reported discrimination when dealing with organisations and public bodies - with females facing disproportionate challenges (all reported discrimination). All respondents reported being treated differently from other ethnic groups when dealing with organisations that provide social benefits.[24]

With limited access to welfare supplements, the labour market and education, Roma are in a poor position to observe healthy behaviours and secure positive health outcomes. Roma are characterised by 'higher infant mortality, lower life expectancy and a higher rate of disease.'[25] At the EU level, Roma life expectancy is ten years less than that of the general population and child mortality is two to six times higher.[26] Roma report having difficulty in acquiring medical cards, which are essential for such low income groups to have adequate access to healthcare.

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nascireland.org/wp-content/uploads/2012/02/dp_report.pdf. p.6.

19 Ibid., 9.
20 Ibid., 9.
21 Ibid., 10.
22 Ibid., 47.
23 Ibid., 19.
24 Ibid., 46.
25 Ibid., 58.
26 Ibid., 58.

Nasc assert that the majority of the Roma community is located around Blackpool, however, internal research conducted by Cork City Partnership (focussed on youth) found that there was in fact a greater concentration of Roma students in schools located in the South side of the city. In Cork City Partnership's research, Roma children were found to be attending 9 out of 45 schools in Cork, 32 of whom were attending 2 secondary and 3 primary schools on the South Side of the city whilst 6 pupils were found to be attending 2 primary schools and 1 secondary school on the North side --that the majority of Roma students are attending schools in the South side of the city is a counter-intuitive result if most Roma families are based on the North side; in light of these apparently incompatible results more research is required to better determine the spatial distribution of Roma in Cork.

5.2 Ethnicity

As illustrated in Figure 44, the most dominant ethnic group after White Irish and Any other White Background in the State is Asian or Asian Irish (excluding Chinese) at 1.48%. Including the Chinese, this figure rises to 1.87%. At 1.73%, Cork City contains a greater proportion of this group (2.24% inclusive of Chinese). Filipinos and Indians account for many of the Any Other Asian group, nationally numbering 10,810 and 6,919 respectively. 48.8% of Any Other Asians are composed of Professional, Managerial or Technical professional groups. The next most dominant group nationally is Black or Black Irish - African at 1.3% (or 1.4% inclusive of Black or Black Irish - any other Black background) which is a markedly higher than the Cork City proportion of 0.8% (0.94% inclusive of Black or Black Irish - any other Black background).

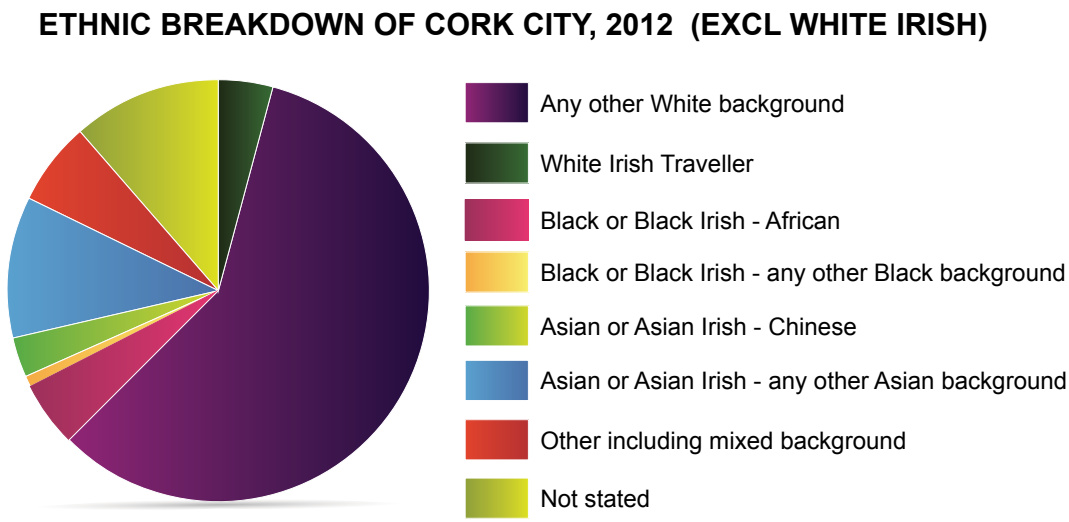

FIGURE 44. ETHNIC BREAKDOWN OF RESIDENTS OF CORK CITY, 2012 (SOURCE: CSO, 2012)

5.3 Religion

The Central Statistics Offices provides extensive statistics on religion on a national scale.[27] Roman Catholicism is the dominant religion in the State, which has been the case since at least 1881. The proportion of Roman Catholics peaked in 1961 and has been on the decline since then. As illustrated in Figure 45, the proportion of Roman Catholics in Cork City stands at 82.5%, slightly below the national average of over 84%. As an urban centre, the City also follows the national pattern of having fewer Roman Catholics than rural areas (the rural average is 89.2% versus the urban average of 81.9%).

Roman Catholics are characterised by lower divorce rates - 3.6% as of 2011 (versus the general

27 Central Statistics Office (2012c). *Profile 7 Religion, Ethnicity and Irish Travellers.* Dublin: Stationery Office. p.6

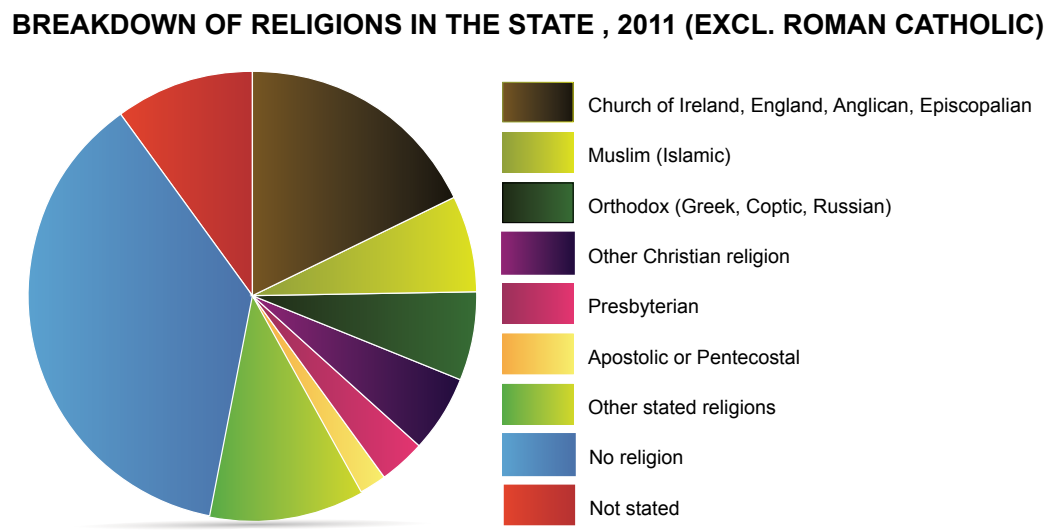

FIGURE 45. BREAKDOWN OF RELIGIONS OF THOSE LIVING IN THE STATE (SOURCE: CSO, 2011)

average of 4.2%). 89.7% of Catholics are Irish, whilst Poles are the next biggest group, followed by UK nationals and smaller but significant proportions of Asian Catholics (predominantly from the Philippines and India).

At 2.8%, Church of Ireland and other Protestant religions combined clearly account for the next most dominant religions in the State (when one excludes the No Religion category). Since 1881, the prevalence of these religions have fluctuated, reflecting the dynamic political situation experienced in Ireland since then.

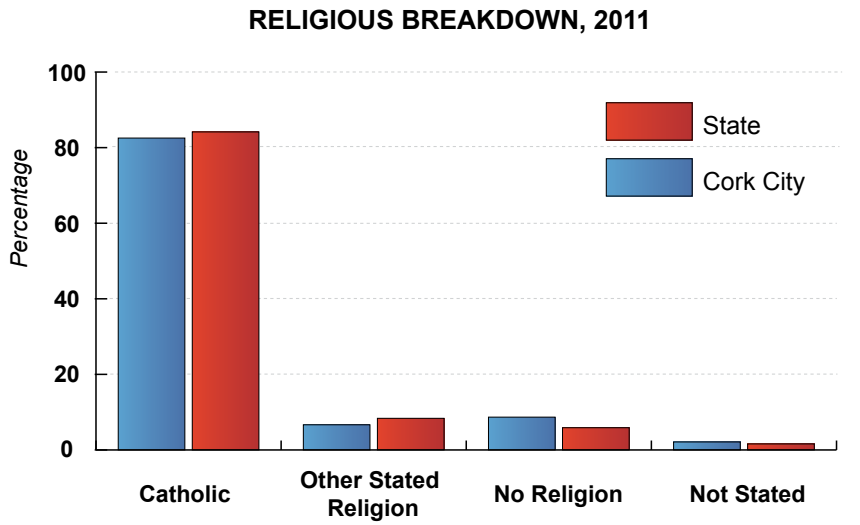

FIGURE 46. BREAKDOWN OF RELIGIONS OF THOSE LIVING IN CORK CITY AND THE STATE (SOURCE: CSO, 2011)

The number of persons of Protestant and Church of Ireland religions declined from 317,576 in 1881 to 89,187 in 1991 but returned to higher absolute levels of 134,365 in 2011. The average age of members of the Church of Ireland is 39.2 and the majority are Irish nationals (74.8%), followed by persons from the UK, and with small but significant proportions coming from Lithuania, Nigeria and Poland. Cork County accommodates 9.4% of members of this Church - the highest proportion of any county.

The third most prominent religion in Ireland (excluding No Religion) is Islam. The Muslim population has grown over the past two decades from 0.1% of the population to over 1%. Muslims are more likely to be married (almost 60% are) and with a divorce rate of 2.5%, they are less likely to divorce. This religious group is composed of Irish nationals (37.1%), followed by Pakistanis (14%), and Bangladeshis and Nigerians in smaller proportions (4%). The largest ethnic groups that make up this community are Asians (40.4%) and Africans (21.4%). Cork County contains 4.6% of all Muslims in the State.

5.9% of the population of Ireland are classified as having 'No Religion'. The proportion of persons occupying this category - primarily agnostics and atheists - has been growing since 1991. Atheists, in particular, have grown from an absolute number of 320 to 3,905 during that time. The proportion of single persons in this category is markedly higher than the general population - 56.2% versus 41.7%, and divorce rates are also over twice the national average (9.8% versus 4.2%). This population is

generally highly educated, being twice as likely to hold a postgraduate degree than the general population and more than half possess a third level degree (56%). This compares with 35.5% of the general population. The proportion of persons with No Religion in Cork City is above the State average at nearly 8.7% versus 5.9%.

5.4 Sexual Orientation and Gender Identity

Prevalence

Estimating the size of the LGBT population has proved problematical. In Ireland, as in many countries, there is no precise data on the size and composition of LGBT communities as the Census does not collect information on sexual orientation and gender identification.[28] The Census does, however, gather information on same sex cohabiting couples and their publications relating to this group at the national level reveal some valuable insights. The 2006 Census reported a total of 2,090 same sex couples living in Ireland - two thirds of whom were male and one third were female.[29] In the 2011 Census, these numbers had risen by 93.4% to 4,042, representing approximately 0.18% of the State's population.[30] 2,321 (57.4%) of these were males and 1,721 (42.6%) were females. 83.1% of same sex couples resided within urban areas and this group were predominantly of a young age (49.5% were aged between 30 and 44, compared to 36.3% of opposite-sex couples).

Figures compiled by the Department of Health and Children and the Crisis Pregnancy Agency in 2004 (in collaboration with the ESRI and RCSI) show that nationally, 1.6% of men were enumerated as being gay and 1.1% as bisexual.[31] 0.4% of women expressed their sexuality as gay and 0.8% bisexual. 0.4% of males were undecided and 0.1% of females were undecided on their sexuality.

The Equality Authority estimates that approximately 10% of the population - 458,825 people - belong to the Lesbian, Gay and Bi-sexual (LGB) communities. The 10 per cent figure would suggest that there are approximately 11,923 LGB persons living within Cork City, making them a substantial minority. Cork City Development Board indicates that Cork is home to approximately 12,000 lesbian, gay and bisexual people.[32] Mirroring the diversity in the population as a whole, there is diversity within the Lesbian, Gay, Bisexual and Transgender (LGBT) population in relation to age, race and ethnic origin, socio-economic status, types and levels of disability and functional ability.[33]

One group within LGBT communities which is vulnerable to lack of recognition in society due to their small population is that of transgender persons. The Transgender Equality Network Ireland defines transgender as:

> "...individuals whose gender, expression and/or identity differ from conventional expectations, based on the physical sex they were assigned at birth. 'Transgender' is also an umbrella term which is often used to describe a wide range of identities, experiences and people whose appearance seems to conflict with the gender norms of society, including transsexuals, transgender, intergender, gender queers, cross dressers, drag queens, drag kings, and many more. Transgender

28 Aaron, D., Markovic, N., Danielson, M., Honnold, J., Janosky, J., and Schmidt,N. (2001) Behavioral risk factors for disease and preventive health practices among lesbians. *American Journal of Public Health* 91:972–975

29 Central Statistics Office (2007). *Equality in Ireland 2007*. Dublin: Stationery Office.

30 Central Statistics Office (2012). *Profile 5 Households and Family.* Dublin: Stationery Office.

31 Central Statistics Office (2007). *Equality in Ireland 2007*. Dublin: Stationery Office.

32 Power, M. (2004). *Service Needs Analysis Cork City Lesbian Gay & Bisexual Community.* Available: http://www.corkcitydb.ie/publications/LGB_Report_Board_approved.pdf. p.6.

33 Health Service Executive . (n.d.). *LGBT Health: Towards meeting the Health Care Needs of Lesbian, Gay, Bisexual and Transgender People*. Available: http://www.glen.ie/attachments/HSE_LGBT_Health_Report.PDF.

people can have any sexual orientation - lesbian, gay, bisexual, straight, asexual or indeed, be celibate."[34]

There is a dearth of figures relating to the size of Ireland's Transgender population. A report on Transphobia in Ireland confirms that no substantive knowledge exists.[35] The report *LGBT Health: Towards Meeting the Health Care Needs of Lesbian, Gay, Bisexual and Transgender People*, gives an estimation of the prevalence of Transgender persons which was ascertained as a result of research conducted in the Netherlands, however, it only accounts for the transsexual sub-group. The prevalence was 1 in 11,900 males and 1 in 30,400 females.[36] There is an identified need for research to be done in order to ascertain the size and composition of the Transgender population in Ireland.[37] The same is true for Cork City.

Challenges faced by LGBT communities

Discrimination

Despite a number of key developments that have taken place in recent years for Lesbian, Gay, Bisexual Transgender communities, prejudice and discrimination still persist and have direct and widespread impacts on their health. Members of these communities who are open about their sexual orientation and/or gender identity continue to experience discrimination in: employment, education, housing and accommodation, health, and personal safety.[38] The Cork City Development Board's Strategy 'Imagine our Future' of 2002 included LGB communities in its *Objective 86* and, although named by NESC as a model of good practice, this plan still remains the only one in existence in the State.

As of the publication of this report, this group are still not entitled to the full spectrum of rights as the general population, although there has been substantial progress. Attempts to address discrimination in LGBT communities continues and in 2009, the Civil Partnerships Bill was passed.[39] This bill grants same sex couples rights previously only granted to married couples, but falls significantly in areas such as guardianship/parenthood of children and inheritance, among many others. In 2012, there were 11 Civil Partnerships where couples intended to, or lived, in the city - five male and six female couples. This represented approximately 2.5% of all partnerships in 2012, when including civil partnerships in the County this figure rises to 9.1%.[40] The average age of male civil partners was 41.1 and the average age of female civil partners was 42.2 (notably older than the average age of grooms in marriage (34.7) and brides (32.6). Same sex couples are not entitled to marry, though this situation is subject to change with a referendum set for 2015 proposing constitutional amendment.[41]

One of the more recent publications dealing with the lives and experiences of the LGBT population in Ireland (with a focus on mental health and well-being) is *Supporting LGBT Lives: A Study of Mental Health and Wellbeing*.[42] This report extensively documents experiences of discrimination against

34 TENI. (2009). *Transphobia in Ireland* . Available: http://www.teni.ie/attachments/36acd63f-883c-457d-bcba-a40eefecc1d9.PDF. p.3.
35 Ibid., 4.
36 Health Service Executive . (n.d.). *LGBT Health: Towards meeting the Health Care Needs of Lesbian, Gay, Bisexual and Transgender People.* Available: http://www.glen.ie/attachments/HSE_LGBT_Health_Report.PDF. p.19.
37 The differences between Transgendered people and Transexual people are complex. Here, 'Transgendered' refers to those who self identify and 'Transexual' refers to those with physical differences.
38 See, for instance, Equality Authority (2002); Barron (2006) and Coughlan, C. (2006).
39 GLEN. (n.d.). *Civil Partnership*. Available: http://www.glen.ie/page.aspx?contentid=672
40 Central Statistics Office. (2013). *Marriages and Civil Partnerships*. Available: http://www.cso.ie/en/releasesandpublications/er/mcp/marriagesandcivilpartnerships2011/#.UxtSSvl_trY
41 Collins, S. (2013). *Referendum on same-sex marriage to be held in 2015*. Available: http://www.irishtimes.com/news/politics/referendum-on-same-sex-marriage-to-be-held-in-2015-1.1584350.
42 Mayock, P., Bryan, A., Carr, N. and Kitching, K. (2008) Supporting LGBT Lives: A Study of Mental Health and Well-being. Gay and Lesbian Equality Network and BeLonGTo.

the LGBT population. Coming out can be a difficult experience but may be necessary for a sense of acceptance and self-actualisation as well as the affirmation of personal identity, though fears of rejection, sometimes legitimate when responses can be negative or violent, may act as disincentive to this step. LGBT Lives reported the following in relation to coming out:

- 67.3% of respondents to the survey were out to all friends, 28.7% to some friends and 4% out to no friends
- 67.2% were out to all parents, 9.6% to some parent(s) , and 23.2% to none.
- 68% were out to all siblings, 14% to some siblings and 18% to none.
- In contrast, only 35.1% were out to all family (excluding parents and siblings), 35.7% were out to some and 29.2% were out to none.
- 42.9% to all work colleague, 36.9% to some colleagues and 20.2% to none.

In terms of manifestation of discrimination in the workplace, the authors found the following from their survey:

- 3.2% of respondents experienced verbal threats by colleagues in their current job, 14.7% had experienced this at some point in their careers.
- 1.3% had been physically threatened by colleagues in their current job, 6.7% had at some point in their careers.
- 8.9% had been called hurtful names in their current job, 26.8% had been at some points in their careers.
- 1.9% missed work to avoid these instances of abuse in their current jobs, 9.3% had done the same at some point in their careers.

There have been a number of assaults on LGBT communities which have received widespread coverage in the media.[43] The report outlined some alarming results relating to this theme.

- 80.4% of respondents had been verbally assaulted in their lives, and 37% six times or more.
- 42.5% had been threatened with physical violence at least once, and 8.9% six times or more.
- 24.4% had been punched, kicked or beaten at least once, and 2.7% six or more times.
- 7.9% had been sexually assaulted at least once, and 0.6% six times or more.
- 34.2% had been threatened to be 'outed' (make other people aware of their secual orientation) at least once, and 3.4% six times or more.

As with other minority groups, members of LGBT communities under-report attacks, citing lack of confidence in the police force and not seeing the point.[44]

Young LGBT persons in education are also likely to have experiences with discrimination and bullying. Aside from the negative psychological impacts on those experiencing it, this can disturb the process of educational attainment, which is vital in securing better life outcomes. It was found in one report that bullying motivated by sexual orientation occurred in 79% of Irish schools, even more so in single-sex boys schools.[45]

In relation to the experiences of LGBT persons in school, in the aforementioned *Supporting LGBT Lives*, the following was reported:

- 52.9% of respondents agreed that they felt like a real part of their school compared to

43 See, for example Murphy, Claire (2011). "Brendan overwhelmed by support after attack". *Evening Herald*. 15 February 2011

44 Danish Institute for Human Rights. (2009). *The social situation concerning homophobia and discrimination on grounds of sexual orientation in Ireland* . Available: http://fra.europa.eu/sites/default/files/fra_uploads/378-FRA-hdgso-part2-NR_IE.pdf. p. 5.

45 Ibid., 9.

47.1% who did not.

- 69.3% felt that it was hard for people like them to be accepted at school compared to 30.7% who felt otherwise.
- 63.6% felt that they were treated with the same respect as other students compared to 36.4% who felt otherwise.
- Only 27.6% felt like they could be themselves at school compared to 72.4% who did not.
- 62.5% felt that other students liked them as they were compared to 37.5% who felt otherwise.
- Only 3.8% of respondents reported policies in place to protect students from homophobic bullying (rising to 17.6% for currently enrolled students).
- 2.1% stated that there was positive imagery representing LGBT issues or people (rising to 19.6% for those currently enrolled).
- 57.7% reported homophobic bullying by students (51% for those currently enrolled).
- 34.3% reported homophobic comments being made by teachers or other staff members (falling to 21.6% for those currently enrolled).
- A fifth of respondents reported some truancy because they felt threatened, and 5% did leave school as a result of how they were treated.

A group within LBGT communities who may be more at risk of exclusion and victimisation due to their invisibility and the general lack of understanding and awareness that surrounds them are transgender persons. Transgender persons are not fully recognised at an institutional level and there are few legislative provisions for their needs. The Prohibition of Incitement to Hatred Act, for instance, does not protect this group.[46] Additionally, despite international pressure for the State to allow people to change their official documentation to reflect their gender identity, including an important ruling in the Goodwin v. UK case in the European Court of Human Rights 2002, and even an internal ruling in Ireland's High Court in 2007 (that found the State in violation of Article 8 of the ECHR), the State has not yet reformed laws to legally legitimise persons' gender identity.[47] Consequently, transgender persons do not have marriage and family recognition rights.[48] In this legal vacuum, with a limited framework in place to address and facilitate transgender needs, their position is extreme and they are one of the groups most vulnerable to discrimination.

The Government is in the process of drafting legislation (the Gender Recognition Bill 2013) which would enable legal recognition of the identified gender of trans persons.[49]

Health

The Health Service Executive has comprehensively outlined the health challenges facing LGBT communities in *LGBT Health: Towards meeting the Health Care Needs of Lesbian, Gay, Bisexual and Transgender People*.[50] As a group that face marginalisation and discrimination, it is not surprising that the report identifies high numbers of LGBT persons seeking to self-medicate through the use of alcohol, tobacco and recreational drugs, all of which have negative impacts on health.

46 TENI. (2009). *Transphobia in Ireland* . Available: http://www.teni.ie/attachments/36acd63f-883c-457d-bcba-a40eefecc1d9.PDF. p.9.
47 Ibid., 12.
48 Ibid., 13.
49 McGee, H. (2014). *Bill to enable transgender people to secure legal recognition*. Available: http://www.irishtimes.com/news/social-affairs/bill-to-enable-transgender-people-to-secure-legal-recognition-1.1835946. Last accessed 2nd July 2014.
50 Health Service Executive . (n.d.). *LGBT Health: Towards meeting the Health Care Needs of Lesbian, Gay, Bisexual and Transgender People*. Available: http://www.glen.ie/attachments/HSE_LGBT_Health_Report.PDF. p.22

This report also identified the LGBT population as being particularly vulnerable to psychological problems, which can translate into self-harm and even suicide:

- An American study found gay men to be six times more likely and lesbians to be 2.3 times more likely to have mental health problems including depression, drug dependence, anxiety and suicidality, than their heterosexual counterparts.[51]
- A survey of young gay men in Northern Ireland found that 27% of respondents had attempted suicide and over 34% had been diagnosed with a mental health problem.[52]
- People who are isolated from gay communities and feel that they cannot 'come out' may also experience loss of self-esteem.[53]
- Loneliness is prevalent among LGBT persons. 75% of respondents of one survey reported feeling lonely.[54]

Other findings include:

- Lesbian women are at higher risk of cardiovascular disease and polycystic ovarian syndrome, with some evidence suggesting that they are at greater risk of breast cancer, compounded by risk factors such as smoking.[55]
- An American study indicates that lesbians are more likely to be overweight or obese, by factors of 2.69 and 2.47 respectively.[56]
- Transmission of HIV is a concern for gay and bisexual males (as well as other sexually transmitted infections such as HPV, Hepatitis A and B) if they engage in unprotected anal sex. 49% of new diagnoses in 2012 were from this group. Heterosexuals accounted for 38% and intravenous drug users 3.8% of new diagnoses in 2012.[57]

The report *Supporting LGBT Lives: A Study of Mental Health and Well-being* outlined that:

- 58% reported homophobic bullying in their schools.
- 20% missed or skipped school because they felt threatened or were afraid of getting hurt at school because of their LGBT identity.
- 27% had self-harmed and 85% of these did so more than once.
- 40% of females and 20% of males had self-harmed.
- 18% had attempted suicide and 85% saw their first attempt as related in some way to their LGBT identity.
- 24% of females and 15% of males attempted suicide at least once.
- Over a third of those aged 25 years and under had thought seriously about ending their lives within the past year.
- Friends and family - in particular parents - have a crucial role to play in supporting young LGBT people as they come out and this support acts as a protective buffer against LGBT-specific

51 Beautrais, A,L, Fergusson, D, . (1999). *Is Sexual Orientation Related to Mental Health Problems and Suicidality in Young People?*. Archives of General Psychiatry. 56 (na), 876-888.

52 McNamee, H. (2006). *Out on your own: An examination of the mental health of young same-sex attracted men.* The Rainbow Project, Belfast

53 Glen and NEXUS. (1995). *Poverty Lesbians and Gay Men The Economic and Social Effects of Discrimination* . Available: http://www.glen.ie/attachments/7155e8b1-eb5f-4a9d-858d-82edc9136517.PDF. p.72.

54 Ibid.

55 Health Service Executive . (n.d.). *LGBT Health: Towards meeting the Health Care Needs of Lesbian, Gay, Bisexual and Transgender People.* Available: http://www.glen.ie/attachments/HSE_LGBT_Health_Report.PDF. p.26,27.

56 Bauer, G, R, Beohmer, U, and Bowen, D, J. (2007). Overweight and Obesity in Sexual-Minority Women: Evidence From Population-Based Data. *American Journal of Public Health.* 97 (6), 1134-1140.

57 See Health Service Executive . (n.d.). *LGBT Health: Towards meeting the Health Care Needs of Lesbian, Gay, Bisexual and Transgender People.* Available: http://www.glen.ie/attachments/HSE_LGBT_Health_Report.PDF. p.30 and HSE-Health Protection Surveillance Centre (HPSC). (2013). *HIV in Ireland.* Available: http://www.hpsc.ie/A-Z/HIVSTIs/HIVandAIDS/SurveillanceReports/File,14126,en.pdf. p.7-8

stresses they may encounter.

- Schools have an important role to play in protecting and supporting young LGBT people. The research revealed that homophobic bullying is not being effectively addressed.[58]

The HSE reported on a number of issues relating specifically to the health of the Transgender population. Transgender persons receive little support in Ireland's health care service from a policy, service and understanding of needs perspective. There is only one specialist in Ireland qualified in what the HSE refers to as 'Gender Identity Disorder' (the use of the term 'Disorder' is a contentious issue, with "Dysphoria" being a preferable term to some[59]) and one therapist with Transgender issue expertise - both of whom are only available through the private sector. Additionally, there is only one endocrinologist available to Trans persons. Because of their invisibility in society and the lack of understanding surrounding their complex identities, Transgender persons can be more vulnerable to poor mental wellbeing. The key issues reported by the HSE relating to Transgender health include: isolation, violence, discrimination and limited availability of appropriate psychological and physical health services.

In keeping with international literature, the findings of a study entitled *Visible Lives - Identifying the experiences and needs of older Lesbian, Gay, Bisexual and Transgender people in Ireland* (2011)[60] supports the view that a high percentage of older LGBT people live alone. The report indicates that only 54% feel part of their local community and only 50% feel part of the LGBT community. Participants worry about isolation and loneliness as they age, particularly those living in rural areas and those who have not 'come out'. A major concern is that older age services will not recognise or respect their LGBT identity. Participants expressed concern that services might not protect their LGBT identity, respect their partners in decision-making or discriminate against them as LGBT people. Priorities identified for health and social care services included the need for services to be more inclusive, particularly for staff to be aware of and educated in issues relating to older LGBT people.

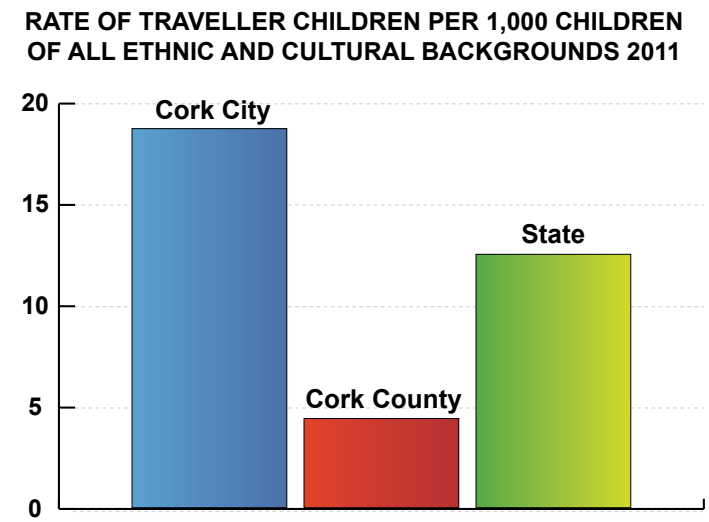

FIGURE 47. RATE OF TRAVELLER CHILDREN PER 1,000 CHILDREN OF ALL ETHNIC AND CULTURAL BACKGROUNDS, 2011 (SOURCE: CSO, 2013A)

5.5 The Traveller Community

Prevalence

Travellers' long history, cultural values, language, customs and traditions make them a self-defined group, and one which is recognisable and distinct. The 2011 Census reported 29,495 travellers living in the Republic of Ireland, however, other estimations have been larger. Pavee Point estimates that 36,224 (a little less than 1%) of the population of the Republic of Ireland are travellers, with a further 3,905 travellers

58 Mayock, P., Bryan, A., Carr, N. and Kitching, K. (2008) Supporting LGBT Lives: A Study of Mental Health and Well-being. Gay and Lesbian Equality Network and BeLonGTo.

59 Beredjick, C. (2012). *DSM-V To Rename Gender Identity Disorder 'Gender Dysphoria'*. Available: http://www.advocate.com/politics/transgender/2012/07/23/dsm-replaces-gender-identity-disorder-gender-dysphoria.

60 GLEN. (2011). *Identifying the Experiences and needs of older Lesbian, Gay, Bisexual and Transgender people in Ireland* . Available: http://www.oireachtas.ie/parliament/media/committees/healthandchildren/Odhran-Allen,-GLEN,-Submission,-Visible-Lives.pdf.

living in Northern Ireland.[61]

In absolute numbers, Cork City (including its suburbs) contains the third highest population of travellers of all administrative counties, ranking below Dublin City and Galway City and their respective suburbs.[62] In the 2011 census, there were 789 members of the traveller community living in Cork City – an increase of 68 persons (8.6%) since 2002. 499 (67%) of these travellers lived in permanent housing. Nationally, the vast majority of travellers are located in urban areas.[63] Figure 47 on the previous page illustrates the number of traveller children per 1,000 children of all ethnic and cultural backgrounds; it indicates that the numbers of traveller children in Cork City significantly exceed the rate in the County and the State.

Figure 48 illustrates the distribution of travellers within the city. The variety of issues connected with the identification of this population in the census make it likely that this does not precisely illustrate the distribution of travellers in the city. It is clear, however, that strong concentrations of travellers are to be found in and around Mahon and a variety of locations on the northside of the city.

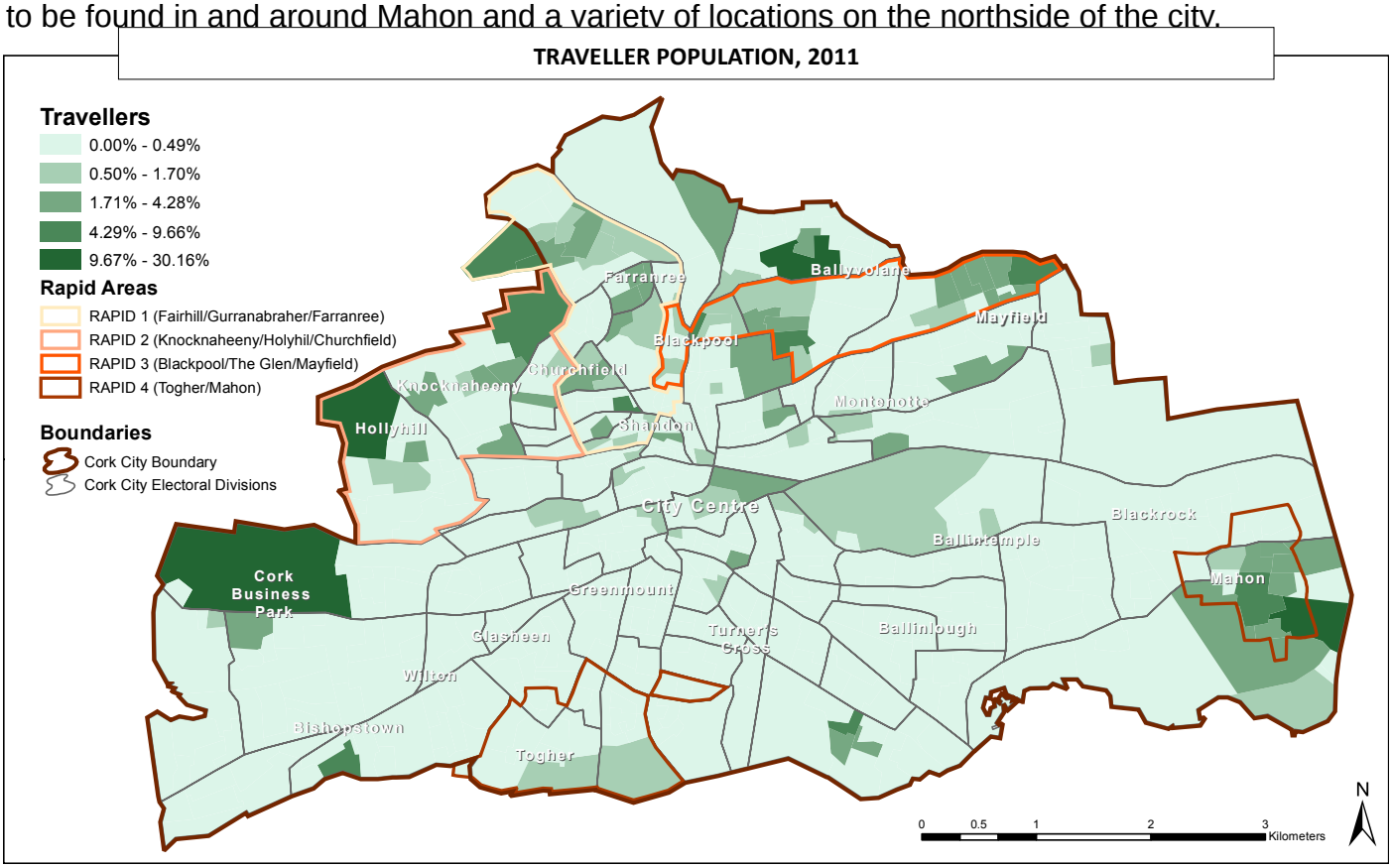

FIGURE 48. MAP OF THE POPULATION THAT ARE CLASSIFIED AS TRAVELLERS IN CORK CITY, 2011 (SOURCE: CSO/ORDNANCE SURVEY IRELAND)

The EDs containing the highest proportions of White Irish Travellers are: Bishopstown A, Mahon B, Farranferris B, Blackpool A and Shanakiel (Table 40).

Three of these EDs contain authorised halting sites: Bishopstown A (Carrigrohane Road Halting Site), Blackpool A (Spring Lane Halting Site) and Shanakiel (Holyhill Halting Site). Bishopstown A is an exceptionally affluent area, whereas Blackpool A and Shanakiel are less affluent and contain noticeably above average employment rates. Farranferris B and Mahon B do not contain any authorised halting sites, but reflecting changing traveller

WHITE IRISH TRAVELLERS (% OF POPULATION)	
Highest (EDs)	
Bishopstown A	3.6
Mahon B	3.4
Farranferris B	2.8
Blackpool A	2.6
Shanakiel	2.4

TABLE 40. EDS WITH THE HIGHEST PROPORTIONS OF WHITE IRISH TRAVELLERS, 2011 (SOURCE: CSO, 2011)

61 Pavee Point. (2011). *Irish Travellers and Roma Shadow Report* . Available: http://www.paveepoint.ie/tempsite3/wp-content/uploads/2013/10/Final-CERD-Shadow-Report.pdf.
62 Central Statistics Office (2012). *Profile 7 Religion, Ethnicity and Irish Travellers*. Dublin: Stationery Office. p.28.
63 Ibid.

needs, these EDs do contain large proportions of Local Authority Housing.

Statistics concerning the makeup of the traveller community in Cork City are not readily available, however, those at the national scale give valuable insights:

- The traveller population is largely young, with an average age of 22.4 - over half of travellers are under the age of 20 and nearly one third are under nine years of age.
- Travellers aged 65 or older constitute 2.5% of the group, evidencing a lifespan at great variance with the general population.
- Reflecting the young age composition of travellers, an exceptional proportion marry at a young age, 33.4% in the 15-29 age group are married, compared to 8.2% of the general population.
- Divorce is rare amongst travellers at 1.8%; however, separation is high at 11.4% (compared to 5.5% of the general population).
- The fertility rate of traveller women is notably high (4.7 children per woman versus 2.9 for the general female population).
- Traveller households are typically larger, containing an average of 4.2 persons versus 2.7 in the general population.[64]

Nationally, over one half of travellers (55%) have ceased education before the age of 15, and only 1% have completed third level education. Traveller educational attainment is, however, making tentative progress; the proportion with upper secondary educational attainment grew from 3.6% to 8.2% between 2002 and 2011. Reflective of low educational attainment, 84.3% of travellers are unemployed (an increase from 74.9% in 2006). The top three occupation types for those travellers who have secured employment are 'Elementary Trades and Related Occupations'; 'Elementary Administration and Service Occupations'; and 'Caring and Personal Service Occupations'. The first is a predominantly male occupied realm of employment and the last is predominantly a female occupation amongst travellers.[65] Nolan and Maitre suggest that due to the nature of some work undertaken by travellers - casual work, self-employment and trading - Census figures may not accurately convey the number of travellers engaged with the economy.[66]

Challenges faced by travellers

Discrimination

Travellers may face discrimination in various spheres of public life which can restrict them from availing of the full range of public and private services accessible to the general population. In *The Experience of Discrimination in Ireland: Analysis of the QHNS Equality Module*, the authors found that - as a percentage of all reported acts of discrimination - 0.7% of reports related to membership of the traveller community.[67] In terms of discrimination in the area of services, 0.5% of reports of discrimination in the Financial sector were made on the grounds of membership of the traveller community, 1.5% were in pubs and shops, 0.5% in education, 1% in housing, 0.4% in health, 0.9%

64 Statistics in this paragraph sourced from: Central Statistics Office (2012). *Profile 7 Religion, Ethnicity and Irish Travellers*. Dublin: Stationery Office. p.31.

65 Statistics in this paragraph sourced from: Central Statistics Office (2012). *Profile 7 Religion, Ethnicity and Irish Travellers*. Dublin: Stationery Office. p.33.

66 Maitre, B and Nolan, B. (2008). *A Social Portrait of Communities in Ireland.* Available: http://www.socialinclusion.ie/documents/5062socialportcommunity-7-aw-lo.pdf. p.64.

67 King O' Riain, R, McGinnity, F, Quinn, E and Rusell, H, (2008). *The Experience of Discrimination in Ireland Analysis of the QNHS Equality Module.* Dublin: Brunswick Press. p.XI.

in transport, and 0.3% of reports made were in other public services.

It should be noted that travellers have protections under the Equality Acts. They do, however, face a more institutional problem in the form of ethnicity denial. Their right to self-identification and self-determination has been denied by the Government which has so far refused to identify travellers as an ethnic group. This denial is unusual considering ethnic recognition of travellers in England, Wales and Northern Ireland, as well as appeals for recognition by national organisations such as the IHRC and the Equality Authority and concerns by international agencies such as the CERD Committee.[68] By not recognising travellers as an ethnic group, the implication is that they cannot experience racial discrimination.[69] Recognition of traveller ethnicity would more deeply entrench their protection in international law and at a constitutional level.[70][71]

Health in the Traveller Community

Among the most comprehensive studies on the health status of travellers is the *All Ireland Traveller Health Study (AITHS)* that was published in 2010.[72] This was the first study of traveller health status and health needs that involved all travellers living on the island of Ireland. This study also included a Census of the traveller Population, which estimated that the traveller population in the Republic of Ireland to be 36,224, suggesting under-estimation by the CSO. Regional results of the study are unavailable, however, the National statistics are useful in the context of this report.

		TRAVELLERS	GENERAL POPULATION
Heart disease and stroke (SMR)	***Males***	337	100
	Females	489	100
Respiratory (SMR)	***Males***	746	100
	Females	536	100
External causes (SMR)	***Males***	548	100
	Females	393	100
All causes (SMR)	***Males***	372	100
	Females	309	100
Infant mortality Per 1000 live births	***Total***	14.1	3.9
Life expectancy At birth	***Males***	61.7%	76.8%
	Females	70.1%	86.6%
Excellent/very good Self rated health	***Total***	50.4%	58%
Current Smokers	***Total***	52.5%	29%
Drink Alcohol 2 times per week	***Total***	13.4%	38%
Drink six or more alcoholic drinks on days when drinking	***Males***	66.1%	35.8%
	Females	42.3%	17.0%

TABLE 41. NATIONAL HEALTH OF THE TRAVELLER COMMUNITY, 2008 (SOURCE: SCHOOL OF PUBLIC HEALTH, PHYSIOTHERAPY AND POPULATION SCIENCE, UCD, 2010)

Among the most urgent health issues facing travellers is mortality. The figures compiled in the AITHS on mortality rates per 1,000 in 2008 are represented in Table 41.

The findings from the study indicate that travellers - in particular males - continue to have higher rates of mortality for all causes of death. Male travellers had a higher Standardised Mortality Ratio (SMR) in 2008 (372), compared to 1987 (351), while over the same period, the SMR of males in the general population has reduced from 161 to 100. Differences in SMR to the general population are striking at most age cohorts, particularly at the Less than 1 year Old and 15 years or older cohorts, increasing in the later years. There is no recorded mortality for

68 See Cummiskey, S. (2010). *Guest Post: Siobhan Cummiskey on Travellers as an Ethnic Minority*. Available: http://humanrights.ie/race/guest-post-siobhan-cummiskey-on-travellers-as-an-ethnic-minority/ and McVeigh, R. (2007). *'Ethnicity Denial' and Racism: The Case of the Government of Ireland Against Irish Travellers*. Translocations. 2 (1). p. 99.

69 McVeigh, R. (2007). *'Ethnicity Denial' and Racism: The Case of the Government of Ireland Against Irish Travellers.* Translocations. 2 (1), 90-133.

70 Cummiskey, S. (2010). *Guest Post: Siobhan Cummiskey on Travellers as an Ethnic Minority.* Available: http://humanrights.ie/race/guest-post-siobhan-cummiskey-on-travellers-as-an-ethnic-minority/.

71 McVeigh, R. (2007). 'Ethnicity Denial' and Racism: The Case of the Government of Ireland Against Irish Travellers. *Translocations.* 2 (1), 90-133.

72 All Ireland Traveller Health Study Team, School of Public Health, Physiotherapy and Population Science, University College Dublin. (2010).*All Ireland Traveller Health Study Summary of Findings*. p.91-92.

travellers from 1 to 4 years old. Traveller death rates for males dwarf those of the general population for those aged 75 or older. The life expectancy for male travellers in 2008 was 61.7, compared to 76.8 for the general male population. Leading causes of death amongst the traveller males in the study were heart disease and stroke (22%) and external causes such as accidents and suicides (33%).[73]

The SMR for female travellers fell from 472 in 1987 to 309 in 2008, while in the same period the SMR for females in the general population has reduced from 150 to 100. The situation for traveller women is not as acute when compared to traveller men. The death rates are less than half those of males up until the older years. Death rates for the female traveller population are, in each instance, significantly greater than their general population female counterparts. Life expectancy for females was 70.1 compared to 81.6 for females in the general population.[74] The leading causes of death for females were also heart diseases and stroke (32%) but rather than external causes (only 15% for females), cancer was the next leading cause (22%).

AGE GROUP	MALE TRAVELLER	MALE GENERAL POPULATION	FEMALE TRAVELLER	FEMALE GENERAL POPULATION
<1	16.3	5.2	9.8	4.2
1 to 4	0.0	0.2	0.0	0.2
5 to 14	0.4	0.1	0.2	0.1
15 to 24	2.2	0.8	1.1	0.2
25 to 34	6.0	0.9	2.4	0.4
35 to 44	9.4	1.5	1.5	0.9
45 to 54	16.8	3.3	4.3	2.4
55 to 64	23.6	8.8	20.5	5.5
65 to 74	69.4	24.4	42.6	13.7
75 to 84	184.6	69.2	124.1	46.4
85+	808.8	192.3	606.6	158.5
Total	**6.6**	**6.8**	**3.4**	**6.5**

TABLE 42. AGE-SPECIFIC MORTALITY RATES PER 1,000 IN TRAVELLER AND GENERAL POPULATIONS, 2008, (SOURCE: SCHOOL OF PUBLIC HEALTH, PHYSIOTHERAPY AND POPULATION SCIENCE, UCD, 2010)

For traveller males aged under one year, mortality is over three times higher than for the general male population. Additionally, in 2008 there were 14.1 deaths per 1,000 live births for travellers and lower birth weight for traveller infants is more prevalent than in the general population.[75] Traveller infant mortality is estimated at 14.1 per 1,000 live births, which represents a decrease from an estimated rate of 18.1 per 1,000 live births in 1987. Over the same time period, the general population infant mortality rate has reduced from 7.4 to 3.9 per 1,000 live births, demonstrating an infant mortality rate among the traveller population three and a half times that of the general population (see Table 42).

There have been some changes in the health of females in the traveller community, notably:

- A narrowing of the gap in life expectancy between traveller and non-traveller women of 0.4 years.
- A reduction in fertility rates to 2.7 per 1,000 population (of 15 to 49 year olds).
- Uptake of cervical screening at rates higher than the general Republic of Ireland population and uptake of breast screening at rates similar to the general ROI population.

Suicide among traveller males occurs at a rate of 6.6 times higher than in the general population.[76] Gill O'Shea identifies numerous possible contributing factors to this epidemic, including general hardships and exclusion, cultural change resulting in loss of identity, and

73 Ibid., 92.
74 Ibid., 94.
75 Ibid., 50, 87.
76 Ibid., 94.

poor engagement with health services.[77] Cemlyn et al. outline other contributory factors such as: racism and discrimination, low self-esteem, copy-cat dimensions, confusion about sexual orientation, addiction and marital breakdown.[78] It is also noted that due to the tight-knitted nature of traveller families, one suicide or death within a family may have such a profound effect as to cause immense grief that is not easy to recover from, which may in turn increase suicide risk.[79]

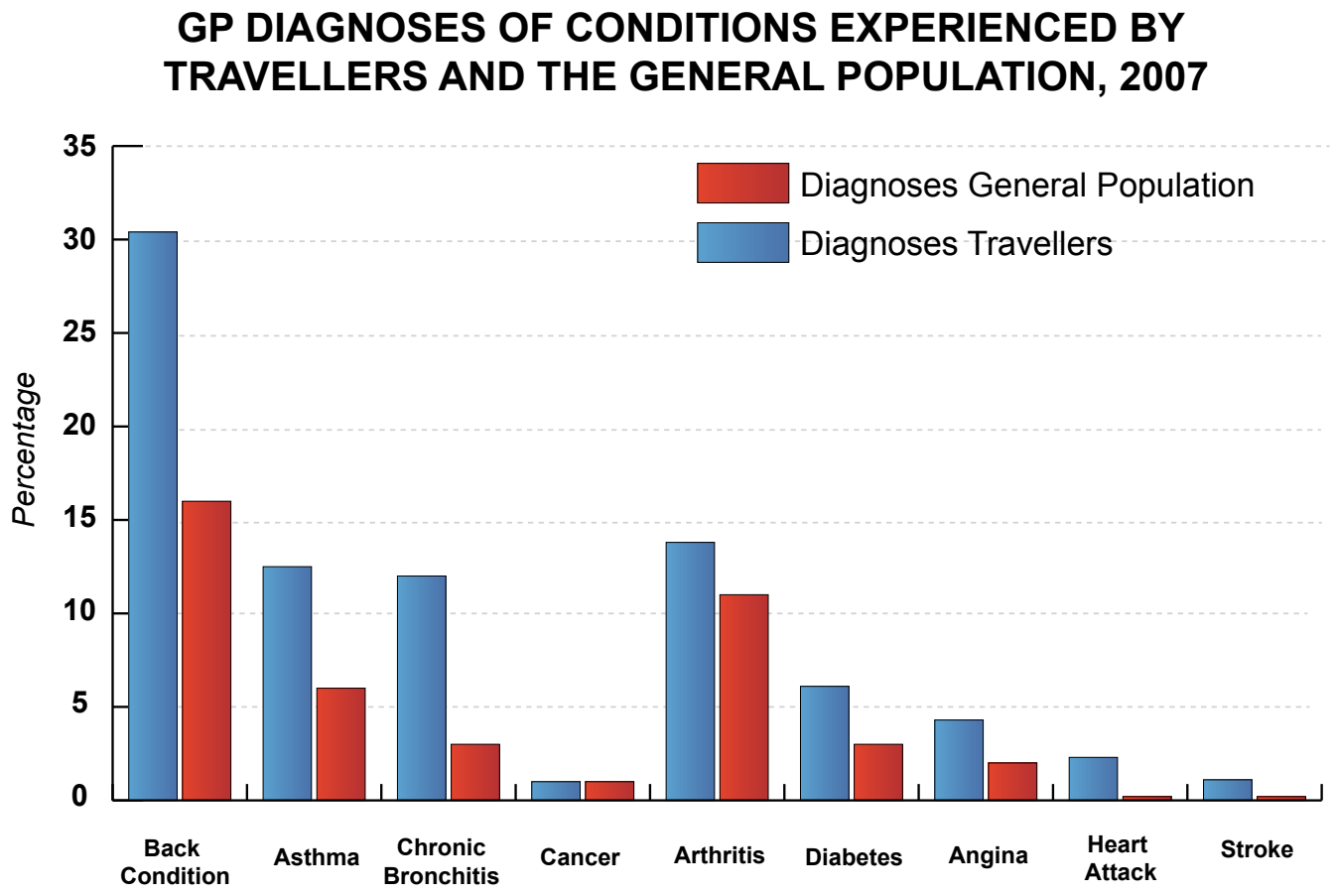

FIGURE 49. GP DIAGNOSES OF CONDITIONS EXPERIENCED BY TRAVELLERS AND THE GENERAL POPULATION, 2007 (SOURCE: UCD, 2013)

Figure 49 shows proportions of diagnosed illnesses among travellers versus the general population reported in the AITHS. Back conditions and arthritis dominate, while respiratory illnesses are also common. Diabetes and heart conditions also account for significant proportions of diagnoses, indicating unhealthy dietary and exercise habits. Evidencing this is the fact that 52.5% of travellers are current smokers and 76.3% undertake strenuous exercise less than three times per week.[80] All of these conditions occur in greater proportions amongst travellers than the general population.

Accommodation

According to the Census of 2011, 12% of Irish travellers in the State live in caravans and mobile homes and 84% live in permanent housing.

Figure 50 gives a breakdown of housing type by Cork County, Cork City and the State. In the state,

77 O'Shea, G. (2011). Suicide amongst Members of the Travelling Community. *Critical Social Thinking: Policy and Practice*. 3, 55-69.
78 Burnett, S, Cemlyn, S, Greenfields, M, Matthew, M and Whitewell, C . (2009). *Inequalities experienced by Gypsy and Traveller communities: A review.* p.82-83.
79 Ibid., 83-84.
80 All Ireland Traveller Health Study Team, School of Public Health, Physiotherapy and Population Science, University College Dublin. (2010).*All Ireland Traveller Health Study Summary of Findings*. p.67, 70-71.

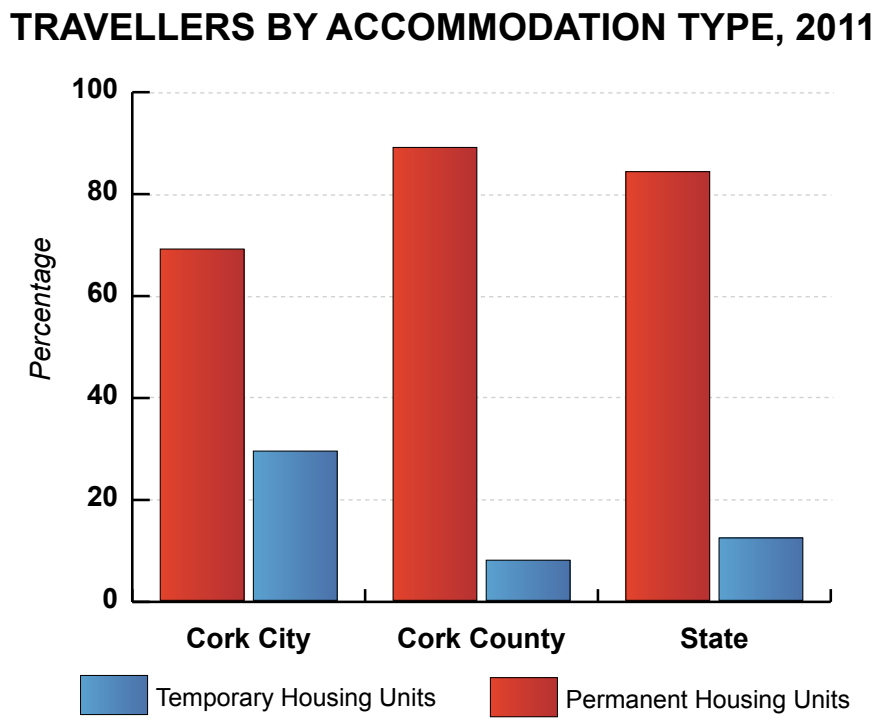

FIGURE 50. TRAVELLERS BY ACCOMMODATION TYPE IN CORK CITY, CORK COUNTY AND THE STATE (SOURCE: CSO, 2012C)

12.2% of traveller households live in temporary structures, down from 24.7% in 2006.[81] In Cork City, a higher proportion of persons live in temporary structures than is the average in county and State (nearly 30%). Nationally, relatively few travellers own their homes (20.2% of travellers versus 55.7% of the general population) and the majority of travellers who rent do so from the Local Authority (55.7%).[82] Travellers living in temporary accommodation may have limited access to some basic services and amenities. One in three of such households at state level go without access to sewerage facilities and one in five have no access to piped water.[83]

81 Central Statistics Office (2012). *Profile 7 Religion, Ethnicity and Irish Travellers*. Dublin: Stationery Office. p.36.
82 Ibid., 36.
83 Ibid., 37

6. Families and Living Arrangements

This chapter describes the nature of living arrangements in Cork City, as well as the composition of families. Key themes addressed include Household Size and Composition; Family Size; Family stage based on age group of children; the number of children in families and Lone Parents.

6. FAMILIES AND LIVING ARRANGEMENTS

6.1 Household composition

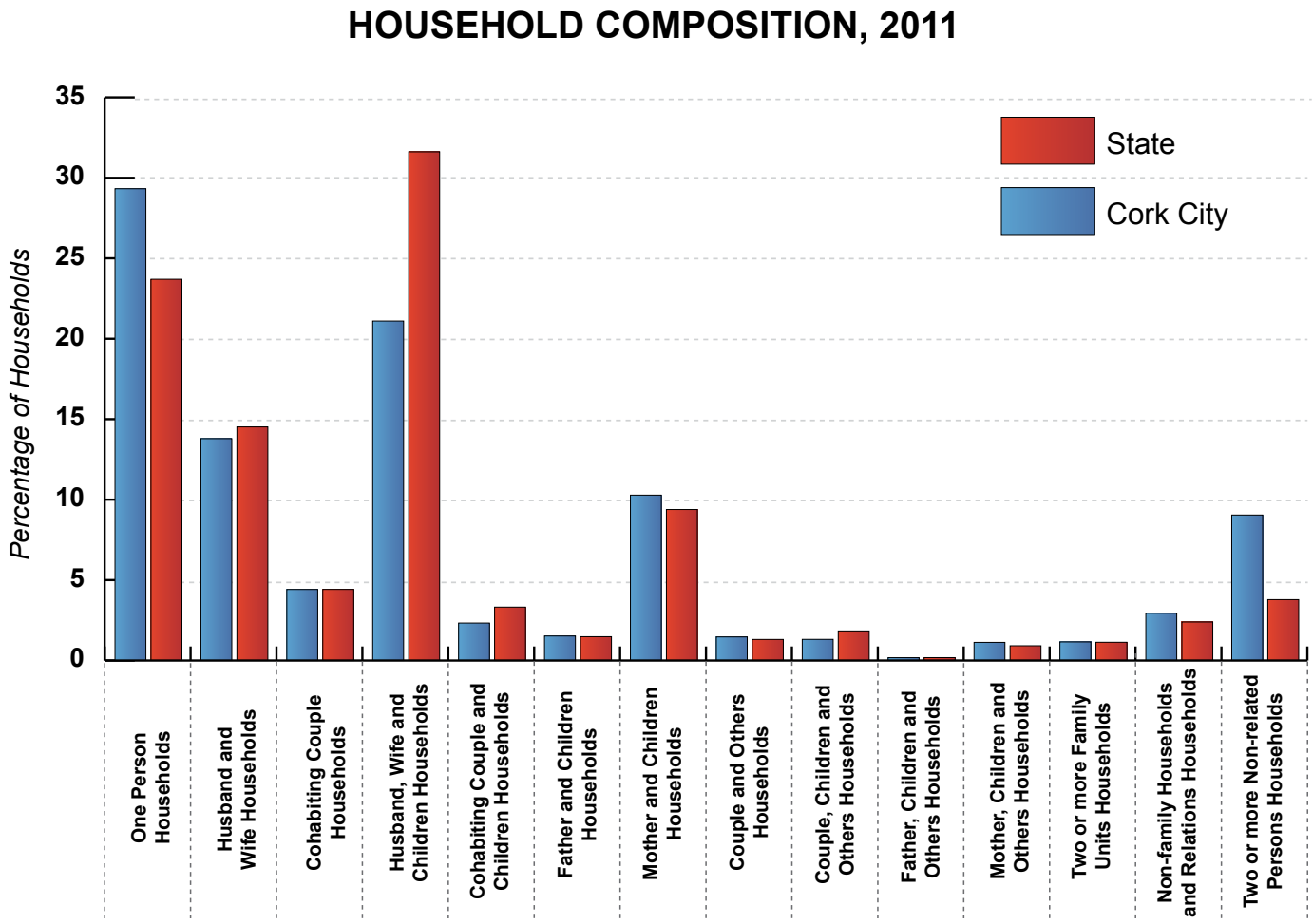

FIGURE 51. DISTRIBUTION OF HOUSEHOLDS BASED ON NATURE OF COMPOSITION IN CORK CITY AND THE STATE (SOURCE: CSO, 2011)

Figure 51 illustrates the distribution of different types of households in Cork City and State based on the CSO's household composition categories.

The composition of families and households in Cork City today is somewhat determined by a greater demographic shift occurring referred to by academics as the 'Second Demographic Transition'.[1] Harkonen defines this transition by its characteristics of ''withdrawal from marriage', with the associated increases in divorce, cohabitation and non-marital childbearing, together with declines in and postponement of childbearing and marriage.'[2] There are many results of this, including a proportional increase in single persons. The SDT also results in a growing population of lone parents (outlined later) - something which the Expert Group on Gender, Social Inclusion and Employment attribute partially to what they cite as the Individualisation Thesis, which has seen marriages and cohabitation become unstable and non-marital births become less stigmatised.[3]

One person Households

Based on household category, the One Person household is the most dominant in the City (29.3% versus 23.7% nationally), whilst nationally the numbers are more in favour of the traditional family unit of Husband, Wife and Children (31.6% versus 21.1% in the City). Nationally, one person

1 Härkönen, J. (2011). *Family change, child well-being and social inequality*. Available: http://family2014.org/egmb/PD2-Harkonen.pdf. p.3.
2 Ibid.
3 Expert Group on Gender, Social Inclusion and Employment (2006).*Gender inequalities in the risks of poverty and social exclusion for disadvantaged groups in thirty European countries.* Belgium: : Office for Official Publications of the European Communities. p. 86.

households are dominated by single persons, as well as older persons, with 35% of this category of households consisting of persons aged 65 and over. The prevalence of marriage dissolution has been increasing countrywide; between 2006 and 2011, the number of separated or divorced persons grew from 166,797 to 203,964 (a 22.3% increase). The separated/divorced population in Cork City stands at 4.9%, a negligible difference from the national proportion of 4.4%. After the dissolution of a marriage, men (nationally) tend towards living in family households (40.5%) or on their own (42%), which results in an increase in the One-Person Household category. Additionally, most separated or divorced men nationally (77.9%) do not live with their children, as opposed to 44.5% of separated or divorced women.[4]

Figure 52 illustrates the distribution of One Person Households throughout the city. Areas in and around the City Centre have, on the whole, a greater proportion of households of this type, while the southeast and northwest extremities have a lesser proportion.

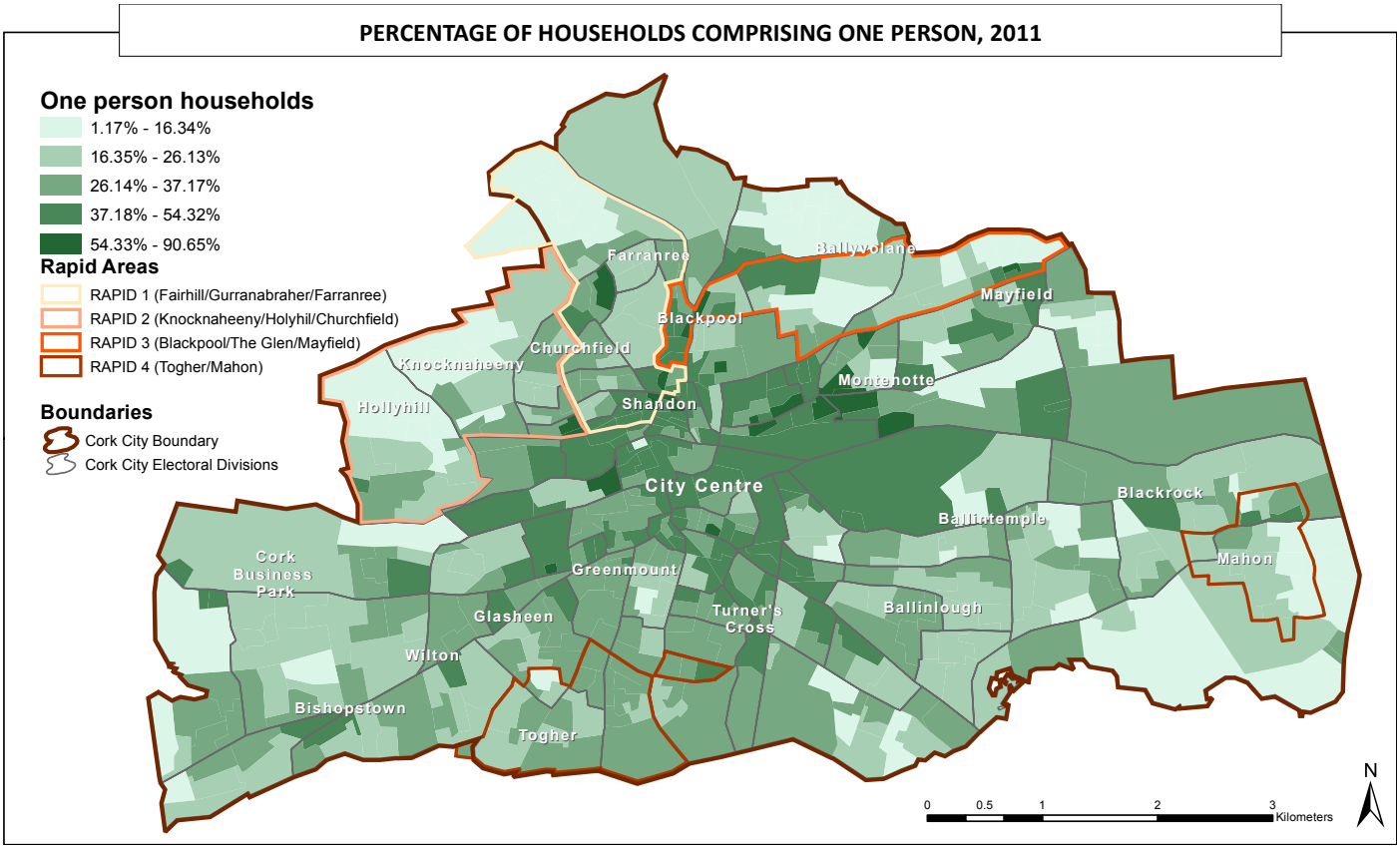

FIGURE 52. MAP OF HOUSEHOLDS COMPRISING ONE PERSON, 2011 (SOURCE: CSO/ORDNANCE SURVEY IRELAND)

Table 43 outlines the EDs with the highest and lowest proportion of households of this type. In relation to the higher proportions, St. Patrick's B and Gillabbey B both contain large numbers of single persons and low proportions of families. St. Patrick's B contains a significant proportion of persons in the 85 or over age cohort and there is a significant proportion of widows and separated/divorced persons. Gillabbey B contains a significant proportion of persons in the 65-85 category and widows, but also a significant proportion of students. Similarly, Gurranabraher C and City Hall A contain an aged population with higher than normal proportions of widows/widowers

HOUSEHOLDS COMPRISING 1 PERSON (%)			
Highest (EDs)		*Lowest (EDs)*	
St. Patrick's B	52.6	Fair Hill C	15.3
Gillabbey B	52.3	The Glen B	15.4
Gurranebraher C	49.8	Knocknaheeny	16.7
City Hall A	49.7	Tivoli B	19.2
St. Patrick's A	48.3	Mahon B	19.3

TABLE 43. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF HOUSEHOLDS COMPRISING ONE PERSON, 2011 (SOURCE: CSO, 2011)

4 Statistics in this paragraph were sourced from Central Statistics Office (2012). Profile 5 Households and Families. Dublin: Stationery Office. p. 26.

and separation/divorce. St. Patrick's A has a young population but with high proportions of singles and the separated/divorced. With the exception of Gillabbey B, each of these EDs have significant unemployment levels.

Husband and Wife households

Households comprising traditional family units of Husband and Wives and Husband and wives with Children come second and third in prevalence. Apart from being in many respects the opposite of the patterns concerning the single population, which is centralised in the City Centre and around UCC, the spatial distribution of this group throughout the city does not follow any strong patterns. This variable alone is not particularly informative from a social inclusion and health perspective. The percentage of Husband and Wife households in Cork City is quite similar to the situation nationally, however, the number of Husband and Wife with Children households is significantly lower (31.6% nationally versus 21.1% in Cork City).

Two or more unrelated persons

Households containing 'Two or more Unrelated Persons' is the fourth most prevalent household type, which at 9% is over twice the average State-wide (3.8%). The role of Cork City as a university city and an urban centre with a large proportion of rentals has undoubtedly influenced this statistic. Nationally, most of these types of households are headed by workers (65.3%) and students (14.8%).[5] These households also feature single, younger persons, and are often large.[6] There is a positive correlation (0.604) between the proportion of persons living in flats/apartments and the proportion of households classified as two or more unrelated persons in Cork City. Figure 53 illustrates the distribution of the population that live with unrelated persons. As can be seen, proximity to the City Centre and University College Cork are positively related to the proportion of households of this

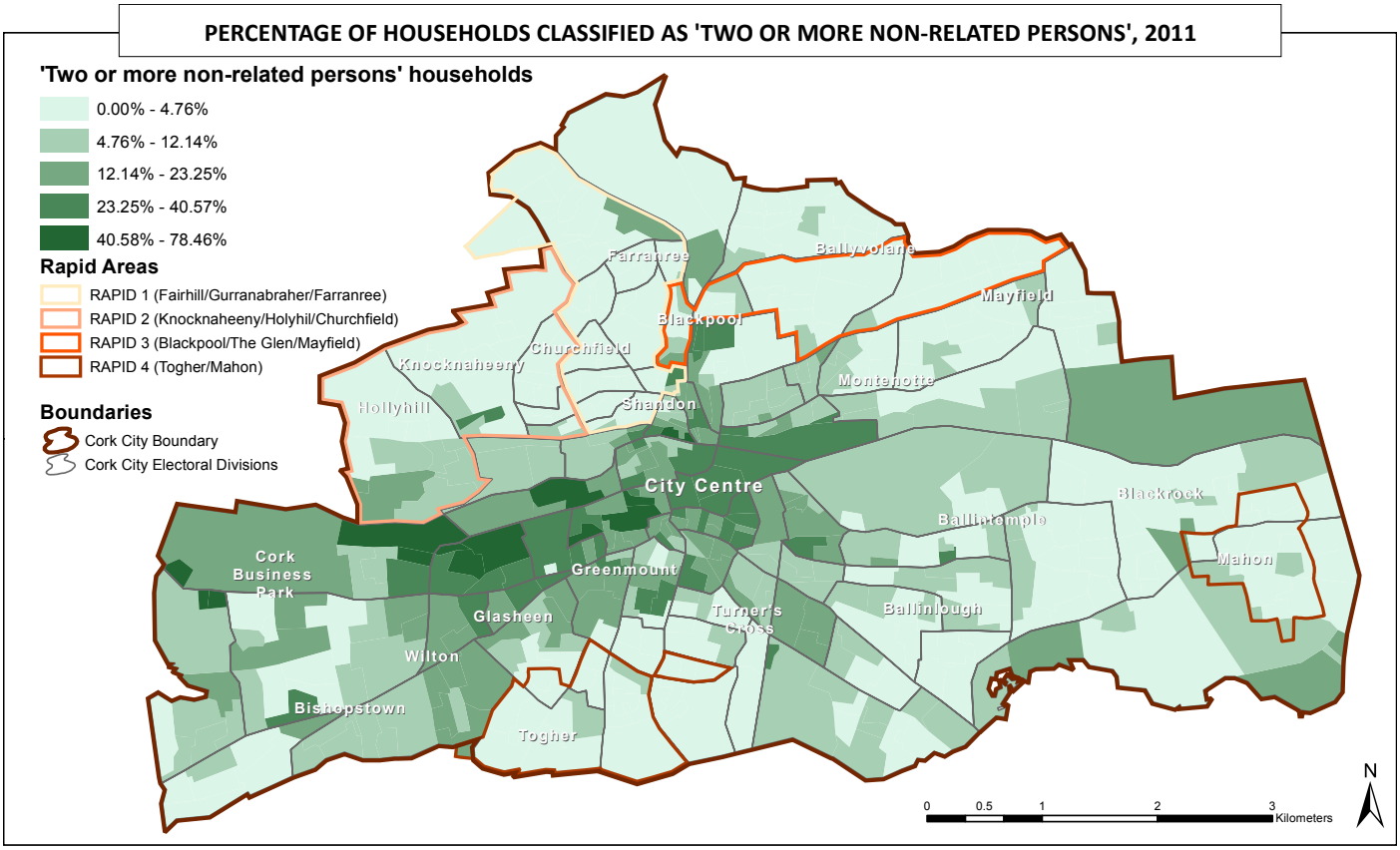

FIGURE 53. MAP OF HOUSEHOLDS COMPOSED OF 'TWO OR MORE NON-RELATED PERSONS', 2011 (SOURCE: CSO/ORDNANCE SURVEY IRELAND)

5 Central Statistics Office (2012). *Profile 5 Households and Families*. Dublin: Stationery Office. p. 27.
6 Ibid.

HOUSEHOLDS CLASSIFIED AS 'TWO OR MORE NON-RELATED PERSONS' (%)			
Highest (EDs)		*Lowest (EDs)*	
Gillabbey C	49.5	Fair Hill B	0.0
Bishopstown A	34.6	Fair Hill A	0.0
Gillabbey A	32.0	Farranferris B	0.6
Centre A	28.5	Gurranebraher E	0.7
Glasheen B	26.7	Gurranebraher A	0.7

TABLE 44. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF HOUSEHOLDS CLASSIFIED AS 'TWO OR MORE NON-RELATED PERSONS', 2011 (SOURCE: CSO, 2011)

nature. RAPID areas are characterised by low concentrations of these types of households, as are areas in the southwest quadrant of Cork City. Table 44 illustrates the top and bottom five EDs relating to the percentage of households of this type.

Cohabiting Couple Households

Households comprising cohabiting couples comprise 4.4% of those in Cork City. Table 45 shows the top five and bottom five EDs with co-habiting couple households. Regarding those with high numbers of these types of households, Centre A, Centre B, and South Gate A contain young populations and low proportions of families with children. Tramore A and Knockrea A contain older populations with high prevalence of populations in professional occupations but also sizeable proportions of families in the 'Pre-Family' category i.e. without children.

In relation to the EDs with lower proportions of Cohabiting Couple Households, Pouladuff B, Togher A, Gurranabraher E and Farranferris B contain above average percentages of families and lone parents. They also have noticeably older populations, significant proportions of widows and low proportions of families that have yet to have children. Unemployment tends to be high in these EDs. Bishopstown D shows a better economic outlook and has lower proportions of lone parents, but it still has an older population and higher proportions of widows and families.

HOUSEHOLDS CLASSIFIED AS 'COHABITING COUPLE' (%)			
Highest (EDs)		*Lowest (EDs)*	
Centre A	13.4	Bishopstown D	0.8
Tramore A	12.4	Pouladuff B	0.9
Centre B	11.3	Togher A	1.0
Knockrea A	11.2	Gurranebraher E	1.1
South Gate A	11.1	Farranferris B	1.2

TABLE 45. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF HOUSEHOLDS CLASSIFIED AS 'COHABITING COUPLE', 2011 (SOURCE: CSO, 2011)

Cohabiting Couples with Children

Figure 54 illustrates the increasing proportion of households occupied by cohabiting couples with children. Between 2002 and 2011, the proportions have grown steadily. However, Couples Cohabiting with Children grew from 1.6% to 2.3% in Cork City between 2002 and 2011. Nationally, these families tend to consist of two adults and 1.74 children versus 2.09 for married couples.[7]

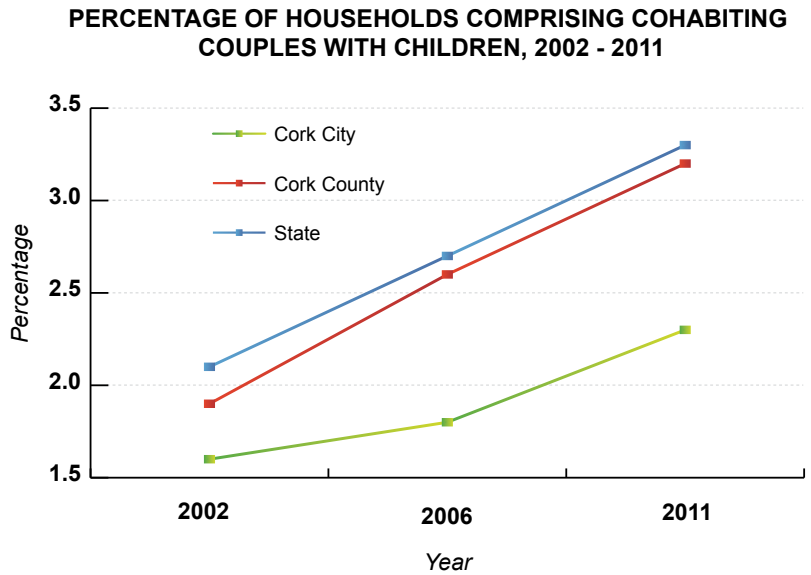

FIGURE 54. PERCENTAGE OF HOUSEHOLDS COMPRISING COHABITING COUPLES WITH CHILDREN, 2002 - 2011 (SOURCE: CSO, 2011)

Figure 55 illustrates the distribution of cohabiting couples who have children living with them. It is evident that there are higher concentrations of these forms of couples in the north side of the city and in/around Mahon. They feature less prominently in the City Centre and in the areas running west along Western Road. This distribution

7 Central Statistics Office (2012). *Profile 5 Households and Families.* Dublin: Stationery Office p. 20.

is likely influenced by the age profile of these regions, as they are generally younger in age. Higher proportions of Cohabiting Couples with Children occur in RAPID areas. Parents and children in these areas may be more vulnerable to social and economic exclusion.

The distribution of 'Cohabiting Couples' located in Section III is much different, with the main concentrations in the City Centre and along a band on the South Douglas Road to Turners Cross.

6.2 Family Size

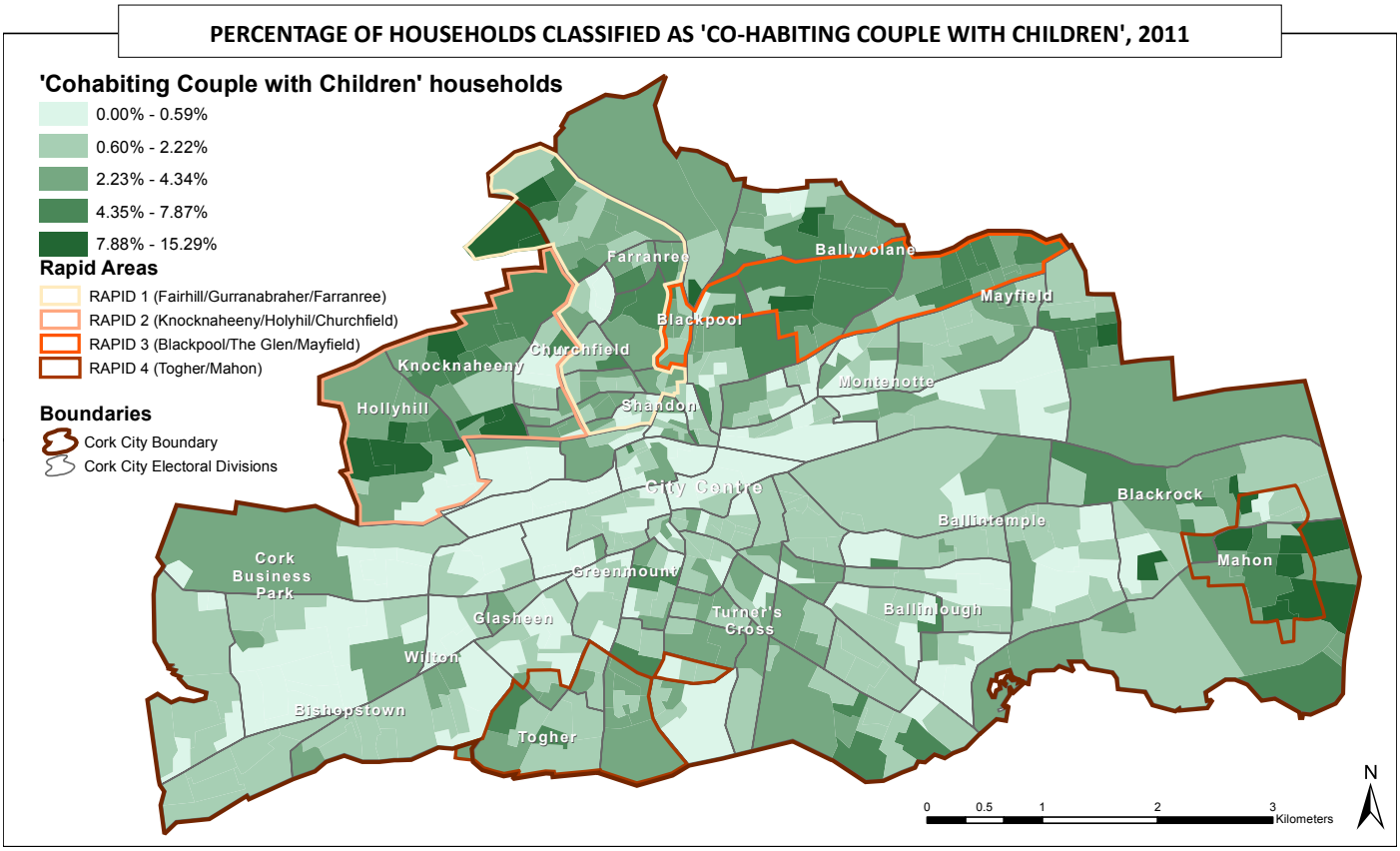

FIGURE 55. MAP OF HOUSEHOLDS CLASSIFIED AS 'CO-HABITING COUPLE WITH CHILDREN', 2011 (SOURCE: CSO/ORDNANCE SURVEY IRELAND)

In relation to overall family size, an increase of 12% was recorded nationally between 2006 and 2011 Census (55.6% between 1991 and 2011).[8] Family size has been falling recently at the national scale, dropping from 2.0 children in 1991 to 1.6 by 2002 and then just below 1.4 in 2006.[9] In 2011 it stood at 1.4 nationally, indicating a slowdown in this downward trend due to a high number of births occurring between 2006 and 2011. According to the CSO, larger family sizes are more prevalent in more deprived areas.[10]

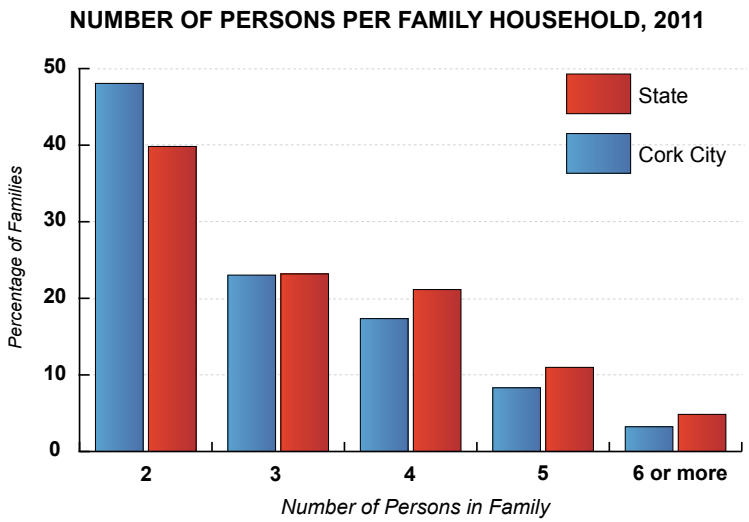

FIGURE 56. NUMBER OF PERSONS PER FAMILY HOUSEHOLD IN CORK CITY AND THE STATE (SOURCE: CSO, 2011)

The average number of persons in a family household in Cork City is two (48.1% versus the significantly lower proportion of 39.8% nationally). The next most prominent type of family household contains 3 persons (23.2%). The largest proportion

8 Ibid., 17.
9 Ibid., 17.
10 Ibid., 21.

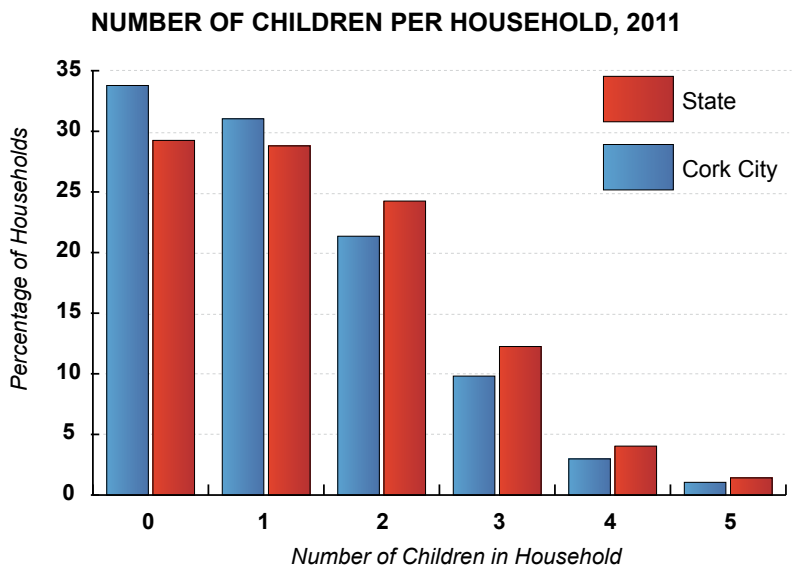

FIGURE 57. NUMBER OF CHILDREN PER HOUSEHOLD IN CORK CITY AND THE STATE (SOURCE: CSO, 2011)

of households in the city have no children (as seen in Figure 57), at 33.8% versus the State level of 29.3%. Most households with children contain just one child (31.1% in Cork versus 29.3% nationally). The proportions steadily fall for higher numbers of children for both Cork City and Ireland.

Families with 1 Child

For families with children, the most prevalent number to have in Cork City is just one - 31% of families have one child (slightly higher than the national average of 28.8%). The EDs with the highest proportion of Families with one Child are: Blackpool A, Gurranabraher E, Farranferris B, Fair Hill A and Farranferris C (Table 46). Blackpool A contains a large proportion of lone parent families (43%) and high unemployment. The make-up of Gurranabraher E, Farranferris B, and Fair Hill A is similar. Farranferris C departs from this trend slightly in that it has more average unemployment levels. All divisions feature above normal Youth Dependency ratios. Farranferris C, Fair Hill A and Blackpool A contain above average numbers of cohabiting couples with children. The EDs with the lowest proportions in this category are: Mardyke, Gillabbey A, Gillabbey C, Centre A, and Knockrea B. All of the EDs, with the exception of Knockrea B, contain a young population (with large proportions of students), low unemployment and a high proportion of families classified as pre-family.

PERCENTAGE OF FAMILIES WITH 1 CHILD			
Highest (EDs)		*Lowest (EDs)*	
Blackpool A	43.0	Knockrea B	20.5
Gurranebraher E	42.4	Centre A	20.8
Farranferris B	41.2	Gillabbey C	21.7
Fair Hill A	41.1	Gillabbey A	22.9
Farranferris C	41.1	Mardyke	23.2

TABLE 46. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF FAMILIES WITH ONE CHILD, 2011 (SOURCE: CSO, 2011)

Families with 2 Children

The Electoral Divisions containing the highest proportions of Families with Two Children are Knockrea B, Knocknaheeny, Pouladuff A, Pouladuff B, and Gurranabraher A (Table 47). Knockrea B contains large numbers of persons in professional occupations. The other EDs differ significantly from Knockrea B as they have lower levels of education. The EDs containing the lowest proportions of two children families are Centre A, Shandon A, South Gate B, St. Patrick's A and South Gate A. These EDs are typified by high proportions of immigrants, students and persons who posses an Ordinary Level Degree, National Diploma or Higher.

PERCENTAGE OF FAMILIES WITH 2 CHILDREN			
Highest (EDs)		*Lowest (EDs)*	
Knockrea B	29.5	Centre A	4.2
Knocknaheeny	28.4	Shandon A	7.8
Pouladuff A	28.0	South Gate B	10.3
Pouladuff B	27.8	St. Patrick's A	10.8
Gurranebraher A	27.7	South Gate A	11.4

TABLE 47. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF FAMILIES WITH 2 CHILDREN, 2011 (SOURCE: CSO, 2011)

Families with 3 Children

Three children families generally account for quite a small proportion of families across

the city (9.8%). Electoral Divisions featuring high proportions of Families with three Children are: Knockrea B, Mardyke, Knocknaheeny, Mahon B and Greenmount (Table 48). With the exception of Knockrea B, all of these EDs contain high proportions of persons in non-professional occupations. EDs with the lowest proportion of families with three children are: Centre A, South Gate A, Centre B, Shandon B, and Shandon A.

PERCENTAGE OF FAMILIES WITH 3 CHILDREN			
Highest (EDs)		*Lowest (EDs)*	
Knockrea B	17.9	Centre A	0.0
Mardyke	15.9	South Gate A	1.8
Knocknaheeny	14.0	Centre B	2.9
Mahon B	13.9	Shandon B	3.0
Greenmount	13.6	Shandon A	3.1

TABLE 48. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF FAMILIES WITH 3 CHILDREN, 2011 (SOURCE: CSO, 2011)

Families with 4 or More Children

Large families with four or more children are in the minority in the city (4%). They appear in higher proportions in Gurranabraher A, The Glen A, Knockrea B, Knocknaheeny and Mayfield. Gurranabraher A, The Glen A, Knocknaheeny and Mayfield are all experiencing some form of disadvantage. Families with four or More Children appear in lower proportions in Gillabbey B, Shandon A, St. Patrick's C, South Gate A and City Hall A.

PERCENTAGE OF FAMILIES WITH 4 OR MORE CHILDREN			
Highest (EDs)		*Lowest (EDs)*	
Gurranebraher A	8.7	Gillabbey B	0.0
The Glen A	8.2	Shandon A	0.3
Knockrea B	7.7	St. Patrick's C	0.6
Knocknaheeny	7.4	South Gate A	0.9
Mayfield	7.1	City Hall A	0.9

TABLE 49. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF FAMILIES WITH FOUR OR MORE CHILDREN, 2011 (SOURCE: CSO, 2011

6.3 Family Stage

The CSO categorises families into six groups based on family stage:

- **'Pre-family'** families comprise couples without children where the female is aged 45 or under.
- **'Empty Nest'** families comprise couples, with a female aged between 45 and 64, who are not living with any children.
- **'Retired families'** comprise husbands and wives, or cohabiting couples, where the female is aged 65 years or over.
- **'Pre-School'** families are families where the oldest child is aged up to four years old.
- **'Adolescent'** families are families where the oldest child is aged between 15 and 19 years old.
- **'Adult'** families are classified as those where the oldest child is 20 years old or above.

Cork City features a varied mix of different family stages by household, with a relatively even distribution of numbers across most types, with the exception of Adult families. The most common family stage in both the city and the State itself is the Adult family type, accounting for 29.9% (as illustrated in Figure 58) of total families in Cork City and 24.9% nationally. Second to the Adult type is Pre-Family, which is composed of childless couples—this is more common across urban areas than rural and stands at a proportion of 12.1% in Cork City and 11.2% nationally.[11] Also notable is the high proportion at which families classified as Retired stands in the city compared to the State, which is 11.6% versus 8% respectively. Additionally, the families categorised from Pre-School to Adolescent consistently fall below national averages, signalling a relatively ageing population.

11 Ibid., 19.

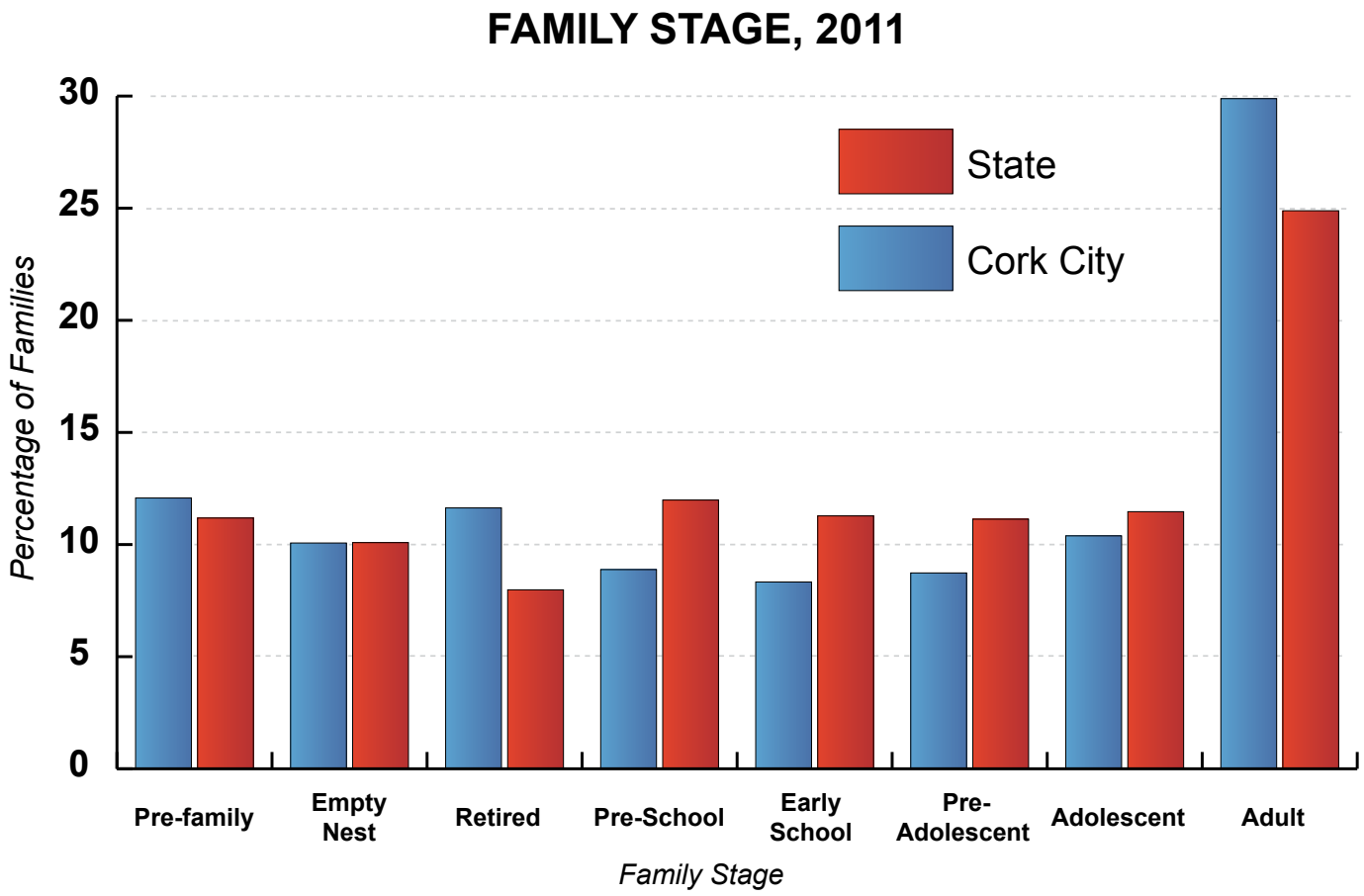

FIGURE 58. PERCENTAGE OF FAMILIES AT VARIOUS STAGES IN CORK CITY AND THE STATE (SOURCE:CSO, 2011)

Pre-Family

The Electoral Divisions containing the highest proportions of families classified as Pre-Family are Centre A, South Gate A, Centre B, Gillabbey A, and St. Patrick's A (Table 50). These EDs feature generally young, educated populations with average levels of employment that may wish to defer starting a family until they have more financial security or may wish to pursue further career opportunities. In Contrast, EDs with the lowest proportion of Pre-Family families are Gurranabraher A, Farranferris B, Gurranabraher E, Knocknaheeny and Farranferris C.

PERCENTAGE OF FAMILIES CLASSIFIED AS 'PRE-FAMILY'			
Highest (EDs)		*Lowest (EDs)*	
Centre A	68.1	Gurranebraher A	2.1
South Gate A	54.2	Farranferris B	2.9
Centre B	49.2	Gurranebraher E	2.9
Gillabbey A	40.8	Knocknaheeny	3.0
St. Patrick's A	39.8	Farranferris C	3.0

TABLE 50. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF FAMILIES CLASSIFIED AS 'PRE-FAMILY', 2011 (SOURCE: CSO, 2011)

Empty Nest

EDs with the highest number of Empty-Nest families are: Tivoli B, The Glen B, Bishopstown D, Gillabbey C, and Gurranabraher A (Table 51). Whilst somewhat heterogeneous, these EDs (with the exception of Gillabbey C) contain middle-aged to older populations who are within the age range to have finished rearing a family. EDs with the lowest proportion of Empty-Nest families are: Gillabbey A, Glasheen A, Centre A, Togher B and Gillabbey B. Centre A and

PERCENTAGE OF FAMILIES CLASSIFIED AS 'EMPTY NEST'			
Highest (EDs)		*Lowest (EDs)*	
Tivoli B	16.3	Gillabbey B	3.2
The Glen B	16.0	Togher B	3.9
Bishopstown D	15.0	Centre A	4.2
Gillabbey C	14.8	Glasheen A	4.4
Gurranebraher A	14.4	Gillabbey A	4.5

TABLE 51. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF FAMILIES CLASSIFIED AS 'EMPTY NEST', 2011 (SOURCE: CSO, 2011)

Glasheen A contain high proportions of Non-Irish Nationals and a young population, suggesting that some have not yet started or finished raising a family. Togher B contains a large proportion of Adult families, implying that many adult offspring live in the family home.

Retired

In the context of family stage, Retired families comprise Husbands and Wives or Cohabiting Couples where the female is aged 65 years or over. These households/families can be broadly divided into 2 groups: Husband and Wives/Cohabiting Couples (with female 65+) that have never had children or Husband and Wives/Cohabiting Couples (with female 65+) whose children have left the household.

RETIRED FAMILIES			
Highest (EDs)		*Lowest (EDs)*	
Glasheen C	24.8	Centre A	1.4
Bishopstown C	24.0	South Gate A	2.1
Browningstown	23.9	Centre B	2.2
Gillabbey B	24.0	Knocknaheeny	3.4
Turner's Cross D	24.8	Mahon B	4.4

Electoral Divisions with the highest concentrations of households classified as Retired include: Fair Hill B, Glasheen C, Montenotte B, Togher B and Browningstown. Each of these EDs features a high Age Dependency Ratio and unsurprisingly, a significant widowed population.

EDs with the lowest proportions of Retired families are: South Gate A, Shanakiel, Gillabbey A, Centre A and Mahon B. Each of these EDs contain generally young populations. It is of no surprise that the proportions of retired families are low.

Pre-School

EDs with large proportions of Pre-School classified families include: Shandon A, South Gate A, Centre A, Blackpool B and Knockrea B (Table 52). These EDs are typified by young populations and average to high proportions of families with at least one child (with the exception of South Gate A, where proportions of children are small). Interestingly, none of these EDs have strikingly high proportions of Cohabiting Couples with Children or married couples. Multiple child households are a particular characteristic of Knockrea B, possibly due to the stability provided by its low unemployment levels and high proportion of professionals.

PERCENTAGE OF FAMILIES CLASSIFIED AS 'PRE-SCHOOL'			
Highest (EDs)		*Lowest (EDs)*	
Shandon A	20.6	Sundays Well A	3.9
South Gate A	16.0	Bishopstown D	4.0
Centre A	15.3	Ballinlough C	4.3
Blackpool B	15.0	Ballyphehane A	4.3
Knockrea A	14.7	Bishopstown B	4.4

TABLE 52. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PRE-SCHOOL FAMILIES, 2011 (SOURCE: CSO, 2011)

The EDs with the lowest proportions are: Sunday's Well A, Bishopstown D, Ballinlough C, Ballyphehane A, and Bishopstown B. Each of these EDs features significant to large proportions of families classified as Adult, reflecting middle-age to older populations.

Adolescent

Adolescent families comprise 10.4% of all families in the city. EDs with the highest proportion of Adolescent families are: Knockrea B, Farranferris C, Ballyphehane A, Mayfield and Greenmount (Table 53). The financial needs of adolescents might be quite demanding amongst those families in Farranferris C and Mayfield where unemployment levels are higher and Ballyphehane A and

PERCENTAGE OF FAMILIES CLASSIFIED AS 'ADOLESCENT'			
Highest (EDs)		*Lowest (EDs)*	
Knockrea B	17.9	South Gate A	3.9
Farranferris C	15.5	Turners Cross A	4.0
Ballyphehane A	15.4	Shandon A	4.0
Mayfield	15.2	Centre A	4.2
Greenmount	14.7	Gillabbey C	5.2

TABLE 53. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF FAMILIES CLASSIFIED AS 'ADOLESCENT', 2011 (SOURCE: CSO, 2011)

Greenmount, where non-professional reference persons are more prominent. Knockrea B has stable employment and a professional base.

South Gate A, Turner's Cross A, Shandon A, Centre A and Gillabbey C contain the lowest proportions of Adolescent families, due to the generally young composition of these EDs (barring perhaps Turner's Cross A, where there is a strong Pre-Family contingent).

Adult

Adult families comprise 29.9% of all families in the city. EDs with the highest proportion of Adult families are: Bishopstown B, Fair Hill C, Pouladuff B, Togher B, and Sunday's Well A (Table 54). These EDs are quite heterogeneous in their characteristics across a wide-variety of indicators. Lower levels of Adult families are found in: Centre A, South Gate A, Centre B, St. Patrick's A and Shandon B - areas with young populations.

PERCENTAGE OF FAMILIES CLASSIFIED AS 'ADULT'			
Highest (EDs)		*Lowest (EDs)*	
Bishopstown B	42.6	Centre A	2.8
Fair Hill C	41.5	South Gate A	9.0
Pouladuff B	40.5	Centre B	9.8
Togher B	39.8	St. Patrick's A	11.3
Sundays Well A	38.3	Shandon B	12.6

TABLE 54. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF FAMILIES CLASSIFIED AS 'ADULT', 2011 (SOURCE: CSO, 2011)

6.4 Lone Parents

Lone Parent family units include parents who are single, widowed, separated or divorced. In 2011, there were 215,315 families in Ireland headed by lone parents with children. Two fifths of lone parents were single and just under a quarter were widowed. 32% were separated or divorced. In 2011, there were 28,235 family units in Cork city, with 24% (6,764) including a lone parent. This is significantly higher than the national rate of lone parent families, which is 18.3%.

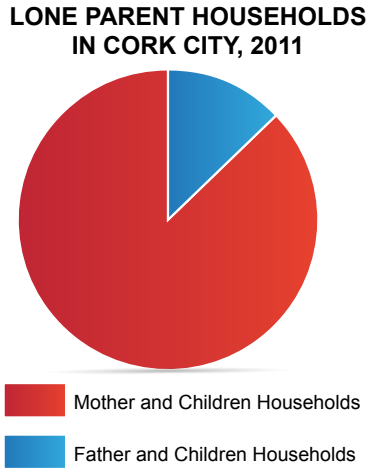

FIGURE 59. LONE PARENT HOUSEHOLDS IN CORK CITY BASED ON GENDER (SOURCE:CSO, 2011)

The category of lone parents is a particularly gendered one. When accounting for Mothers Living with Children, Mothers Living with Children and Others, Fathers Living with Children, and Fathers Living with Children and Others, the breakdown by gender is 13.9% men and 86.1% women. In Cork City, those figures are 13% and 87% respectively (as illustrated in Figure 59).

A significant proportion of lone parents have limited resources and Lone Parents generally have lower levels of income.[12] In addition to facing economic challenges, lone parents in society also face social and institutional challenges such as discrimination, particularly in the areas of transport, housing/accommodation and public services.[13] The responsibility of child-rearing, in part due to its necessary time-investment, compounded by inadequate childcare provision, may result in diminished opportunities

12 Duffy, C. (1994). *Female Poverty, Powerlessness and Social Exclusion in Ireland*. Administration. 42 (1), 47-66.
13 Russell, H, and Quinn, E (2008). *The Experience of Discrimination in Ireland Analysis of the QNHS Equality Module*. Dublin: Brunswick Press.

to explore further education and employment. [14]

Deprivation is measured as an enforced lack of basic necessities such as social participation, clothing and food.[15] The CSO have published material relating to the challenges of raising a child alone, observing that households with one adult and one or more children had deprivation rates of 56% in 2011 (the highest observed).[16] There is also a correlation between child-specific deprivation and consistent poverty, with consistent poverty capturing up to one third of children exposed to (child-specific) deprivation.[17] UNICEF reports that children from poor households are much more likely to do poorly in school, to become teenage parents, to spend time in prison and to have difficulty finding or keeping good jobs. The longer a child is in poverty, the greater the deprivation they will suffer in later life.[18]

As the position of the Lone Parent can be particularly difficult, it is worth considering the ill-health effects that may arise for those facing this challenge. Targosz et al. find that lone mothers in Britain face exponentially higher rates of depressive episodes (7% - a proportion three times higher than any other group), and also higher frequencies of mixed anxiety/depressive disorders.[19] They observe that women not involved in childcare had the lowest prevalence of mental disorders, whilst 30% of lone mothers face common mental disorders.[20] Targosz et al. observe that single mothers are more limited in their means and their disadvantage, which is an explanatory factor in the prevalence of mental disorders, particularly depressive episodes.[21] Following on from this, they suggest that these same social disadvantages expectedly take a psychological toll on children too, as children from low income households have a rate of mental disorder of 16%.[22] Children from a single mother household experience the same rate of mental disorder, versus 8% for those with a supported mother.

Figure 60 illustrates the distribution of lone parents. High concentrations can be found in the Fairhill, Knocknaheeny and Blackpool RAPID Areas. Levels are also comparatively higher in the remaining two RAPID areas (Mahon/Togher).

The Electoral Divisions containing the highest proportions of Lone Parents are: Knocknaheeny, Blackpool A, Mayfield, Farranferris B and Gurranabraher E (Table 55). These EDs fall within RAPID designated zones and additionally high concentrations of lone parents may be found in Togher, Churchfield and Mahon B. These Electoral Divisions can be classified as disadvantaged, and common characteristics of many of them are above normal unemployment, low educational attainment, ill health and high levels of disability. They also contain large proportions of Social Housing which in part explains the large proportion of Lone Parents. The high incidence of challenging circumstances in these EDs means that lone parents may be facing particularly egregious challenges and are at a

14 Houses of the Oireachtas - Library & Research Service. (2007). *Lone parents in the social welfare system: issues and debates.* Available: http://www.oireachtas.ie/parliament/media/housesoftheoireachtas/libraryresearch/Copy-of-Lone_parents_Spotlight,-No-1-April-2007.pdf. p.18.

15 Maître, B, Watson, D and Whelan, C, T. (2012). *Understanding Childhood Deprivation in Ireland.* Available: http://www.welfare.ie/en/downloads/2012_UnderstandingChildhoodDepReportWeb.pdf. p. III.

16 Central Statistics Office. (2014). *Survey on Income and Living Conditions* (SILC). Available: http://www.cso.ie/en/media/csoie/releasespublications/documents/silc/2012/silc_2012.pdf. p.16.

17 Maître, B, Watson, D and Whelan, C, T. (2012). *Understanding Childhood Deprivation in Ireland*. Available: http://www.welfare.ie/en/downloads/2012_UnderstandingChildhoodDepReportWeb.pdf. p. VIII.

18 (Combat Poverty).

19 Bebbington, P, Brugha, T, Farrell, M, Jenkins, R, Meltzer, H and Targosz, S. (2003). *Lone mothers, social exclusion and depression.* Psychological Medicine. 33, p. 715.

20 Ibid., 718.

21 Ibid., 719.

22 Ibid., 721.

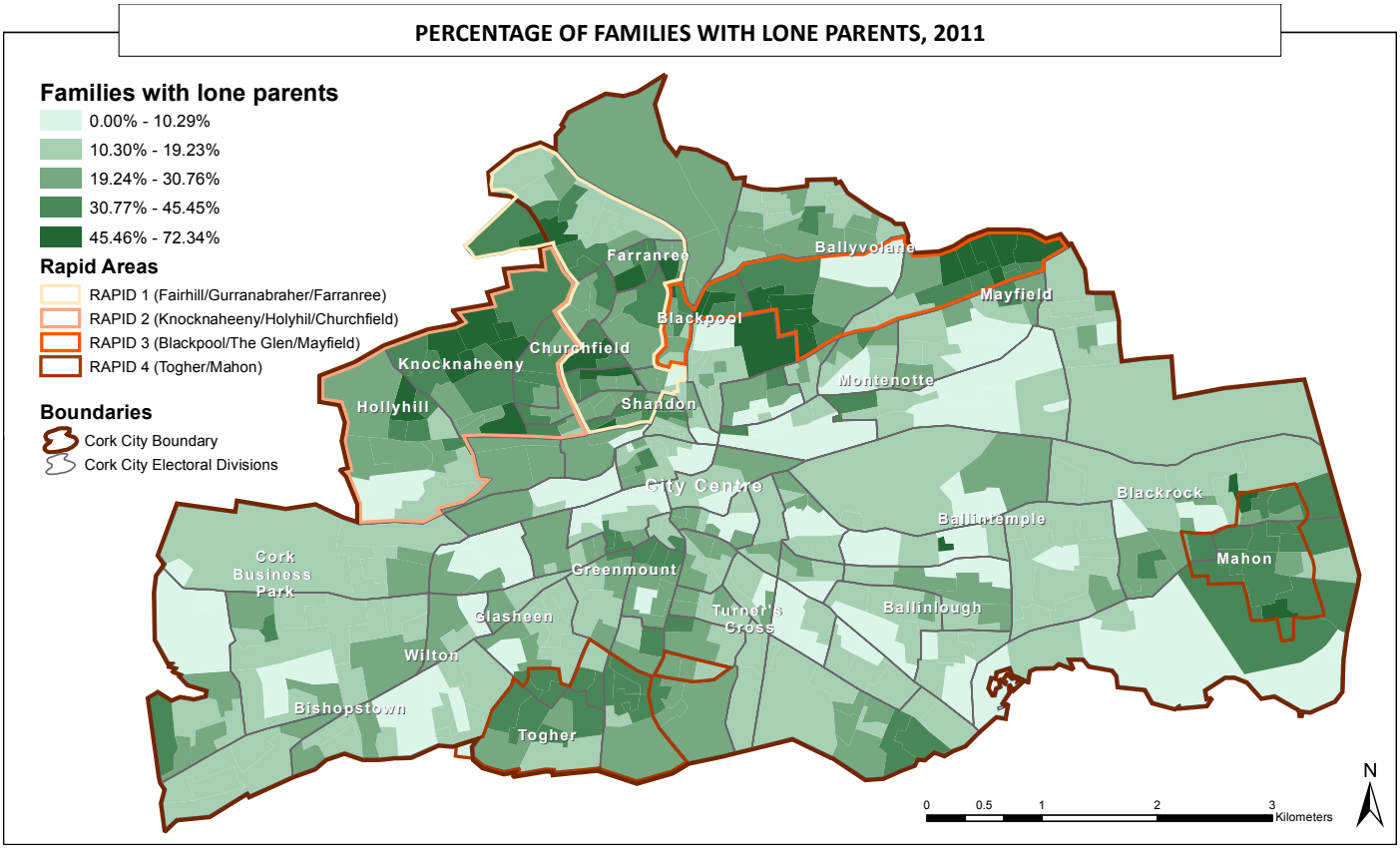

FIGURE 60. MAP OF FAMILIES CLASSIFIED AS LONE PARENTS, 2011 (SOURCE: CSO/ORDNANCE SURVEY IRELAND)

particularly high risk of social exclusion. An examination of Figure 61 reveals that most EDs outside of the RAPID areas have generally lower proportions of Lone Parents.

EDs with the lowest proportions of lone parents are: Tramore A, Centre A, Tivoli A, Browningstown and Tramore. The Tramore A ED and Browningstown are characterised by older age groups, low unemployment and a large proportion of professionals. Similarly, Tivoli A contains an educated and professionally oriented population. While Centre A contains a less affluent and older population, it also contains a young, educated population.

PERCENTAGE OF FAMILIES WITH LONE PARENTS			
Highest (EDs)		*Lowest (EDs)*	
Knocknaheeny	47.5	Tramore A	5.8
Blackpool A	44.2	Centre A	11.1
Mayfield	42.7	Tivoli A	11.6
Farranferris B	39.9	Browningstown	11.9
Gurranebraher E	38.6	Tramore B	12.5

TABLE 55. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF FAMILIES WITH LONE PARENTS, 2011 (SOURCE: CSO, 2011)

7. Housing

This Chapter explores the theme of housing in Cork City. Areas of particular focus include: Owner Occupied Housing, Private Rentals, Local Authority Housing, the structural characteristics of housing stock, unoccupied houses and homelessness.

7. HOUSING

The 2011 Census reported 47,110 permanent private households in Cork City. This represented an increase of 6.3% over the 2006 figure. Figure 61 illustrates the distribution of Housing Units in the city based on nature of occupancy. The top four categories based on level of prevalence are: Owner Occupied without a Mortgage, Rented from a Private Landlord, Owner Occupied with a Mortgage and Rented from a Local Authority. Each of these categories will be discussed under their own individual headings in this Chapter.

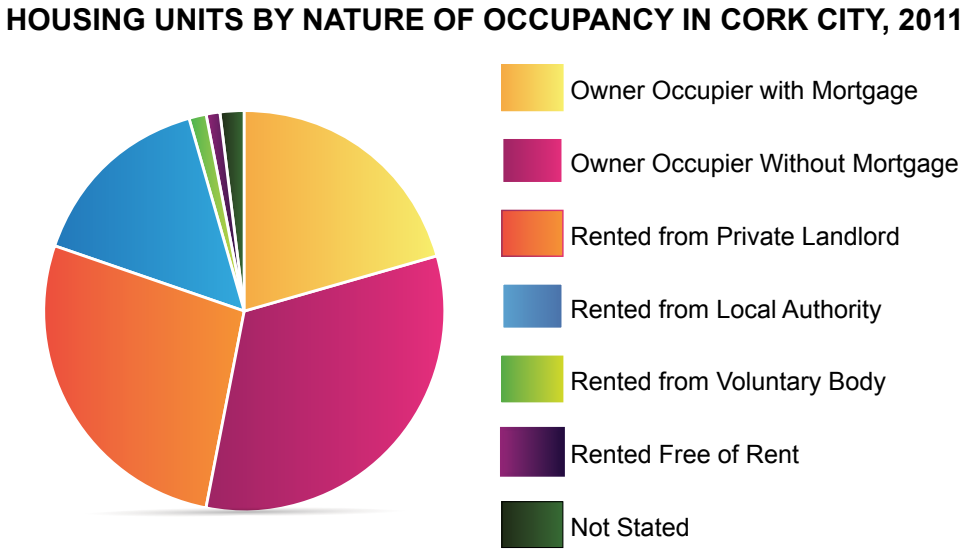

FIGURE 61. DISTRIBUTION OF HOUSEHOLDS IN CORK CITY BASED ON NATURE OF OCCUPANCY (SOURCE: CSO, 2011)

7.1 Owner Occupied Housing

Housing Units Owner Occupied Without a Mortgage

In Cork City, the greatest proportion of housing is Owner Occupied with no Mortgage (32.5%). This compares with a figure of 34.4% State-wide.

Figure 62 illustrates the distribution of housing units that are owned without a mortgage in Cork City. Clusters with high concentrations are to be found around Ballinlough/Bishopstown/Glasheen and

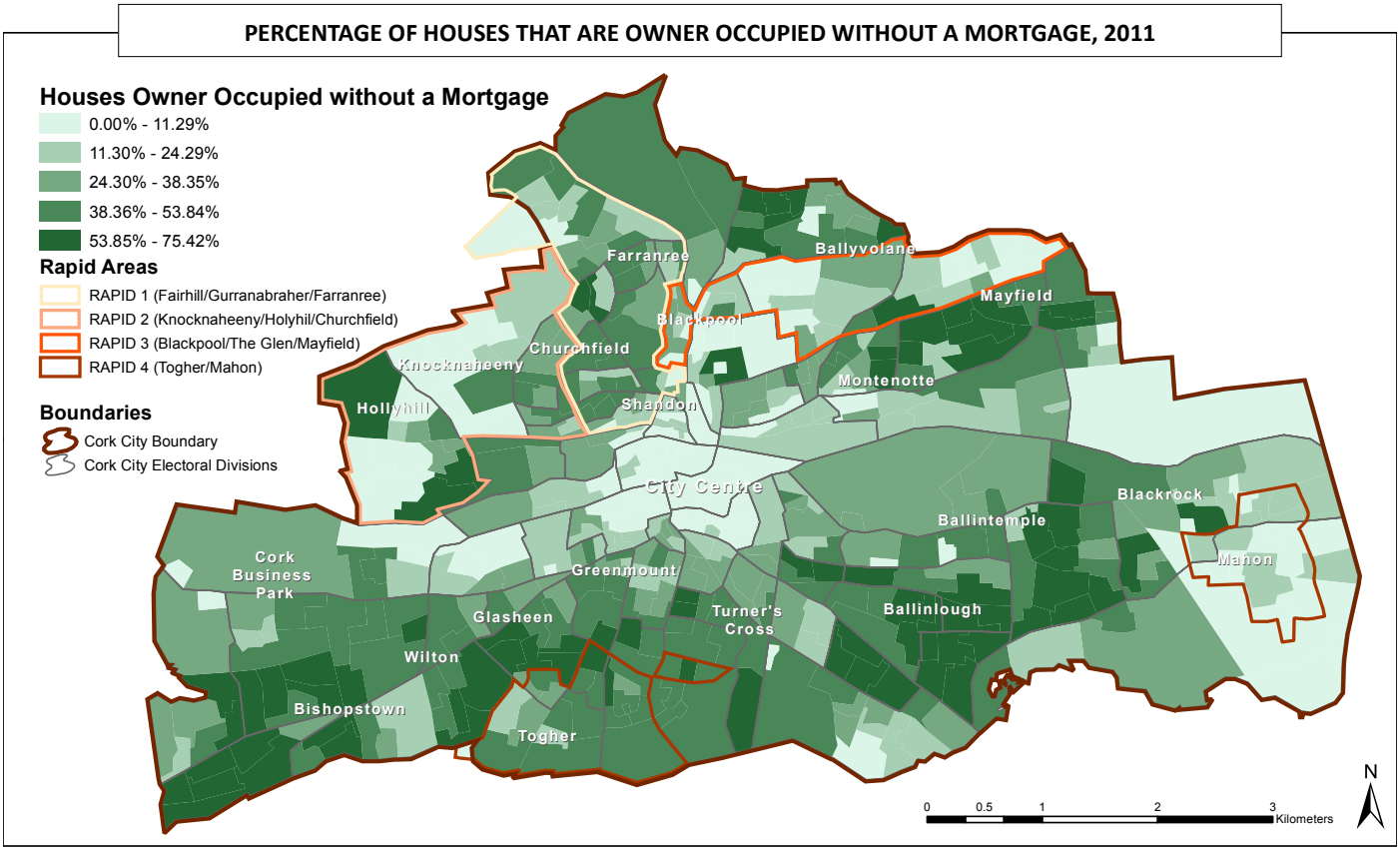

FIGURE 62. MAP OF PERMANENT PRIVATE HOUSEHOLDS THAT ARE OWNER OCCUPIED WITHOUT A MORTGAGE, 2011 (SOURCE: CSO/ORDNANCE SURVEY IRELAND)

Montenotte. The City Centre and remaining RAPID areas all have smaller proportions of households that are owner occupied without a mortgage, however, the Togher and Fairhill RAPID Areas differ from their counterparts insofar as they have higher proportions of this nature of occupancy. Houses of this nature are also less prevalent along the Western Road, near University College Cork, where there is a high prevalence of rented accommodation.

HOUSEHOLDS OWNER OCCUPIED WITHOUT MORTGAGE (%)			
Highest (EDs)		*Lowest (EDs)*	
Browningstown	61.6	Centre B	3.2
Bishopstown D	59.4	Centre A	4.1
Tramore B	58.9	South Gate A	6.1
Ballinlough C	57.0	Gillabbey A	10.5
Turners Cross D	54.9	Knocknaheeny	10.8

TABLE 56. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF HOUSING UNITS OWNER OCCUPIED WITHOUT A MORTGAGE, 2011 (SOURCE: CSO, 2011)

The Electoral Divisions with the highest proportions of houses Owner Occupied with No Mortgage are: Browningstown, Bishopstown D, Tramore B, Ballinlough C, and Turner's Cross D (Table 56). These EDs feature significant proportions of families, strong populations of persons in professional occupations and low unemployment rates.

The EDs with the lowest proportions of this category are: Knocknaheeny, Gillabbey A, South Gate A, Centre A and Centre B. In these EDs, people are more likely to be renting from a private landlord for reasons already outlined, with the exception of Knocknaheeny, where a large proportion (60.3%) of persons rent from the Local Authority.

Housing Units Owner Occupied With a Mortgage

In Cork City, 20.7% of households were owner occupied with a mortgage in 2011. This represents a sharp decline from the 2002 figure of 27.2%. Likely influences on this decline are the shift of some homeowners into the Without a Mortgage category and diminishing access to credit for first-time buyers.

HOUSEHOLDS OWNER OCCUPIER WITH MORTGAGE (%)			
Highest (EDs)		*Lowest (EDs)*	
Tivoli B	43.0	Centre B	2.8
Shanakiel	36.6	Centre A	2.9
Knockrea B	36.3	South Gate A	3.4
Fair Hill C	33.3	Gillabbey A	5.4
Turners Cross C	32.6	Shandon B	5.9

TABLE 57. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF HOUSING UNITS OWNER OCCUPIED WITH A MORTGAGE, 2011 (SOURCE: CSO, 2011)

The Electoral Divisions with the greatest prevalence of houses that are Owner Occupied with a Mortgage are: Tivoli B, Shanakiel, Knockrea B, Fair Hill C and Turner's Cross C (Table 57). Unemployment levels in these EDs is relatively average, with the exception of Shanakiel (14% versus the Cork City average of 12.1%), and Fair Hill C (16.2% versus the Cork City average of 12.1%).

The EDs with the lowest prevalence of houses of this type are: Shandon B, Gillabbey A, South Gate A, Centre A, and Centre B. These EDs all contain higher proportions of students than average, as well as persons working in non-manual occupations. Large proportions of immigrants also feature here. The most popular occupancy status across these EDs is renting from private landlords.

There is a significant proportion of persons struggling to pay their mortgages nationally. There were 136,564 (17.9%) mortgage accounts in arrears for principal dwelling houses in the third quarter of 2013.[1] In 2011, 50,792 households in the Republic of Ireland were headed by a person who had a mortgage and was also unemployed (or looking for their first job) - 8.7% of all houses with

1 Central Bank of Ireland. (2014). *Residential Mortgage Arrears and Repossessions Statistics: Q4 2013*. Available: http://www.centralbank.ie/polstats/stats/mortgagearrears/Documents/2013q4_ie_mortgage_arrears_statistics.pdf.

a mortgage.[2] 51% of these households did not contain any workers.[3] This represented a sharp rise from the 2006 results, which indicated that 14,757 mortgaged households were headed by an unemployed person.[4]

7.2 Private Rentals

Rented from Private Landlord

The second most prevalent occupancy type in Cork City is renting from a Private Landlord. 27% of housing units are contained in this category, compared to 18.5% of housing units nationally. Those renting from landlords in Cork City are more likely to be single and of foreign nationality.[5]

Figure 63 illustrates the distribution of private rentals within Cork City. The City Centre and surrounds, as well as a small band running up Shandon Street, have high levels of rentals (as high as almost 95% in some cases). There is also a concentration of rentals along the Western Road and around UCC. There is an obvious dearth of private rentals in the north side of the city and a number of small areas directly adjacent to Cork Institute of Technology. There are noticeably low proportions of privately rented homes in the RAPID areas.

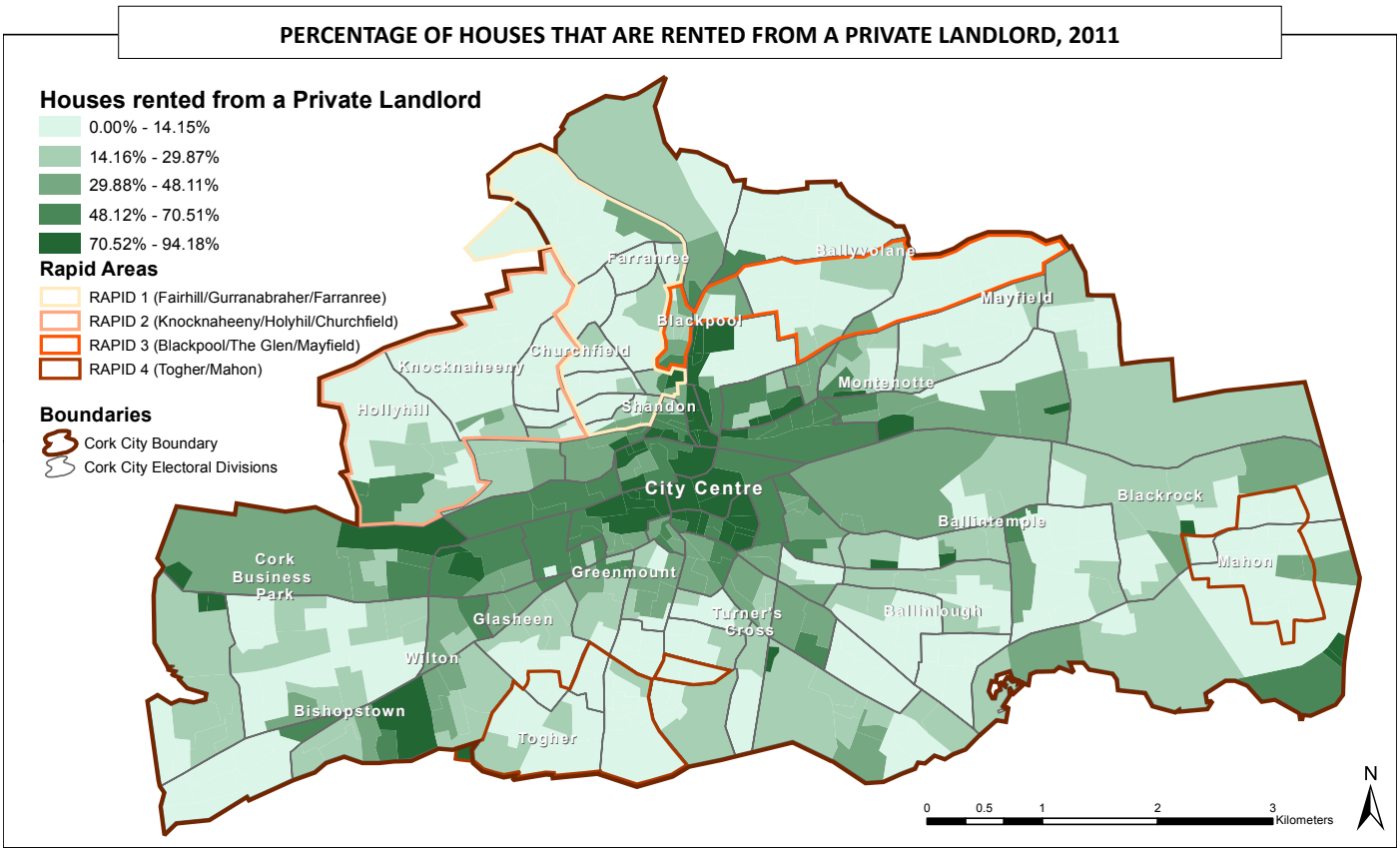

FIGURE 63. MAP OF PERMANENT PRIVATE HOUSEHOLDS THAT ARE RENTED FROM A PRIVATE LANDLORD, 2011 (SOURCE: CSO/ORDNANCE SURVEY IRELAND)

HOUSEHOLDS RENTED FROM PRIVATE LANDLORD (%)			
Highest (EDs)		*Lowest (EDs)*	
Centre A	78.3	Fair Hill B	4.3
South Gate A	75.1	Ballyphehane A	5.0
Centre B	71.2	Ballyphehane B	6.1
Shandon A	67.6	Churchfield	6.6
St. Patrick's A	65.9	Pouladuff A	6.9

TABLE 58. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF HOUSING UNITS RENTED FROM A PRIVATE LANDLORD 2011 (SOURCE: CSO, 2011)

The EDs featuring the highest proportions of accommodation Rented from a Private Landlord are: Centre A, South Gate A, Centre B, Shandon A, and St. Patrick's A (Table 58). These EDs feature significant proportions of students, professionals and non-manual working populations, as well as immigrants and educated populations.

2 Central Statistics Office (2012a). *Profile 4 The Roof Over our Heads*. Dublin: Stationery Office. p. 14.
3 Ibid.
4 Ibid.
5 Pearson's Correlation Coefficients for these variables are 0.696 and 0.699 respectively.

Local Authority Housing

In 2011, a total of 7,260 housing units were rented from Cork City Council, which represents 15.4% of total housing units within the city (versus 7.8% nationally). Figure 64 illustrates the distribution of housing units of this nature in the city. Local Authority housing is strongly concentrated in and around the four RAPID areas, with some small areas having as high as 98% of housing units rented from the Local Authority. A smaller cluster is evident in the region of Greenmount. The distribution is clearly polarised, with a large portion of the Small Areas in Cork City having below 7% of houses with this nature of occupancy.

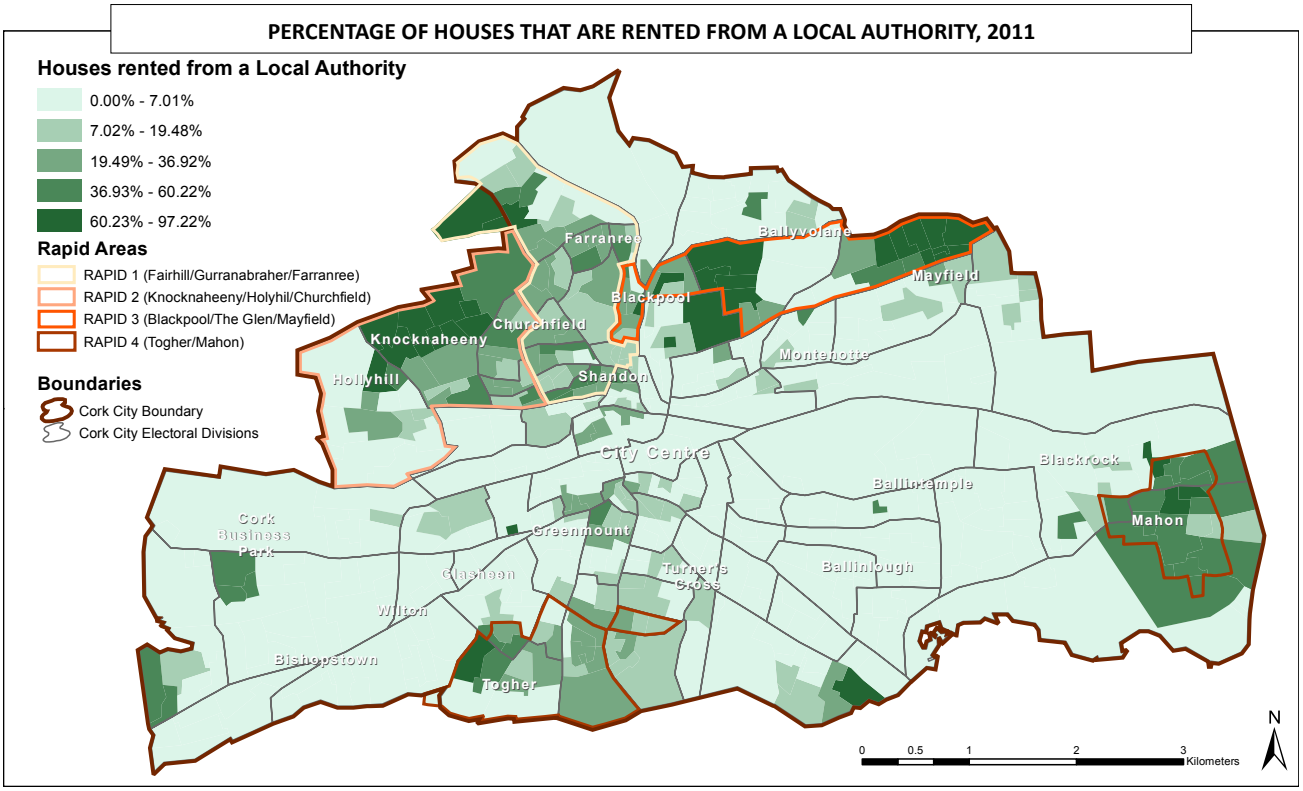

FIGURE 64. MAP OF PERMANENT PRIVATE HOUSEHOLDS THAT ARE RENTED FROM A LOCAL AUTHORITY, 2011 (SOURCE: CSO/ORDNANCE SURVEY IRELAND)

HOUSEHOLDS RENTED FROM LOCAL AUTHORITY (%)			
Highest (EDs)		*Lowest (EDs)*	
Knocknaheeny	60.3	Browningstown	0.0
Mayfield	58.6	Ballinlough B	0.0
The Glen A	41.7	Bishopstown E	0.2
Gurranebraher C	38.5	Bishopstown D	0.3
Blackpool A	36.5	Mahon C	0.5

TABLE 59. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF HOUSEHOLDS RENTED FROM THE LOCAL AUTHORITY, 2011 (SOURCE: CSO, 2011)

EDs with the highest proportions of housing Rented from the Local Authority include: Knocknaheeny, Mayfield, The Glen A, Gurranebraher C, and Blackpool A (Table 59). These areas are characterised by lower employment levels, large families and lower education levels.

EDs with the lowest proportions of housing units Rented from the Local Authority are: Mahon C, Bishopstown D, Bishopstown E, Ballinlough B and Browningstown. These EDs contain high concentrations of professionals and low unemployment.

The new economic context has presented Local Authorities with new and budgetary challenges relating to housing, as evidenced by the figures in the Cork Planning Authorities' *Public Draft Housing Strategy.*[6] In Cork City, the Council's budget for this programme has been recently reduced from €54 million to only €5 million. The result of this budgetary challenge will be a greater emphasis on the Rental Accommodation Scheme (RAS) and Social Housing Leasing Initiative.

6 Cork Planning Authorities. (2013). *Public Draft Joint Housing Strategy*. Available: http://www.corkcocodevplan.com/images/documents/stage2/Revised_Draft_Joint_Housing_Strategy_Dec_2013.pdf. p.7.

Figure 65 show that the vast majority of houses rented by Voluntary Bodies and the Local Authorities across the city and State are rented for less than €100 per week. Nationally, rent charged by local authorities has increased since 2006 (in 27 of 34 administrative counties); however, rent has decreased in Cork City by less than 10%. While rent has increased for Local Authority housing nationally generally, the average rent for apartments held by Local Authorities fell from an average of €75 to €65. Local Authority rates dropped from an average of €55.07 to €53.22.[7] As of August 31st 2014, the application list for social housing supports for Cork City was 8,419 (Cork City Council, Housing and Community Directorate).

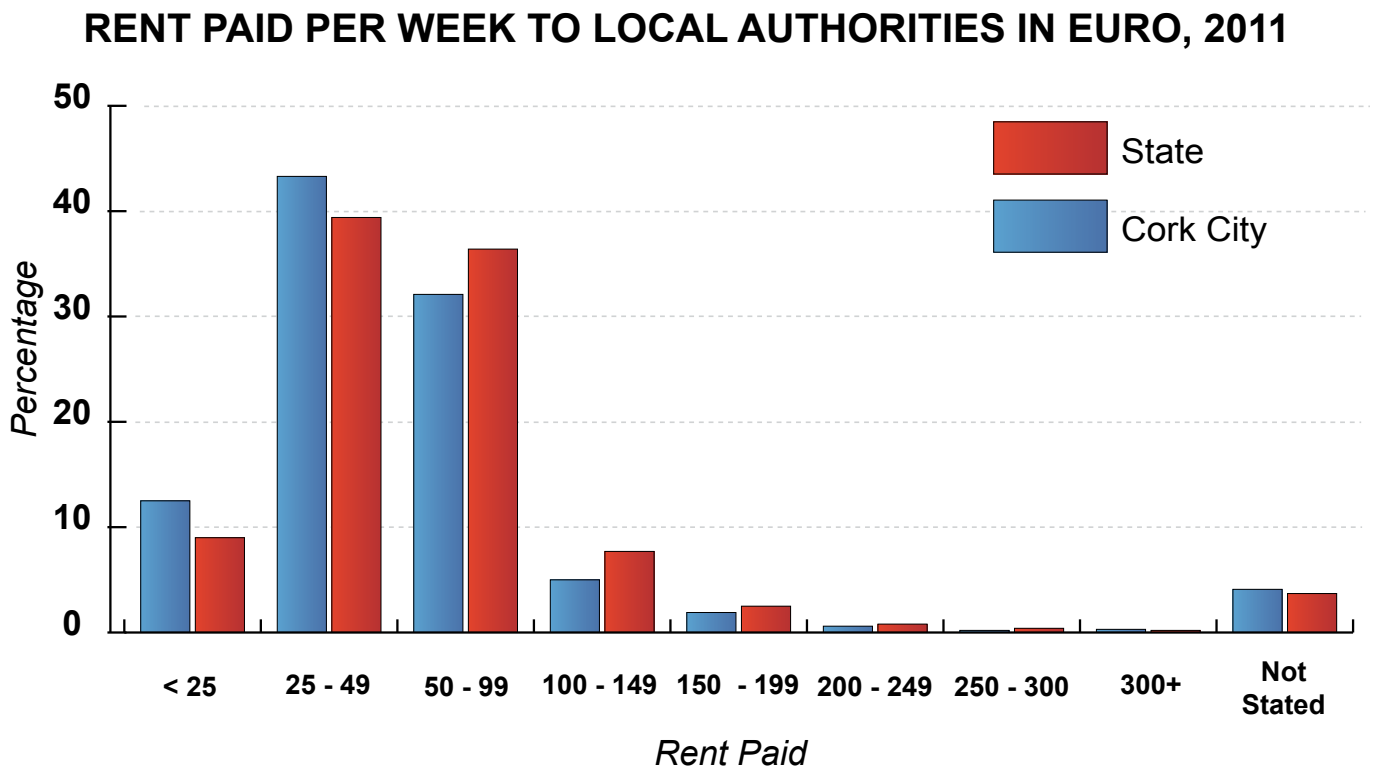

FIGURE 65. RENT PAID PER WEEK TO LOCAL AUTHORITY IN CORK CITY AND THE STATE (SOURCE: CSO, 2011)

Structural Characteristics

Dwelling Type

Figure 66 illustrates the various categories of Dwelling type in Cork City. As is evident, the vast majority of housing units in Cork City are of the traditional house/bungalow variety, comprising 80.7% of the total stock. Given the prevalence of apartments in urban settings, this is expectedly lower than the 87% of houses/bungalows State-wide. Flats or apartments account for 16.5% of houses in Cork City versus 10.7% of houses nationally. Other types of housing units such as bed-

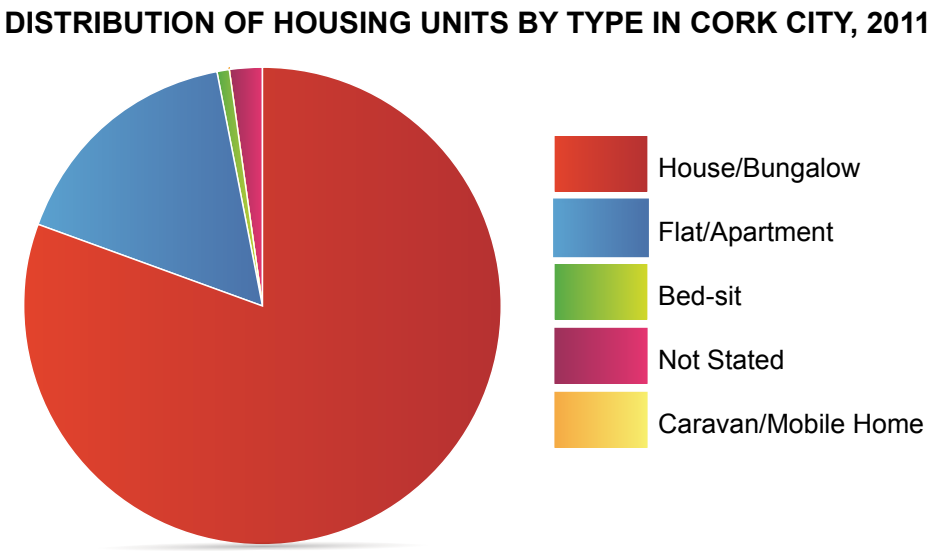

FIGURE 66. DISTRIBUTION OF HOUSING UNITS BY TYPE IN CORK CITY (SOURCE:CSO, 2011)

7 CSO (2012). *Profile 4: The Roof over our Heads*. Dublin: Stationery Office.

sits and caravans are relatively uncommon.

HOUSING UNITS CLASSIFIED AS 'HOUSE'/'BUNGALOW' (%)			
Highest (EDs)		*Lowest (EDs)*	
Browningstown	99.5	Centre A	13.0
Farranferris C	98.3	Centre B	19.2
Ballyphehane A	98.1	South Gate A	30.5
Tramore B	98.1	Gillabbey C	40.9
Turners Cross C	97.7	St. Patrick's A	43.0

TABLE 60. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF HOUSING UNITS CLASSIFIED AS A HOUSE OR BUNGALOW, 2011 (SOURCE: CSO, 2011)

EDs with the highest proportions of Houses/ Bungalows include: Browningstown, Farranferris C, Ballyphehane A, Tramore B and Turner's Cross C (Table 60). These areas are all suburban. EDs with the lowest proportions of Houses and/or Bungalows include: St. Patrick's A, Gillabbey C, South Gate A, Centre B and Centre A. Most of these EDs are clustered within the City Centre, where apartments are more commonplace. Though Gillabbey C is further from the City Centre, its large proportion of students and proximity to UCC has created a demand for flats to service students' needs.

HOUSING UNITS CLASSIFIED AS 'FLAT'/'APARTMENT' (%)			
Highest (EDs)		*Lowest (EDs)*	
Centre A	78.5	Browningstown	0.0
Centre B	72.5	Gurranebraher B	0.3
South Gate A	66.7	Turners Cross C	0.8
Gillabbey C	56.0	Ballyphehane A	0.8
Gillabbey A	52.1	Farranferris C	0.9

TABLE 61. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF HOUSING UNITS CLASSIFIED AS 'FLAT/APARTMENT', 2011 (SOURCE: CSO, 2011)

EDs with the largest proportions of Flats or Apartments are: Centre A, Centre B, South Gate A, Gillabbey C and Gillabbey A (Table 61). It is not unusual that the Centre EDs and South Gate A - being located centrally - feature concentrations of this kind of accommodation as it is typical of cities to have high-capacity, efficient housing in and around their centres. Gillabbey C and A are somewhat removed from the Centre. Proximity to the University has likely influenced the supply of housing in these areas. Areas with the lowest proportions of Flats and Apartments are: Farranferris C, Ballyphehane A, Turner's Cross C, Gurranabraher B, and Browningstown. Again, these areas are outside of the City Centre and feature more traditional housing that is more suitable for families.

Age of Housing

Figure 67 reveals that the most popular construction period in Cork City was between 1946 and 1980 when over 40% of housing units were built. The number of units built thereafter declined steadily (even during the peak years of the housing bubble). As housing construction in the city does not appear to accelerate during the peak building years, this might further explain the declining number of houses owner occupied with a mortgage. In the State, however, construction appears to have accelerated after 1971 before fluctuating downwards

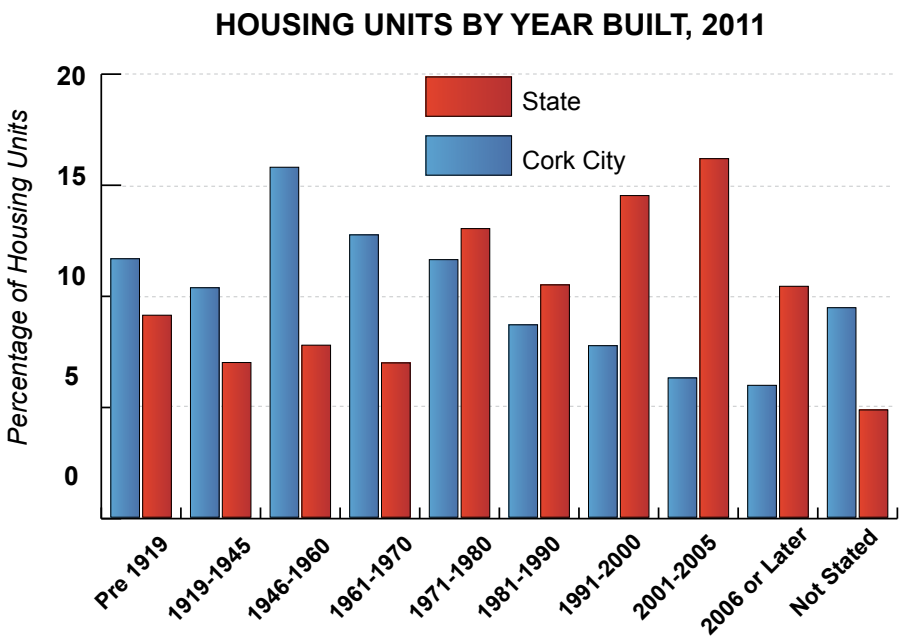

FIGURE 67. DISTRIBUTION OF HOUSING UNITS IN CORK CITY AND THE STATE BASED ON YEAR BUILT (SOURCE: CSO, 2011)

after 1981, back up from 1991 onwards and reaching peak levels between 2001 and 2005. The proportion of houses built after 2006 expectedly drops. The observable trends in house construction are largely consistent with overall State economic performance during a given time-frame. An association between the years of housing construction and the growth and decline of houses owner-occupied with a mortgage (or without) is apparent and expected. When observing the years that houses are built (see Section III), it is clear that there were a number of phases of construction within the city, with a general transition from older to newer as one travels outwards from the City Centre (aside from the influence of newer apartment buildings in areas of the City Centre).

HOUSING UNITS BUILT IN 1960 OR BEFORE (%)			
Highest (EDs)		*Lowest (EDs)*	
Gurranebraher D	87.8	Mahon B	4.6
Farranferris B	83.9	Tivoli B	7.8
Turners Cross C	82.4	Bishopstown B	8.1
Turners Cross B	81.3	The Glen B	8.6
Farranferris C	79.9	Bishopstown E	10.5

TABLE 62. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF HOUSING UNITS BUILT IN 1960 OR BEFORE, 2011 (SOURCE: CSO, 2011)

HOUSING UNITS BUILT IN 2006 OR LATER (%)			
Highest (EDs)		*Lowest (EDs)*	
Knockrea A	25.1	Pouladuff A	0.0
Mahon A	19.3	Gurranebraher A	0.0
Shandon A	19.3	Turners Cross C	0.0
Tramore A	18.9	Ballyphehane A	0.0
Blackpool B	16.9	Gurranebraher B	0.0

TABLE 63. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF HOUSING UNITS BUILT IN 2006 OR LATER, 2011 (SOURCE: CSO, 2011)

EDs with the greatest proportion of housing units built in or before 1960 include: Gurranabraher D, Farranferris B, Turner's Cross C, Turner's Cross B and Farranferris C (Table 62). As housing units in these EDs are old, they may possibly be thermally inefficient and susceptible to dampness and mould, as well as being generally cold. Compounding this is the fact that each ED features significant Age Dependency Ratios (though less so in Turner's Cross C) and high levels of unemployment (excluding Turner's Cross B or Farranferris C).

EDs with lower proportions of these households include: Bishopstown E, The Glen B, Bishopstown B, Tivoli B and Mahon B.

The EDs with the greatest proportion of households that were built in 2006 or later include: Knockrea A, Mahon A, Shandon A, Tramore A and Blackpool B (Table 63). Understandably, there are a large number of EDs that have no houses built in 2006 or later.

Number of Rooms

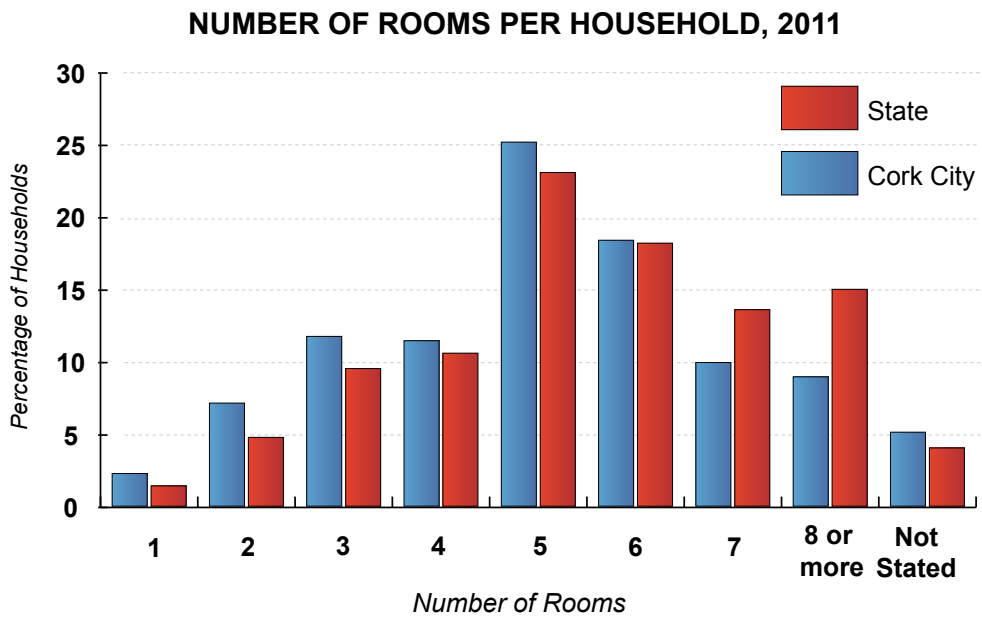

FIGURE 68. NUMBER OF ROOMS PER HOUSEHOLD IN CORK CITY AND THE STATE (SOURCE:CSO, 2011)

Figure 68 illustrates the distribution or Housing Units in Cork City and the Republic of Ireland, based on the number of rooms. Five-roomed houses are the norm in Cork City and the State (25.1% and 23% respectively). Six-roomed houses are the next most common in the City and State (18.4% and 18.2% respectively). Where Cork

City diverges most noticeably from the State is in its proportion of eight-room Housing Units, which was recorded at 8.9%, compared to the State proportion of 15%. The restricted nature of space available to build in urban settings has likely contributed to this differentiation.

Households with 1-3 Rooms

Figure 69 illustrates the distribution of Housing Units that have between one and three rooms. Houses in and close to the City Centre are likely to be of this size. The older nature of buildings in this area, as well as the increased price of property and land are likely contributors to this spatial pattern. A strip of these buildings can also be seen running north of the City Centre along Shandon Street. The map also reveals that high proportions of one to three room households can be found throughout Blackpool and Shandon, with lighter concentrations in Shanakiel and Tivoli B.

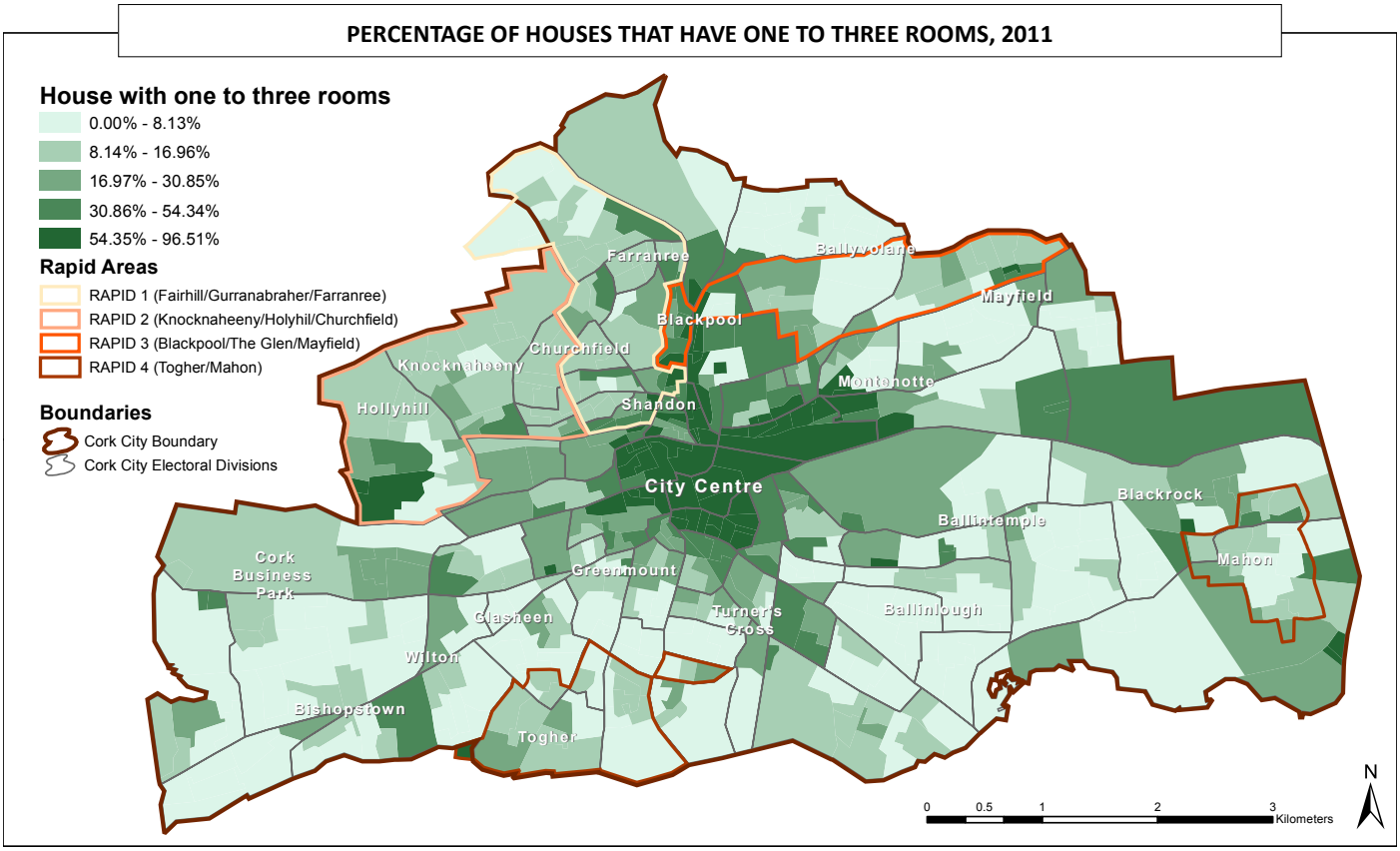

FIGURE 69. MAP OF HOUSING UNITS THAT HAVE ONE TO THREE ROOMS, 2011 (SOURCE:CSO/ORDNANCE SURVEY IRELAND)

HOUSING UNITS WITH 1–3 ROOMS (%)			
Highest (EDs)		*Lowest (EDs)*	
Centre A	73.0	Browningstown	1.3
Centre B	69.9	Ballinlough B	3.9
South Gate A	65.7	Tramore B	3.9
St. Patrick's A	59.3	Pouladuff A	4.7
Shandon A	58.8	Turners Cross C	5.0

TABLE 64. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF HOUSING UNITS WITH 1–3 ROOMS, 2011 (SOURCE: CSO, 2011)

Households with 1-3 rooms occur in the greatest proportions in: Centre A, Centre B, South Gate A, St. Patrick's A, and Shandon A (Table 64). That there is a concentration of 1-3 room households in the City Centre is intuitive, given the corresponding concentrations of flats and apartments in this area.

EDs with the lowest proportions of these households are: Turner's Cross C, Pouladuff A, Tramore B, Ballinlough B, and Browningstown. As houses and bungalows are the dominant accommodation types in these EDs, these results are expected.

Households with 4-6 Rooms

Households with 4-6 rooms are more prevalent in Fair Hill A, Gurranabraher D, Turner's Cross C, Pouladuff A and Farranferris C (Table 65). Again, these EDs are all removed from the City Centre and are more suburban in nature.

HOUSING UNITS WITH 4 - 6 ROOMS (%)			
Highest (EDs)		*Lowest (EDs)*	
Fair Hill A	80.0	Centre A	17.6
Gurranebraher D	79.1	Centre B	21.5
Turners Cross C	78.5	St. Patrick's A	22.3
Pouladuff A	77.4	St. Patrick's B	25.8
Farranferris C	76.9	South Gate A	27.0

TABLE 65. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF HOUSING UNITS WITH FOUR TO SIX ROOMS, 2011 (SOURCE: CSO, 2011)

EDs with the lowest prevalence of these households are: South Gate A, St. Patrick's B, St. Patrick's A, Centre B, and Centre A. Once again, these EDs are all of a central location where apartments and flats are more commonplace and while there may be more units, there is less space per unit.

Households with 7 or More Rooms

Electoral Divisions containing the greatest proportion of Households with 7 or More Rooms are: Bishopstown D, Browningstown, Bishopstown C, Tramore B, and Knockrea B (Table 66). The map of this variable (see Section III) reveals inverse patterns compared to households of 1 - 3 rooms; however, there is a large cluster of houses with seven or more rooms along an axis running from Montenotte/Mayfield to Ballinlough.

HOUSING UNITS WITH 7 OR MORE ROOMS (%)			
Highest (EDs)		*Lowest (EDs)*	
Bishopstown D	63.3	Centre B	0.8
Browningstown	61.1	Gurranebraher C	1.6
Bishopstown C	54.0	South Gate A	2.2
Tramore B	52.2	Centre A	2.9
Knockrea B	44.9	Shandon A	3.0

TABLE 66. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF HOUSING UNITS WITH 7 OR MORE ROOMS, 2011 (SOURCE: CSO, 2011)

EDs where these households are far less common are Shandon A, Centre A, South Gate A, Gurranabraher C and Centre B. With the exception of Gurranabraher C, these EDs are centrally located. Gurranabraher C has a large proportion of social housing. It contains a large number of One-Person households and lone-parents.

Heating

Households without Central Heating

Quality of housing stock is often measured using the presence or absence of central heating in the household. In urban areas of Ireland, most households use natural gas for central heating (52%), however, electric central heating is popular in apartments/bed-sits, where it accounts for nearly half of heating systems.[8] In 2006, 6,242 households in Cork reported being without central heating, representing 14% of all households in the City. In 2011, these figures had reduced substantially to 1,208, (2.6%) of households, which is still noticeably higher than the State-wide proportion of 1.6%.

Electoral Divisions with the highest proportions of Households without Central Heating are: St. Patrick's B, Gurranabraher C, St. Patrick's A, Tivoli A and City Hall A (Table 67). St. Patrick's B has a combination of a significant proportion of widows, a larger than normal proportion of those in the 85+ range and a large proportion of one Person households. City Hall A has a similar population make-up, but also has high proportions of persons in the 64-85 age range. Small areas with the

8 Central Statistics Office (2012). *Profile 4 The Roof Over our Heads*. Dublin: Stationery Office. p.24.

HOUSEHOLDS WITH NO CENTRAL HEATING (%)			
Highest (EDs)		*Lowest (EDs)*	
St. Patrick's B	7.9	Bishopstown E	0.7
Gurranebraher C	6.9	Bishopstown D	0.8
St. Patrick's A	6.9	Shanakiel	0.9
Tivoli A	6.2	Ballinlough B	0.9
City Hall A	5.8	Tivoli B	0.9

TABLE 67. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF HOUSEHOLDS WITH NO CENTRAL HEATING, 2011 (SOURCE: CSO, 2011

highest proportions of housing units without central heating tend to be located near the City Centre, Montenotte and Ballintemple (as seen in Section III).

When considering the impact of housing on health in the context of central heating, it is important to consider whether or not people can afford to heat their homes. Fuel poverty, resulting in poorly heated homes, can render people vulnerable to illnesses and can result in higher rates of winter morbidity - a particular problem in Ireland, where thermal efficiency is amongst the lowest in Europe.[9]

According to Sustainable Energy Ireland:

> "Fuel Poverty essentially arises out of an interaction between low incomes, expenditure prioritisation, fuel prices, high fuel expenditure on uneconomic fuels, poor insulation, inefficient heating methods and low capital investments in building structures. The interaction of these variables means residents are unable to afford warmth in their home."[10]

Fuel poverty is a growing problem in Ireland, as Figure 70 illustrates. Starting from 2008, the proportion of all groups in the table unable to heat their home has been rising. Low income groups demonstrably experience fuel poverty in large proportions.

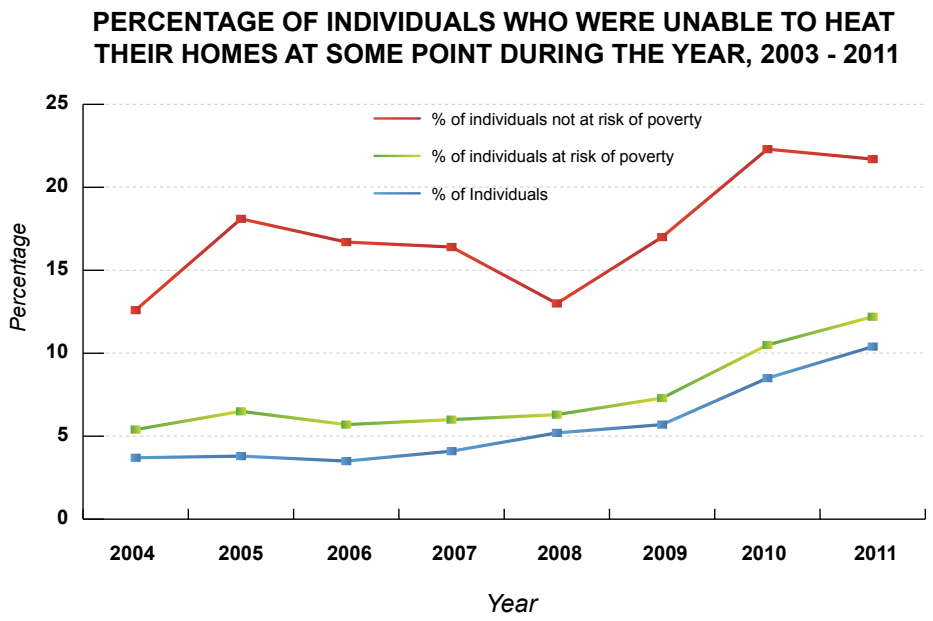

FIGURE 70. PERCENTAGE OF INDIVIDUALS WHO WERE UNABLE TO HEAT THEIR HOMES AT SOME POINT DURING THE YEAR, 2003 - 2011 (SOURCE: CSO, 2013)

Based on the make-up of Cork City, it is evident that there are large groups of people at risk of fuel poverty. Those at greatest risk have been identified as including those on low income, those in single person households, older people and lone-parent headed households.[11] Lone parents, older persons and one person households occur in greater proportions in Cork City than in the State generally and a significant proportion of persons are living on low income (17.4%), though this is slightly less than the State proportion of 18.6%.[12]

In relation to older persons, inadequate heating can trigger deaths in winter from cardiovascular

9 Sustainable Energy Ireland. (2003). *A Review of Fuel Poverty and Low Income Housing.* Available: http://www.seai.ie/Grants/Warmer_Homes_Scheme/Fuel_Poverty_Report.pdf.

10 Ibid.

11 See Sustainable Energy Ireland. (2003). *A Review of Fuel Poverty and Low Income Housing*. Available: http://www.seai.ie/Grants/Warmer_Homes_Scheme/Fuel_Poverty_Report.pdf. p.3. and McAvoy, H.(2007) *All-Ireland Policy Paper on Fuel Poverty and Health*. Dublin: Institute of Public Health in Ireland, p.3.

12 IPH. (2011) *Pct low income RoI 2010*. Available from: http://www.thehealthwell.info/node/286592

diseases.[13] Considering the fact that 29.8% of those over 65 live alone in Cork City, this is an obvious concern. Older homes are particularly vulnerable to heating issues and older persons are more likely to occupy these homes.[14] The fact that Cork City's has a large proportion of pre-1940 housing stock, further suggests a significant number of persons facing the challenge of inadequate or unaffordable heating. Compounding these problems are the increasing costs of oil, gas and electric fuels.

There is a strong connection between fuel poverty and health. In a comprehensive study of housing conditions and self-reported health, Healy asserts that bad health in fuel-poor households in the 14 EU member states was significantly higher than in other households (12% of households without adequate heating facilities reported poor or very poor health, compared with 7.4% of households with adequate heating facilities).[15] He identifies numerous adverse conditions in housing that negatively affect health that are caused by, or correlated with, fuel poverty:

- He identifies dampness as a probable symptom of continuously unheated homes and suggests a causal relationship with asthma and in extreme cases, premature mortality.
- Poor health was found to be more prevalent in areas where central heating was absent.
- The effect of leaky roofs in households in relation to health was examined (important, as it can cause dampness and mould) and it was found that 12.6% of households experiencing this problem reported poor or very poor health.
- Housing satisfaction and affordability was examined and it was found that increased housing and utility costs were associated with higher incidence of reported poor health.

7.3 Unoccupied Houses

The CSO notes that 16.8% of dwellings that comprise Irish housing stock were vacant in 2011, with a 102% growth in vacant dwellings between 2002 and 2011.[16]

Figure 71 illustrates the distribution of unoccupied housing units in the city. For the most part, these concentrations are less evident on the outskirts of the city. Unoccupied houses feature more prominently in and around the City Centre, as well as along the Western Road. A large number of these areas are characterised by high levels of rentals. There is a cluster of small areas with high levels of unoccupancy directly east of Shandon. There may be a connection here between the large number of Non-Irish Nationals that typically occupy the area and the outflux of members of this group post-recession.

UNOCCUPIED PERMANENT DWELLINGS (%)			
Highest (EDs)		*Lowest (EDs)*	
City Hall A	43.3	Fair Hill C	4.7
Bishopstown A	35.3	Togher A	4.8
St. Patrick's A	31.0	The Glen B	5.4
Mardyke	30.6	Pouladuff B	6.7
St. Patrick's B	28.0	Gurranebraher A	7.1

TABLE 68. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF UNOCCUPIED PERMANENT DWELLINGS, 2011 (SOURCE: CSO, 2011)

EDs with the highest proportions of Unoccupied Permanent Dwellings are: City Hall A, Bishopstown A, St. Patrick's A, Mardyke, and St. Patrick's B (Table 68).

EDs with the lowest proportions of Unoccupied Permanent Dwellings are: Gurranabraher A, Pouladuff B, The Glen B, Togher A and Fair Hill

13 Goodman, P, McAvoy, H, Cotter, N, Monahan, E, Barrett, E, Browne, S, Zeka, A. (n.d.). *Fuel poverty, older people and cold weather: An all-island analysis.* Available: http://www.publichealth.ie/sites/default/files/documents/files/Fuel%20Poverty%20Report%20December%202011.pdf. p.52.

14 Ibid., 24.

15 Healy, J, D. (2002). *Housing Conditions and Self-Reported Health: A Cross European Analysis.* Available: http://www.ucd.ie/gpep/publications/archivedworkingpapers/2002/02-03.pdf. p.13.

16 Central Statistics Office (2012). *Profile 4 The Roof Over our Heads.* Dublin: Stationery Office, p.35.

C. With these EDs featuring high proportions of property controlled by the Local Authority.

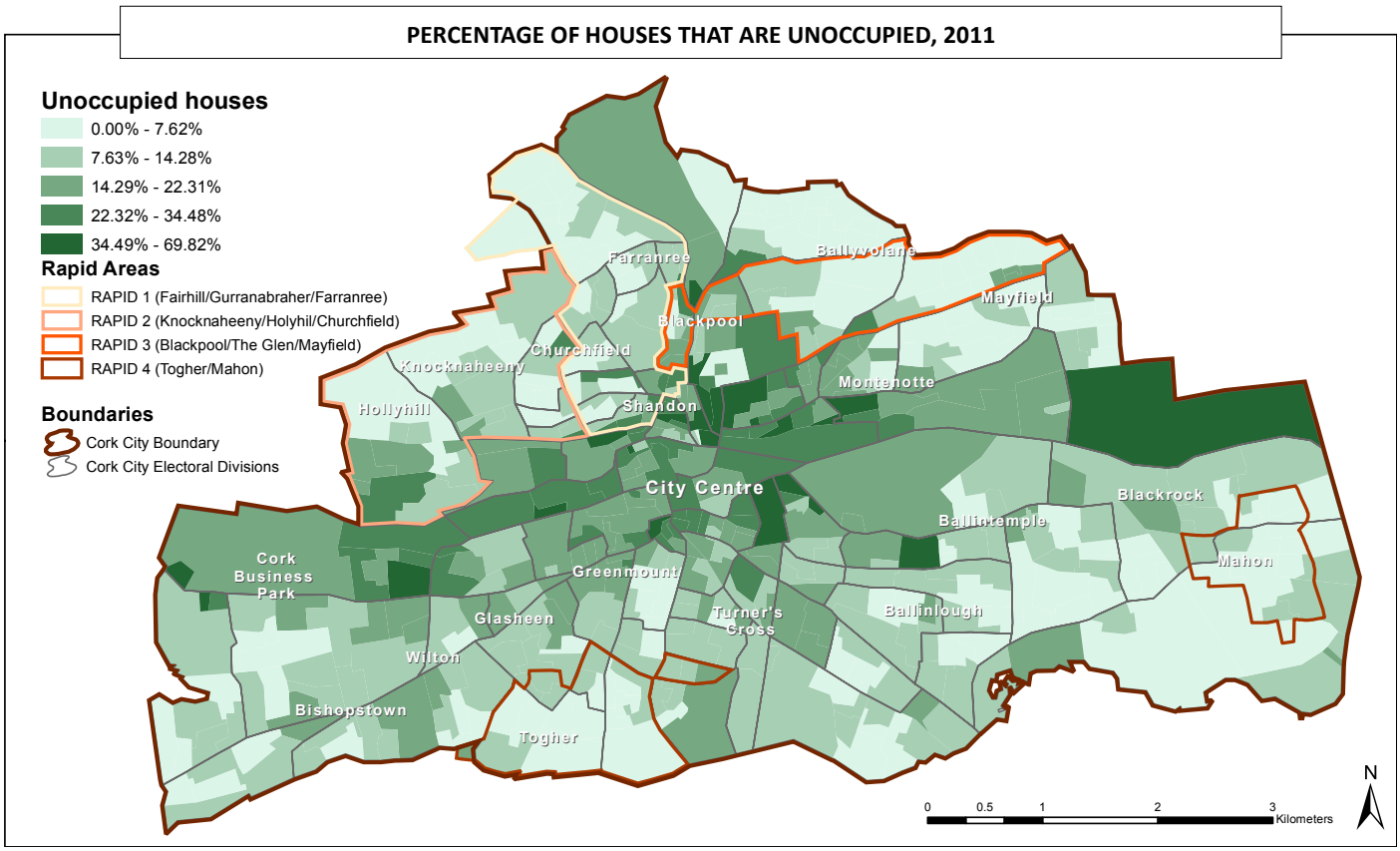

FIGURE 71. MAP OF HOUSING UNITS THAT ARE UNOCCUPIED, 2011 (SOURCE CSO:ORDNANCE SURVEY IRELAND)

7.4 Cork Local Authorities Housing Strategy

The new economic context has presented local authorities with new and challenging budgetary challenges. The funding allocated to the Social Housing Investment Programme for Cork County Council was reduced in 2011 to €16.6 million from €74.3 million in 2009.[17] In Cork City, the Council's budget for this programme has been reduced from €54 million to only €5 million in the same time period.[18] The consequence of this budgetary challenge will be a greater emphasis on the Rental Accommodation Scheme (RAS) and Social Housing Leasing Initiative.[19]

The RAS is a scheme whereby the Council contracts private rental accommodation, securing the premises for medium to long-term availability.[20]The scheme is targeted at those who have been receiving rent supplement for more than 18 months and have long term housing needs.[21]

The Social Housing Leasing Initiative is one whereby the Council enters into "long-term leasing arrangements with private-property owners for 10 to 20 years."[22]Those on local authority waiting lists would be provided with this accommodation.[23]In this instance, the Council (or a voluntary housing association with the delegated responsibility) becomes the de facto landlord.

The estimated social housing need in Cork City was 7,799 households in 2011, in comparison to 4,271 houses in Cork County.[24]

17 Cork Planning Authorities. (2013). Public Draft Joint Housing Strategy. Available: http://www.corkcocodevplan.com/images/documents/stage2/Revised_Draft_Joint_Housing_Strategy_Dec_2013.pdf. Last accessed 28th January 2014, p.7.
18 ibid.
19 ibid.
20 ibid., p.51
21 ibid.
22 ibid.
23 ibid.
24 ibid., p.35

In 2012, 8,818 dwellings were in local authority stock in Cork City (8,712 when excluding dwellings subject to major refurbishment projects). 4.3% of dwellings were empty (excluding those subject to major refurbishment) and 87.1% of that figure were unavailable for letting.[25]

Those on waiting lists for social housing may be some of the most disadvantaged, with many being unemployed and earning €10,000 to €15,000 annually and the employment status of the majority of persons is 'unemployed'.[26] Peak waiting times on the list for all authorities are 1-2 years and 2-3 years.[27]

Household structure of applicants tips significantly in favour of One Person households, indicating a substantial need for small units, followed by family households, single with child/children households and lastly couple with or without children households.[28]

In the city, the greatest land availability is in the docklands, which may be a site for future developments.[29]

7.5 Homelessness

Homelessness in the academic literature has been referred to as the 'extreme manifestation of social exclusion.[30]

In Cork City, emergency accommodation is provided by Cork Simon Community, St. Vincent de Paul, Edel House, Cuanlee, and Threshold. Some of these specialise in serving different demographics such as women and children only or men only. Additional services for those who are homeless or at risk of becoming homeless are provided by organisations such as Cork Foyer, which provides services for youths (aged 18-25) that are homeless or at risk of becoming homeless.

Under the Housing Act 1988, every housing authority in Ireland is obliged to carry out a Housing Needs Assessment at least once every three years.[31] This assessment requires information to be gathered on the number of people who are homeless in the area. In Cork, homelessness is estimated using the *Counted-In* survey, conducted by the Homeless Agency.[32] According to the survey conducted in 2008, there were 421 homeless people living in Cork City, 10 of whom were children. This compares with 2,942 homeless people living in Dublin, while nationally 4,143 people were classified as homeless. A total of 51 households in Cork City gave information about their children. Although 130 children were mentioned, it is likely that the adults were not currently residing with their children but may have regular access. Approximately two thirds (65%) of adults surveyed in Cork City were male, while the average age of adults surveyed was 44 years.

According to the *Cork Simon Community Annual Report 2012,* Cork Simon Community supported 1,025 people during that year.[33] The Emergency Shelter, which can accommodate 44 people, was full every night, with 410 people using the Cork Simon's Emergency Shelter over the course of the year.

25 Local Government Management Agency. (2014). Service Indicators in Local Authorities 2012. Available: Local Government Management Agency, p.81
26 ibid., p.37
27 ibid., p.40
28 ibid., p.40
29 Cork Planning Authorities 2013, p.53
30 Breackner 2000, Fitzpatrick 1998 as cited in Steoger, H. (2011). *Housing and social exclusion in a comparative view*. Available: http://www.enhr2011.com/sites/default/files/Paper-stoeger-WS14.pdf. p.2
31 Ibid.
32 Ibid.
33 Ibid.

Simon states that the City saw an increase in the numbers sleeping rough in 2012:

> "161 different people were recorded sleeping rough on at least one night in 2012 – a significant increase of 330% compared to 2011: an increase of 210% compared to 2010: and an increase of 41% compared to 2009." [34]

83 people stayed at Cork Simon's five high-support houses in the same year– an increase of 19% compared to the previous year. 86% of this group required medical care (59% required medical care for their mental health).

102 people were supported by Cork Simon's Housing Support Team in 2012:

- 22% were women.
- 12% were aged 18-26
- 25% were supported by the team for the first time.

61 young people (aged 18-26 years) were supported by Cork Simon's Youth Homeless Drug Prevention project

In July 2010, Cork Simon Community conducted a study of the health of homeless people in Cork.[35] This was part of national study of 800 people that were using Simon services. The study recorded diagnosed mental and physical health conditions, alcohol and drug use, behaviour, self-harm and attempted suicide. It also recorded referrals to hospital services and to the *Adult Homeless Multi Disciplinary Team (AHMDT)* in Cork. During the week of the study, 188 different people used Cork Simon Community projects and services. The majority of service users (86%) were male and 13% were aged 26 years or younger. The study found that many of those using the services of the Cork Simon Community had physical and mental health issues:

- Two thirds (66%) of the 188 people using Cork Simon projects and services had a mental health condition.
- The most common mental health conditions were depression, schizophrenia and bipolar Disorder.
- 39% had a diagnosed physical health condition and 20% had both physical and mental health conditions.
- Over a quarter (27%) of the service users indicated problem alcohol use, with a similar number (26%) engaged in polydrug use.
- 14% were intravenous drug users.
- 13% of those surveyed reporting that they had self-harmed, while 8% had attempted suicide in the previous six months.
- Over a third (35%) had both a diagnosed mental health condition and had a substance abuse problem, indicating high rates of dual diagnosis.
- The most common physical health conditions were wounds & injuries, heart related conditions and respiratory disorders.
- There were 282 health referrals in all during the week of the study

A study conducted in 2008 on 37 young people in Cork aged 16 to 25 years and living away from home

34 Cork Simon Community. (2012). *Cork Simon Community Annual Report 2012*. Available: http://www.corksimon.ie/sites/default/files/Cork%20Simon%20Annual%20Report%202012.pdf. p.12.

35 Cork Simon Community. (2010). *Homelessness Makes You Sick.* Available: http://www.drugsandalcohol.ie/14136/1/Homelessness_Makes_You_Sick_October_2010.pdf.

identified four distinct pathways into homelessness.[36] Approximately one third of those interviewed (13) had spent extended periods in residential and/or foster care. A further ten suffered physical, emotional and or sexual abuse and neglect and/or domestic violence in the home environment. Family conflict was stated as the reason for leaving home for ten people, while four people reported that their own behaviour (e.g. substance abuse, criminality) led to them leaving home. The interviewees reported a number of physical and mental health problems. Physical health problems included acquired injuries, respiratory problems, weight loss and stomach and kidney problems, all of which were associated with poor hygiene and nutrition, general self-neglect and heavy drug or alcohol use. The majority of those interviewed (24) reported being depressed while other mental health issues reported included substance misuse, one or several episodes of self harm, anxiety or stress, attempted suicide and contemplated suicide. The vast majority of those interviewed for the study experienced social exclusion and wide-ranging disadvantage, both in terms of their limited access to secure housing, and their access to education, employment and health.

36 Carr, N and Mayock, P. (2008). *Not Just Homelessness ... A Study of 'Out of Home' Young People in Cork City*. Available: http://www.tcd.ie/childrensresearchcentre/assets/pdf/Publications/fully.pdf.

8. Transport and the Environment

Key themes relating to Transport focused on in this chapter include: motor car accessibility, commuting, public transport and traffic safety. The chapter also explores a variety of environmental issues such as air quality and waste, as well as hazards of the urban environment (fires and crime).

8. TRANSPORT AND THE ENVIRONMENT

As a major metropolitan centre, Cork is generally well served by transport infrastructure. It has an international airport and a passenger/cargo port, along with direct access to the principal European hubs of London, Amsterdam and Paris, making it a strategic gateway to Europe. Within Ireland, Cork City is linked to Dublin via a high quality motorway and to the cities of Limerick and Galway with high quality roads. There are a range of public transport options in the City which include city bus services - provided by Bus Éireann under Government subvention - which have a range of radial and orbital routes, as well as inter-city and regional travel services. Bus services are based in Parnell Station in the centre of the city. Inter-city and commuter rail services are provided by Iarnród Éireann from Kent station which is located northeast of the City Centre. Cork City Council is the designated Road Authority for Cork City. The current network consists of: 349km of local roads; 37km of regional roads; 34km of national roads and 20km of cycle routes.[1] Bus and taxi services exist in the private domain. Cars and other motor vehicles are a popular choice for personal travel and because of the city's relatively small size, travelling by foot or bicycle is viable in many circumstances.

As will become evident throughout this chapter, Cork City is heavily reliant on combustion powered modes of transport. As a form of transport, this has the strongest detrimental effect on health on a number of fronts. These vehicles produce emissions that can be harmful to the environment and damaging to human health, both directly and indirectly.[2] Potentially harmful components/resultants of vehicle emissions include ozone, sulphur dioxide, nitrogen oxide and carbon monoxide.[3] The resulting harmful effects on the environment can exacerbate climate change, with indirect effects on health, safety and livelihoods through the increased incidence of flooding or other extreme weather events. Cork has suffered from a number of serious floods over the last decade.

The short term effects of air pollutants include increased mortality and 'hospital admissions for respiratory and cardiovascular disease shortly after rises in the levels of pollutants'.[4] The most vulnerable to these effects are people with congestive heart failure and chronic bronchitis.[5] Long term effects of air pollutants are less conclusive, but the socially disadvantaged may be more vulnerable to them and the lung development in children can be affected.[6] The presence of pollutants in Cork City's air will be revisited later in this Chapter. Reliance on motorised transportation can result in reduced physical activity, which is associated with a range of ill-effects that can exacerbate overall mortality. Inactivity can result in increased risk of high blood pressure, type II diabetes, sub-optimum skeletal development in children, obesity, and poorer mental well-being.[7]

Travel disadvantage may be an issue for some in Cork City and this represents the strongest connection between transport and social inclusion/exclusion. Access to adequate modes of transport can promote the inclusion of persons by promoting individual freedom and increasing levels of access to services. Conversely, Social exclusion and travel exclusion can be mutually reinforcing. A lack of access to transport can result in a lack of access to vital opportunities and services. Commonly identified groups that are vulnerable to exclusion of this nature are: people

1 Source: Cork City Council, 2014
2 Doyle, C, Kavanagh, P, Metcalfe, O (2005). *Health Impacts of Transport: A Review.* Dublin: Institute of Public Health in Ireland. p.24.
3 Ibid., 25.
4 Ibid., 25.
5 Ibid., 25.
6 Ibid., 25.
7 Ibid., 32.

on low income, the unemployed, children and the young, women, older people, those living with a disability, ethnic minorities and outer-urban dwellers.[8]

The problems faced by those experiencing travel disadvantage were outlined by the United Kingdom's Social Exclusion Unit (SEU) and include: impaired access to work, learning, healthcare, and shops, as well as access to social, cultural, and sporting activities.[9] The unit also highlights the danger of traffic to children, particularly those in disadvantaged areas. Barriers to transport outlined by SEU include:

- **The availability and accessibility of transport.** Access for those with a disability can be restricted and other geographical restrictions such as limited choice of destination or excessive distance needing to be travelled can exist. Infrequent or unreliable transport services also contribute to this problem.
- **The cost of transport.** High fares can prohibit regular travel. The SEU highlights the relationship between employment and transport. Restricted transport access can limit the range of job opportunities due to geographical constraints.
- **Services and activities located in inaccessible places.** Housing, employment, retail or medical centres may be inaccessible without a car.
- **Safety and security**. The perceived threat of crime can reduce uptake of public transport, particularly bus services.
- **Travel horizons**. People may be reluctant to travel longer distances.[10]

8.1 Motor Car Accessibility

Nationally, car ownership is increasing among households, with 1.36 million households having the use of at least one car in 2011 - an increase of 186,000 over the 2006 figure.[11] 68.2% of households in Cork City are in ownership of at least one motor car, compared with a national average of 82.4%. Figure 72 illustrates the distribution of houses without a motor car in Cork City. As is evident, those living in the City Centre are less likely to own a motor car. This is likely attributable to a number of factors, the most prominent being a decreased need for access to a motor car due to proximity to services and employment. The smaller household size and younger populations of these areas also play a part.

HOUSEHOLDS WITHOUT A MOTOR CAR (%)			
Highest (EDs)		*Lowest (EDs)*	
Centre A	77.5	Browningstown	7.0
Shandon B	68.0	Tramore B	9.4
Shandon A	67.0	Mahon C	10.6
Centre B	65.3	Bishopstown D	11.4
South Gate A	63.4	Knockrea A	11.5

TABLE 69. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF HOUSEHOLDS WITHOUT A MOTOR CAR (SOURCE: CSO, 2011)

The top five Electoral Divisions characterised by low ownership of motor cars are uniformly centrally located: Centre A, Shandon B, Shandon A, Centre B and South Gate A (Table 69). These five EDs contain largely young, relatively healthy and growing populations with a base of employment in non-manual labour. There is a large proportion of Non-Irish Nationals within the combined area of these EDs and a high uptake of sustainable modes of transport (public Transport/on foot/on bicycle).

8 See Buchanan, N, Dodson, J, Gleeson, B, Sipe, N. (2006). *Investigating the Social Dimensions.* Urban Policy and Research. 24 (4), 433-453 and Grosvenor, T, Lucas, K, Simpson, R (2001). *Transport, the environment and social exclusion.* Layerthorpe: York Publishing Services Ltd.

9 Social Exclusion Unit. (2003). *Making the Connections: Final Report on Transport and Social Exclusion.* Available: http://assets.dft.gov.uk/statistics/series/accessibility/making-the-connections.pdf.

10 Ibid., 16.

11 Central Statistics Office (2012). *This is Ireland: Part 2*. Dublin: Stationery Office.

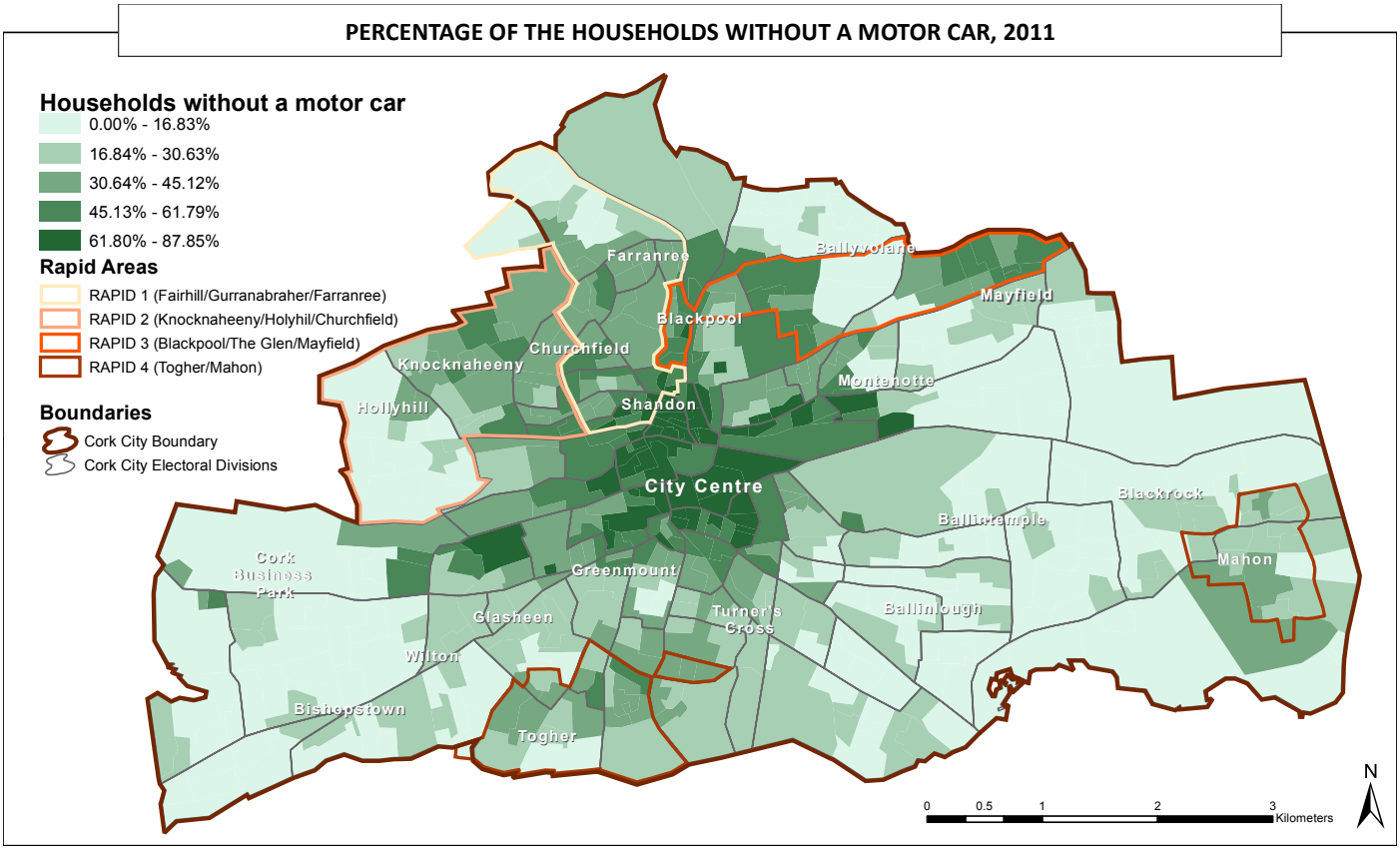

FIGURE 72. MAP OF HOUSEHOLDS WITHOUT A MOTOR CAR IN CORK CITY, 2011 (SOURCE: CSO/ORDNANCE SURVEY IRELAND)

The EDs with the lowest proportions of carless households are: Knockrea A, Bishopstown D, Mahon C, Tramore B and Browningstown. Mahon C and Bishopstown D, being at the periphery of the city, may not be ideal locations for walking or cycling to work. Each of these EDs is composed of significant proportions of managers, employers and professionals. All EDs, barring Knockrea A, contain proportions of households that are owner occupied without a mortgage that exceed 50%. Knockrea A is not entirely dissimilar – it contains an above average number of housing units owner occupied with a mortgage.

RAPID EDs (particularly the northside based RAPID areas), whilst located close to the edge of the city, contain significant proportions of carless homes. EDs within these RAPID areas featuring large proportions of households without a car are: Fairhill A (44.1%), Fairhill B (42.9%), Gurranabraher A (44.9%), Gurranabraher B (53.1%), Gurranabraher C (62.7%), Farranferris A (49.2%), Farranferris B (41.2%), Farranferris C (41%), Knocknaheeny (41.1%), Blackpool A (41.3%) and Mayfield (42.5%). RAPID areas contain a high proportion of vulnerable groups that are at risk of social exclusion and many of the EDs above contain significant proportions of unemployed persons and lone parents. The costs of running a car are quite high, and have grown in recent times. An AA survey from last year has shown that running a typical Band C (e.g. a Skoda Octavia) car can cost in the region of 1,000 Euro per month.[12] This is a prohibitive cost for someone on a limited budget, and goes some way to explain why ownership of a car has been low in EDs where income is more limited.

8.2 Commuting

The total number of commuters in Ireland has been growing steadily, with numbers of workers and students having grown from 2.39 million in 2002 to 2.7 million in 2011 - an increase of 13.1%. The economic downturn, however, has seen a reduction in the number of commuters travelling to

12 O'Doherty, C. (2013). *Cost of running family car rises over past year*. Available: http://www.irishexaminer.com/ireland/cost-of-running-family-car-rises-over-past-year-239549.html.

work (at 1.7 million in 2011 down from 1.79 million in 2006). Although numbers had been steadily increasing since the 1980s, there was a steep reduction in the number of persons walking to work between 2006 and 2011 (from 205,688 to 170,510). In 2011, there were 496,601 primary school students and 321,491 secondary school students journeying to school, representing an increase of 12.8% and 6.8% respectively from the previous Census, however these numbers have been prone to fluctuation.

Nationally, the number of all commuters travelling by bus has been declining in favour of car use after a period of growth between 1991 and 2006, falling by 20.3% thereafter. However, the bus has been growing in popularity as an option for travel for Non-Irish Nationals, with a 30% share of bus users represented by non-Irish commuters.

In general, Cork City represents an important economic hub and employment centre which presents a challenge to its transport infrastructure. It has 28,587 more commuters travelling into the city than leaving. Most outside commuters hail from Cork County (92%), Kerry (2%), and Waterford County (2%). The predominant towns feeding into Cork City's working population are Carrigaline (2,954 workers), Cobh (1,737), Midleton (1,600), Passage West (1,309) and Carrigtwohill (1,132). Over 90% of these commuters journeyed by car, taking on average 35.6 minutes to reach their destination.[13]

Driving a Car, Motorcycle or Scooter

The second most popular means of travel to work, school or college is driving a car, motorcycle or scooter (0.1% less than the proportion walking or cycling). 33.8% use these travel modes, versus a national average of 40.7%, making Cork City a more environmentally friendly region from the perspective of transport in this case. The large number of third-level students in the city living in close proximity to their places of study has likely contributed to this figure being lower than is the norm nationally.

TRAVELLING TO WORK, SCHOOL OR COLLEGE AS CAR, MOTORCYCLE OR SCOOTER DRIVER (%)			
Highest (EDs)		*Lowest (EDs)*	
Mahon C	50.7	Shandon B	12.0
Tivoli B	50.2	Centre A	13.3
Bishopstown D	49.3	Centre B	13.5
Browningstown	49.2	Gillabbey B	13.5
Knockrea A	47.7	Gillabbey A	14.0

TABLE 70. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS AGED 15 OR OLDER TRAVELLING TO WORK, SCHOOL OR COLLEGE AS A CAR, MOTORCYCLE OR SCOOTER DRIVER, 2011 (SOURCE: CSO, 2011)

The Electoral Divisions with the greatest proportions of people travelling to work, school or college as the driver of a car, motorcycle or scooter are: Mahon C, Tivoli B, Bishopstown D, Browningstown, and Knockrea A (Table 70).

Figure 73 illustrates the distribution of those that travel to their place of work/study as a driver. It is evident that proximity to the City Centre is negatively correlated with the proportion of persons driving. A prominent cluster where over 48% (up to 70.5%) travel as a driver is in the southwest quadrant (excluding Mahon and surrounds). The proportion of students living around University College Cork has likely contributed to the band extending southwest of the City Centre. When looking at journey times to work (see Section III), spatial patterns are quite dispersed, aside from a cluster with over 20% taking 30 minutes or more to get to work/school around Montenotte. There is a clear connection between methods used for travel and ownership of car by household. The distribution of drivers by ED is quite similar to that of car ownership by ED, with the more peripheral areas more heavily engaged in driving, while centrally located EDs and those within

13 Central Statistics Office (2012). *Profile 10 Door to Door.* Dublin: Stationery Office. p.23.

RAPID areas are less likely to have high proportions of drivers. There is comparatively low incidence of driving as a means of transport extending across the general Western Road area - proximity to UCC obviates the need for driving for groups of students living here.

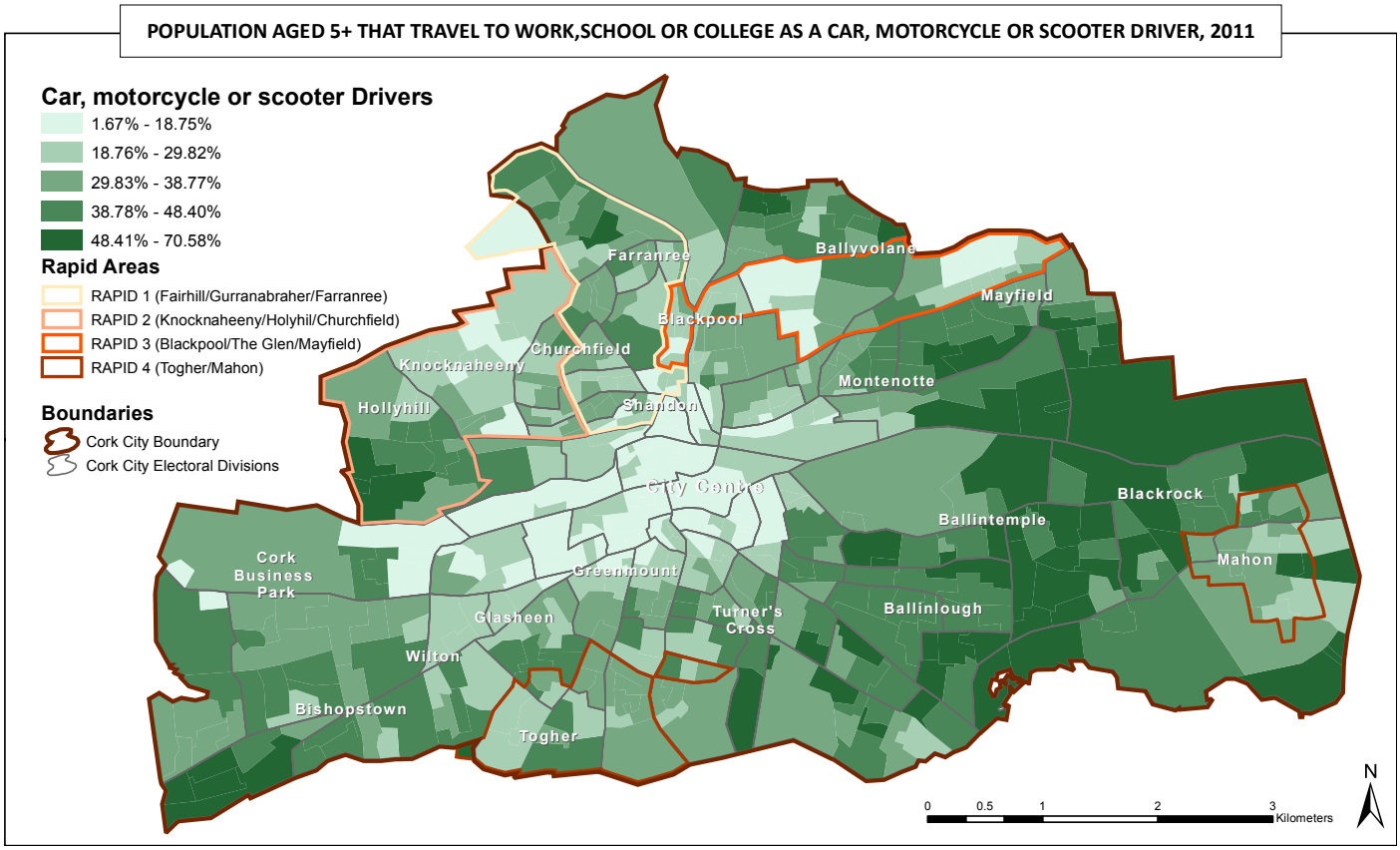

FIGURE 73. MAP OF THE POPULATION AGED FIVE OR OLDER TRAVEL TO WORK, SCHOOL OR COLLEGE AS A CAR, MOTORCYCLE OR SCOOTER DRIVER, 2011 (SOURCE: CSO/ORDNANCE SURVEY IRELAND)

TRAVELLING TO WORK, SCHOOL OR COLLEGE AS CAR PASSENGER (%)			
Highest (EDs)		*Lowest (EDs)*	
Fair Hill C	27.3	Mardyke	1.8
Togher A	25.9	Centre A	2.4
Gurranebraher A	24.6	Gillabbey A	3.5
Mahon C	23.6	Centre B	3.8
Montenotte B	23.2	Gillabbey B	3.9

TABLE 71. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS AGED 15 OR OLDER THAT TRAVEL TO WORK, SCHOOL OR COLLEGE AS A CAR, MOTORCYCLE OR SCOOTER PASSENGER; 2011 (SOURCE: CSO, 2011)

Car Passenger

The EDs with the highest proportions of persons opting to travel to work, school or college as a passenger in a car are: Fair Hill C, Togher A, Gurranabraher A, Mahon C, and Montenotte B. These EDs are characterised by larger households which may, in part, explain the increased incidence of sharing a motor vehicle – households with greater numbers of persons are more likely to share a car.

On Foot/Bicycle

The proportion of the population travelling on foot or bicycle is important to examine, considering the fact that it is a more environmentally friendly mode of transport and that it promotes good health. When more people switch from car travel to walking and cycling, it leads to reduced traffic, less road traffic injuries and improved quality of life in neighbourhoods. Less road traffic also reduces greenhouse gas emissions, improves general air quality and reduces noise, all of which have associated health benefits.[14]

The proportion of persons travelling to work, school or college by foot or bicycle in Cork City is

14 Doyle, C, Kavanagh, P, Metcalfe, O (2005). *Health Impacts of Transport: A Review*. Dublin: Institute of Public Health in Ireland.

33.9%, versus a national level of 17%, reflecting the relatively small size of the City. This makes travelling by foot or bicycle the most popular means of travel in Cork City, albeit by a narrow margin (.1% above the next most popular option - driving a car, motorcycle or scooter). The Electoral Divisions with the highest proportions of persons travelling to work, school or college by walking or cycling are: Gillabbey C, Gillabbey B, Mardyke, Gillabbey A and Bishopstown A (Table 72). Gillabbey B, Gillabbey C and Mardyke contain high proportions of students and are located close to UCC. While Bishopstown A is rather far removed from the City Centre, it contains a high proportion of students who are likely within walking distance from CIT and higher professionals within close proximity of Cork University Hospital.

TRAVELLING TO WORK, SCHOOL OR COLLEGE ON FOOT OR BICYCLE (%)			
Highest (EDs)		*Lowest (EDs)*	
Gillabbey C	72.3	Tivoli B	6.6
Gillabbey B	70.2	Mahon C	11.2
Mardyke	67.9	Mahon A	13.4
Gillabbey A	65.0	Fair Hill C	15.9
Bishopstown A	62.6	Montenotte B	16.1

TABLE 72. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS AGED 15 OR OLDER THAT TRAVEL TO WORK, SCHOOL OR COLLEGE ON FOOT OR ON A BICYCLE; 2011 (SOURCE: CSO, 2011)

The EDs with the lowest proportion of walkers and cyclists are: Montenotte B, Fair Hill C, Mahon A, Mahon C and Tivoli B. Driving to work, school or college is a popular option in the latter four EDs, for reasons previously outlined. Car ownership is high and levels of unemployment (aside from Fair Hill C) are relatively low. Driving is also a popular option in Fairhill C.

Journey Times

Nationally, travel times have been decreasing. The average travel time to work in 2011 was 26.6 minutes, down from 27.5 minutes in 2006.[15] Journey times in Cork City are generally short, with only 17.3% taking at least 30 minutes to reach work, school or college versus a much higher 29.9% at the national level. As an urban environment with modern roads, a large student population and many employment centres within reach, it is understandable that journey times would be below average. The most popular departure time in Cork City is between 07:30 and 08:00 a.m. – approximately one in four leave during this time period.

TAKING 30 MINUTES OR OVER TO TRAVEL TO WORK, SCHOOL OR COLLEGE (%)			
Highest (EDs)		*Lowest (EDs)*	
St. Patrick's C	31.3	Gillabbey C	7.7
St. Patrick's A	24.7	Gillabbey B	8.1
Montenotte A	23.9	Bishopstown A	9.3
Tivoli A	23.3	Pouladuff A	10.6
Montenotte B	23.1	Glasheen A	10.6

TABLE 73. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS TAKING 30 MINUTES OR MORE TO TRAVEL TO WORK, SCHOOL OR COLLEGE, 2011 (SOURCE: CSO, 2011)

Electoral Divisions where the greatest proportion of persons require at least 30 minutes to reach work, school or college are: St. Patrick's C, St. Patrick's A, Montenotte A, Tivoli A and Montenotte B (Table 73). As St. Patrick's A and C are centrally located, there has been an above average uptake of walking and cycling as well as public transport. Walking and cycling speeds are expected to be slower, as are public transport speeds - the implication is that workplaces are located significantly far from the EDs or else that congestion along popular routes is strong. The remaining EDs are a significant distance from the City Centre.

EDs with the lowest proportions of persons requiring 30 minutes or more to reach their place of work, school or college are: Glasheen A, Pouladuff A, Bishopstown A, Gillabbey B and Gillabbey C.

15 Central Statistics Office (2012). *Profile 10 Door to Door*. Dublin: Stationery Office. p.12.

Short journey times from Gillabbey B and C can be somewhat explained by their proximity to UCC and similarly for Bishopstown A, its proximity to CIT. Both Glasheen A and Pouladuff A are medium distances from the City Centre. With many professionals in Glasheen A, Cork University Hospital may be a popular destination.

Public Transport Usage

The proportion of persons getting to their destination in Cork City by public transport is smaller than the national proportion (9.1% versus 12.9%). The highest uptake of public transport occurs in the Electoral Divisions Shandon B, Shandon A, South A, Centre A and St. Patrick's A (Table 74). With national statistics suggesting that foreign constituents of the population have higher take up rates of public transport (previously described) and that these EDs contain a large base of non-Irish constituents, it is reasonable to assume that national patterns translate down to the ED level in these cases. As these EDs are centrally located and quite near the bus station, a variety of bus stops and Kent Train Station, the option of public transport is a convenient and more affordable alternative to car travel.

TRAVELLING TO WORK, SCHOOL OR COLLEGE ON PUBLIC TRANSPORT (%)			
Highest (EDs)		*Lowest (EDs)*	
Shandon B	22.6	Turners Cross C	2.5
Shandon A	22.5	Gurranebraher B	2.7
South Gate A	20.9	Gillabbey C	3.1
Centre A	20.6	Bishopstown A	3.3
St. Patrick's A	17.8	Sundays Well A	3.3

TABLE 74. EDS WITH THE HIGHEST PROPORTIONS OF PERSONS TRAVELLING TO WORK, SCHOOL OR COLLEGE ON PUBLIC TRANSPORT, 2011 (SOURCE: CSO, 2011)

The EDs with the lowest uptake of public transport are: Sunday's Well A, Bishopstown A, Gillabbey C, Gurranebraher and Turner's Cross C. These EDs are quite heterogeneous in their characteristics. Bishopstown A consists of a largely young, healthy population with a high proportion of students. Due to the location of these EDs in the City, it is to be expected that many would opt for walking or cycling (62.6%) rather than taking motorised vehicles. The circumstances of Gillabbey C are similar to Bishopstown A and 72.3% walk or cycle to their destination. Gillabbey C is within close proximity of UCC campus. With a high proportion of persons working in professional services and being in a relatively central location, it is not surprising that most of Sunday's Well A's population opt to walk or cycle (42.2%). In Turner's Cross C, alternatives to public transport are split fairly evenly between walking or cycling and driving. Gurranabraher B, in contrast to the other EDs, is characterised by having a diverse population of potentially vulnerable groups such as travellers, people living with a disability and lone parents. At 19.2%, unemployment is also high here.

A Closer Examination of Modes of Transport of Workers in the City

POWSCAR (Place of Work, School or College Anonymised Records) data allows for the disaggregation of data to a finer level and allows us to discern the differences in travel habits between workers who reside in the city and persons who only work in the city but reside elsewhere. The data also shows that there are large differences in absolute numbers between workers who live in the city, persons who both live and work in the city and persons who only work in the city.[16] The proportion of the city's workforce from the Metro Area is 40%, compared to 38% of workers

16 Powscar data referenced here was sourced from the Planning Directorate in Cork City Council.

who reside within the city and 14% who reside in the CASP (Cork Area Strategic Plan) Ring.[17] This further highlights the importance of the maintenance of infrastructure that effectively bridges Cork City and its feeder towns within the outlying County area.

The most popular mode of transport for both workers and residents in the city is travelling by car (69% and 51% respectively). The second most utilised mode is on foot, accounting for 13% of workers and 22% of residents. Bus, minibus or coach falls in third overall, accounting for the transport of 6% of workers and 8% of residents. Being a passenger in a car is the fourth most utilised option and accounts for the transport of 6% of both workers and residents. The remaining modes of transport; van, bicycle, train, motor cycle or scooter and other (including lorry) generally account for much smaller shares of transport, ranging between 1% to 4%.

The POWSCAR data indicates that those whose place of work is the City Centre have the most sustainable travelling habits; with 57% driving to work, whilst over 70% of those who work in other sectors of the city use this mode; 20% walk (8-14% do in the other sectors of the city); 9% use the bus, minibus or coach (3-8% do in the remaining sectors), and 7% are car passengers (compared to between 4 and 6% in the remaining sectors).

Patterns of transport mode use indicate that there is much progress to be made in order to encourage a switch towards more sustainable forms of transport. For the benefit of the environment it will be necessary to encourage more people to switch to walking and cycling to their destinations, or at least encourage them to consider carpooling and public transport options. Driving to work as a mode of transport increased by 9% between 2006 and 2011. There was no substantial change in walking as a transport mode. Bus, minibus or coach use decreased by 10% and traveller as a car passenger decreased by 6%. On the other hand, during the inter-censal period usage of the bicycle as a transport mode increased by 40% and train by 26%, though the raw numbers of persons utilising these modes remains low.

8.3 Traffic Safety

Traffic can have considerable and varied impacts on health. An obvious concern from the perspective of health is safety - road traffic accidents are a prime cause of mortality across most European cities.[18] Risks increase with 'traffic volume, traffic speeds of over 40kph and a high density of kerbside parking'.[19] Particularly vulnerable groups include older persons (be they pedestrians, drivers or passengers) and children.[20] Road Traffic Accidents (RTAs) may also have wider consequences which affect health other than immediate physical injury. Consequences such as post traumatic stress disorder, depression, general anxiety and phobic travel have also been identified.[21]

In the US, the Transportation Research Board and Black and Macinko found that the decision to walk is correlated with the speed of automobile traffic, as is the decision to cycle.[22] The results of a six year long Canadian study of 500 adults found that perceived traffic danger was a major predictor

17 'Cork Metro Area' here refers to the greater Cork Area (including areas outside of Cork City Local Authority Area) as referenced in the Cork Area Strategic Plan.
18 Higgins, C, Jordan, A, Lavin, T, Metcalfe, O (2006). *Health Impacts of the Built Environment: A Review*. Dublin: The Institute of Public Health in Ireland. p.20.
19 Ibid.
20 Ibid.
21 Doyle, C, Kavanagh, P, Metcalfe, O (2005). *Health Impacts of Transport: A Review*. Dublin: Institute of Public Health in Ireland. p.13.
22 See Black, J. L., & Macinko, J. (2008). *Neighborhoods and obesity.* Nutrition Reviews,66(1), 2-20 and Heinen, E., Van Wee, B., & Maat, K. (2010). *Commuting by Bicycle: An Overview of the Literature.* Transport Reviews, 30(1), 59–96

of increased Body Mass Index.[23]

The perceived threat of danger of RTAs may result in restricted playtime and exercise for children, interfering with their development and health and damaging social cohesion for communities.[24] The process by which communities are geographically (and socially) divided by traffic flow is called 'community severance'.[25] Following on from that, diminished access to, or engagement with, social networks may have a negative influence on health, particularly in the areas of obesity, cardiovascular disease, mental health and mortality'.[26] This perceived threat may also act as a barrier to access vital retail and other services which, in turn, can exacerbate or contribute towards poor health.[27]

Motor vehicle speed is a key factor in both the frequency and severity of pedestrian and cyclist injuries. Pedestrians have a 90% chance of surviving car crashes at 30km/h or less but less than a 50% chance of surviving an impact at 45km/h or above.[28] Among adult cyclists, frequency of brain injury rises from 17% at 30km/h impact to 66% for impact speed above 51 km/h.[29] There is growing evidence to suggest that reducing speed in built up areas increases the prevalence and safety of active travel.[30] In 2011, the City Council imposed a 30kph speed limit in several areas of the City Centre and at specified schools around the City.

The RSA has documented 5,029 collisions occurring across Cork County in the period from 2005 to 2012 .[31] 199 of these collisions resulted in fatalities, 438 were serious and 4,392 were minor collisions. 3,141 of these collisions involved cars, 909 involved pedestrians and 272 involved motorcycles. 53 collisions involved bicycles, with only one fatal incident in the City. 51 collisions involved a bus, with no fatal collisions. Figure 74 illustrates the distribution of road accidents in Cork City in the period from 2005 to 2011 and are understandably concentrated on major roads and in built up areas. The City Centre which has a high flow of traffic has particularly strong concentrations. National primary roads appear to be particular flashpoints for collisions.

8.4 Air Quality, Water Quality and Waste

Air Quality

The air we breathe has a profound impact on our health. A wide variety of data is collected by Cork City Council relating to Air Quality and an extensive report on air quality indicators was published in 2010.[32] In the report, the primary sources of air pollutants are identified as: fuel combustion, in-space heating, traffic and electricity generation, as well industry. Pollutants identified from these sources include Sulphur Dioxide, Nitrogen Oxides, Carbon Monoxide, Ozone, Lead, and Benzene. The dominant health effects of this pollution are asthmatic attacks, heart ailments and lung cancer. A study of 250 metropolitan areas, for instance, found that a spike in air pollution was directly followed by a spike in heart attacks.[33]

23 Berry et al. (2010).
24 Doyle, C, Kavanagh, P, Metcalfe, O (2005). *Health Impacts of Transport: A Review.* Dublin: Institute of Public Health in Ireland. p.15.
25 Ibid., 36.
26 Higgins, C, Jordan, A, Lavin, T, Metcalfe, O (2006). *Health Impacts of the Built Environment: A Review.* Dublin: The Institute of Public Health in Ireland. p.20.
27 Doyle, C, Kavanagh, P, Metcalfe, O (2005). *Health Impacts of Transport: A Review.* Dublin: Institute of Public Health in Ireland. p.15.
28 Eriksson, L, Racioppi, F, Tingvall, C and Villaveces, A. (2004). *Preventing Traffic Injury: A Public Health Perspective for Europe.* Available: http://www.euro.who.int/__data/assets/pdf_file/0003/87564/E82659.pdf
29 Rodarius, C., Mordaka, J., Versmissen, T., 2008. *Bicycle Safety in Bicycle to Car Accidents*. TNO Science and Industry, Delft
30 (Garrand, 2008 & Grundy et al, 2009).
31 Road Safety Authority. (n.d.). *Ireland Road Collisions.* Available: http://www.rsa.ie/RSA/Road-Safety/Our-Research/Ireland-Road-Collisions/.
32 Barry, E and McGrath, M. (2011). Air Pollution in Cork City 2011 Report. Available: http://www.corkcity.ie/services/environmentrecreation/wastemanagement/airpollutioncontrol/2011%20Air%20Pollution%20in%20Cork%20City.pdf. p.1.
33 Ibid., 2,6.

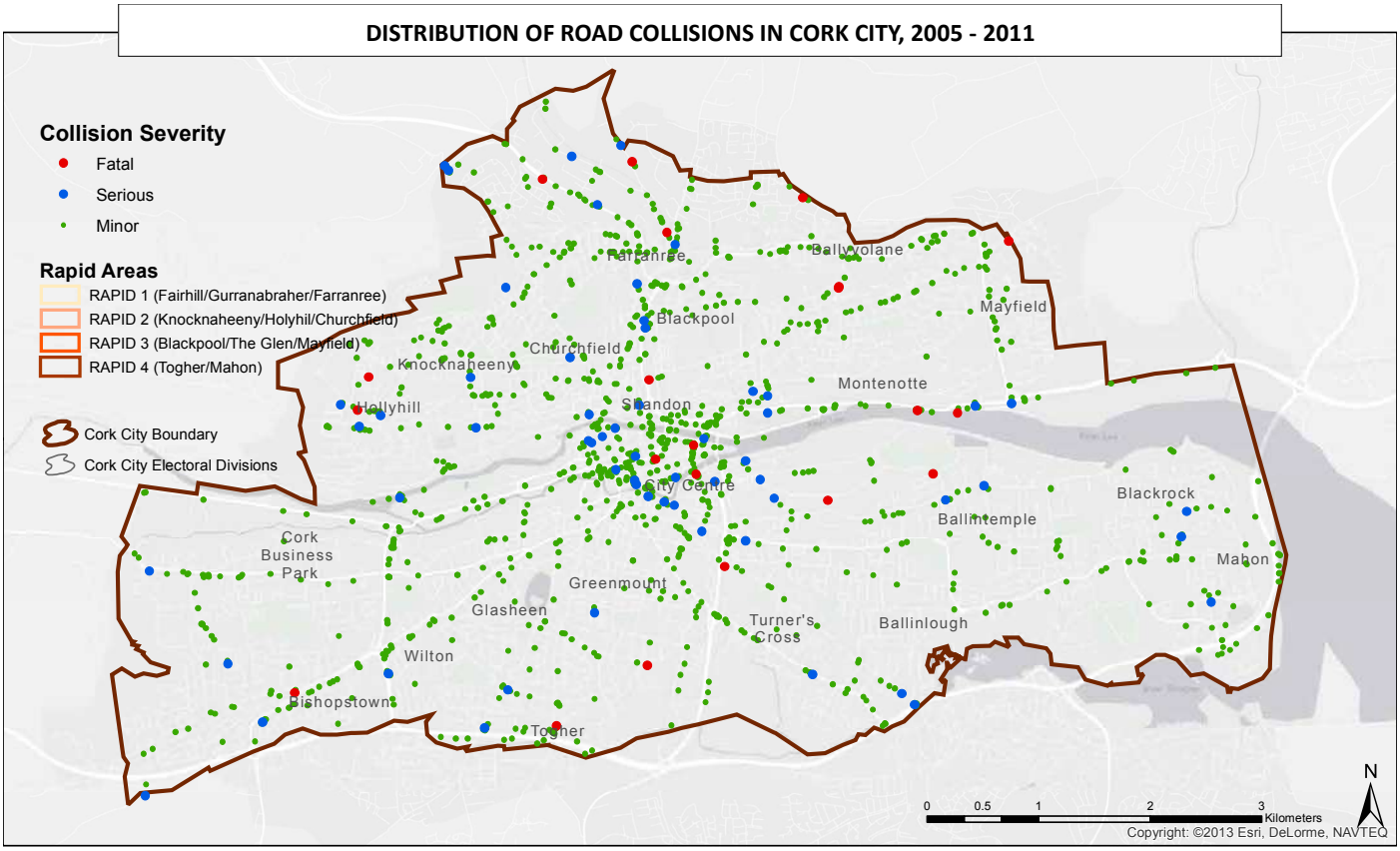

FIGURE 74. MAP OF DISTRIBUTION OF ROAD COLLISIONS IN CORK CITY, 2005-2011 (SOURCE: ROAD SAFETY AUTHORITY IRELAND)

Particulate Matter

Particulate matter (PM) emerges from combustive processes such as burning fuel and running a car engine. Exposure to PM levels of 2.5 is said to be particularly dangerous and long-term exposure is associated with mortality and morbidity.[34] Irish Regulations prohibit exceedances of 50 ug/m3 of PM on more than seven days (or seven exceedances per year). The aforementioned report by Cork City Council found exceedances being most likely to occur during the colder months-- seven exceedances were recorded at Old Station Road during the cold snaps of January and December of that year, and eight exceedances at Heatherton Park over the same period. The authors observed that the values had been reducing up until the especially cold Winters of 2008 and 2009. The number of exceedances at Old Station Road had fallen from 28 to seven since 2000. In contrast to the UK, where urban background levels were approximately 20 ug/m3 in 2009 (roadside levels were 22 ug/m3), Cork City fares relatively well as average particulates range from 16 - 22 ug/m3 (PM10).[35]

Sulphur Dioxide

Owing to the phasing out of coal (a ban has been placed on the sale of smoky coal in the City since 1995 and slack was banned in 1993), low levels of sulphur dioxide were found in Cork City's air.[36] EU standards require that 350ug/m3 not be exceeded more than 24 times in a calendar year for hourly readings and 125ug/m3 more than three times a year for daily readings. At 58 ug/m3 and 39ug/m3 respectively, Cork City levels were well within the limits.

Nitrogen Dioxide

As of the publication of the report, the EU limit for this pollutant was 200ug/m3 for hourly values

34 WHO. (2013). *"Review of evidence on health aspects of air pollution – REVIHAAP" First results.* Available: http://www.euro.who.int/__data/assets/pdf_file/0020/182432/e96762-final.pdf. Last accessed 25th April 2014.

35 Barry, E and McGrath, M. (2011). *Air Pollution in Cork City 2011 Report.* Available: http://www.corkcity.ie/services/environmentrecreation/wastemanagement/airpollutioncontrol/2011%20Air%20Pollution%20in%20Cork%20City.pdf.

36 Ibid., 5.

(not to exceed more than 18 times per calendar year). The highest hourly value observed in Cork City was 168 ug/m3. The average hourly value for the year 2010 was 34 ug/m3, which was under the 40 ug/m3 limit that has been identified for the protection of health.[37] 2008 and 2009 saw an increase in the levels of this pollutant, counteracting the preceding downward trend. Increased use of space heating was put forward as a contributory factor. There have been documented associations between day-to-day variations in this pollutant and variations in respiratory symptoms, hospital admissions and mortality.[38] In a number of these studies, concentrations were especially high (380 to 1880 ug/m3). The WHO state that these concentrations are not far removed from those occurring at roadside or in traffic for a number of hours, though the highest recorded hourly value in Cork City in 2010 was 168 ug/m3.

Ozone

The EU standard for Ozone is 120 ug/m3 - not to be exceeded more than 25 times a year[39] up to 2020, and not to be exceeded at all thereafter.[40] The alert threshold is 240 ug/m3. This was not exceeded in Cork City over the time period reviewed. There is some evidence that long-term exposure to Ozone has an effect on respiratory and cardiorespiratory mortality, as well as impacts on asthma incidence, severity, and lung function growth.[41]

Carbon Monoxide

Carbon Dioxide is produced from the inefficient combustion of gas and other materials. It can be highly toxic in contained spaces and there have been many well documented cases of fatalities occurring in homes where Carbon Monoxide leaks occurred. As per EU Directive, there is a limit in place of 10 mg/m3 for an eight hour running mean.[42] The highest observed eight hour running average in Cork City was approximately 40% of the EU standard.

Lead

Lead has a comparatively low presence in the air, owing to the movement away from its use in petrol. The limit for the presence of lead in the air is 0.5 ug/m3 as an annual average - the average recorded in Cork City was only 1% of this.

Benzene

Traffic is the main source of this carcinogenic pollutant.[43] Regulations place a limit of 5 ug/m3 on this pollutant as an annual mean. Compliance in Cork City was at 30%, though no level is safe.[44]

Radon

Radon is a radioactive gas that occurs naturally during the process of uranium decay in rocks and soils. It does not pose a serious threat to health in open environments but can be problematic in

37 Ibid., 27.
38 WHO. (2013). *"Review of evidence on health aspects of air pollution – REVIHAAP" First results.* Available: http://www.euro.who.int/__data/assets/pdf_file/0020/182432/e96762-final.pdf. Last accessed 25th April 2014. p.14,15
39 As an 8 hour average
40 Barry, E and McGrath, M. (2011). *Air Pollution in Cork City 2011 Report.* Available: http://www.corkcity.ie/services/environmentrecreation/wastemanagement/airpollutioncontrol/2011%20Air%20Pollution%20in%20Cork%20City.pdf. p.30
41 WHO. (2013). *"Review of evidence on health aspects of air pollution – REVIHAAP" First results.* Available: http://www.euro.who.int/__data/assets/pdf_file/0020/182432/e96762-final.pdf. Last accessed 25th April 2014. p.10
42 A running mean here refers to an average that is recalculate every time a new reading is logged.
43 Barry, E and McGrath, M. (2011). *Air Pollution in Cork City 2011 Report.* Available: http://www.corkcity.ie/services/environmentrecreation/wastemanagement/airpollutioncontrol/2011%20Air%20Pollution%20in%20Cork%20City.pdf. p.35
44 Ibid.

more enclosed environments, where it may seep into buildings from the ground and accumulate to high concentrations. Long term exposure can increase the risk of lung cancer. It accounts for over 56% of the dose of radiation received by the population of Ireland and the average indoor concentration is 89 Bq/m3. Ireland has the eighth highest average concentration in the world of this gas (the worldwide mean is 39 Bq/m3). Between 100 and 150 lung cancer deaths annually have been linked to radon. Risk factors include the level of radon and time exposed to it and whether the individual is or was a smoker (90% of radon linked cancer cases are composed of current or ex-smokers.).[45]

In December 2009, 37,500 homes were measured by the RPII for radon, 4,900 were above reference level which is stated to be over 5% of the 91,000 thought to have high concentrations of the gas. In an earlier study, 9% of measured schools were found to have high concentrations of radon (above 400 Bq/m3) but the average was 93 Bq/m3.[46] Examining the RPII's map of high radon areas reveals that approximately 1% to 5% of houses within the Cork City boundaries have levels of radon above the reference level of 200 Bq/m3. In contrast, in the immediately surrounding areas proportions vary from 5% to 20% (excluding areas in the direct north and southwest).[47]

Water Quality

Cork City Council controls one Public Water Supply which serves over 126,000 people. Microbiological compliance was optimal in 2011 at 100%, above the 99.6% recorded in 2010. Chemical compliance too was at 100%. No boil water notices were issued or water restrictions were applied during 2011. During the 1998 to 2010 period, the proportion of sites with good bathing water quality nationally has varied from a high of 91.5% in 2000 to a low of 77.9% in 2008. The proportion stood at 90.1% in 2010.In the same year, Ireland had the fourth best bathing water quality in the EU in 2010, with 90% of sites complying with guidelines. The EU average was 74% compliance. The quality of public drinking water supplies has increased from 96% compliance with the E.coli standard in 1999 to almost 100% since 2007. While group water schemes did not have as high levels of compliance in earlier years, the quality of group water schemes has improved to 96% compliance in 2010.[48]

Waste

In 2011, 46,290 tonnes of household waste was collected in Cork City, representing 3.3% of all collected waste in Ireland (over 1.4 million tonnes). In comparison, 7.5% of all collected household waste was collected in Cork County (105,583 tonnes).[49]

65.6% of household waste (25,025 tonnes) is sent to the landfill in Cork City, which compares favourably with the County proportion of 62.9% (49,470 tonnes). 34.4% of City waste (13,143 tonnes kerbside and 2,751 tonnes recycling facilities) is sent for recycling, compared with 37.2% of county waste. At both county and city level, almost every household is provided with segregated waste

45 Statistics and points in this paragraph sourced from HSE and RPII. (2010). Radon Gas in Ireland Joint Position Statement by the Radiological Protection Institute of Ireland and the Health Service Executive. Available: https://www.rpii.ie/RPII/files/20/20748d6c-4fff-4893-9d40-20d2bf81819a.pdf. P.2.

46 HSE and RPII. (2010). Radon Gas in Ireland Joint Position Statement by the Radiological Protection Institute of Ireland and the Health Service Executive. Available: https://www.rpii.ie/RPII/files/20/20748d6c-4fff-4893-9d40-20d2bf81819a.pdf. P.1

47 RPII. (n.d.). Radon Map. Available: http://www.rpii.ie/radon-map.aspx. Last accessed 25th April 2014.

48 Statistics and points in the paragraph sourced from: EPA. (2012). *The Provision and Quality of Drinking Water in Ireland: A Report for the Year 2011*. Available: http://www.epa.ie/pubs/reports/water/drinking/Drinking%20Water_web.pdf.

49 EPA. (2013). National Waste Report 2011. Available: http://www.epa.ie/pubs/reports/waste/stats/EPA_NWR11_12Nov11_haz%20tables%20updated%20as%20per%20errata.pdf

collection (98.6% and 92.6% respectively).[50]

Refuse is collected from over 40,000 households in Cork City. Non-domestic refuse is collected from premises that request the service, such as businesses, schools etc.

With regard to street cleaning, the City Centre area is swept on a scheduled basis, using a combination of manual sweepers, a mechanical mini-sweeper and three manually-operated mechanical sweepers. The areas outside the City Centre are swept by five large mechanical sweepers. The City Council also operates a street-washing service (City Council Environment Dept). Cork City Council employs four full time litter wardens, placing the number of wardens per 5,000 population at 0.21. In contrast, the County Council also employs four full time wardens, but also an additional 10 part-time litter wardens, placing the number of wardens employed at county level per 5,000 population at 0.18. 2% of areas under City Council administration are litter free and 83% are slightly polluted with litter and 15% are moderately polluted with litter.

8.5 Flooding and Climate Change

Having been built around the River Lee at low levels of elevation, Cork City has historically suffered from floods.[51] Twenty flooding events were recorded between 1789 and 2004 in Halcrow's *Lee Catchment Flood Risk Assessment and Management Study* and more recently, serious flooding occurred in 2009 and 2012, causing significant damages to the city and its businesses.[52] 62% of floods in the Lee catchment occur in winter, 19% in spring, 19% in autumn and 0% in summer.[53] An immediate factor that can influence flooding within the catchment area is the discharge of water from Carrigadrohid and Iniscarra dams.[54][55]

The 2009 floods incurred a cost of €3.1 million to the Council, which was spent on repairs, water provision, cleaning and temporary accommodation.[56] Overall costs of damage from the recent 2014 flood were estimated to be €50 million.[57] In the 2009 floods, 18,000 homes were left without piped water and 100 people were evacuated from their homes and accommodated in temporary accommodation. 80 tonnes of destroyed materials were removed from homes by the Council - a service that was utilised by 300 houses.[58] These floods may have significant emotional and social impacts and they can cause painful disruptions for local businesses that are already struggling in adverse economic conditions.[59] Organisations such as Cork Chamber and IBEC have expressed concern and a desire for better flood prevention strategies.[60]

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50 Local Government Management Agency. (2013). *Service Indicators in Local Authorities 2012.* Available: http://www.lgcsb.ie/sites/default/files/service_indicators_2012_report_for_website_0.pdf p.63.

51 Barry, K, Kavanagh, R, C, McGrath, J, O' Kane, J and Philip, J. (n.d.).*High Resolution Dem And Sea Level Rise In The Centre Of Cork Blue City Project* . Available: http://www.opw.ie/hydrology/data/speeches/M_McGrath_et%20_al.pdf. p.1.

52 Ryan, C. (2014). *Cork swamped by inevitable floods*. Available: http://www.irishexaminer.com/analysis/cork-swamped-by-inevitable-floods-257765.html.l.

53 Halcrow. (2008). *Lee Catchment Flood Risk Assessment and Management Study.* Available: http://www.leecframs.ie/downloads/documents/REP004_HydrologyReport.pdf. P.25

54 Ryan, C. (2014). *Cork swamped by inevitable floods.* Available: http://www.irishexaminer.com/analysis/cork-swamped-by-inevitable-floods-257765.html.

55 Ibid.

56 lauramcgonigle.ie. (2010). *Cork City Flooding Costs.* Available: http://lauramcgonigle.ie/2010/01/cork-city-flooding-costs-2/. Last accessed 25th April 2014.

57 English, E, O'Kane, M and O' Sullivan, C. (2014). *Businesses demand funds as flood bill set to top €50m.* Available: http://www.irishexaminer.com/ireland/businesses-demand-funds-as-flood-bill-set-to-top-50m-257815.html.

58 Cork City Council. (2009). *Re: Flooding Crisis – Morning of Friday, 20th November, 2009..* Available: http://www.floodmaps.ie/View/Default.aspx.

59 Ring, E. (2014). *Expert View: 'Floods have dramatic emotional and social impact'.* Available: http://www.irishexaminer.com/ireland/expert-view-floods-have-dramatic-emotional-and-social-impact-258897.html.

60 See Southern Star. (2014). *Cork Chamber comment on overnight flooding*. Available: http://www.southernstar.ie/News/Cork-Chamber-comment-on-overnight-flooding-03012014.htm and IBEC. (2014). *Retailers call for new flood strategy.* Available: http://www.ibec.ie/IBEC/Press/PressPublicationsdoclib3.nsf/vPages/Newsroom~retailers-call-for-new-flood-strategy-06-02-2014?OpenDocument?OpenDocument#.U1pvmvldVra.

In the absence of pre-emptive measures being taken to mitigate its effects, climate change will be a major determinant of flooding in the future. With extreme sea level changes and heavy precipitation events being observed across the world, it is quite possible that climate change has already had an influence over flood occurrence within the city.[61] With sea levels estimated to rise between 15 and 33cm by 2050, and precipitation estimated to increase by between 10% and 20% by 2050, the frequency and severity of flooding in the city is likely to increase unless adequate counter-measures are put in place.[62] A barrier to adequate flood protection has been that it is cost prohibitive, with estimates ranging from €100 to €400 million.[63] €50 million has been committed to flood defences in the City.[64]

In addition to climate change, flooding frequency and severity may be impacted by urbanisation:

> "It is generally accepted that urban development increases runoff because of the greater impermeability of urban surfaces, which has a marked effect on the flood behaviour of a catchment."[65]

On this subject, McGrath et al. indicate that the docklands in Cork City are at an elevation below the City Centre and there is a risk of complete inundation if there is a general rise in sea level - a rise of 1 metre in high tide level they suggest will lead to the inundation of an area of $2km^2$.[66]

8.6 Recreation

As a modern metropolitan city, Cork City has a significant arts and sports scene and hosts events such as the Cork International Choral Festival, Cork Film Festival and Guinness Cork Jazz Festival. Cultural facilities in the city include the Lewis Glucksman Gallery, Cork Opera House, Everyman Palace, Granary Theatre and Cork Arts Theatre.[67] Some artistic organisations have been struggling in these adverse economic times. The Cork Film Centre for instance will receive no funding from the Arts Council effective 2015.[68]

The number of visitors to Local Authority facilitated leisure facilities in Cork City per 1,000 population in 2012 was 9,040.2, which compared favourably to the County number of 1,289.7.[69] The amount spent on sports, recreation, and leisure facilities per person in Cork City in 2013 was €89.1, which compared favourably to the County figure of €8.9 and State figure of €32.[70] The number of children's playgrounds per 1,000 population directly provided by the Local Authority in Cork City is 0.15. In Cork county, the respective figures are 0.05 and 0.14.[71]

61 IPCC. (2013). *Climate Change 2013: The Physical Science Basis.* Available: https://www.ipcc.ch/report/ar5/wg1/.

62 Halcrow. (2008). *Lee Catchment Flood Risk Assessment and Management Study.* Available: http://www.leecframs.ie/downloads/documents/REP004_HydrologyReport.pdf. 76-77

63 See Ryan, C. (2014). *Cork swamped by inevitable floods*. Available: http://www.irishexaminer.com/analysis/cork-swamped-by-inevitable-floods-257765.html and Roche, B. (2014). *Experts rule out tidal barrier as fix for Cork city flood problems.* Available: http://www.irishtimes.com/news/environment/experts-rule-out-tidal-barrier-as-fix-for-cork-city-flood-problems-1.1685541.

64 English, E. (2014). *€50m promised to Cork flood defence scheme.* Available: http://www.irishexaminer.com/ireland/50m-promised-to-cork-flood-defence-scheme-258041.html.

65 Halcrow. (2008). L*ee Catchment Flood Risk Assessment and Management Study.* Available: http://www.leecframs.ie/downloads/documents/REP004_HydrologyReport.pdf. p.81

66 Barry, K, Kavanagh, R, C, McGrath, J, O' Kane, J and Philip, J. (n.d.).*HIGH RESOLUTION DEM AND SEA LEVEL RISE IN THE CENTRE OF CORK BLUE CITY PROJECT* . Available: http://www.opw.ie/hydrology/data/speeches/M_McGrath_et%20_al.pdf. p.112.

67 Cork City Council. (n.d.). *Arts Links.* Available: http://www.corkcity.ie/services/corporateandexternalaffairs/arts/usefullinks/.

68 Sheridan, C. (2014). *Cork film industry left reeling*. Available: http://www.irishexaminer.com/lifestyle/artsfilmtv/artsvibe/cork-film-industry-left-reeling-260570.html.

69 Local Government Management Agency. (2013). *Service Indicators in Local Authorities 2011*. Available: http://www.lgma.ie/sites/default/files/service_indicators_in_local_authorities_2011.pdf. p.28.

70 IPH. (2012) *Sports expend per capita RoI 2011.* Available from: http://www.thehealthwell.info/node/286696.

71 Local Government Management Agency. (2013). *Service Indicators in Local Authorities 2011*. Available: http://www.lgma.ie/sites/default/files/service_indicators_in_local_authorities_2011.pdf. p.26.

Libraries are an important source of recreation due to their educational capacity. Libraries in Cork City get 5,914.5 visits per 1,000 population, which compares favourably with the County figure of 4,020.1. Cork City Council spends €2.25 per head on library stock and issues 6.25 books per head.[72]

There are a wide variety of benefits identified as being connected to the arts, recreation and sports.

- The Australian Bureau of Statistics notes the importance of art, culture, sports and recreation in relation to social capital - they provide a sense of "...belonging, support and social interaction."[73] They indicate a link between participation in sports and recreation and reduced crime. Furthermore, they suggest that there is evidence that there may be a positive association between social capital and lower morbidity.
- The NESF suggests that the arts can influence children's attitudes to art and society in general, and team membership in the realm of sport can foster positive social behaviour and self-confidence and arts can act as a tool to facilitate learning.[74] Again, the NESF recognises arts' capacity to build social capital because of its often participative nature and the elements of collective action inherent in organising events, particularly at community level.[75]
- Barraket suggests that arts interventions have positive impacts on offenders. On a community level, they provide space for expression of shared values, thereby reducing crime rates. Barraket also suggests that the Arts provide a platform for community education on public health.[76]
- An ESRI report examined the social importance of sports and indicated that countries featuring higher levels of membership in sport scored highly on measures of social capital and interpersonal trust, as well as trust in institutions.[77] Sport was found to have an important volunteerism aspect; for every four persons who play a sport, three were volunteers.[78] 60% of men and 51% of women found sport to be important in providing a context for meeting new friends and acquaintances.[79]
- Sport is also important in the promotion of good health due to regular exercise. The ESRI were unable to state categorically that sports club membership causes good health, but recognised that it is part of a lifestyle associated with healthy living.[80]

Figure 75 on the next page illustrates the distribution of recreational space and green areas in Cork City.

8.7 Hazards and the Urban Environment

The urban environment, because of its heavy concentration of people, homes, industrial and leisure facilities, and intricate road networks presents a large set of hazards and risks. The dangers presented by traffic have already been considered in this report. Due to the vulnerability of urban environments to fire events, due to the clustered and dense nature of housing and presence of

72 Local Government Management Agency. (2013). *Service Indicators in Local Authorities* http://www.lgma.ie/sites/default/files/service_indicators_in_local_authorities_2011.pdf. p.18.
73 Australian Bureau of Statistics. (2002). *Social Capital And Social Wellbeing.* Available: http://www.oecd.org/innovation/research/2380806.pdf. p.17
74 NESF. (2007). *The Arts, Cultural Inclusion and Social Cohesion.* Available: http://files.nesc.ie/nesf_archive/nesf_reports/NESF_35_full.pdf. p.6
75 Ibid., 8.
76 Barraket, J. (2005). *Putting people in the picture? The role of the arts in social inclusion.* Available: http://www.bsl.org.au/pdfs/barraket_arts_social_inclusion_1.pdf. p.7-8
77 Delaney, L and Fahey, T. (2005). *Social and Economic Value of Sport in Ireland.* Available: http://www.esri.ie/publications/search_for_a_publication/search_results/view/index.xml?id=1969. p.2.
78 Ibid., 23
79 Ibid., 48
80 Ibid., 55

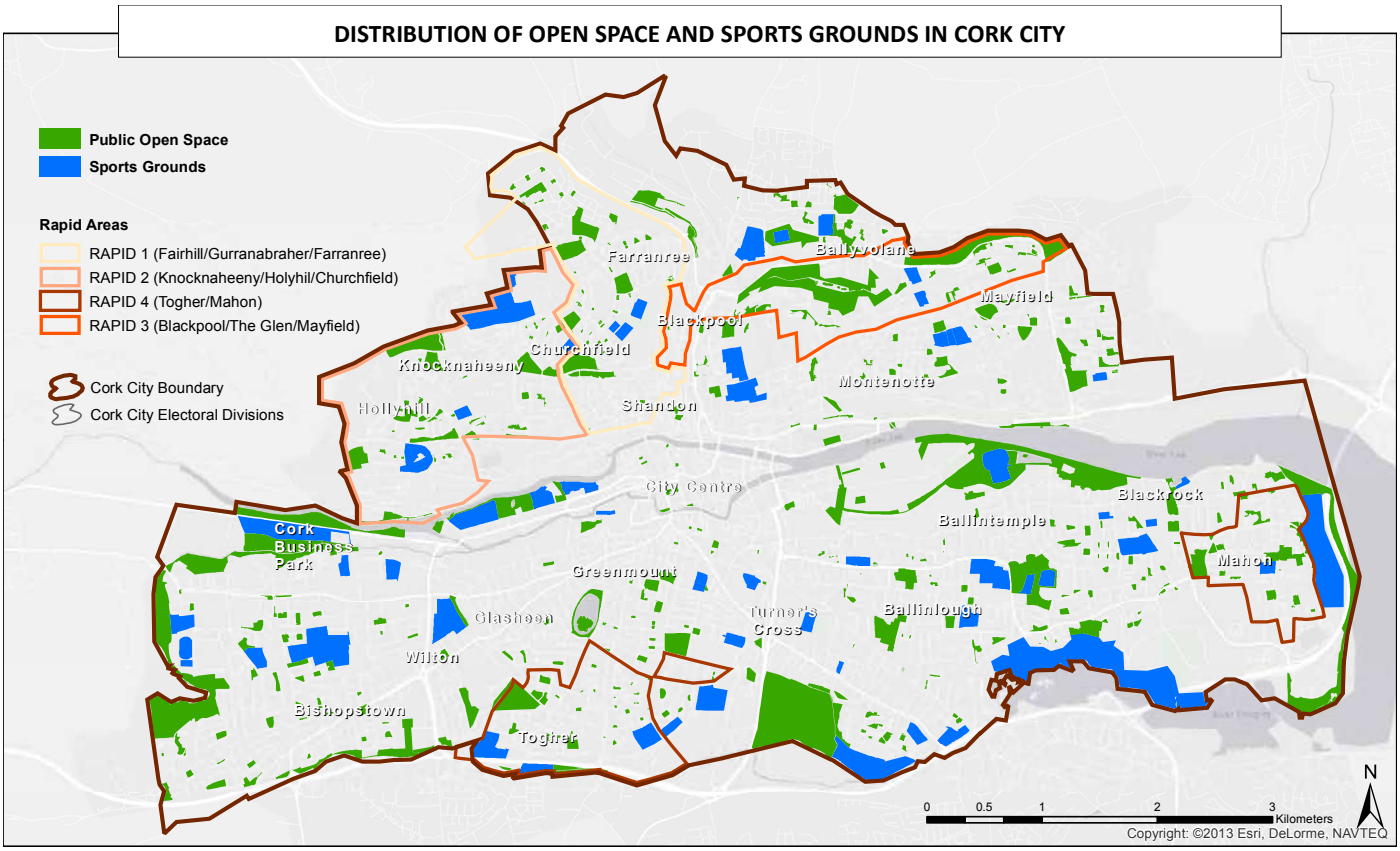

FIGURE 75. DISTRIBUTION OF OPEN SPACE AND SPORTS GROUNDS IN CORK CITY (SOURCE: CORK CITY COUNCIL, 2011)

industry, it is worth briefly overviewing the nature of fire and related risks in the city.

Extensive statistics are compiled on the activities of fire brigades around the State by Local Authorities. Here, the most pertinent data pertaining to the Cork City Local Authority Area will be presented alongside that of Cork County, which will be useful in allowing a comparison between a metropolitan area and one of a more variable rural/urban nature and highlighting any phenomena unique to the City.

OPERATIONAL WORK OF FIRE BRIGADES 2011						
	Fires Attended by Brigade (own area)	*Road Traffic Accidents*	*Water Pumping/ Flooding*	*Rescue/ Removal of Persons from Water*	*Other Non-Fire Rescues*	*Hazardous Substances in transit not involving fire*
Cork County Council	1494	375	3	6	46	28
Cork City Council	1294	105	49	45	43	15

TABLE 75. OPERATIONAL WORK OF FIRE BRIGADES, 2011 (SOURCE: CSO, 2014)

Table 75 above illustrates data relating to various events responded to by fire brigades from county and city Councils. Overall, there were more fires attended at County level.

The Fire Brigade active in Cork County responded to significantly more RTAs (already discussed at length at city level) than Cork City, understandable, considering the greater geographical area encompassed by the County.

More water pumping and flooding incidents were responded to at city level, which is not surprising given its densely populated nature and overall geography. There were also more rescues and removals of persons from the water in the city. Considering the number of waterways in the city, this is also unsurprising.

Table 76 illustrates data relating to incidents attended by Fire Brigades in the city and county by

location. Chimney fires in the domestic setting are the most prevalent event in the county, accounting for 157 events compared to the city's 95, which can likely be explained by the greater use of smokeless coal in the city and the large number of flats and apartments in Cork City which would not have chimneys. In contrast, many more fires occur in flats and apartments in the city than in the county - 70 versus 7. Outdoor rubbish fires are the most prevalent incident in the City (525).

LOCATIONS ATTENDED BY FIRE BRIGADES 2011			
		Cork County Council	*Cork City Council*
DOMESTIC BUILDINGS	**Chimney Fires**	402	95
	Other House Fires	157	104
	Apartments, Flats and Bedsits	7	70
	Caravans/Mobile Homes	1	8
INSTITUTIONS	**Hospital**	2	19
	Schools	0	3
	Other House Fires	0	9
INDUSTRIAL	**Factories**	5	3
	Chemical Plants	0	0
	Storage Buildings/Ware-houses	4	14
COMMERCIAL	**Shops/Supermarkets**	7	10
	Offices	0	2
	Commercial Guest Ac-commodation	5	2
SERVICE	**Places of Public Enter-tainment**	1	2
	Public Houses	1	3
	Restaurants	0	4
OTHER	**Petrol Stations/Garages**	0	0
	Hazardous Substances in Transit (Fires Only)	0	0
	Motor Vehicles	73	167
	Unoccupied Buildings	0	25
	Agricultural Buildings	35	2
	Forest/Bog/Grass etc.	279	223
	Ships/Aircraft	1	1
	Outdoor Storage	0	11
	Outdoor Rubbish	58	525
	Misc.	475	196

TABLE 76. LOCATION OF FIRES ATTENDED BY FIRE BRIGADES, 2011 (SOURCE: CSO, 2014)

At both county and city level (excluding the Other category) Domestic Buildings are the most prone to fires. Under every general location, larger numbers of fires are recorded for Cork City.

Table 77 on the next page illustrates data relating to causes of fire in the County and City Council areas. Excluding Unknown Causes, the most common causes at County level were chimneys/flues/soot/hot ashes, which was responsible for 403 fires, compared to 97 in the city. Almost twice as many fires were categorised as 'unknown' in the county, likely connected to the fact that fire brigades in the city have a tendency to be on scene earlier.

Crime

As a relatively heavily populated urban area, Cork City experiences a variety of crime. The prevalence of certain crimes (per 100,000 population) and detection rates of these crimes in the city will subsequently be explored and compared with corresponding national figures in order to highlight problematic areas.[81] The prevalence of crime in each Garda district and victim group will also be discussed. **Note:**

81 The Central Statistics Office offers the following guide on the meaning of Detection: "Detailed guidelines exist within An Garda Síochána to determine whether a crime incident may be flagged as 'detected'.The main criteria for classifying an offence as 'detected' is when criminal proceedings have been commenced for at least one person for the offence. However, there are a number of scenarios where an offence will be considered detected even though criminal proceedings may not be initiated. For these reasons, the number of detected offences exceeds the number of offences with relevant convictions, for some offence groups. For example:

- Approval may have been granted for a child to be dealt by An Garda Síochána under the Juvenile Diversion Programme, as provided for in the Children's Act 2001, rather than face formal Court proceedings.
- An offender may have died before proceedings could be initiated.
- An essential witness may be permanently unable or unwilling to co-operate with court proceedings.

CAUSES OF FIRES ATTENDED BY FIRE BRIGADES 2011		
	Cork County Council	*Cork City Council*
Chimneys/Flues/ Soot/Hot Ashes	403	97
Smoking Materials	1	6
Matches/ Cigarette Lighters	0	8
Rubbish Burning	23	125
Using Fuels to Kindle Fires	0	1
Cooking and Heating	9	67
Electrical Equipment	23	27
Other Equipment	0	0
Electrical Wiring Installations	0	15
Explosions	0	1
Malicious	7	543
Other Suspected Causes	69	108
Unknown Causes	978	500
Total	1513	1498

TABLE 77. CAUSES OF FIRES ATTEND BY FIRE BRIGADES, 2011 (SOURCE: CSO, 2014)

Statistics in this section referring to incidence rates and detection rates refer to *recorded* crime, making them somewhat limited. Needless to say, there are significant levels of crime that go unrecorded by An Garda Síochána for a wide variety of reasons.

Trends in Key Areas

Fortunately, instances of victimisation of homicide in both City and State are relatively rare. In the State, 2 homicides per 100,000 population is the highest observed in a single year over the 2003-2012 time period and the average rate per 100,000 population recorded for that time period was 1.4. As a comparator, instances of intentional homicide were 4.7 per 100,000 population in the United States in 2011 and tend to be exponentially higher in many developing countries. Eurostat consistently rates Ireland below the EU 28 in relation to homicide rates.[82] The incidence of victimisation for homicide has a tendency to fluctuate – in part due to their small number - and it is difficult to identify trends. At the State level, they have declined from 2.0 in 2007 to 1.3 in 2012. Figures from Cork City do not diverge radically but appear to be in a greater state of flux, varying from 0.5 to 1.7 over the same period.

YEAR	DANGEROUS DRIVING LEADING TO DEATH IN THE STATE		DANGEROUS DRIVING LEADING TO DEATH IN CORK CITY	
	Per 100,000 Population	*Detection Rate (%)*	*Per 100,000 Population*	*Detection Rate (%)*
2003	0.7	100.0	0.0	-
2004	1.3	100.0	0.0	-
2005	1.5	98.4	1.0	100.0
2006	1.6	100.0	0.9	100.0
2007	1.1	100.0	0.0	-
2008	0.6	100.0	0.0	-
2009	0.6	100.0	0.0	-
2010	0.7	96.8	0.9	100.0
2011	0.5	95.2	0.4	100.0
2012	0.4	100.0	0.4	100.0

TABLE 78. DANGEROUS DRIVING LEADING TO DEATH PER 100,000 POPULATION AND DETECTION RATES, 2003-2011 (SOURCE: CSO, 2014)

Detection rates at State level fluctuate, averaging 77.6% during the 2003 - 2012 period. The detection rates for Cork City are unusual and shift between 50% (rather low) and 100% (exemplary), though with a 100% detection rate for five out of ten years, the policing of this crime has generally been successful. The average detection rate in Cork City over the 2003 to 2012 period was 85.8%

Instances recorded of victimisation for Dangerous Driving Leading to Death are quite rare (Table 78), averaging 0.9 per 100,000 population between 2003 and 2012 in the State. In Cork City, 0 incidents have

This is not an exhaustive list of the criteria used to mark a crime as 'detected'."

82 See UNODC. (2013). *Homicide Count and Rate*. Available: http://www.unodc.org/documents/gsh/data/GSH2013_Homicide_count_and_rate.xlsx and Eurostat. (n.d.). *Death due to homicide, assault, by sex Standardised death rate by 100 000 inhabitants*. Available: http://epp.eurostat.ec.europa.eu/tgm/table.do?tab=tableandinit=1andplugin=1andlanguage=enandpcode=tps00146.

YEAR	RAPE AND SEXUAL ASSAULT IN THE STATE		RAPE AND SEXUAL ASSAULT IN CORK CITY	
	Per 100,000 Population	*Detection Rate (%)*	*Per 100,000 Population*	*Detection Rate (%)*
2003	46.6	62.2	41.3	64.6
2004	41.0	56.4	49.1	74.7
2005	41.6	54.5	33.0	51.5
2006	31.8	58.2	30.3	51.6
2007	28.6	59.7	21.3	56.5
2008	29.1	64.3	38.5	76.5
2009	32.5	61.9	30.6	58.8
2010	47.8	60.4	48.9	56.9
2011	39.7	58.1	35.8	58.5

TABLE 79. RAPE AND SEXUAL ASSAULT PER 100,000 POPULATION AND DETECTION RATE % (SOURCE: CSO)

YEAR	ASSAULTS IN STATE		ASSAULTS IN CORK CITY	
	Per 100,000 Population	*Detection Rate (%)*	*Per 100,000 Population*	*Detection Rate (%)*
2003	312.2	67.0	394.0	72.5
2004	302.9	64.4	366.8	73.5
2005	301.6	61.8	328.8	66.8
2006	324.8	64.2	360.9	70.2
2007	351.1	64.5	380.8	66.1
2008	366.0	64.4	450.2	61.0
2009	349.4	65.9	447.4	66.2
2010	336.4	67.4	415.3	66.7
2011	320.7	65.5	407.4	64.4
2012	295.6	65.2	408.4	67.1

TABLE 80. ASSAULTS PER 100,000 POPULATION AND DETECTION RATES, 2003-2011 (SOURCE: CSO, 2014)

been recorded from 2007 to 2009 inclusive (averaging 0.36 per 100,000 people over the 2003 to 2012 period). In Cork City, the maximum rate in any year was 1. Over the 2003 to 2012 period, Cork City has a 100% detection rate of these crimes (the average detection rate from 2003 to 2011 in the State was 99%).

Incidence of victimisation for Rape and Sexual Assault recorded per 100,000 population (Table 79) has been high in comparison to the previous two offences and actual incidence is likely to be even higher due to the likelihood of reporting rates being low.[83] At the State level, 2006 to 2009 saw generally lower frequency of recorded instances, with lower levels occurring in the city from 2005 to 2007. The average rate per 100,000 population for the State over the 2003-2012 period was 38.3 (38.6 in the Cork City). Detection rates are low on the whole, averaging approximately 57.7% for State and 61.5% for City, which are lower detection rates than those of assault.

Assaults occur with much greater frequency throughout the City, where the average number of assaults per 100,000 population over the 2003-2012 period was 396 per year. The corresponding State figure was 326.1 (Table 80). At the State level, the frequency of recorded assaults grew between 2006 and 2009 before declining. A somewhat similar pattern can be observed in the City. The number of assault victims per 100,000 population in Cork City outmatches that of the State in each consecutive year over the 2003 to 2012 time period. Detection rates for these crimes average approximately 65% in the State and 67.5% in the City.

YEAR	DANGEROUS OR NEGLIGENT OPERATION OF A VEHICLE IN THE STATE		DANGEROUS OR NEGLIGENT OPERATION OF A VEHICLE IN CORK CITY	
	Per 100,000 Population	*Detection Rate (%)*	*Per 100,000 Population*	*Detection Rate (%)*
2007	5,897.1	99.2	4,898.1	99.5
2008	5,382.3	99.5	4,931.2	99.6
2009	5,147.8	99.5	3,746.7	99.7
2010	4,559.1	99.5	2,899.4	99.4
2011	6,657.2	99.7	3,918.2	99.7
2012	5,628.7	99.6	4,799.2	99.7

TABLE 81. DANGEROUS OR NEGLIGENT OPERATION OF A VEHICLE PER 100,000 POPULATION AND DETECTION RATES, 2007-2011 (SOURCE: CSO, 2014)

The recorded numbers of Dangerous or Negligent Operation of a Vehicle are amongst the highest of any crime (Table 81). At the State level, the number of incidents recorded per 100,000 population declined substantially from 2007 to 2010, rose sharply in 2011 and then decreased in 2012. The average number

83 O'Donnell, I. (2003). *Sex Crime in Ireland: Extent and Trends*. Available: http://www.jsijournal.ie/html/volume%203%20no.%201/3%5B1%5D_o'donnell_sex%20crime%20in%20ireland.pdf. p. 94.

YEAR	ROBBERIES IN THE STATE		ROBBERIES IN CORK CITY	
	Per 100,000 Population	*Detection Rate (%)*	*Per 100,000 Population*	*Detection Rate (%)*
2003	70.4	33.4	86.1	55.6
2004	64.7	36.7	78.3	58.2
2005	56.4	40.4	63.5	62.6
2006	56.3	46.7	59.2	58.4
2007	48.5	48.7	54.1	64.1
2008	48.9	50.5	62.6	62.3
2009	53.0	51.4	46.8	68.3
2010	68.2	53.5	52.5	70.9
2011	61.2	49.0	38.5	65.9
2012	58.4	45.4	42.8	70.4

TABLE 82. ROBBERIES PER 100,000 POPULATION AND DETECTION RATES, 2003-2011 (SOURCE: CSO, 2014)

YEAR	BURGLARIES IN THE STATE		BURGLARIES IN CORK CITY	
	Per 100,000 Population	*Detection Rate (%)*	*Per 100,000 Population*	*Detection Rate (%)*
2003	647.2	17.9	475.6	30.9
2004	615.8	17.0	507.5	33.4
2005	638.2	17.8	499.6	30.2
2006	585.7	21.8	426.3	35.0
2007	546.3	24.1	379.8	42.9
2008	558.2	26.4	418.5	33.6
2009	603.5	23.8	409.6	39.4
2010	568.6	25.2	406.3	32.9
2011	603.8	23.3	407.4	30.5
2012	612.9	21.9	384.0	30.9

TABLE 83. BURGLARIES PER 100,000 POPULATION AND DETECTION RATES, 2003-2011 (SOURCE: CSO, 2014)

YEAR	VEHICLE THEFT AND RELATED OFFENCES IN THE STATE		VEHICLE THEFT AND RELATED OFFENCES IN CORK CITY	
	Per 100,000 Population	*Detection Rate (%)*	*Per 100,000 Population*	*Detection Rate (%)*
2003	330.5	15.4	368.8	18.9
2004	355.2	15.7	473.3	18.1
2005	343.4	16.2	584.9	18.6
2006	322.7	17.9	310.7	19.8
2007	312.7	18.3	313.8	23.6
2008	323.5	17.2	302.9	22.6
2009	294.4	17.3	263.9	22.3
2010	255.2	19.3	203.2	20.1
2011	226.6	19.9	172.2	26.6
2012	184.1	18.2	129.7	25.3

TABLE 84. VEHICLE THEFT AND RELATED OFFENCES PER 100,000 POPULATION AND DETECTION RATES, 2003-2011 (SOURCE: CSO, 2014)

of recorded incidents per 100,000 population nationally over the 2007-2012 period was 5,544.6. From 2008 to 2010, a similar pattern was observable in Cork City, ending also with a sharp rise in 2011 and 2012. In each consecutive year, a significantly lower rate of incidents was recorded for the City than the State - the average rate over the 2003-2012 period in the city was 4,198.8 per year. The detection rate each year in State and City was over 99%.

Incidence of recorded Robberies has annual averages of 58.6 per 100,000 population for the State and 58.4 for Cork City over the 2003 to 2012 period (Table 82). Incidence in the City was higher than the State level every year until 2009, where the trend reverses. In 2011 the lowest rate of robberies over this time period was recorded for Cork City. At 63.7%, the average detection rate for the ten years recorded was higher in the City than in the State, for which average detection was 45.6%.

Burglaries occur at a greater rate than robberies, with annual averages of 598.0 victims per 100,000 population in the State and 431.5 in Cork City over the 2003 to 2012 period (Table 83). In each consecutive year, there was a higher rate of burglaries in the State than in Cork City. Burglary rates have been lowering - particularly in Cork City - where rates dropped from 475.6 to 384.0 over the time period. There is a marked difference between detection rates for city and State. In the State the average detection rate over the ten listed years was nearly 22%, versus a significantly higher average in the City (close to 34%).

Incidence of Vehicle Theft does not vary radically between City and State, with incidence rates averaging 312.4 and 294.8 victims per 100,000 population respectively over the 2003 to 2012 period (Table 84). Since 2008, the incidence of car theft

YEAR	IMPORTATION/ MANUFACTURE OF DRUGS IN THE STATE		IMPORTATION/ MANUFACTURE OF DRUGS IN CORK CITY	
	Per 100,000 Population	*Detection Rate (%)*	*Per 100,000 Population*	*Detection Rate (%)*
2003	2.7	92.6	1.0	100.0
2004	1.8	93.2	1.5	100.0
2005	2.1	94.2	0.5	100.0
2006	3.2	97.8	4.3	100.0
2007	4.9	95.3	1.4	100.0
2008	6.4	97.9	2.3	100.0
2009	7.2	98.4	7.6	82.4
2010	12.7	97.9	9.9	100.0
2011	13.5	97.3	10.1	100.0
2012	11.9	98.7	12.71	100.0

TABLE 85. IMPORTATION/MANUFACTURE OF DRUGS PER 100,000 POPULATION AND DETECTION RATES, 2003-2011 (SOURCE: CSO,2014)

has declined each consecutive year in Cork, with a similar pattern observable at the State level since 2009. Detection rates have been low in the State (17.5%), but observably better in Cork City nonetheless (21.6%).

The incidence of the Importation/ Manufacture of Drugs has been low. However, for both City and State there have been large increases since 2009, with a minor reduction at State level in 2012 (Table 85). Again, actual incidence is likely to be greater than that which was recorded. Growth in recent years can be caused by two factors; either improved police work and/or the growth of the criminal economy following a recession that displaced thousands from their jobs. Year by year until 2009, the incidence of this offence was lower in the city and with the exception of 2009 again, detection rates have been 100%. The average rate per 100,000 population of this crime over the 2003 to 2012 period was 6.6 at State level and 5.13 in the city. The average detection rates were 96.3% and 98.2% respectively.

YEAR	POSSESSION OF DRUGS IN THE STATE		POSSESSION OF DRUGS IN CORK CITY	
	Per 100,000 Population	*Detection Rate (%)*	*Per 100,000 Population*	*Detection Rate (%)*
2003	220.4	93.2	279.6	96.8
2004	230.7	94.8	362.8	96.3
2005	306.9	95.3	357.0	95.9
2006	318.5	97.6	412.1	96.7
2007	405.5	97.9	437.1	97.9
2008	506.4	98.6	637.9	98.4
2009	467.5	98.7	600.7	98.6
2010	417.9	98.3	470.9	99.0
2011	360.8	98.6	452.0	99.1
2012	333.9	98.6	397.1	99.3

TABLE 86. POSSESSION OF DRUGS PER 100,000 POPULATION AND DETECTION RATES, 2003-2011 (SOURCE: CSO, 2014)

Incidence of Drug Possession has been significant at State and City levels, averaging rates of 356.9 and 440.7 respectively – over 23% higher in Cork City. In both cases, these rates generally grew from 2003 to 2008 before decreasing thereafter (Table 86). Notably, incidence of possession has been higher in Cork City each consecutive year. Detection of the crime has been high and generally improving, averaging 97.2% in the State and 97.8% in the city.

YEAR	CRIMINAL DAMAGE IN THE STATE		CRIMINAL DAMAGE IN CORK CITY	
	Per 100,000 Population	*Detection Rate (%)*	*Per 100,000 Population*	*Detection Rate (%)*
2003	852.8	21.1	1,110.3	23.8
2004	913.2	18.7	1,222.7	20.8
2005	957.9	18.4	1,279.0	19.6
2006	1,026.2	20.5	1,322.5	23.6
2007	991.7	22.4	1,211.1	22.4
2008	1,002.9	21.9	1,263.2	20.5
2009	944.5	22.0	1,141.6	19.8
2010	875.7	22.8	1,040.5	21.5
2011	770.9	22.4	952.0	20.9
2012	700.3	21.7	794.1	21.2

TABLE 87. CRIMINAL DAMAGE PER 100,000 POPULATION AND DETECTION RATES, 2003-2011 (SOURCE: CSO, 2014)

Incidence of Criminal Damage has been significant across the State and in particular, the City, though 2012 saw the lowest numbers per 100,000 population recorded (Table 87). The average victimisation rate per 100,000 population for the 2003-2012 period was 903.6 in the State and 1133.7 in the city. Detection rates are low in

YEAR	DISORDERLY CONDUCT IN THE STATE		DISORDERLY CONDUCT IN CORK CITY	
	Per 100,000 Population	*Detection Rate (%)*	*Per 100,000 Population*	*Detection Rate (%)*
2003	946.4	95.4	1,681.1	99.2
2004	945.0	95.6	1,618.3	99.3
2005	1,026.4	95.7	1,677.7	99.4
2006	1,115.7	95.4	1,701.4	98.9
2007	1,181.3	96.0	1,810.4	98.5
2008	1,209.4	95.9	1,785.0	98.3
2009	1,109.5	97.1	1,670.8	99.0
2010	1,058.1	97.4	1,761.6	99.2
2011	917.9	97.5	1,622.5	99.2

TABLE 88. DISORDERLY CONDUCT PER 100,000 POPULATION AND DETECTION RATES, 2003-2011 (SOURCE: CSO, 2014)

comparison to other crimes and comparable for both City and State, averaging 21.2% at State level and 21.4% at city level.

Incidence of Disorderly Conduct is substantially higher by comparison in Cork City than in the Republic of Ireland (Table 88).[84] The numbers fluctuate from year to year in both cases, though notably in 2011 a comparatively (in this case) low number of 917.9 per 100,000 offences were recorded at the State level, versus a substantially greater number of 1,622.5 at the City level. The average rate per 100,000 population of this offence for the 2003-2011 period is 1056.6 in the State and 1703.2 in the city. Detection has been high in City and State, at over 95% in any given year (and at least 98% at City level), averaging 96.2% in the State and 99% in the city.

YEAR	PROSTITUTION IN THE STATE		PROSTITUTION IN CORK CITY	
	Per 100,000 Population	*Detection Rate (%)*	*Per 100,000 Population*	*Detection Rate (%)*
2003	4.7	93.7	1.0	100.0
2004	5.4	95.9	0.0	-
2005	2.1	88.2	1.5	100.0
2006	2.5	91.5	2.8	100.0
2007	2.5	85.3	10.2	72.7
2008	3.0	93.2	2.3	100.0
2009	2.0	94.5	3.1	85.7
2010	4.1	90.8	4.5	100.0
2011	4.9	90.3	4.4	100.0

TABLE 89. PROSTITUTION PER 100,000 AND DETECTION RATES, 2003-2011 (SOURCE: CSO, 2014)

Incidence of recorded Prostitution Offences is low, possibly due to a lack of reporting and due to Ireland's relatively lenient laws regarding prostitution. Buying and selling sex, so long as it involves consenting adults, is not illegal. Certain activities, however, such as solicitation and brothel keeping are offences.[85] Incidence at State level has been in a state of flux, but has grown since 2010 (Table 89). Incidence at City level has generally been comparable ,however, 2007 presents an anomaly and is strikingly high in the City at 10.2. There were some well publicised brothel detections around this time.[86] The average rate of this crime per 100,000 population for the 2003-2011 period is 3.5 in the State and 3.3 in the city. Detection has been relatively high, particularly in the City where for six out of nine years (or eight discounting 2004) it was 100%. Average detection rates for 2003-2011 are 91.5% in the State and 84.3% in the city (95% when excluding 2004).

2013	AGE RANGE (% OF INJURED PARTIES)		
CRIME TYPE	*0-14*	*15-64*	*65+*
Crimes Against the Person	4.9	94.0	1.2
Property Crimes	0.3	89.0	10.7
Other Crime	4.0	87.9	8.1

TABLE 90. CRIME TYPE AND AGE COHORT AFFECTED IN CORK CITY, 2013 (SOURCE: AN GARDA SÍOCHÁNA, 2014)

Distribution of Victimisation of Crime in Cork City

Table 90 shows the distribution of crimes experienced by different age cohorts. Generally, the youngest and oldest cohorts are least likely to be victims of crimes, though at 10.7%, Property Crimes remain a concern

84 Disorderly conduct includes offences such as Public Order, Drunkenness and Violent Disorder.

85 See Mac Cormaic, R. (2013). *Shatter seeks AG's advice on proposed overhaul of prostitution laws*. Available: http://www.irishtimes.com/news/crime-and-law/shatter-seeks-ag-s-advice-on-proposed-overhaul-of-prostitution-laws-1.1624962 and Turn Off the Red Light. (n.d.). *The situation in Ireland.* Available: http://www.turnoffthteredlight.ie/learn-more/the-situation-in-ireland/.

86 Riegel, R. (2012). *Couple in dock over brothel keeping and prostitution charges.* Available: http://www.independent.ie/irish-news/courts/couple-in-dock-over-brothel-keeping-and-prostitution-charges-26593881.html.

2013 ALL CRIMES				
GARDA AREA	AGE RANGE % OF INJURED PARTIES			
	All Ages	*0-14*	*15-64*	*65+*
Cork City Division	100.0	2.3	89.3	8.4
Anglesea Street District	31.4	0.9	93.1	6
Gurranabraher District	19.6	1.7	88.8	9.5
Mayfield District	27.5	2.9	88.8	8.2
Togher District	21.5	3.9	84.9	11.2

TABLE 91. DISTRICT OF CRIME AND AGE COHORT AFFECTED, 2013 (SOURCE: AN GARDA SÍOCHÁNA, 2014)

for the those aged 65 or older. The 15 to 64 cohort are the most likely to be victims of the three crime types listed - Crimes Against the Person, Property Crimes and Other Crime - by large margins.

Table 91 shows the proportions of persons affected by crime in different age cohorts by Garda Districts. Again, the youngest and oldest cohorts experience victimisation of crime in the lowest proportions. The Anglesea Street District has the highest rate of recorded crime victims (31.4% of all victims). It encompasses a large portion of the city, beginning around Mardyke on the West and ending around Mahon on the East, around Evergreen/Turner's Cross A on the South and the Centre EDs on the North. Higher incidence of crime victimisation is expected here as it includes the City Centre EDs and Central Business District where there is a high concentration of shops and high volumes of traffic (both pedestrian and vehicular), as well as a range of pubs that could be flashpoints of conflict and other crimes. The Mayfield District also has a significant share of total crime victims at 27.5%. This Garda District encompasses an area greater than the North-East quadrant of the City (including EDs such as Blackpool, The Glen EDs, Mayfield and the Tivoli EDs) and extends well past the City boundaries. The Gurranabraher Garda District north of the City Centre features the lowest share of total crime victims at 19.6%. This district Incorporates some RAPID areas and EDs such as Knocknaheeny, the Gurranabraher EDs and the Fair Hill EDs. It also extends through a large swathe of the county and also includes Ballincollig and Blarney.

2013	AGE RANGE (% OF INJURED PARTIES)			
Location of Crime	*All Ages*	*0-14*	*15-64*	*65+*
Home	25.2	57.9	22.6	43.1
Public	74.8	42.1	77.4	56.9

TABLE 92. LOCATION OF CRIME AND AGE COHORT AFFECTED, 2013 (SOURCE: AN GARDA SÍOCHÁNA, 2014)

Table 92 displays data relating to location where crimes took place by age cohorts. Nearly three quarters of crime victimisation takes place in a public setting, with only one quarter occurring in the home. The youngest and oldest age cohorts experienced victimisation of crime in the home in the highest proportions, though the 0 to 14 cohort was the only one which was more likely to be victimised in the home. The vast majority in the intermediate age range experienced crime in a public place, whilst a smaller majority of the older cohort experienced crime in a public place.

Fear of Crime

In a report by the National Crime Council, the authors define Fear of Crime (quoting Ferraro) as follows:

> "...'an emotional response of dread or anxiety to crime or symbols that a person associates with crime.' Consequently, fear of crime is a subjective phenomenon incorporating not only an individual's emotional concerns about crime, and the possible consequences of criminal activity, but also their perceptions of risk and the role of the environment in eliciting fear."[87]

87 National Crime Council (2009). *Fear of Crime in Ireland and its Impact on Quality of Life*. Dublin: Stationery Office. p. 6-7..

The report found that the vast majority of those surveyed did not worry about crime (63.5%). Nonetheless, a sizeable proportion of persons were concerned about crime (21.5%) or fearful of crime (15%). Respondents feared aggressive crimes such as muggings, robbery, burglary, random assault and car theft to a greater extent. Women were particularly worried about rape, physical attacks by a stranger, muggings/robberies and burglary. Older people were mostly concerned about property crime, whilst the younger cohorts were more worried about violent crimes.

Numerous factors feed into fear of crime, including "...gender; age; nationality, socio-economic status; marital status; education level; locality, official burglary crime rate by Garda Division; perceptions of crime in local areas; prior experience of victimisation and dissatisfaction with an Garda Síochána." Additionally, the authors identify several additional groups vulnerable to quality of life effects due to fear of crime: widows, those with the lowest educational attainment, those living in a city other than Dublin, the unemployed or retired, repeat victims and victims of racist attacks.[88]

Fear of crime has numerous consequences. Adjustment strategies based on fear include adapting to the perceived danger by protecting property, learning self-defence, and engaging socially in order to address threats of crime.[89] More negative consequences (which do not affect all people uniformly but will also be moderated by different personal characteristics) can be a reduction in quality of life caused by avoidance behaviours which result in persons restricting movements and disengaging from social life in order to avoid the perceived danger.[90]

A study on the fear of violent crime in public spaces in Cork City was conducted by Liam Coakley.[91] Fear of Crime, from a sample of women only, registered much higher than the wider national sample previously discussed, at 93% (of 197 women). 72.5% of women surveyed feared sexually motivated crimes, whilst surprisingly few cited fear of personal and property crimes. Avoidance behaviours were adopted in order to minimize perceived dangers, i.e., short-cuts and areas generally off the beaten track were avoided.[92] The least popular strategies adopted to mitigate risk were staying in for the night or staying with a friend. In his study, Coakley also found age to be an influential factor on fear of violent crime, with the only participants unafraid of violent crime being under 50, which is at odds with actual risk, whereby cohorts in the young and middle aged categories experience victimisation in far higher proportions than those aged 65 or older.

In the study, participants identified particular points in the city where they felt unsafe - areas predominately in the City Centre characterised by quays, laneways and side-streets were identified.

Women and Crime

It is appropriate to briefly examine the female experience of crime. Women generally fall victim to rape, sexual assault and domestic violence in greater proportions than men. The National Observatory on Violence Against Women note that 42% of women in Ireland had experienced sexual violence in their lifetime and 20.4% had been victim of some form of sexual abuse as adults - a quarter of whom were raped.[93]

88 Ibid., VII.
89 Ibid., 15.
90 Ibid., 16.
91 Coakley, L. (2003). 'I don't relax until I'm home' Women's fear of violent crime in public space in Cork. *Irish Geography* . 36 (2). p. 181.
92 Ibid., 182.
93 National Observatory on Violence Against Women. (2004). *First Country Report from the Republic of Ireland*. Available: http://www.nwci.ie/download/pdf/irobsvaw04.pdf. p.1.

Men fall victim to Homicide and Serious Assaults in greater proportions, however, the data shows the inherently greater risk of women falling victim to sexual violence. In 2008, 88.1% of victims of sexual assaults were women, whilst the figure for men was 11.9%.

The number of sexual crimes has increased since 1990.[94] O'Donnell offers several possible explanations for this including: greater likelihood of victims coming forward, more accurate recording of complaints, widened legislative definition of rape, demographic changes and general rises in levels of lethal violence.[95] O'Donnell also links increased alcohol consumption to this increase. He suggests a link between alcohol consumption and sex crimes similar to that between alcohol consumption and other crimes - alcohol consumption in Ireland increased by 41% per capita between 1989 and 1999.[96]

Fennell and Ryan's study highlights the issues surrounding Domestic Violence, particularly in Cork City. They found that physical violence accounted for most instances of domestic violence complaints. Court order breaches composed 28% of all incidents. Most alleged offenders were the husband (46%). Other male partners, ex-partners, sons and cohabitees accounted for 38% of alleged offenders. Female offenders accounted for 8% and were, in the main, female cohabitees or daughters. Arrests occurred in only 41% of incidents and arrests of female spouses/partners were rare.[97]

Where arrests have not been effected, it has been due to the reluctance of the victim to move forward with proceeding. This is a complex and sensitive issue involving complicated emotional relationships and issues of economic dependence.[98]

Issues of Inequality

The Irish Penal Reform Trust state that there is evidence "that social exclusion renders individuals vulnerable to offending behaviour."[99] Other interconnected factors influencing propensity to offend listed by the Trust include: parental conflict, poverty and disadvantage. These risk factors can lead to criminal behaviour; community and family problems; school issues and deprivation. Mental illness has been found to have a correlation with criminal behaviour and as such the mentally ill are over-represented those convicted. 27% of convicted men and 60% of convicted women suffered from a mental illness.

Inequality itself may serve as an indicator of the likelihood of crime. For instance, Healy et al. state that there is a strong positive correlation between intentional homicide and inequality.[100] They indicate a link between poverty, inequality and likelihood of committing a crime, as well as the likelihood of being a victim of crime. They outline the concept of anomie in describing the process by which persons from poorer backgrounds are drawn into crime:

> "When the same value (i.e. wealth accumulation) is considered suitable for all

94 O'Donnell, I. (2003). *Sex Crime in Ireland: Extent and Trends.* Available: http://www.jsijournal.ie/html/volume%203%20no.%201/3%5B1%5D_o'donnell_sex%20crime%20in%20ireland.pdf. p. 97.

95 Ibid., 98-100.

96 Ibid., 100.

97 Fennell, C and Ryan, A. (2004). *Cork Study on 'Domestic' Violence and the Criminal Process: Tentative Conclusions from the Policing Perspective.* Available: http://www.jsijournal.ie/html/Volume%204%20No.%201/4%5B1%5D_FennellandRyan_A%20Cork%20Study%20on%20Domestic%20Violence%20and%20the%20Criminal%20Process.pdf. p.92.

98 Ibid., p.93.

99 Irish Penal Reform Trust. (2012). *The Vicious Circle of Social Exclusion and Crime: Ireland's Disproportionate Punishment of the Poor.* Available: http://www.iprt.ie/files/Position_Paper_FINAL.pdf. p.6.

100 Healy, D., Mulcahy, A. and O'Donnell, I. (2013). *Crime, Punishment and Inequality in Ireland.* Available: http://www.gini-research.org/system/uploads/542/original/93.pdf?1380558223. p.6,8.

members of society, but attainable only by a few, poverty may breed resentment and crime. The necessary conditions for anomie are material deprivation, limited opportunity and commonly shared symbols of success. An example of such a process would be involvement in drug dealing as a way to acquire the trappings of wealth and the associated respect. But the drug trade is a business and competition between dealers over supplies, prices, customers, debts and trading areas is regularly resolved through force. In this way an unequal society creates a context for violent crime; a legitimate social aspiration has damaging consequences."[101]

The IPRT suggest that the combination of uneven policing and the very structure of criminal law results in deprived groups being heavily targeted. Consequently, whilst deprivation may breed crime, the deprived are also possibly subject to disproportionate attention from law enforcers and legislators.[102] The criminalization of activities that are linked to poverty, such as those prohibiting vagrancy and begging, result in the prosecution of some of the most vulnerable members of society.[103] Another practice which unfairly affects the deprived is the imprisonment of individuals for non-payment of debt and fines.[104] Recently, imprisonment for non-payment of fines in Ireland has risen exponentially. This is unsurprising given the economic climate and it has grown from 1,335 in 2007 to 6,683 in 2010.[105] They suggest that persons from poorer socio-economic backgrounds live their lives more publicly, coming to the attention of the police, whilst members of professional groups have greater access to privacy.[106]

O'Mahony conducted a profile of prisoners in Mountjoy and found that the areas from which prisoners came were largely characterised by corporation housing, high prevalence of opiate drug use and high 'long term' unemployment.[107] O'Mahony found that educational attainment amongst the prisoners was very poor--80% of prisoners had left school before 16. None of the prisoners had attended third level education. 88% of those surveyed were unemployed before imprisonment, and 27% never had a job. Many of these prisoners were found to come from disadvantaged circumstances as children. 15% of their fathers had severe unemployment problems. 47% of fathers were in semi-skilled occupations and 21% were unskilled manual workers. On the mother's side, many were unemployed during the prisoners' childhood and most of those who did work were in the unskilled manual category.

101 Ibid., 10.
102 Irish Penal Reform Trust. (2012). *The Vicious Circle of Social Exclusion and Crime: Ireland's Disproportionate Punishment of the Poor.* Available: http://www.iprt.ie/files/Position_Paper_FINAL.pdf.
103 Ibid., 11.
104 Ibid., 9.
105 Ibid., 9.
106 Ibid., 13.
107 O'Mahony, P (1997). *Mountjoy Prisoners A Sociological and Criminological Profile*. Dublin: Stationery Office. p.39.

9. Deprivation

This chapter explores the interconnected concepts of Deprivation, Poverty and Social Exclusion. It includes discussions on the levels of vulnerability to poverty and deprivation for a variety of groups, as well as explorations of individual indicators of poverty and deprivation at city and Electoral Division level.

9. DEPRIVATION

There are significant proportions of groups within Ireland and Cork City who are deprived and failing to enjoy adequate standards of living. Deprivation is a complex and multi-faceted phenomenon that incorporates a wide range of socio-economic factors such as poverty, unemployment and education levels. Other factors also play significant roles such as gender, age, ethnicity, sexual orientation and family status. Deprivation is also strongly interconnected with health. It has been established that poor social and economic conditions such as poverty, unemployment and inadequate housing - all of which are aspects of deprivation - contribute to health inequalities within communities.[1]

9.1 Poverty, Deprivation and the Pobal HP Deprivation Index

Gowran notes that poverty is caused by the unequal distribution of resources and power in society.[2] She quotes The National Anti-Poverty Strategy's definition of Poverty:

> "People are living in poverty if their income and resources (material, cultural and social) are so inadequate as to preclude them from having a standard of living that is regarded as acceptable by Irish society generally. As a result of inadequate income and resources people may be excluded and marginalised from participating in activities that are considered the norm for other people."[3]

She subsequently notes the factors that are likely to influence poverty: employment status, educational experience, family size and type, ill health or disability, age, gender, ethnicity, household tenure and sexual orientation.[4] Gowran identifies two forms of poverty that are recognised in the academic literature and applied in studies of poverty globally - Absolute Poverty and Relative Poverty. Absolute Poverty is the most extreme manifestation of deprivation, and describes the situation whereby persons are lacking basic necessities such as food, shelter and clothes. Absolute poverty is more prominent in developing states, however, it is present in Ireland, particularly in the area of homelessness.[5] Relative Poverty refers to imbalances or inequalities in material ownership, control and consumption and is, in many respects, the most relevant form of poverty to this report.

Poverty in Ireland is measured in a number of ways. One of the most influential sources of information pertaining to poverty and deprivation in the State is the Central Statistics Office's *Survey on Income and Living Conditions (SILC)* which enumerates a number of statistics ranging from household income levels based on different socio-demographic characteristics, to measurements of poverty risk, experiences of deprivation and consistent poverty. Of the At Risk of Poverty dimension, the CSO states:

> "This is the share of persons with an equivalised income below a given percentage (usually 60%) of the national median income. It is also calculated at 40%, 50% and 70% for comparison. The rate is calculated by ranking persons by equivalised income from smallest to largest and then extracting the median or middle value. Anyone with an equivalised income of less than 60% of the median is considered *at risk of poverty at a 60% level."*[6]

1 Kawachi I, Kennedy BP. *Health and social cohesion: why care about income inequality?*BMJ 1997;314:1037-1040.
2 Gowran, S. (2002). *Counted Out Challenging Poverty and Social Exclusion*. Available: http://www.developmenteducation.ie/teachers-and-educators/transition-year/strand-1-Poverty/Resources/counted-out.pdf. p.8.
3 Ibid., 8.
4 Ibid., 9.
5 Ibid., 8.
6 See Central Statistics Office. (2013). *Survey on Income and Living Conditions (SILC) 2011 and revised 2010 results*. Available: http://www.cso.ie/en/media/csoie/releasespublications/documents/silc/2011/silc_2011.pdf. p.18. Equivilised here refers to a statistical technique that disaggregates household statistics down to the level of the individual.

According to the CSO, when a person fails to meet two or more of the following criteria, they are experiencing enforced deprivation:

1. Own two pairs of strong shoes
2. Own a warm waterproof overcoat
3. Buy new (not second-hand) clothes
4. Eat a meal with meat, chicken, fish (or vegetarian equivalent) every second day
5. Have a roast joint or its equivalent once a week
6. Keep the home adequately warm
7. Buy presents for family or friends at least once a year
8. Replace any worn out furniture
9. Have family or friends for a drink or meal once a month
10. Have a morning, afternoon or evening out in the last fortnight for entertainment.[7]

The Consistent Poverty measure is applied to persons who are both At Risk of Poverty and experience Deprivation.[8]

The Pobal HP Deprivation Index is of particular relevance to this chapter of the report. This index measures relative affluence or disadvantage of geographical areas by processing Census data for a variety of variables and attaching values, with the lowest numbers representing the highest level of disadvantage, and the highest numbers representing the greatest degree of affluence.[9] This index will be described in detail later in this chapter.

9.2 Social Class

Social class is one of the broadest points of income and living standard differentiation. It is strongly interconnected with both poverty and deprivation. The CSO aggregate Social Class into eleven groupings ranging from 'Unskilled' workers to 'Employers and Managers'. Figure 76 gives a breakdown of the class compositions of Ireland and Cork City. The Unskilled (4.6% of reference persons) and Semi-Skilled (9.9% of reference

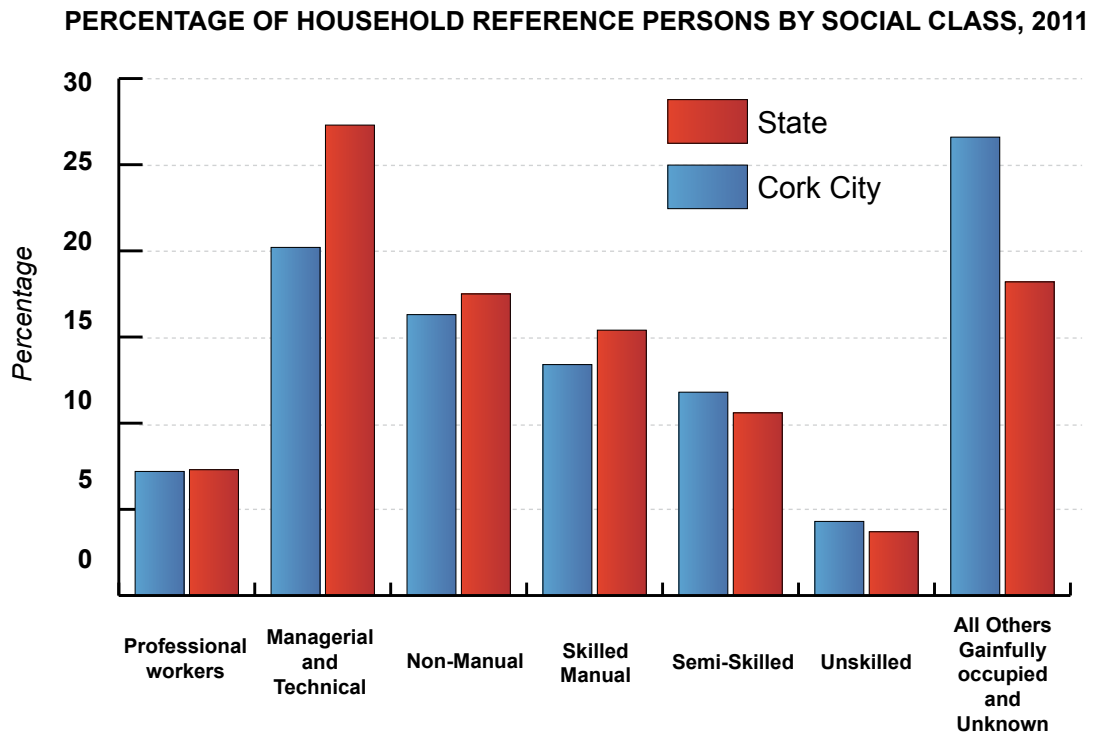

FIGURE 76. DISTRIBUTION OF HOUSEHOLD REFERENCE PERSONS BASED ON CSO SOCIAL CLASS GROUPINGS (SOURCE: CSO, 2011)

7 Central Statistics Office. (2013). *Survey on Income and Living Conditions (SILC) 2011 and revised 2010 results.* Available: http://www.cso.ie/en/media/csoie/releasespublications/documents/silc/2011/silc_2011.pdf. p.18-19.
8 Ibid., 19.
9 Pobal. (n.d.). *The Pobal HP Deprivation Index (Haase and Pratschke, 2012)*. Available: https://www.pobal.ie/Pages/New-Measures.aspx.

persons) categories comprise Cork City's population in higher proportions than they do nationally (3.8% and 8.4% respectively). These groups are amongst the most vulnerable to deprivation due to the low income associated with their occupations.

At the higher levels of the CSO's 'socio-economic group' spectrum (a different grouping to that represented in Figure 76), a number of differences emerge. In Cork City, 9.7% of Household Reference Persons are in the 'Lower Professional' category, which is below the State proportion of 11%. More striking is the gap between the proportions of Employers and Managers in the City (10.5%) and State (14.3%). This is striking when one considers the strong base of industry the City hosts. The influence of Dublin as an economic core has likely played a part in the higher national figures. There is a higher proportion of Higher Professionals in the City than the State - at 6.7% versus 6.2%. Only two social class groupings have increased since 2006 – higher professionals and lower professionals .

9.3 Vulnerability to Poverty and Deprivation

Table 93 shows the State-wide trends in poverty and deprivation broken down by gender. As can be seen, experiences to risk of poverty, deprivation and consistent poverty have been steadily growing since 2009 as Ireland experienced the fallout of the recession, combined with successive austerity budgets. The At Risk of Poverty rate for Cork City and County was 14.7% in 2009, versus 14.1% for the State. 17.4% of persons in the City and County were experiencing low income in 2010, compared to 18.6% in the State in 2010.[10]

	AT RISK OF POVERTY RATE				DEPRIVATION RATE				CONSISTENT POVERTY RATE			
	2009	2010	2011	2012	2009	2010	2011	2012	2009	2010	2011	2012
State	14.1	14.7	16	16.5	17.1	22.6	24.5	26.9	5.5	6.3	6.9	7.7
Male	14.1	14.3	16.3	16.3	16.8	21.7	23	26.4	5.5	5.8	6.9	7.8
Female	14.1	15.1	15.6	16.7	17.7	23.5	26	27.4	5.4	6.8	6.9	7.6

TABLE 93. NATIONAL RISK OF POVERTY, DEPRIVATION AND CONSISTENT POVERTY, 2009–2012 (SOURCE: CSO, 2014)

Table 94 illustrates national rates of poverty risk, deprivation and consistent poverty by Principal Economic Status. Those at work are the most insulated against experiences of poverty and deprivation (particularly consistent poverty). With the deprivation rate in 2011 (15.0%) being over twice that of 2009, it is clear that the poor economic climate is having a noticeable effect. The unemployed experience poverty risk, deprivation and consistent poverty at an acute level. At a 49.4% rate of deprivation in 2012, nearly half of the unemployed were not living to a standard recognised as being adequate for the general population.

PRINCIPAL ECONOMIC STATUS	AT RISK OF POVERTY RATE			DEPRIVATION RATE			CONSISTENT POVERTY RATE		
	2009	*2010*	*2011*	*2009*	*2010*	*2011*	*2009*	*2010*	*2011*
At Work	5.5	5.7	6.5	7.9	12.6	15.0	1.1	1.3	2.1
Unemployed	24.8	27.3	30.6	34.3	38.3	42.4	11.5	16	16.5
Student	25.9	22.7	31.4	19.4	24.4	24.7	11.4	8.2	10.6
Looking after home/family	19.1	19.5	21.6	20.3	25.4	27.7	6.8	8.1	8.7
Retired	9.6	8.8	8.9	8.0	7.2	9.8	1.4	1.2	1.6
Not at Work Due to Illness or Disability	21.7	19.8	22.8	35.7	42.9	35.9	8.8	12.4	11.1

TABLE 94. NATIONAL RISK OF POVERTY, DEPRIVATION AND CONSISTENT POVERTY, 2009 - 2011 (SOURCE: CSO, 2013)

10 Central Statistics Office. (2013). *Survey on Income and Living Conditions (SILC) 2011 and revised 2010 results*. Available: http://www.cso.ie/en/media/csoie/releasespublications/documents/silc/2011/silc_2011.pdf. p.19.

Students also represent a vulnerable group, though as can be seen, their risk does not translate into deprivation the same way as it does for the unemployed. Parents or family members, along with social transfers and grants, are likely buffering students against deprivation and poverty to some degree. The Student Risk of Poverty rate grew substantially between 2009 and 2011 (from 25.9% to 31.4%) before recovering somewhat in 2012 (30.2%). Student proportions in Consistent Poverty have been growing steadily since 2010, though remaining lower than the peak year listed of 2009. Ultimately, with nearly one in three students experiencing deprivation and just over one in ten in Consistent Poverty, they are a group that cannot be overlooked when considering Poverty and Deprivation in Cork City, particularly when considering that 14.7% of the city's population aged 15 or older consists of students.

Those classified as looking after the Home/Family registered significant risk of poverty - at almost one in five in 2011. 8.8% of reference persons in Cork City are classified as Looking After the Home/Family, versus 9.4% of the State. Experiences of deprivation have grown substantially for these persons, as they likely have dependents to provide for. This group likely subsumes a large proportion of Lone Parents, for whom circumstances may be particularly challenging. Consistent Poverty rates for this group, however, have been comparatively low compared to rates for students and the unemployed. Social transfers may be providing a degree of protection against adverse economic circumstances.

The Retired can be considered an "at risk" group in many respects, however, the At Risk of Poverty, Deprivation and Consistent Poverty rates compare favourably to other groups. Capital accumulation, fewer financial obligations, social transfers, private pensions and family support are likely providing the retired with buffers against poverty. 15% of household reference persons in Cork City are retired, compared to 12.7% in the State.

Deprivation rates for those Unable to Work due to illness or Disability are comparable to those of the unemployed. Although Consistent Poverty rates were lower than they were for the unemployed in 2011, these trends have been fluctuating. Social transfers and the transitory nature of some illnesses may prevent enduring poverty for most in this group, but with over one in three experiencing Consistent Poverty in 2011 these transfers would not appear to be sufficient. This group comprises 50% more of the population of Cork City than they do for the State (6.6% versus 4.4% respectively).

Table 95 illustrates national rates of Poverty Risk, Deprivation and Consistent Poverty by highest level Educational Attainment. In Cork City, 16.6% of the population aged 15 or over have a highest educational attainment of Primary or Below; 18.6% have Lower Secondary; 19% Upper Secondary;

HIGHEST EDUCATION LEVEL ATTAINED (AGED 16 AND OVER)	AT RISK OF POVERTY RATE			DEPRIVATION RATE			CONSISTENT POVERTY RATE		
	2009	*2010*	*2011*	*2009*	*2010*	*2011*	*2009*	*2010*	*2011*
Primary or Below	18.6	16.3	18.6	24	26.5	27.8	6.6	6.8	7.4
Lower Secondary	19.7	18.2	21.9	21.5	24.8	26.7	7.7	7.8	9.5
Upper Secondary	12.8	14.4	18.9	13.0	19.8	20.9	4.8	5.6	6.8
Post Leaving Cert	9.1	12.2	14.5	15.2	22.0	22.2	4.4	6.1	5.5
Third Level Non-Degree	4.9	7.3	10.8	7.9	12.0	18.2	1.8	1.7	5.8
Third Level Degree or Above	4.8	6.7	5.4	4.2	6.9	11.2	0.6	1.5	1.8

TABLE 95. NATIONAL RISK OF POVERTY, DEPRIVATION AND CONSISTENT POVERTY BASED ON EDUCATION LEVEL, 2009 - 2011 (SOURCE: CSO, 2013)

7.2% Technical or Vocational; 4.4% Advanced Certificate/Completed Apprenticeship; 3.7% Higher Certificate and 24.3% Ordinary Bachelor Degree/National Diploma or Higher. There is a clear gradational aspect to At Risk of Poverty, and Deprivation and Consistent Poverty rates here, with the lesser educated faring worse. However, there are some exceptions - PLC education for instance would not appear to improve persons' circumstances dramatically.

Those who ceased education at primary level or below have the highest rates of deprivation each consecutive year (over one in four in 2011) but fare better than their Lower Secondary educated counterparts in terms of poverty risk. In terms of Consistent Poverty, rates for those with Primary education or below have been less than those for the Lower Secondary educated. Some of the older populations are more likely to have ceased education at primary level or before. Those with Upper Secondary education experienced an increase in their deprivation rates between 2009 and 2012 - from 13% to 20.9%.

At Risk of Poverty rates are lower for each subsequent level of educational attainment after Upper Secondary, with those holding a Third Level Degree experiencing strikingly low rates of poverty risk. Deprivation rates do not improve for those with PLC education and are, in fact, worse than for those with Upper Secondary education. However, declines in deprivation can be noticed with each successive level of education added. Consistent Poverty rates have climbed for those with Third Level Non-Degrees however, from 1.8% in 2009 to 5.8% in 2011.

Regarding household composition, those who are living alone and are aged under 65 are at high risk of poverty and deprivation. As of 2012, over one in four (27.1%) are At Risk of Poverty and more than one in three (35.2%) suffer deprivation. Approximately one in six are in consistent poverty. Single person households account for 29.3% (all ages) of all households in the city, compared to 23.7% in the State.

Households classified as One Adult with Children Aged under 18 are, by definition, Lone Parent Households and large proportions are at risk of poverty year by year, increasing from 24.7% to 28.4% between 2010 and 2011. The combination of having to look after children on a single income, with limited time available to work, limits resources. As overviewed in the Families and Living Arrangements section, Lone Parent households are characterised by low wage employment, low education and high unemployment.[11] The proportion of Lone Parent families in Cork City is 24%, higher than the State proportion of 18.3%, making this group of particular concern.

Fuel Poverty

Those vulnerable to poverty also face challenges relating to the heating of their homes. Fuel poverty exists where:

> "...an interaction between low incomes, expenditure prioritisation, fuel prices, high fuel expenditure on uneconomic fuels, poor insulation, inefficient heating methods and low capital investments in building structures.... means residents are unable to afford warmth in their home."[12]

11 Houses of the Oireachtas - Library and Research Service . (2007). *Lone parents in the social welfare system: issues and debates.* Available: http://www.oireachtas.ie/parliament/media/housesoftheoireachtas/libraryresearch/Copy-of-Lone_parents_Spotlight,-No-1-April-2007.pdf. p.13

12 Sustainable Energy Ireland. (2003). *A Review of Fuel Poverty and Low Income Housing*. Available: http://www.seai.ie/Grants/Warmer_Homes_Scheme/Fuel_Poverty_Report.pdf. p.10..

The issue is dealt with in depth in the Housing chapter of this report, however, due to it being a constituent of serious deprivation, it is relevant to address it here. Figure 77 shows the proportion of persons who were unable to heat their homes at some point during the year over the 2004 to 2011 period. It is clear that fuel poverty is a growing problem capturing significant proportions of not just those At Risk of Poverty, but the population at large. The gap between those At Risk of Poverty and Not at Risk in relation to fuel poverty is small. Fuel Poverty rates soared from 2008, coinciding with the collapse of the economy and rebounded marginally in 2011. Those at particular risk of fuel poverty are One Person Households, Lone Parents and older persons. Cork City has a significantly greater proportion of households without central heating (2.6% versus 1.6% State-wide).

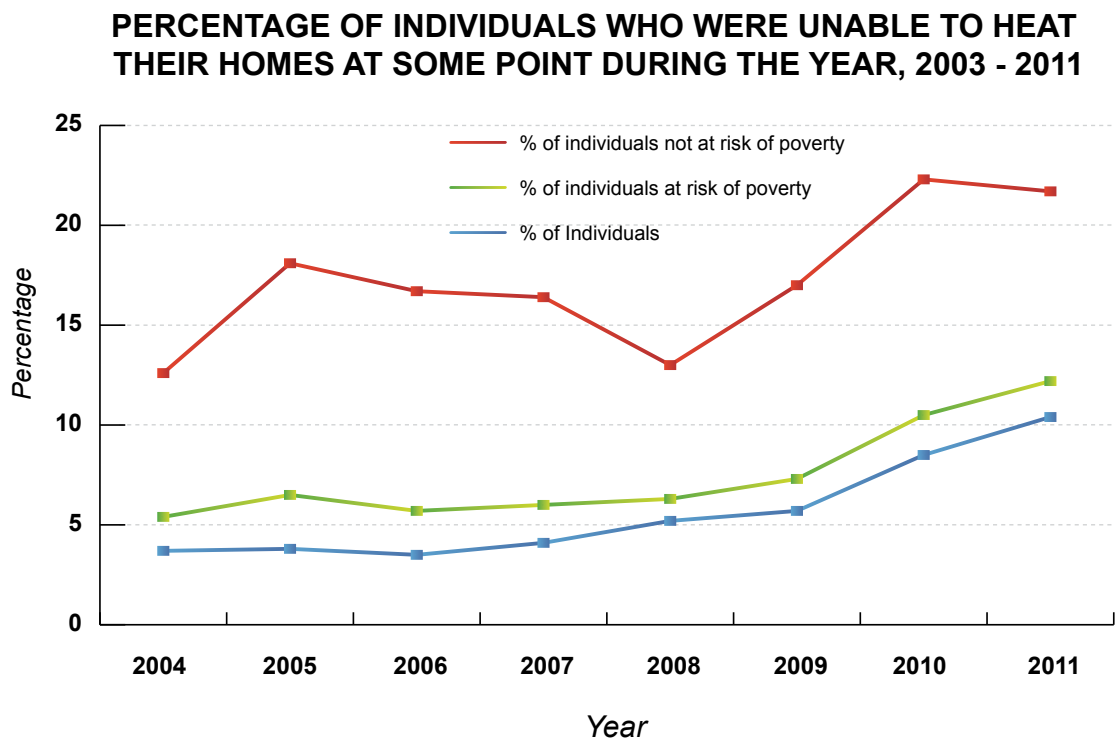

FIGURE 77. PERCENTAGE OF INDIVIDUALS WHO WERE UNABLE TO HEAT THEIR HOMES AT SOME POINT DURING THE YEAR, 2003 - 2011 (SOURCE: CSO, 2011)

Intergenerational aspects of poverty and deprivation

Bearing in mind the large proportions of deprived groups in Cork City, it is worth examining life chances for those who are born into lower socio-economic groups or into low income circumstances. Although dated, the CSO's Survey on Income and Living Conditions of 2005 provides some excellent data on the intergenerational aspects of poverty and deprivation.[13] The CSO made crucial observations about the relationships between the current educational and economic circumstances of those who grew up in low income households and offer significant evidence of the intergenerational transfer of socio-economic status. It was found that 27% of persons aged between 25 and 65 who experienced financial difficulties in their teenage years were at risk of poverty, compared to 11.1% of persons who did not experience financial difficulties. Persons who experienced financial difficulties as teenagers also experienced consistent poverty at levels that were over four times their financially secure counterparts (13.3% versus 2.9% respectively). One third of the unemployed frequently experienced financial difficulties as a teenager, compared with 16% of those that are employed.

Other findings of the CSO include:

13 The CSO offers the following caveat on interpretation of their results: 'The information presented in this publication is generated from questions asked of persons aged 25-65 in 2005 regarding their household structure and socio-economic circumstances as a teenager. Consequently the reference period for this information spans a 40-year period from the early 1950's to the early 1990's. Over this time Irish society underwent major economic and social changes, which should be borne in mind when interpreting results. This transformation is particularly evident when comparing the circumstances as a teenager of the 25-34 age group with the 50-65 age group.'

- 42% of the CSO's respondents with primary education or less frequently experienced financial difficulties as teenagers (only 11% of third level qualification holders experienced these difficulties growing up)
- 28% of persons who were raised in a household with no working parents were at risk of poverty. In the case where one parent was working, this reduced to 16.3%, and 10.8% where both were working.
- Nearly 62% of persons who were raised in a household by a parent with a third level qualification worked in highly skilled non-manual occupations, whereas only 23.6% of persons whose parents' highest educational attainment was primary level or less worked in these occupations.

In a report by Whelan et al., the authors found that the rates of child specific deprivation were highest where:

- the mother had no educational qualifications
- the parent was formerly married and was now a lone parent
- the household reference person had never worked
- household income was in the bottom quintile.[14]

They make the conclusion that parental income levels will be a strong determinant of childhood specific deprivation.

The End Poverty Coalition suggests poor mental health outcomes for disadvantaged children, in addition to earlier morbidity and more frequent experiences of illness.[15] Whelan et al. suggest a range of health outcomes for children in low-income households including 'lower birth weight, higher infant mortality and poorer health.'[16]

Education

The role of education in determining one's wealth and standard of living is crucial and it has been found that educational attainment is strongly influenced by the characteristics of parents. Parental class has an influence on the educational outcome of children, as do the educational levels of parents.

Table 96 shows data recorded in 2005 on the highest level of educational attainment by parent's class and educational backgrounds. Persons are far more likely to have a higher educational attainment with each successive level of attainment of their parents. A small proportion of those whose parents had a highest level of educational attainment of primary level or less acquired Third Level Degrees (8.6%). By comparison, nearly 66% of those whose parents held a degree acquired a degree themselves. Educational attainment by Parental Occupation tells a similar story, showing that the largest proportion of respondents whose parents held no occupation did not progress past primary school (only 16.3% progressed to a degree). The data for those who did not live with their parents is similar. Persons whose parents whose occupations were Elementary and Skilled have higher completion rates of secondary school, however, fewer hold a degree. Educational attainment for respondents from Non-Manual backgrounds is the highest--they have the largest proportion of third level degree attainment, at nearly one in three.

14 Maitre, B et al. 2012, p. V
15 End Child Poverty Coalition. (2011). *Child Poverty: Ireland in Recession*. Available: http://www.barnardos.ie/assets/files/Advocacy/ECPC%20Child%20Poverty%20in%20Ireland%202011.pdf. p. 3.
16 Maitre, B, p. 3

	HIGHEST LEVEL OF EDUCATION OF EU-SILC RESPONDENT 2005				
Highest Level of Education Attained by a Parent	*Primary or Below*	*Secondary*	*Third Level Non-Degree*	*Third Level Degree or Above*	*Other*
Primary or below	30.8	44.8	15.4	8.6	0.4
Secondary	3.4	37.5	27.1	32.0	0.0
Third level non degree	2.9	27.7	37	32.2	0.2
Third level degree or above	0.7	9.8	23.1	65.9	0.6
Other	12.1	41.9	21.0	7.3	17.7
Not living with either parent	35.2	34.7	15.4	13.4	1.3
PARENTAL OCCUPATION					
Highly skilled non-manual	12.3	35.1	23.3	29.0	0.4
Lowly skilled non-manual	12.5	36.2	20.2	30.7	0.5
Skilled manual	20.5	45.0	23.2	10.8	0.5
Elementary occupation	36.8	45.7	11.0	4.7	1.7
No occupation	33.9	32.0	15.5	16.3	2.3
Not living with either parent	35.2	34.7	15.4	13.4	1.3

TABLE 96. HIGHEST LEVEL OF EDUCATION ATTAINED BY EU-SILC 2005 RESPONDENT AND HIGHEST EDUCATION AND OCCUPATION OF PARENT (SOURCE: CSO, 2007)

SOCIO-ECONOMIC GROUP	MATURE	NON MATURE
Employers and Managers	10.9%	19.6%
Higher Professional	5.0%	13.8%
Lower Professional	8.4%	9.8%
Non-manual	15.1%	11.5%
Manual skilled	24.4%	13.0%
Semi-skilled	10.9%	7.6%
Unskilled	5.9%	3.4%
Own account workers	14.3%	9.0%
Farmers	2.5%	11.3%
Agricultural workers	2.5%	1.2%

TABLE 97. SOCIO-ECONOMIC GROUP OF FULL TIME MATURE AND NON MATURE RESPONDENTS (STUDENTS - NEW ENTRANTS) WITH DOMICILIARY 'IRELAND' AND 'COUNTY CORK' FOR WHOM A CLASSIFICATION WAS ASSIGNED ALL HEA INSTITUTIONS 2013/13 (SOURCE: HEA, 2014)

Table 97 shows the socio-economic group of full time mature and non mature students (new entrants) for whom a classification was assigned in all HEA institutions in 2012/13. For traditional students, those of Professional and Non-Manual backgrounds accounted for the largest proportions of students, though Manual Skilled students accounted for a somewhat higher proportion of students than the Non-Manual class (13% versus 11.5%). The Employers and Managers group accounts for the single largest proportion of 19.6%. Only 3.4% of respondents were from the Unskilled Class. The Professional groups attend Universities in higher proportions than other social class groupings, who attend Institutes of Technology in higher proportions.

Trends reverse somewhat for mature entrants, with 60.5% of all respondents coming from groups excluding Non Manual, Professional and Employers and Managers. Mature students however, account for a relatively small proportion of the total student body (approximately 15%[17]), signalling a willingness for the less advantaged to engage with education at comparatively older ages and improve their chances in the labour market. Mature students from the Unskilled group however, still represent a small proportion of all mature students in education at 5.9%. The single largest group representing mature students is the Manual Skilled Class at 24.4%. Mature students from more disadvantaged backgrounds, in contrast to traditional students, do not uniformly attend ITs in greater proportions, though the Unskilled still largely veer towards ITs.

17 EU Ireland. (2011). *Mature Students Now Comprise 15% of First Time Entrants to Full Time Higher Education.* Available: http://www.eurireland.ie/news/mature-students-now-comprise-15-of-first-time-entrants-to-full-time-higher-education.1115.html.

Whelan and Hannan found a consistent pattern to class inequalities over time. They observed a pattern of decrease in the influence of students' origin as they transition from one level of education to the next. For this they propose the following explanations:

> "...with increasing age, students come to rely less on the resources of their family and are increasingly in a position to make decisions based on their own aspirations... [Alternately]If only the most able working-class children survive the earlier selection points while significantly less able children from middle-class origins do so, then origins becomes less and less correlated with other determinants of success such as motivation. With a reduction in the role of such indirect effect, the overall impact of class origins declines."[18]

LIFE EXPECTANCY BY SEX AT VARIOUS AGES BY SOCIAL CLASS, 2006/2007								
	Males				*Females*			
Life Expectancy at Various Ages	0	20	35	65	0	20	35	65
Social Class								
Professional workers	81.4	62.0	47.4	19.2	86.0	66.2	51.4	23.2
Managerial and technical	79.8	60.4	45.8	18.0	84.8	64.9	50.0	21.6
Non-manual	78.4	59.0	44.6	17.7	83.8	63.9	49.2	21.0
Skilled manual	78.7	59.0	44.8	17.3	82.1	62.3	47.6	20.0
Semi-skilled	77.5	58.0	43.9	17.0	81.8	62.0	47.3	19.5
Unskilled	75.3	55.8	42.0	15.6	81.0	61.2	46.4	19.3
Others including unknown	70.2	50.4	37.0	14.4	77.5	57.6	43.2	18.4
All persons	**76.8**	**57.5**	**43.4**	**16.7**	**81.8**	**62**	**47.3**	**19.7**

TABLE 98. NATIONAL LIFE EXPECTANCY BY SEX AT VARIOUS AGES BY SOCIAL CLASS, 2006/2007 (SOURCE: CSO, 2010)

LIFE EXPECTANCY BY SEX AT VARIOUS AGES BY HIGHEST LEVEL OF EDUCATION 2006/2007						
	MALES			*FEMALES*		
HIGHEST LEVEL OF EDUCATION	*AGE 20*	*AGE 35*	*AGE 65*	*AGE 20*	*AGE 35*	*AGE 65*
Primary	53.3	41.3	16.3	59.5	45.6	19.4
Secondary	58.5	44.5	17.5	63.2	48.5	20.8
Third level	61.3	46.9	19.3	65.2	50.4	22.1
Not stated	51.9	38.2	13.4	56.9	42.7	16.5
All persons who have ceased their education	57.4	43.3	16.6	62.0	47.3	19.7

TABLE 99. NATIONAL LIFE EXPECTANCY BY SEX AT VARIOUS AGES BY HIGHEST LEVEL OF EDUCATION, 2006/2007 (SOURCE: CSO, 2010)

9.4 Social Class, Deprivation and Health

Life expectancy

Table 98 shows the influence of social class on life expectancy for women and men in 2006/2007. The gap between the highest class listed here and lowest class (for both genders) is close to five years.

Table 99 shows life expectancy by educational attainment by age and gender. Again, there is a clear gradient with the more highly educated, both male and female, benefiting from longer life expectancies.

Table 99 shows life expectancy by age, gender and area of deprivation. As is evident, the least deprived typically enjoy longer life expectancy and each of the subsequent quintiles generally have lower life expectancies.

Disadvantaged people suffer higher rates of coronary heart disease and diabetes and are also more likely to experience health risk factors in greater proportions such as higher body mass index, cholesterol and blood pressure.[19] Risk factors are exacerbated by unhealthy behaviours such as lack of adequate exercise and smoking - 56% of women aged 18 to 29 in the unskilled and semi-skilled social groups

18 Hannan, D, F and Whelan, C, T. (n.d.). *Class Inequalities in Educational Attainment among the Adult Population in the Republic of Ireland. The Economic and Social Review*. 30 (3). p.297

19 Burke, S and Pentony, S. (2011). *Eliminating Health Inequalities – A Matter of Life and Death.* Available: http://www.tasc.ie/download/pdf/eliminating_health_inequalities_matter_of_life_and_death_june2011.pdf. p.9

LIFE EXPECTANCY BY SEX AT VARIOUS AGES BY AREA OF DEPRIVATION 2006/2007								
	Males				*Females*			
QUINTILE	*BIRTH*	*AGE 20*	*AGE 35*	*AGE 65*	*BIRTH*	*AGE 20*	*AGE 35*	*AGE 65*
First (least deprived)	78.0	58.7	44.2	17.2	82.7	62.8	48.0	20.0
Second	77.1	57.8	43.5	16.7	81.8	62.0	47.4	19.5
Third	76.4	57.2	43.1	16.6	81.6	61.7	47.1	19.5
Fourth	75.5	56.4	42.5	16.4	81.1	61.2	46.6	19.1
Fifth (most deprived)	73.7	54.6	40.9	15.4	80.0	60.2	45.6	18.9
All persons	76.3	57.1	42.9	16.5	81.5	61.7	47	19.4

TABLE 100. NATIONAL LIFE EXPECTANCY BY SEX AT VARIOUS AGES BY DEPRIVATION, 2006/2007 (SOURCE: CSO, 2010)

smoke, which is nearly twice the proportion of women in higher groups.[20] Education, which is often low among the non-professional groups, is associated with healthier life style choices, though this effect is not as significant as that of income.[21] Other health indicators where inequalities can be identified are low birth weight, lung disease, cancer, exposure to violence and accident rates.[22] Persons from more disadvantaged groups are also more vulnerable to poor mental health, experiencing depression and psychiatric hospital admissions at greater rates.[23]

The health of children, from as early as pregnancy, is also strongly connected to issues of deprivation, as outlined by Burke and Pentony:

- low birth weight is more common in children of mothers with lower incomes.
- Poor mental health and stress may be pathways to disparities in pregnancy outcomes.
- Smoking too, can influence pregnancy outcome - maternal smoking and depression have been linked to increases in unexpected infant death.
- Perinatal mortality occurs at higher rates for the less advantaged; causes of death being congenital anomalies, antepartum events, intrapartum events and immaturity.
- Children born to working class households have higher risk of disability.[24]

It has also been found that poorer children suffer higher rates of chronic conditions and illnesses and the impact of these conditions is more severe.[25] In addition, health behaviours for adolescents worsen as educational and income levels of parents decrease - the prevalence of smoking, drinking, unhealthy diets and inadequate exercise are greater for the more disadvantaged.[26]

9.5 Deprivation Indicators in Cork City

There are a variety of Census indicators that relate to deprivation, available down to Small Area scale in Cork City. These include, among others: Age Dependency Ratios, Lone Parents, Single Person Households and Unemployment. All of these indicators will be explored in this chapter, as well as the Trutz-Haase Deprivation Index, which is an aggregation of deprivation indicators across multiple variables. It should be noted that, while a useful standardised aggregate measure

20 Ibid.
21 Barnes, L, Hall, P, A and Taylor, CR. (2010). *The Social Sources of the Health Gradient: A Cross-National Analysis* . Available: http://www.people.fas.harvard.edu/~phall/Gradient.pdf. p.18
22 Henry, P. (2001). An Examination of the Pathways Through Which Social Class Impacts Health Outcomes. *Academy of Marketing Science Review*. 2001 (3). p.1
23 Burke, S and Pentony, S. (2011). *Eliminating Health Inequalities – A Matter of Life and Death.* Available: http://www.tasc.ie/download/pdf/eliminating_health_inequalities_matter_of_life_and_death_june2011.pdf. p.9.
24 Ibid., 9.
25 Spencer, N. (n.d.). *Health Consequences of Poverty for Children.* Available: http://www.endchildpoverty.org.uk/files/Health_consequences_of_Poverty_for_children.pdf. p.9.
26 Riley, A, W, Robertson, J, Starfield, B, and Witt, W, P . (2002). Social class gradients in health during adolescence. Journal Epidemiology and Community Health. 56. p.356

of Deprivation, the Trutz-Haase index can mask the true reality in any given area; two areas can have the same deprivation score but entirely different characteristics. For this reason, deprivation indicators are explored at an individual level in this chapter.

The Trutz-Haase Deprivation Index measures relative affluence or disadvantage in geographical areas by attaching a score ranging from -35, representing the highest level of disadvantage to 35, representing the greatest degree of affluence. Figure 78 illustrates the spatial distribution of Small Areas in Cork City based on the Deprivation Index Score. It is clear that RAPID Areas suffer disproportionately from deprivation, as well as the northside more generally and areas around Ballyphehane and Greenmount. The southwest quadrant (aside from the Mahon RAPID Area) is comparatively affluent, as are the areas in and around UCC and CIT. Note that the shadings in the map below represent the Deprivation Index Scores of Small Areas in the city, as opposed to Electoral Divisions, each of which contain a number of Small Areas. As a result, the range of values are wider than the values for Electoral Divisions that are contained in the subsequent tables.

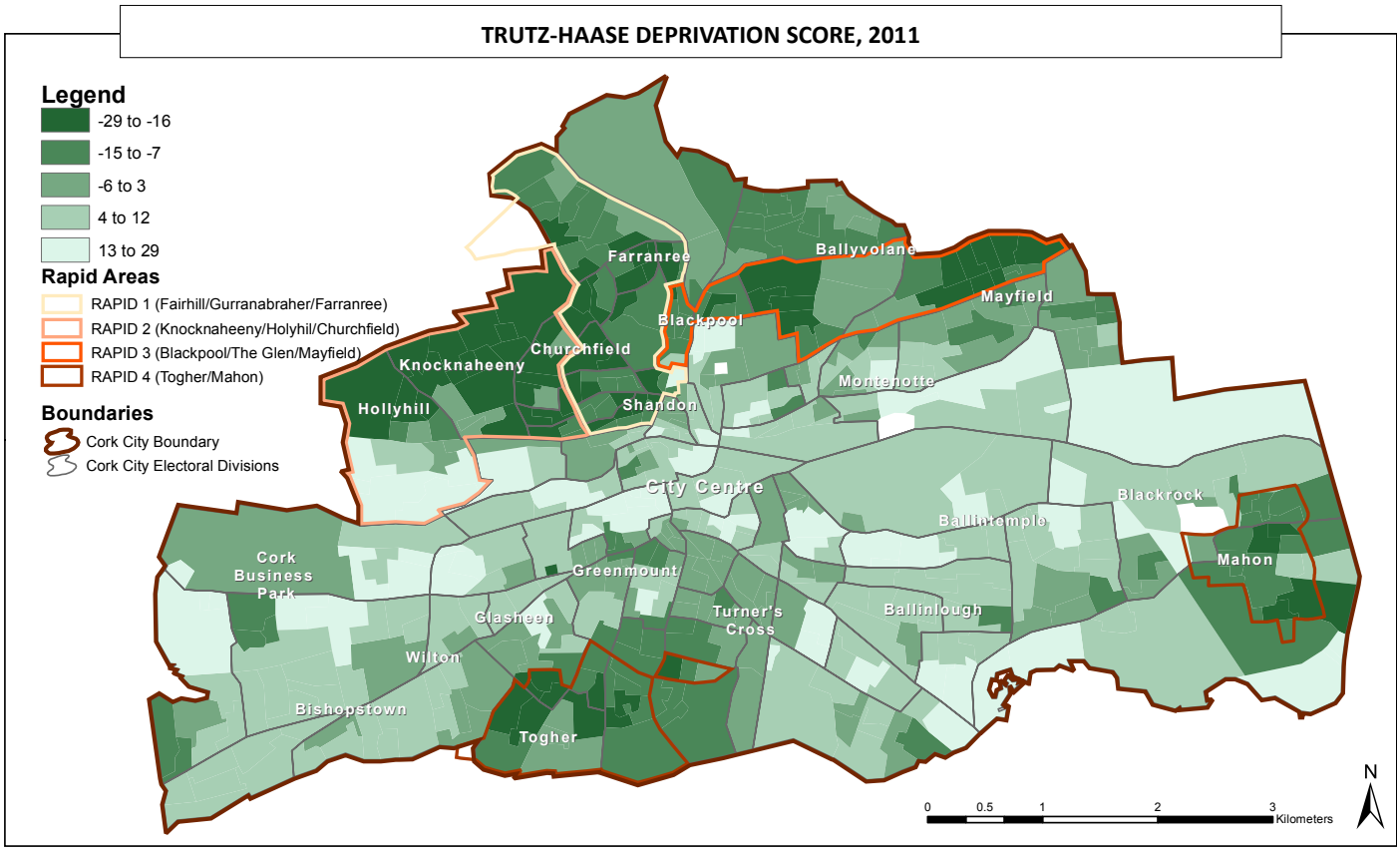

FIGURE 78. MAP OF SMALL AREAS IN CORK CITY BASED ON TRUTZ-HAASE DEPRIVATION INDEX SCORE, 2011 (SOURCE: POBAL, 2012)

The EDs with the highest values on the Deprivation Index - rendering them the most affluent - are Browningstown, Gillabbey A, Tramore B, Gillabbey C, Bishopstown A, Mardyke and Knockrea (Table 101). All of these areas contain low proportions of persons with self-reported poor health, low unemployment, low proportions of Local Authority Housing and high educational attainment.

DEPRIVATION INDEX 2011 (RELATIVE SCORES)			
Highest (EDs)		*Lowest (EDs)*	
Browningstown	10.2	Fair Hill B	-20.7
Gillabbey A	10.2	Farranferris B	-19.6
Tramore B	10.2	Knocknaheeny	-19.1
Gillabbey C	10.5	Gurranebraher A	-18.5
Bishopstown A	11.1	Fair Hill A	-17.9
Mardyke	11.1	Mayfield	-16.6
Knockrea A	13.5	Gurranebraher E	-15.9

TABLE 101. EDS WITH HIGHEST AND LOWEST RELATIVE DEPRIVATION INDEX SCORES (SOURCE: POBAL, 2014)

The Electoral Divisions with the lowest Deprivation scores are Fair Hill B, Farranferris B, Knocknaheeny, Gurranabraher A, Fair Hill A,

Mayfield and Gurranabraher E. These EDs are typified low employment, high proportions of persons with fair to poor self reported health, high proportions of Local Authority housing, high proportions of lone parents and low educational attainment. Here, the Deprivation Index proves its value as a concise indicator of relative deprivation.

These scores are reductive in the context of this report and there is a need to explore variables at an individual level to develop a better understanding of the precise nature of issues faced by EDs – this is done later in this chapter.

Changes in Deprivation Index 2006-2011

Table 102 indicates the EDs with the highest changes in Deprivation between 2006 and 2011. The EDs that showed most improvement on the Deprivation Index were City Hall A, Tramore B, Turner's Cross D, Mardyke, City Hall B, Tramore A and Gillabbey A. Some of these EDs are among the most affluent in the city (or directly neighbour the most affluent) and in these cases, affluence has weathered the economic crisis well. City Hall A and B do not stand out as especially affluent EDs, however the attraction of the central location to strong proportions of young persons of Non-Manual Social Classes and highly educated persons is possibly buoying up the Deprivation Index score. Centre A, however, has experienced a high decrease in its Deprivation Index score, indicating that the issue is complex.

DEPRIVATION INDEX CHANGES (RELATIVE) 2006–2011			
Highest (EDs)		*Lowest (EDs)*	
City Hall A	5.5	Centre A	-2.9
Tramore B	5.5	Gillabbey B	-2.6
Turners Cross D	6.7	Tivoli B	-1.5
Mardyke	7.2	The Glen B	-1.4
City Hall B	7.6	Gurranebraher E	-1.1
Tramore A	11.1	Bishopstown B	-1.0
Gillabbey A	12	Fair Hill B	-0.8

TABLE 102. EDS WITH HIGHEST AND LOWEST CHANGES IN RELATIVE DEPRIVATION INDEX SCORE, 2006–2011 (SOURCE: POBAL 2014)

The EDs with the greatest decreases in their Deprivation Index scores between 2006 and 2011 (representing a worsening of their situation) are Centre A, Gillabbey B, Tivoli B, The Glen B, Gurranabraher E, Bishopstown B and Fair Hill B - a heterogeneous mix of affluent and deprived Electoral Divisions. The Glen B, Gurranabraher E and Fair Hill B are amongst the most deprived in the city and the economic crisis has exacerbated circumstances, resulting in exponential rises in unemployment. The breakdown for these EDs in Section II reveals significant proportions of persons employed in Building and Construction, even as of 2011. The characteristics of the remaining EDs are better - particularly Bishopstown B. However, in Bishopstown B and the Glen B, unemployment more than doubled since the 2006 Census. In Tivoli B, Building and Construction continues to employ a significant proportion of people, showing the remnants of what was once a prominent occupation in the ED. One might expect Bishopstown B to have been more resilient to the crisis given its generally well educated population. There is a strong, well educated, Non-Manual population in Centre A. The change of score for Gillabbey B is somewhat of an anomaly; as of 2011 it had a low unemployment rate of 7.2%.

Age Dependency Ratio

A high Age Dependency Ratio indicates a large presence of persons outside of the economically productive ages (children and those aged 65 or older). These are naturally vulnerable populations that are dependent on the support of parents, family and/or State transfers.

AGE DEPENDENCY RATIO			
Highest (EDs)		*Lowest (EDs)*	
Fair Hill B	76.6	South Gate A	11.3
Togher B	72.0	Centre A	12.3
Browningstown	71.4	St. Patrick's A	15.5
Fair Hill A	68.6	Gillabbey A	17.6
Glasheen C	67.4	Mardyke	18.4

TABLE 103. EDS WITH THE HIGHEST AND LOWEST AGE DEPENDENCY RATIOS, 2011 (SOURCE: CS0, 2011)

As illustrated in Table 103, EDs featuring the highest Age Dependency Ratios are: Glasheen C, Fair Hill A, Browningstown, Togher B and Fair Hill B. Each of these EDs feature large older populations and above average proportions of families, indicating the presence of varying proportions of children under 18 (Fair Hill A and Browningstown in particular contain high proportions of children aged 0 to 4). Glasheen C and Browningstown are amongst the most affluent EDs here. In the case of Glasheen C, the higher prevalence of older persons may be responsible for slightly above average incidence of poor health, though significant proportions of the less advantaged are likely an influential factor. The remaining EDs are located in RAPID areas and are characterised by lower educational attainment, poorer health and low employment (though Togher B fares relatively better). Home ownership remains high (crucially without a mortgage).

The EDs with the lowest Age Dependency Ratios are: South Gate A, Centre A, St. Patrick's A, Gillabbey A and Mardyke. Whilst not uniformly affluent, these EDs are composed primarily of persons in the most economically productive ages or students. Proportions of children and older persons are low - the most dominant age cohorts appear to be young and at pre-family stages. South Gate A, Gillabbey A and Mardyke in particular contain high concentrations of students.

Youth Dependency Ratio

YOUTH DEPENDENCY RATIO			
Highest (EDs)		*Lowest (EDs)*	
Knocknaheeny	39.2	Gillabbey B	3.1
Mayfield	36.9	Centre A	4.2
Farranferris B	35.0	Gillabbey C	5.3
Fair Hill A	32.2	City Hall A	5.4
Knockrea B	31.6	Mardyke	6.0

TABLE 104. EDS WITH THE HIGHEST AND LOWEST YOUTH DEPENDENCY RATIOS, 2011 (SOURCE: CSO, 2011)

High Youth Dependency Ratios are an indicator of high proportions of children under the age of 15 compared to the working population.

EDs featuring the highest Youth Dependency Ratios are: Knockrea B, Fair Hill A, Farranferris B, Mayfield, and Knocknaheeny (Table 104). With the exception of Knockrea B, these EDs fall within RAPID areas and are disadvantaged, being characterised generally by low employment, low educational attainment, poorer health, lone parenthood and high proportions of Local Authority Housing. Proportions of persons in the 0-4 age cohort and families with one or more children are high across these EDs. In Knockrea B, educational attainment is high, unemployment low, health status good, and house ownership is high (though mostly with a mortgage), therefore the risk of children facing disadvantage and deprivation is lower than the EDs previously mentioned.

OLD AGE DEPENDENCY RATIO			
Highest (EDs)		*Lowest (EDs)*	
Fair Hill B	56.8	South Gate A	3.6
Togher B	49.9	Shanakiel	8.1
Glasheen C	46.7	Centre A	8.2
Tramore A	46.2	St. Patrick's A	8.4
Turners Cross D	43.5	Mahon B	8.9

TABLE 105. EDS WITH THE HIGHEST AND LOWEST OLD AGE DEPENDENCY RATIOS, 2011 (SOURCE: CSO, 2011)

Old Age Dependency Ratio

High Old Age Dependency Ratios are an indicator of high proportions of those aged 65 or older compared to the population of working age. The Electoral Divisions that feature the highest

Old Age Dependency Ratios are: Turner's Cross D, Tramore A, Glasheen C, Togher B and Fair Hill B (see Table 105). Turner's Cross D and Tramore A are typified by high educational attainment, low unemployment, and high house owner occupancy (without mortgage). Glasheen C's characteristics are broadly less exceptional, however, it benefits from below average unemployment. Poor health is a feature of these EDs, likely influenced by the large proportions of the aged. Togher B and Fair Hill B, falling within RAPID areas, are more disadvantaged.

Lone Parents

As represented in Table 106, the Electoral Divisions containing the highest proportions of lone parents are: Knocknaheeny, Blackpool A, Mayfield, Farranferris B and Gurranabraher E (See Families and Living Arrangements for the map of Lone Parents). These EDs fall within RAPID designated zones and suffer from disadvantage. The high incidence of challenging circumstances in these EDs means that lone parents may be facing particularly egregious challenges and are at a particularly high risk of social exclusion. Being a lone parent, one can expect challenging resource constraints, and the characteristics of these EDs can compound those constraints.

PERCENTAGE OF FAMILIES WITH LONE PARENTS			
Highest (EDs)		*Lowest (EDs)*	
Knocknaheeny	47.5	Tramore A	5.8
Blackpool A	44.2	Centre A	11.1
Mayfield	42.7	Tivoli A	11.6
Farranferris B	39.9	Browningstown	11.9
Gurranebraher E	38.6	Tramore B	12.5

TABLE 106. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF HOUSEHOLDS COMPRISING ONE PERSON, 2011 (SOURCE: CSO, 2011)

One Person Households

The EDs with large proportions of one Person Households are: St. Patrick's B, Gillabbey B, Gurranabraher C, City Hall A, and St. Patrick's A (Table 107). St. Patrick's B and Gillabbey B contain high proportions of single persons and low proportions of families. St. Patrick's B contains a significant proportion of persons in the 85-plus age category and there is a significant proportion of widows, as well as separated/divorced persons. Gillabbey B contains a significant proportion of persons in the 65-84 category and widows, but also a significant proportion of students. Similarly, Gurranabraher C and City Hall A contain an aged population with higher than normal proportions of widows/widowers and the separated/divorced. St. Patrick's A has a young population, however, it also has high proportions of singles and the separated/divorced. With the exception of Gillabbey B, each of these EDs have significant unemployment levels. A concern might be experiences of isolation and exclusion in these EDs, especially when considering that single person households have been identified as an at-risk group.

HOUSEHOLDS COMPRISING 1 PERSON (%)			
Highest (EDs)		*Lowest (EDs)*	
St. Patrick's B	52.6	Fair Hill C	15.3
Gillabbey B	52.3	The Glen B	15.4
Gurranebraher C	49.8	Knocknaheeny	16.7
City Hall A	49.7	Tivoli B	19.2
St. Patrick's A	48.3	Mahon B	19.3

TABLE 107. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF HOUSEHOLDS COMPRISING ONE PERSON, 2011 (SOURCE: CSO, 2011)

Households with No Central Heating

Electoral Divisions with the highest proportions of Households without Central Heating are: St.

HOUSEHOLDS WITH NO CENTRAL HEATING (%)			
Highest (EDs)		*Lowest (EDs)*	
St. Patrick's B	7.9	Bishopstown E	0.7
Gurranebraher C	6.9	Bishopstown D	0.8
St. Patrick's A	6.9	Shanakiel	0.9
Tivoli A	6.2	Ballinlough B	0.9
City Hall A	5.8	Tivoli B	0.9

TABLE 108. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF HOUSEHOLDS WITHOUT CENTRAL HEATING, 2011 (SOURCE: CSO, 2011)

Patrick's B, Gurranabraher C, St. Patrick's A, Tivoli A, and City Hall A (Table 108).

St. Patrick's B has a combination of a significant proportion of widows, a larger than normal proportion of those in the 85+ range and a large proportion of one Person households, therefore there could be people particularly vulnerable to fuel poverty and its effects here. City Hall A has a similar population make-up, but also has a high proportion of persons in the 65-84 age range.

PC and Broadband Access

PC access is problematic in Cork City and may be resulting in a loss of opportunities in terms of knowledge, education and service provision. Figure 79 illustrates the distribution of houses without a personal computer. It is clear that there is a lack of access evident in and around all RAPID areas. Another cluster is also evident around Turners Cross, Greenmount and Glasheen. A compounding factor here is the ageing population. The distribution of households without internet access (see Section III) is similar; not surprisingly, considering that access to a personal computer is a prerequisite for access to the internet. Figure 79 reveals pockets within RAPID areas with concentrations of

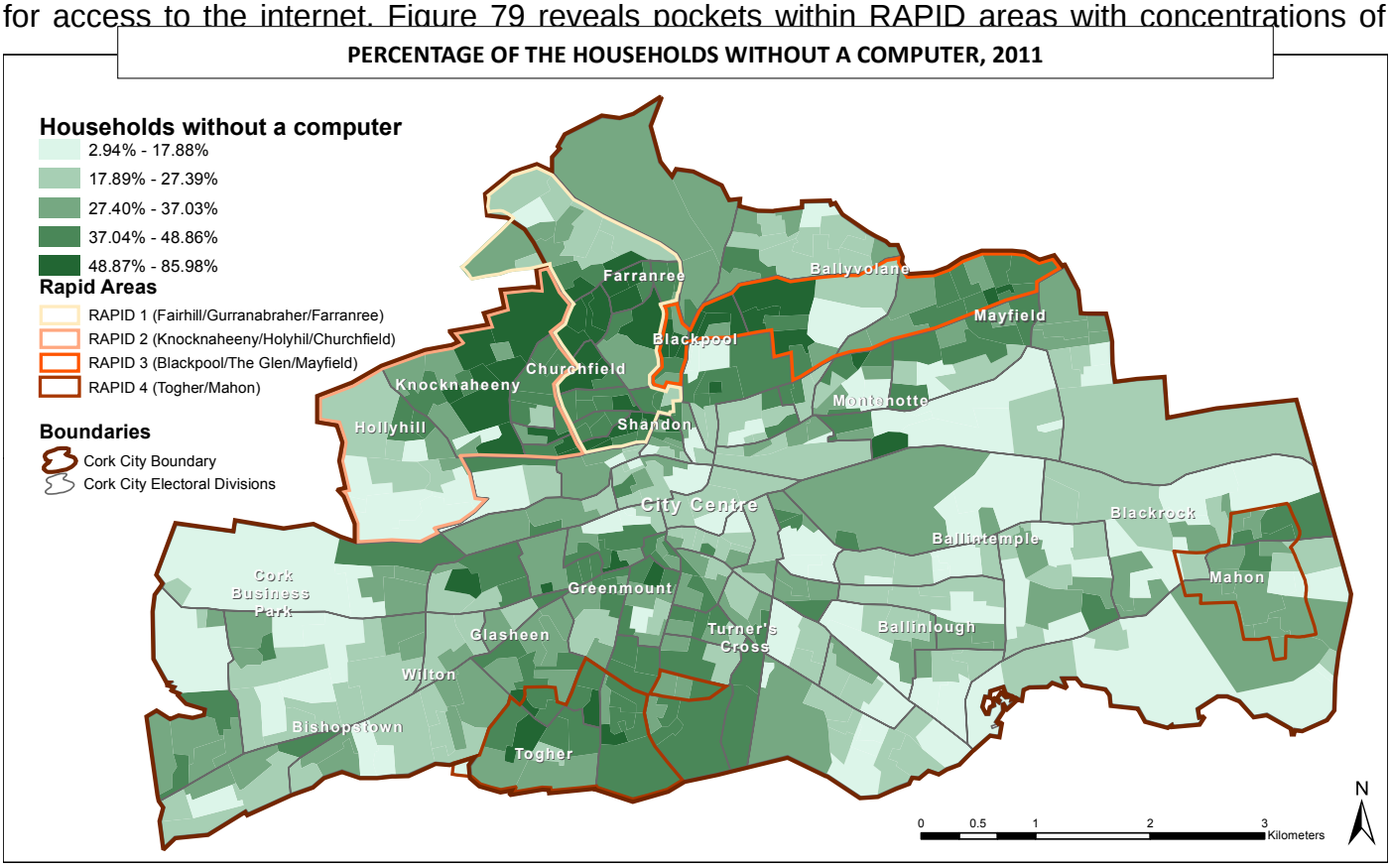

FIGURE 79. MAP OF HOUSEHOLDS WITHOUT A PERSONAL COMPUTER, 2011 (SOURCE: CSO/ORDNANCE SURVEY IRELAND)

households without access to a PC.

The five EDs which have the most limited PC access are: Fairhill B, Gurranabraher B, Gurranabraher C, Fairhill A and Gillabbey B (Table 109). The former four EDs are characterised by high unemployment levels and significant numbers of vulnerable groups. More puzzling is the lack of PC access in Gillabbey B, with its high student population, but when one considers the financial constraints of student life, it is not unreasonable to speculate that students are reserving their

HOUSEHOLDS WITHOUT A PC (%)			
Highest (EDs)		*Lowest (EDs)*	
Fair Hill B	58.7	Centre A	18.9
Gurranebraher B	55.5	Knockrea A	19.1
Gurranebraher C	53.4	Tramore C	19.8
Fair Hill A	51.7	Tramore A	20.4
Gillabbey B	51.4	Browningstown	21.4

TABLE 109. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF HOUSEHOLDS WITHOUT A PERSONAL COMPUTER, 2011 (SOURCE: CSO, 2011)

computer use for time spent on campus. Areas with the greatest proportions of persons with PC access include: Browningstown, Tramore A, Tramore C, Knockrea A and Centre A. Employment levels in these areas are generally good and Centre A has a young population, which is typically more likely to be computer literate.

HOUSEHOLDS WITHOUT INTERNET ACCESS (%)			
Highest (EDs)		*Lowest (EDs)*	
Fair Hill B	57.3	Bishopstown A	12.3
Gurranebraher B	53.8	Gillabbey C	13.5
Gurranebraher C	52.6	Centre A	17.6
Fair Hill A	51.0	Knockrea A	19.1
Blackpool A	47.2	Tramore A	20.4

TABLE 110. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF HOUSEHOLDS WITHOUT INTERNET ACCESS, 2011 (SOURCE: CSO, 2011)

EDs with large proportions of households without internet access are: Fairhill B, Gurranabraher B, Gurranabraher C, Fairhill A and Blackpool A (Table 110), all of which are located on the northside of the city. EDs with smaller concentrations of households without internet access include: Tramore A, Knockrea A, Centre A, Gillabbey C and Bishopstown A. Because of the complementary nature of PCs and the internet, the logic applied in the analysis of above applies here with the exception of Gillabbey C, where, like Gillabbey B, there remains a lack of PCs.

Households Rented From the Local Authority

HOUSEHOLDS RENTED FROM LOCAL AUTHORITY (%)			
Highest (EDs)		*Lowest (EDs)*	
Knocknaheeny	60.3	Browningstown	0.0
Mayfield	58.6	Ballinlough B	0.0
The Glen A	41.7	Bishopstown E	0.2
Gurranebraher C	38.5	Bishopstown D	0.3
Blackpool A	36.5	Mahon C	0.5

TABLE 111. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF HOUSEHOLDS RENTED FROM THE LOCAL AUTHORITY, 2011 (SOURCE: CSO, 2011)

EDs with the highest proportions of houses rented from the Local Authority include Knocknaheeny, Mayfield, The Glen A, Gurranabraher C, and Blackpool A (Table 111). These EDs are all located within RAPID areas, as confirmed by the map of Local Authority Housing in the Housing chapter.

Population with Fair, Bad, or Very Bad General Health

Population with Fair, Bad or Very Bad General Health (%)			
Highest (EDs)		*Lowest (EDs)*	
Fair Hill B	22.8	Bishopstown A	6.0
Gurranebraher C	22.4	Browningstown	6.4
Gurranebraher B	21.4	Mardyke	8.2
City Hall A	19.2	Tramore A	8.2
Fair Hill A	18.6	Tramore B	8.4

TABLE 112. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS WITH FAIR, BAD OR VERY BAD GENERAL HEALTH; 2011 (SOURCE: CSO, 2011)

Poor health can restrict persons' ability to participate in the work force and generate income to provide for necessities. Combining this with frequent medical expenses, this population is at substantial risk of deprivation. The EDs containing the highest proportions of persons with Fair, Bad or Very Bad Health are Fair Hill A, City Hall A, Gurranebraher B, Gurranebraher C and Fair Hill B (Table 112). With the exception of City Hall A, these are all RAPID areas and typified by disadvantage. City Hall A's overall situation is better but the high proportions of older people offer some explanation as to why poor health is at unexpectedly high proportions.

Population with a Disability

The EDs containing the largest proportions of persons with a Disability are Fair Hill B, Fair Hill A, Gurranebraher C, City Hall A and Gurranebraher B (Table 113). With the exception of City Hall A (though City Hall A is not in itself affluent, but features quite an aged population), these EDs

POPULATION WITH A DISABILITY (%)			
Highest (EDs)		*Lowest (EDs)*	
Fair Hill B	29.0	Tramore A	8.9
Fair Hill A	27.6	Bishopstown A	9.0
Gurranebraher C	27.5	Mardyke	9.6
City Hall A	25.6	Knockrea B	12.5
Gurranebraher B	25.0	South Gate A	12.5

TABLE 113. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS LIVING WITH A DISABILITY, 2011 (SOURCE: CSO, 2011)

can be broadly classified as disadvantaged. As a result of this, people with a disability may be particularly vulnerable to poverty, and family support may be more limited than it would be in more affluent EDs.

Unable to Work due to Sickness or Disability

UNABLE TO WORK DUE TO SICKNESS OR DISABILITY (% OF THOSE AGED 15+)			
Highest (EDs)		*Lowest (EDs)*	
Knocknaheeny	13.8	Bishopstown A	1.0
Farranferris B	13.4	Glasheen B	1.4
Churchfield	12.6	Gillabbey C	1.5
Gurranebraher A	12.4	Mardyke	1.8
Gurranebraher C	12.2	Browningstown	2.5

TABLE 114. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS UNABLE TO WORK DUE TO A SICKNESS OR DISABILITY, 2011 (SOURCE: CSO, 2011)

Disability can be a severe challenge to full political, social and economic participation. It can restrict one's ability to generate income and may result in discrimination and even impede one's ability to engage in education, acquire skills or learn more generally. The Electoral Divisions with the highest proportions of persons Unable to Work Due to Sickness or Disability are: Knocknaheeny, Farranferris B, Churchfield, Gurranabraher A, and Gurranabraher C (Table 114). These EDs fall within RAPID boundaries and they typify what might be classified as disadvantaged areas.

Carers Working 15+ Unpaid Hours per Week

PERCENTAGE OF CARERS WORKING 15+ UNPAID HOURS PER WEEK			
Highest (EDs)		*Lowest (EDs)*	
Farranferris C	65.5	Tivoli A	25.9
Gurranebraher B	63.6	Gillabbey A	26.1
Farranferris B	62.1	Bishopstown A	26.5
Ballyphehane B	59.3	Knockrea B	27.9
Fair Hill C	59.2	St. Patrick's A	28.5

TABLE 115. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF CARERS, 2011 (SOURCE: CSO, 2011)

The economic circumstances of an unpaid carer are comparable to that of Lone Parents in some respects. The time invested in their role limits their opportunity to work in paid employment or education. This can contribute to deprivation of these groups of people (particularly where caring is a matter of necessity rather than choice). Engagement in social activities may also be restricted. Electoral Divisions containing the largest proportions of carers working 15+ Unpaid Hours per Week are: Fair Hill C, Ballyphehane B, Farranferris B, Gurranebraher B and Farranferris C (Table 115). The large proportions of unpaid carers coincides with large proportions of persons with poor health, older persons and persons with a disability.

Households without a Motor Car

HOUSEHOLDS WITHOUT A MOTOR CAR (%)			
Highest (EDs)		*Lowest (EDs)*	
Centre A	77.5	Browningstown	7.0
Shandon B	68.0	Tramore B	9.4
Shandon A	67.0	Mahon C	10.6
Centre B	65.3	Bishopstown D	11.4
South Gate A	63.4	Knockrea A	11.5

TABLE 116. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF HOUSEHOLDS WITHOUT A MOTOR CAR, 2011 (SOURCE: CSO, 2011)

A particularly high proportion of persons living in and around the City Centre do not own a motor car (see map in Transport chapter of this report). In such cases, lack of access to a car is not necessarily an indicator of deprivation due to hubs of public transportation, services

and employment being within general walking distance. In areas that are further away from these centres, the connection with deprivation is stronger. These EDs are: Centre A, Shandon B, Shandon A, Centre B and South Gate A (Table 116) . These five EDs contain a largely young, relatively healthy and growing populations. There is a large proportion of Non-Irish Nationals within the combined area of these EDs and a high uptake of public transport and physical transport (walking/cycling), further suggesting that employment is quite localised and when it is not, destinations are relatively well served by large scale transport.

One can generally observe less carless homes towards the outskirts of the city which are not within practical walking distance of employment centres, retail stores or various important social and medical services. Notably RAPID areas (more particularly the northside based RAPID Areas) - whilst located close to the edge of the city - contain pockets of carless homes. Having no access to personal transport limits the geographical range within which persons can look for work and can limit persons' engagement with social activities. Accessible and efficient Public Transport, however, can significantly offset these challenges.

Students

Electoral Divisions containing the largest proportions of students are: Gillabbey C, Bishopstown A, Mardyke, Glasheen B and Gillabbey B (Table 117). The map of students in the Education chapter illustrates that high student populations are concentrated in a westward corridor that encompasses Centre A, the Gillabbey Electoral Divisions and Mardyke, with a particularly dense concentration of students in Bishopstown A. These EDs are all within proximity of UCC and CIT and many of their orbiting campuses and facilities, therefore convenience is likely driving demand of property by students in these locations.

STUDENTS (% OF THOSE AGED 15+)			
Highest (EDs)		*Lowest (EDs)*	
Gillabbey C	57.9	Fair Hill B	3.9
Bishopstown A	52.6	Shandon A	6.4
Mardyke	42.9	Turners Cross A	6.4
Glasheen B	42.8	Gurranebraher B	7.3
Gillabbey B	40.3	Farranferris B	7.3

TABLE 117. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF STUDENTS, 2011 (SOURCE: CSO, 2011)

Electoral Divisions with the lowest proportions of students are: Farranferris B, Gurranabraher B, Turner's Cross A, Shandon A, and Fair Hill B. Farranferris B, Gurranabraher B and Fair Hill B can be classified as disadvantaged and fall within the RAPID areas. Low proportions of students in these Divisions is a further signal of intergenerational poor educational attainment (in addition to those previously outlined in this chapter). The economic outlook of Turner's Cross A and Shandon A are better. Turner's Cross A has large proportions of persons over 65, who are likely to have already completed their education.

PRIMARY EDUCATION OR LESS (% OF THOSE AGED 15+)			
Highest (EDs)		*Lowest (EDs)*	
Fair Hill B	42.2	Browningstown	4.1
Farranferris B	38.9	Tramore B	4.6
Gurranebraher A	38.2	Knockrea A	4.6
Gurranebraher E	33.9	Tramore A	4.9
Farranferris C	33.9	Bishopstown D	5.0

TABLE 118. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS WHOSE HIGHEST LEVEL OF EDUCATION IS PRIMARY OF LESS, 2011 (SOURCE: CSO, 2011)

Primary Education or Less

For an adult with Primary education as their highest level educational attainment, employment opportunities will be limited and income levels lower than their more educated counterparts, rendering them at particular risk of deprivation. The Electoral Divisions containing the greatest proportion of persons with an educational

attainment to the level of Primary School or Less are: Fair Hill B, Farranferris B, Gurranabraher A, Gurranabraher E, and Farranferris C (Table 118). These Electoral Divisions fall partially or wholly within RAPID areas and are characterised overall by low income, low employment and educational attainment. As these EDs all contain significant proportions of families and children - there is a concern that an effect of families having limited resources at their disposal will be inter-generational low education attainment.

LOWER SECONDARY EDUCATION (% OF THOSE AGED 15+)			
Highest (EDs)		*Lowest (EDs)*	
Togher B	29.2	Tramore A	5.5
Fair Hill C	29.2	Knockrea B	6.1
Pouladuff B	29.1	Centre A	6.9
Pouladuff A	29.1	Centre B	7.4
Mayfield	28.6	Mardyke	7.9

TABLE 119. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS WHOSE HIGHEST LEVEL OF EDUCATION IS LOWER SECONDARY, 2011 (SOURCE: CSO, 2011)

Lower Secondary Education

Those whose education ceased at Lower Secondary are at risk of deprivation for similar reasons to those whose education ceased at primary level or lower. The EDs containing the greatest proportions of those whose educational attainment reaches Lower Secondary are: Togher B, Fair Hill C, Pouladuff B, Pouladuff A, and Mayfield (Table 119). These areas are characterised by above average unemployment levels (with the exception of Togher B) as well as above average proportions of poor health and disability.

'UNSKILLED' REFERENCE PERSONS)			
Highest (EDs)		*Lowest (EDs)*	
Fair Hill B	16.3	Gillabbey C	0.4
Fair Hill A	13.4	Tramore B	0.5
Farranferris B	11.2	Bishopstown A	0.5
Knocknaheeny	10.2	Glasheen B	0.7
Farranferris C	9.8	Browningstown	0.8

TABLE 120. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF HOUSEHOLDS REFERENCE PERSONS CLASSIFIED AS 'UNSKILLED', 2011 (SOURCE: CSO, 2011)

Unskilled Reference Persons

This class of work encompasses generally labour oriented jobs, therefore wages are likely to be relatively low and work more physically straining. The EDs with the greatest proportions of households falling into the Unskilled category include: Fair Hill B, Fair Hill A, Farranferris B, Knocknaheeny, and Farranferris C (Table 120).

10. Lifestyle and Behaviours

This chapter explores how Lifestyle and Behaviours are connected with health. Key topics focussed on include: Health and Wellbeing, Obesity, Nutrition, Physical Health, Sexual Health, Drug use and Tobacco.

10. LIFESTYLE AND BEHAVIOURS

10.1 Defining Health and Wellbeing

The World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Health means that everyone is able to achieve his or her potential to enjoy complete physical, mental and social wellbeing. Healthy people contribute to the health and quality of the society in which they live, work and play. Health is an essential resource for everyday life, a public good, and an asset for health and human development.[1]

Wellbeing is an integral part of this definition of health. It reflects the quality of life and the various factors which can influence it over the course of a person's life and their potential.[2] Wellbeing also reflects the concept of positive mental health, in which a person can realise his or her own abilities to cope with the normal stresses of life, work productively and fruitfully, and be able to make a contribution to his or her community.[3]

Enjoyment of health is not evenly distributed in society, with prevalence of chronic conditions and accompanying lifestyle behaviours being strongly influenced by socio-economic status, levels of education, employment and housing. This chapter will report on lifestyle behaviours and how such behaviours impact on one's health and well being. Much of the data that is relied upon in this chapter is national data as local Cork data is not available. Some data is available at Local Health Office level, including data from Cork North Lee and Cork South Lee. North Lee covers the area from Ballingeary to Youghal north of the Lee in the city and county and takes in Cobh ,Glenville, Carrignavar, Dungourney and Grenagh.South lee takes in the towns of Carrigaline, Bandon, Kinsale and all of the city south of the Lee.

10.2 Overweight and Obesity

The World Health Organisation defines overweight and obesity as abnormal or excessive fat accumulation that presents a risk to health.[4] The most accepted method of measuring obesity is through using the body mass index (BMI), which calculates a person's weight (in kilograms) divided by the square of his or her height (in metres) to give a BMI score. Individuals with a BMI of 25 or more are classed as overweight, individuals with a BMI of 30 or more are classed as obese. Being overweight and obese has serious health consequences for individuals - they are more at risk of a number of chronic conditions such as: type 2 diabetes, cardiovascular diseases and cancer. In relation to the social determinants of health, overweight and obesity can be influenced by the interconnecting factors including: genetics, the social and built environment and education.

- In Ireland, 61% of all adults are overweight or obese. 1 in 4 Irish children are overweight or obese,[5] as well as 25% of 3-year-olds[6], 26% of 9-year-olds[7] and 26% of 13 year olds[8]

1 See WHO. *Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference*, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. 1946. and WHO. *Ottawa Charter for Health Promotion First International Conference on Health Promotion* Ottawa,21 November 1986 - WHO/HPR/HEP/95.1. 1986.
2 WHO. Health 2020. *Policy Framework and Strategy*, 2012.
3 WHO. *Strengthening Mental Health Promotion*. Mental health is not just the absence of mental disorder Geneva: WHO, 2001.
4 Available from http://www.who.int/topics/obesity/en/
5 Morgan K, McGee H, Watson D, Perry I, Barry M, Shelley E, et al. *SLÁN 2007: Survey of Lifestyle, Attitudes & Nutrition in Ireland*. Main Report Dublin: Department of Health and Children, 2008.
6 Department of Health and Children (2011) *Growing up in Ireland . Key findings: Infant cohort at 3 years.* Dublin.
7 Layte R, McCrory C. (2011) *National Longitudinal Study of Children. Overweight and Obesity in nine year olds*.
8 Ibid.

- Three in four people aged over fifty in Ireland are either overweight or obese[9]
- Body mass index, cholesterol and blood pressure are persistently higher amongst low-income social classes.[10] Poorer individuals and those with lower levels of education have the highest levels of obesity.
- 9% of 3-year-olds in lower socio-economic groups are obese compared to 5% in higher socioeconomic groups and at least one fifth of children in all social classes are overweight.[11]
- The incidence of heart disease, cancers, type-2 diabetes, (including type-2 diabetes in children and adolescents) is set to increase.
- Obesity is the leading cause of cancer in non-smokers.[12]

10.3 Nutrition and Healthy Eating

Irish healthy eating guidelines encourage people to eat a variety of foods based on the Food Pyramid. Healthy eating guidelines following the food pyramid include:

- Choose any 6 or more servings of bread, cereal, potatoes, pasta and rice each day for all ages (up to 12 servings if active).
- Body size is stressed as being important. Younger and smaller children (5-13 years) need less than older children. Teenage boys, men and older men need more servings than girls or women. Most men need about 8 servings a day and most women need about 6 servings.
- Choose any 5 or more servings of fruit and vegetables each day.
- Choose three servings of milk, yogurt and cheese.
- Choose any two servings of meat, poultry, fish, eggs, beans and nuts.
- Choose any two servings of reduced fat spreads and oils.

There are no recommended servings for Foods and Drinks that are high in fat, sugar and salt because they are not essential as they are high in fat, sugar and salt and may promote obesity which can lead to heart disease, type 2 diabetes and some cancers.[13]

Figure 80 summarises compliance based on results of the SLAN 2007 survey.[14] (The Irish food pyramid was updated in 2012. It now separates the fats and oils from foods on the top shelf).

PERCENTAGE CONSUMING RECOMMENDED DAILY SERVINGS FROM EACH SHELF OF THE FOOD PYRAMID

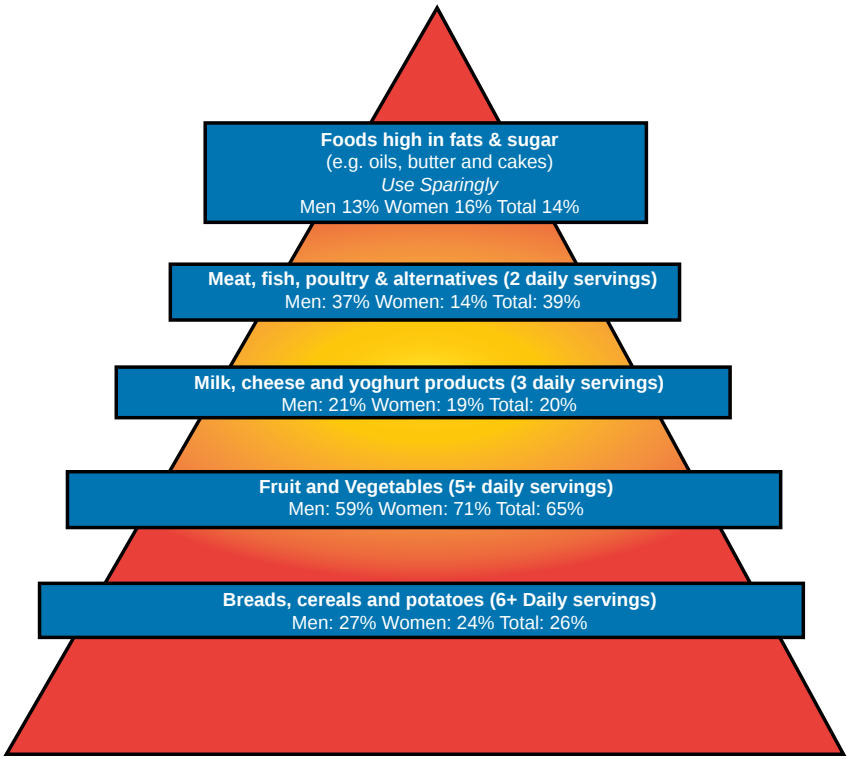

FIGURE 80. PERCENTAGE CONSUMING RECOMMENDED DAILY SERVINGS FROM EACH SHELF OF THE FOOD PYRAMID (SOURCE: SLAN, 2007)

9 Madden D. (2010) *The Socioeconomic Gradient of Obesity in Ireland* Dublin: Geary Institute, UCD.
10 See Morgan et. Al (2008) and Madden (2010) previous.
11 Department of Health and Children (2011) *Growing up in Ireland . Key findings: Infant cohort at 3 years.* Dublin.
12 Joint WHO/FAO (2003). *Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases.* Geneva. 95-104.
13 Dept of Health and Children (2012,) *Your Guide to Healthy Eating Using the Food Pyramid for Adults and Children over 5 years of age*. Dublin
14 Irish Universities Nutrition Alliance, 2011, *"National Adult Nutrition Survey 2011 Summary Report on Food and Nutrient intakes, Physical Measurements, Physical Activity Patterns and Food Choice Motives"* www.iuna.net

Most Significant findings of the SLAN Study

- Less than 1% of respondents met the recommendations for all five shelves of the food pyramid, while 10% did not comply with the recommendations for any of the shelves. Almost three-quarters (73%) only met the recommendations for one or two shelves
- Less than one-fifth (14%) were complying with the recommended daily servings (under-3) of foods high in fats and sugar, that is foods from the top shelf (oils, butter, margarines and cakes for example). On average, respondents consumed 7.3 daily servings. Unlike consumption for the other shelves of the food pyramid, which often demonstrated clear intake patterns by age or social class. The over-consumption of food from this shelf was broadly similar across all levels of age and social class. The excess number of servings of foods high in fats and sugar is of particular concern since these types of food possess little to no nutritional value and may contribute to adverse health conditions.
- 65% of respondents were consuming at least 5 servings of fruit and vegetables a day (an increase over the SLAN 1998 figures), with women on average consuming more (7.7 servings) than men (6.5 servings). A higher number of servings of vegetables were consumed each day than fruit. Those in higher social classes consumed more fruit and vegetables than those in lower social classes.
- A more recent study of Irish adults in 2011 showed a further decrease in fruit and vegetable consumption, with an average intake of approximately 2-3 servings per day.
- The 2011 study showed that 25% of total energy from food & drinks were consumed outside the home showing an increase in eating out.
- 63% of the population exceeded the recommended upper limit of the 35% of food energy from fat (the main contributors to fat intakes were meat, spreads and dairy)
- Over 80% of adults are not meeting the European Food Safety Authority (EFSA) recommendation of 25g fibre oerday. The average intake was 19g per day
- Specific nutrients which were consumed below recommended intake levels included vitamin A, calcium (in women), and vitamin D. In women of reproductive age – intakes of iron and daily folic acid supplement were inadequate.

10.4 Food Poverty

Food poverty refers to the inability to have an adequate and nutritious diet due to issues of the affordability of and access to food.[15] In nutritional terms food poverty may be defined as the consumption of too little food to meet basic nutritional requirements. The study *Constructing a Food Poverty Indicator for Ireland* commissioned by Department of Social Protection found that 10% of the Irish people were living in food poverty in 2010.[16] It reveals that those most at risk include:

- people on low incomes,
- lone parents,
- those with an illness or disability,
- the unemployed,
- those with poor education and
- families with three or more children under the age of 18.

15 Dowler E 1998: *Food Poverty and Food Policy*. IDS Bulletin 29(1), 58-65., 1998

16 Carney, Caroline,; Maître, Bertrand; *Constructing a Food Poverty Indicator for Ireland using the Survey on Income and Living Conditions,* Department of Social Protection, Dublin, 2012

The long -term public health consequences for those households living in food poverty are ill health and higher rates of diet-related chronic diseases, such as osteoporosis, type 2 diabetes, obesity and certain cancers.

10.5 Physical Activity

The National Guidelines on Physical Activity for Ireland have been produced to support the promotion of physical activity in Ireland.[17] These guidelines highlight the recommendations for physical activity for children, young people, adults, older people and people with disabilities:

- Adults (18-64 years old) need **at least** 30 minutes a day of moderate intensity activity on 5 days a week or 150 minutes a week.
- Older people need ***at least*** 30 minutes a day of moderate intensity activity on five days a week, or 150 minutes a week with a focus on aerobic activity, muscle-strengthening and balance.
- Adults with disabilities should be as active as their ability allows. They should aim to meet the adult guidelines of **at least** 30 minutes of moderate intensity activity on 5 days a week.
- Children and young people (2-18 years old) should be active at a moderate to vigorous level for **at least** 60 minutes every day and include muscle-strengthening, flexibility and bone-strengthening exercises 3 times a week

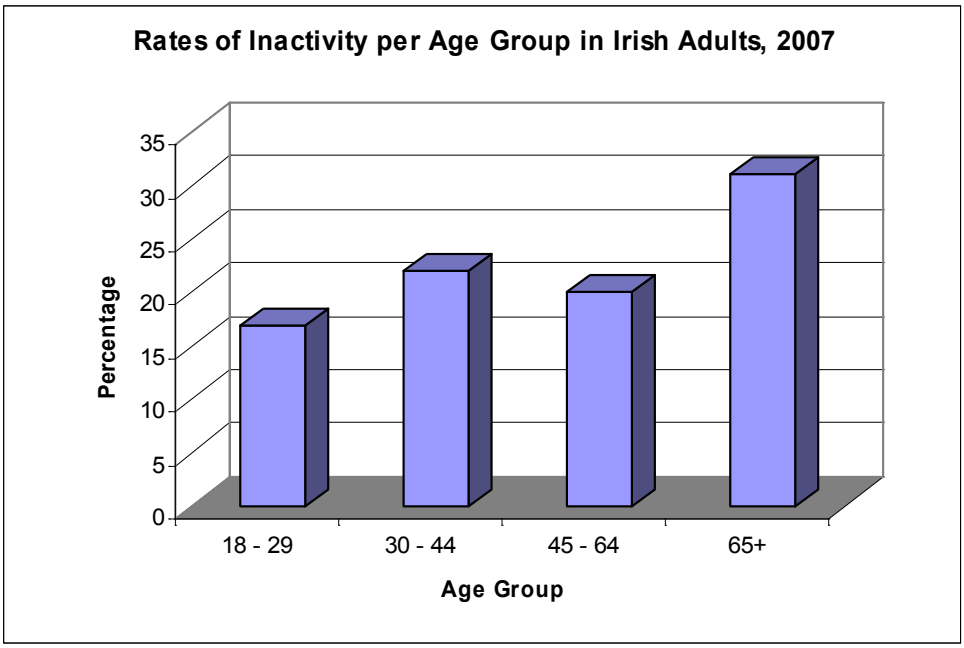

FIGURE 81. RATES OF INACTIVITY IN IRISH ADULTS BY AGE GROUP (SOURCE: SLAN, 2007)

Being physically active is one of the most important steps that people of all ages can take to improve their health. The evidence for being regularly active is significant in terms of weight management, reduction in Coronary Heart Disease, improved joint and muscle mobility, as well as protection against certain cancers. Furthermore, being active is said to be one of the biggest contributors to mood enhancement and positive sleeping patterns.

Adults

The National Survey of Lifestyles Attitudes and Nutrition (SLÁN 2007) showed that only 41% of Irish adults took part in moderate and/or strenuous physical activity for at least 20 minutes three or more times a week.[18] This level of activity is comparable to the previous two SLÁN surveys: 38% (1998) and 40% (2002).

17 Department of Health & Children (2009) "*The National Guidelines on Physical Activity for Ireland*", Dublin.
18 Morgan K, McGee H, Watson D et al 2008. *SLAN 2007: Survey of Lifestyle, Attitudes & Nutrition in Ireland*. Main Report. Dublin; Department of Health and Children

Over one-fifth (22%) of the SLÁN survey respondents reported being physically inactive. Of those that reported themselves to be 'physically inactive', those in the oldest age group (over 65s) had the highest percentage of reported inactivity (See Figure 81). One of the main reasons for inactivity was "no time". This was reported by both men and women across all the social classes and most age groups. However, "injury/disability/medical condition" was reported as the main reason for inactivity among those in the over 65s age group.

Children

The Health Behaviors in School Children survey revealed that overall, 51% (53% in 2006) of children reported excising four or more times a week. 9% (10% in 2006) reported participating in vigorous exercise less than weekly and 25% (27% in 2006) of children reported being physically active on 7 days in the week previous to the survey.[19] There are statistically significant differences by gender, age group and social class in each of these three measures. In general, boys and younger children are more likely to be active. Children from lower social classes are more likely to report inactivity and those from middle social classes are more likely to report being physically active on 7 days in the last week.

AGE GROUP	BOYS	GIRLS
10 -11 years	40.4%	29.7%
12 - 14 years	32.8%	19.6%
15 - 17 years	24%	9.1%

TABLE 121. PERCENTAGE OF CHILDREN WHO REPORTED ACHIEVING THE RECOMMENDED LEVEL OF PHYSICAL ACTIVITY IN THE 7 DAYS PREVIOUS TO THE HBSC SURVEY (SOURCE: DEPARTMENT OF CHILDREN AND YOUTH AFFAIRS, 2013)

Table 121 shows that the percentage of boys who reported achieving the recommended level of physical activity was greater than the percentage of girls in all age groups. By 15 years of age, less than 1 in 10 girls and 1 in 4 boys are reportedly achieving the recommended physical activity level for their age group.

Growing up in Ireland 2009 found that only 26% of 9 year olds surveyed engaged in at least 60 minutes of physical activity for each of the last seven days. 4% did not meet this recommendation on any of the last seven days. Boys (31%) were more likely than girls (21%) to meet the recommendation.[20]

*The Children's Occupation Study - Patterns of Activity of Irish Children aged 5- 8 years (Cork City)*was conducted to explore and identify typical activities of Irish inner-city children aged 5 to 8 years in 2007.[21] Generally, both boys and girls spent 18% of their time during the week on play. This included social/communication; active physical (informal); skilled; passive and formal structured play. 55% routinely played outside after school. At the weekend, significantly more boys than girls engaged in extra physical activities such as soccer and cycling.

10.6 Sexual Health

Sexual Health is defined by the World Health Organisation as "a state of physical, emotional, mental and social wellbeing related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual Health requires a positive and respectful approach to sexuality and sexual

19 Kelly, C., Gavin, A., Molcho, M., Nic Gabhainn, S. (2012) *The Irish Health Behaviour in School-aged Children (HBSC) Study 2010*. Dublin: Department of Health.

20 James Williams, Sheila Greene, Erika Doyle, Elaine Harris, Richard Layte,Selina McCoy, Cathal McCrory, Aisling Murray, Elizabeth Nixon, Tom O'Dowd,Mona O'Moore, Amanda Quail, Emer Smyth, Lorraine Swords, Maeve Thornton (2011). *Growing up in Ireland: National Longitudinal Study of Children. The Lives of 9 year olds.* Dept of Health and Children, Dublin.

21 Lynch, H; (2009) 'Patterns of activity of Irish children aged five to eight years: City living in Ireland today'. *Journal of Occupational Science*, 16 (1):44-49

relationships as well as the possibility of having pleasurable and safe sex experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled".[22] Using this definition can support all citizens in maintaining positive sexual health. Cork City is fortunate in having a strong cohort of sexual health services, many of whom would work under this definition.

National statistics on sexual health, however, do clearly show the need for all those tasked with supporting the health of their citizens to ensure that the promotion of positive sexual health remains high on their agenda. This is especially significant for those in lower socio-economic groupings - statistics show that such groupings can be further disempowered in terms of their sexual health:

- Research shows that men and women with lower levels of education are less likely to have received sex education at school.
- Those with only pre leaving certificate qualifications are 3 times more likely to have had sex before the age of 17 than those with post leaving certificate qualifications.
- Younger women, or women with a pre leaving certificate education are more likely than older women with a higher level of education to have experienced a crisis pregnancy.
- Risk groups for not using contraception at first intercourse are males with pre leaving certificate education, those in lower social classes and those having sex before the age of 17.[23]

Such statistics not only demonstrate potentially longer term negative sexual outcomes, but may also have far reaching social and economic implications with both a financial and human cost.

10.7 Tobacco, Alcohol and Drug Use

Tobacco is the most avoidable cause of disease and premature death in Ireland. It causes approximately 7,000 deaths each year in Ireland from illnesses such as lung cancer, heart disease, stroke and COPD. Smoking causes around 30% of all cancer deaths and over 90% of lung cancers.[24] Involuntary smoking (exposure to second hand or 'environmental' tobacco smoke) also causes lung cancer.

Cigarette smoking trends Cork City

The National Adult Nutrition Survey, carried out in the Republic of Ireland during 2008-2010, found that 22% of men and 23% of women smoked.[25] SLAN Survey data indicated some notable trends between North and South Lee in smoking status. Although levels of current smoking are generally in line with national percentages in both LHOs, percentages of persons having never smoked among

	TOTAL POPULATION		LHO NORTH LEE		LHO SOUTH LEE	
SMOKING STATUS % (N)	Male	Female	Male	Female	Male	Female
Never Smoked	46.8% (2372)	57.7% (2985)	38.5% (52)	60.9% (92)	47.3% (95)	61.6% (154)
Former Smoker	22.7% (1151)	15.8% (818)	31.1% (42)	15.9% (24)	22.4% (45)	13.6% (34)
Current Smoker	30.6% (1550)	26.5% (1373)	30.4% (41)	23.2% (35)	30.3% (61)	24.8% (62)

TABLE 122. SMOKING STATUS BY LHO AREA IN CORK, 2007 (SOURCE: DEPARTMENT OF HEALTH AND CHILDREN, 2008)

22 World Health Organisation (2002) *Technical Consultation on Sexual Health*.
23 McBride. O. et al (2010) *Irish Contraception and Crisis Pregnancy Study (ICCP – 2010) A Survey of the General Population*. Crisis Pregnancy Programme Report No 24, HSE
24 Simon, H. (2012). *Non-small cell lung cancer.* Available: http://umm.edu/health/medical/reports/articles/nonsmall-cell-lung-cancer.
25 Walton, J. (2011). *National Adult Nutrition Survey Summary Report*. Available: http://www.iuna.net/wp-content/uploads/2010/12/National-Adult-Nutrition-Survey-Summary-Report-March-2011.pdf. p.4.

men were significantly higher in South Lee (47%) than in North Lee (38%).[26] Data collected more recently in 2012, indicate that nationally smokers are to be found to a greater extent in members of Social Class D & E and those between the ages of 25 and 34 (29.2%).[27] Males were identified as smoking in marginally higher proportions (52.6% versus 47.4% of females). 38.5% of all smokers were regular smokers.

The results from a Health Behaviour in School-aged Children survey in 2010 indicated that 7.9% of children aged 10-17 smoked cigarettes every week.[28] Traveller children, immigrant children and children with a disability or chronic disease were more likely to do so.

Caution must be taken however on drawing conclusions form this data due to the low number of participants surveyed in each area. Further research is warranted to determine these differences conclusively.

Alcohol

Alcohol plays a large part in Irish society and is responsible for a wide range of health and social harms. Ireland's per capita alcohol consumption in 2012 was 11.6 litres.[29] The current HSE guidelines for drinking to be considered low risk are that adult women should drink less than 11 standard drinks per week and adult men less than 17 standard drinks per week with two to three alcohol free days.[30]

A report from the Health Research Board, *Alcohol Consumption in Ireland 2013: Analysis of a National Alcohol Diary Survey* highlights harmful drinking patterns among drinkers in Ireland.[31] The survey, involving almost 6,000 peopleaged 18 to 75 years old indicates that more than 150,000 people are dependent drinkers. More than 1.35 million people are harmful drinkers according to WHO standards. 30% of people interviewed say that they experienced some form of harm as a result of their own drinking. The report also reveals an underestimation of the levels of drinking by approximately 60%.

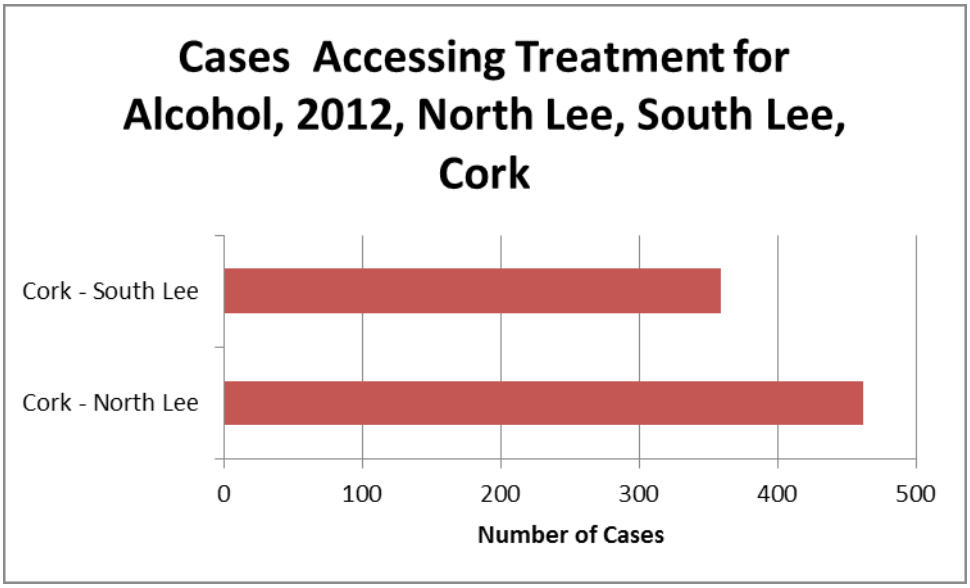

FIGURE 82. CASES ACCESSING TREATMENT FOR ALCOHOL, CORK NORTH LEE AND CORK SOUTH LEE, 2012 (SOURCE: DRUGS AND ALCOHOL.IE, 2012)

National Drug Treatment Reporting System

The National Drug Treatment Reporting System (NDTRS) is an epidemiological database on treated drug and alcohol misuse in Ireland. It is important to note that each record in the NDTRS database relates to a treatment episode (a case), and not to a person. This

26 Caution must be taken however on drawing conclusions from this data due to the low number of participants surveyed in each area. Further research is warranted to determine these differences conclusively.

27 National Tobacco Control Office. (n.d.). *Cigarette Smoking Trends.* Available: http://www.ntco.ie/research.asp.]

28 Nic Gabhainn S, Kelly C, Molcho M, Gavin, A (2012) *The Irish Health Behaviour in School-aged Children (HBSC) Study 2010.* Health Promotion Research Centre, National University of Ireland, Galway, 2012 www.nuigalway.ie/hbsc

29 OECD (2014), *"Alcohol consumption"*, Health: Key Tables from OECD, No. 24. doi: 10.1787/alcoholcons-table-2014-1-en

30 Sourced from http://www.hse.ie/eng/services/Publications/topics/alcohol/aquickquestion.pdf

31 Long Jean, Mongan, Deirdre 2014 *"Alcohol consumption in Ireland 2013 - ", Analysis of a national alcohol diary survey.* Health Research Board, Dublin

means that the same person could be counted more than once in the same calendar year if he/she had more than one treatment episode in that year.

821 cases in total from both North Lee and South Lee engaged in alcohol treatment services. Additionally:

- 507 cases were male and 310 cases were women,
- 96 cases were under 18 years of age and
- 359 cases accessed treatment for problematic alcohol use from the 18 – 34 age group

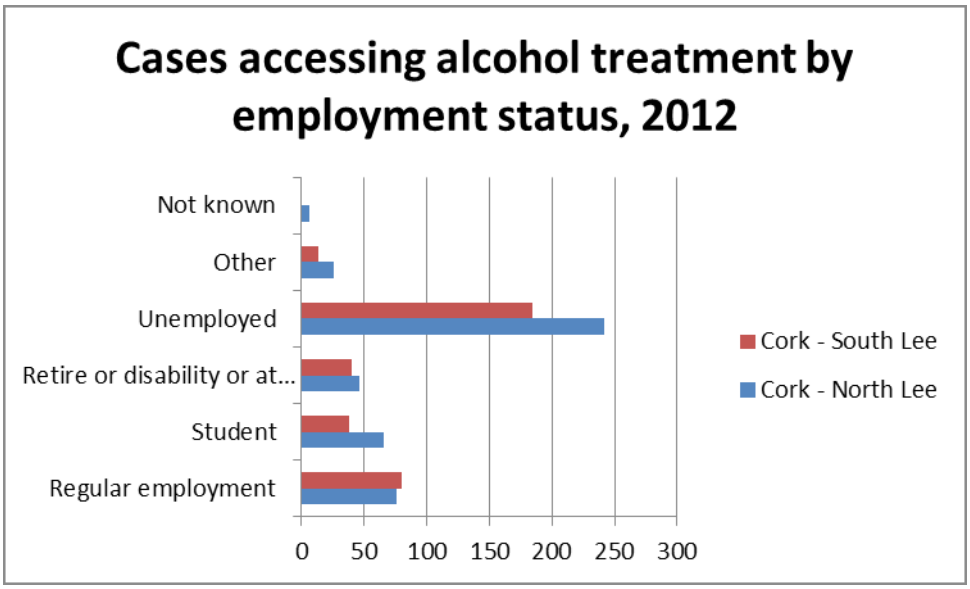

FIGURE 83. CASES ACCESSING ALCOHOL TREATMENT BY EMPLOYMENT STATUS, CORK, 2012. (SOURCE: DRUGSANDALCOHOL.IE, 2014)

Figure 83 illustrates the employment status of those accessing treatment for alcohol use, 426 cases being unemployed in 2012, 242 cases from North Lee and 184 cases from South Lee. The Health Research Board has found that nationally the proportion of cases in treatment for their drug and alcohol use in employment has decreased from 30% in 2008 to 20% in 2012.[32]

Alcohol is responsible for approximately 90 deaths every month, which include many alcohol related cancers and heart disease.[33] Between 2004 and 2008 one in 4 deaths in young men was estimated to be due to alcohol. Furthermore:

- Alcohol is a contributory factor in half of all suicides.
- Alcohol is a factor in deliberate self harm.
- Alcohol increases the risk of more than 60 medical conditions.
- Alcohol is associated with 2000 beds being occupied every night in Irish acute hospitals.
- Alcohol is also associated with relationship breakdown, domestic abuse, increased risk to children, alcohol related crime, alcohol related road traffic accidents, low economic output. [34]

A recent report by Ann Hope in 2014 also highlighted the harm caused to others by alcohol use, particularly the harm experienced by children, harms caused in the workplace and harms caused to the general population. This moved the debate beyond the harms caused to the individual drinker.[35]

- Over one in four people (28%) in the general Irish population reported experiencing at least one or more negative consequences as a result of someone else's drinking such as family problems, passenger with a drunk driver, physical assaults, property vandalised
- One in ten Irish workers experienced at least one or more negative consequences due

32 Health Research Board. (2014) *Treated problem alcohol use in Ireland: figures for 2012 from the National Drug Treatment Reporting System.* Health Research Board, Dublin.
33 Lyons S, Lynn E, Walsh S, Sutton M, Long J. *Alcohol-related deaths and deaths among people who were alcohol dependent in Ireland, 2004 to 2008*. Dublin: Health Research Board, 2011.
34 Hope A (2008) *Alcohol-related harm in Ireland.* Dublin: Health Service Executive – Alcohol Implementation Group
35 Ibid.

to co-workers who were heavy drinkers, such as the ability to do their work was negatively affected, they had to work extra hours and had an accident

- Overall, one in ten Irish parents/guardians reported that children experienced at least one or more harms in the past 12 months as a result of someone else's drinking – verbal abuse, being left in unsafe situations, witness to serious violence in the home and physical abuse and money problems.

This research study confirms that alcohol is causing significant damage across the population, in workplaces and to children. It carries a substantial economic burden to all in Irish society at a higher level than comparable societies such as Australia, Canada and America.

Drug Use

In Ireland, just over 27% reported using any illegal drugs in their lifetime.[36] Lifetime prevalence refers to the proportion of the sample that reported ever having used the named drug at the time they were surveyed. A person who records lifetime prevalence may or may not be currently using the drug. Lifetime prevalence should not be interpreted as meaning that people have necessarily used a drug over a long period of time or that they will use the drug in future.

DRUG OF CHOICE	NORTH LEE	SOUTH LEE
Cannabis	182	153
Opiate	111	96
Benzodiazepine	73	45
Cocaine	26	23

TABLE 123. NUMBERS ACCESSING TREATMENT FOR DRUGS IN CORK BY DRUG OF CHOICE, 2012 (SOURCE: DRUGSANDALCOHOL.IE, 2014)

Use of illegal drugs in the last year is reported at 7% of adults aged between 15 and 64 years. Cannabis was the most commonly used illegal drug with 25% of the adult population having ever used the drug. After cannabis, lifetime use was highest for ecstasy, cocaine and magic mushrooms (each 7%), followed by amphetamines (5%), LSD and poppers (each 4%). Less than 1% reported having ever used crack (0.6%), heroin (0.8%) or methadone (0.5%)

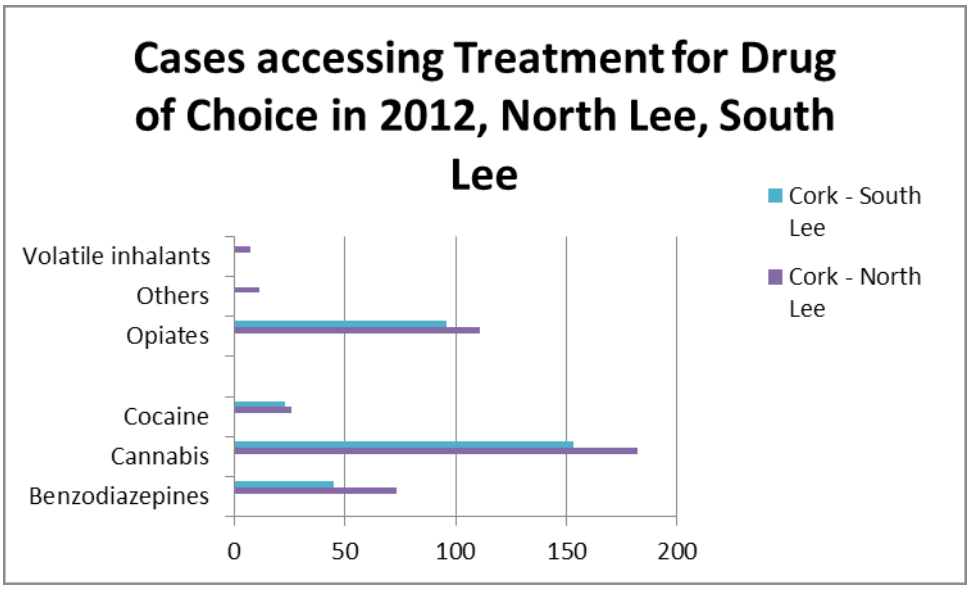

FIGURE 84. CASES ACCESSING TREATMENT FOR DRUG OF CHOICE IN CORK, 2012 (SOURCE:DRUGSANDALCOHOL.IE, 2014)

Trends in Cork reflect the national trends. Table 123 and Figure 84 illustrate numbers accessing treatment for drugs and their drug of choice for 2012.

Poly drug Use

Polydrug use involves a person using at least two substances during the same time period (for example, having used both cocaine and ecstasy in the last month).[37] The phenomenon of poly-

36 National Advisory Committee on Drugs. (2011) *Drug use in Ireland and Northern Ireland: first results from the 2010/2011 drug prevalence survey.* Bulletin 1. National Advisory Committee on Drugs & Public Health Information and Research Branch, Dublin.

37 Long, Jean (2009) *New information on polydrug use in Ireland*. Drugnet Ireland.

drug use is prevalent in Ireland. The fifth bulletin of results from the 2006 / 2007 *All-Ireland General Population Drug Prevalence Survey* focuses on polydrug use in the adult population (aged 15 to 64 years) and patterns of polydrug use.

Among those who had used drugs in the last month, the most common substance combinations were:

- 26.5% had used alcohol and tobacco
- 3.3% had used alcohol, sedatives or tranquillisers, and anti-depressants
- 2.6% had used alcohol and at least one illegal drug
- 2.4% had used tobacco and at least one illegal drug
- 2.3% had used tobacco, sedatives or tranquillisers, and anti-depressants
- 2.2% had used alcohol, tobacco and at least one illegal drug
- 1.9% alcohol and sedatives or tranquillisers
- 1.9% alcohol and anti-depressants
- 1.6% had used alcohol, tobacco, sedatives or tranquillisers, and anti-depressants
- 1.5% had used tobacco and anti-depressants.[38]

Nationally, the vast majority (68%) of cases treated between 2005 and 2010 reported problem use of more than one substance.[39] Cannabis, alcohol, cocaine and benzodiazepines were the most common additional problem drugs reported by all cases entering treatment. The very large number of cases reporting alcohol as an additional problem substance highlights the strong links between alcohol and illicit substance use.

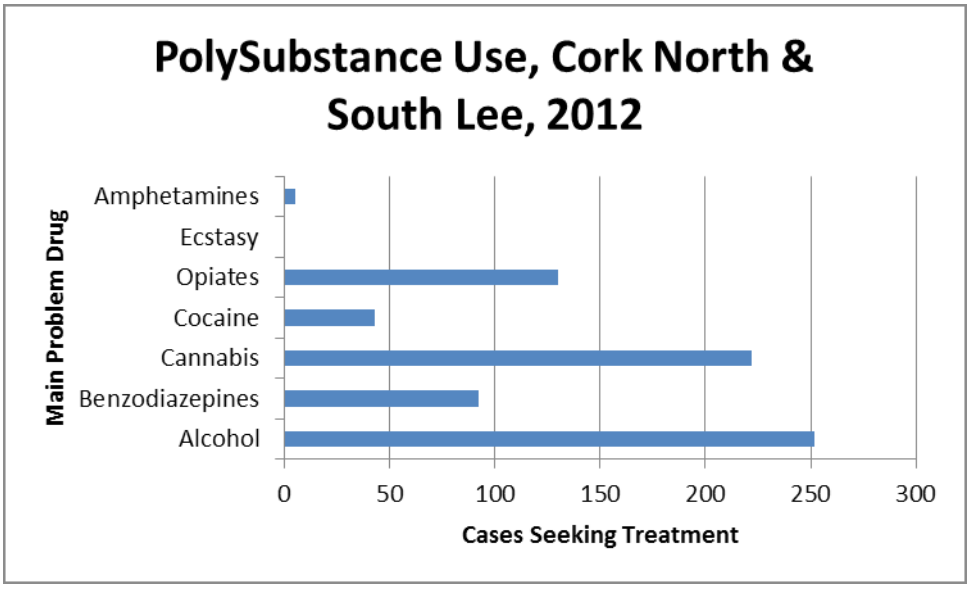

FIGURE 85. POLYSUBSTANCE USE IN CORK, 2012 (SOURCE: DRUGSANDALCOHOL.IE, 2014)

The phenomenon of poly drug use is prevalent in Cork. Figure 85 illustrates the cases engaged in drug and alcohol treatment where polydrug use is an issue.

Polydrug use is associated with a number of negative consequences, including mental and physical ill-health, violence, aggression and a range of social problems. Polydrug use is more likely to result in accidents and death (including death from overdose) than when a single substance is consumed.

Drug Related Deaths, Ireland

The 2014 report of the EU drugs agency shows that Ireland has 70.5 drug deaths per million people, compared with an EU average of 17.1 per million. It is close to double the UK rate at 38 per million.[40]

38 Ibid.
39 Bellerose, Delphine (2012) Trends in treated problem drug use in Ireland 2005–2010. Drugnet Ireland, Issue 41, Spring 2012 . pp. 5-6
40 European Monitoring Centre for Drugs and Drug Addiction EMCDDA). (2014) *European Drug Report 2014: Trends and developments [Online].* Available from: http://www.thehealthwell.info/node/769814.

The number of drug-related deaths in Ireland has increased from 431 in 2004, to 607 in 2011 according to the latest figures published by the Health Research Board (HRB). Of the 607 drug-related deaths in 2011, 365 were due to poisoning (i.e. overdose). 242 were related to trauma, such as road traffic collision, or medical causes, such as liver disease. The 2011 figures show that there were 10 more drug-related deaths than the previous year. The HRB also says from 2004 to 2011, 4,606 people died either directly or indirectly from drug use in Ireland.

The HRB *National Drug-Related Deaths Index* provides the latest data about the nature and the extent of premature death due to problem drug and alcohol use in Ireland.[41]

It makes a number of key findings:

- The number of poisoning deaths increased from 338 in 2010 to 365 in 2011.
- Almost two thirds of these deaths were male and men account for the majority of deaths since 2004.
- The median age for those who died was 39 and alcohol was involved in 37% of poisoning deaths in 2011, more than any other drug.
- Alcohol alone was responsible for 17% of poisoning deaths.
- More than half of poisoning deaths involved more than one drug (polydrug). There was a notable increase (28%) in the number of poisoning deaths as a result of polydrug use, rising from 168 in 2010 to 215 in 2011.
- The drugs most implicated in polydrug use are alcohol, diazepam, methadone and anti-depressant medication.
- Heroin-related poisonings continue to decline from 72 in 2010 to 60 in 2011, while cocaine deaths have fallen from a peak of 66 deaths in 2007 to 23 in 2011.

41 Health Research Board. (2014) *Drug-related deaths and deaths among drug users in Ireland: 2011 figures from the National Drug-Related Deaths Index*. Health Research Board, Dublin

11. Health Outcomes

This chapter discusses a variety of health outcomes in Cork City. They are discussed under four main headings: ‘Physical Health’, ‘Mental Health’, ‘Social Health’ and ‘Disability, Carers and General Health’. Data are discussed that relate to Cork City as a whole, as well as the HSE divisions of ‘Cork North Lee’ and ‘Cork South Lee’. These divisions contain large regions outside of the city boundaries.

11. HEALTH OUTCOMES

11.1 Physical Health

Chronic Disease

Chronic diseases are recognised as a major health challenge. In the healthcare system, they represent the major component of service activity and expenditure, as well as the major contributor to mortality and ill-health in this country. Given the population projections which predict a doubling of the elderly population over the next 30 years, this will give rise to a significant increase in chronic diseases along with the consequent burden on society, the healthcare system and individuals.

Chronic diseases are long-term conditions, lasting more than 6 months, that involve some functional impairment or disability and are usually incurable. They are the leading cause of death and morbidity in developed countries. The World Health Organisation has attributed 86% of deaths and 77% of the overall disease burden in Europe to this broad group of diseases.[1]

Chronic diseases and their underlying health determinants are distributed unevenly within society with gaps widening and differences in life expectancy increasing between the highest and lowest socioeconomic groups (particularly true for cancer and cardiovascular disease). Overall there is a three-fold difference between the highest and lowest occupational classes in Ireland regarding chronic disease mortality.

What follows is an exploration of the prevalence of chronic conditions in Cork at Local Health Office level using the Institute of Public Health's (IPH) national forecasts on the prevalence of chronic conditions contained in the report *Making Chronic Conditions Count: A systematic approach to estimating and forecasting population prevalence on the island of Ireland*. The report contains estimates and forecasts of the population prevalence of four of the leading chronic disease conditions: Hypertension, Coronary Heart Disease, Stroke and Diabetes. It estimates the prevalence of these chronic conditions presently and forecasts how many are likely to suffer from them into the future (2007, 2015, 2020). Table 124 gives on overview of the prevalence of these conditions and how it is likely to change into the future. It should be noted that although 'Cork North Lee' and 'Cork South Lee' combined contain the entirety of the Cork City Local Authority Area, they also contain a significant amount of space outside of the this area. Cork North Lee extends as far away from the city as Youghal and Cork South Lee extends to Ballinspittle Due to the fact that they are the only units data is available at present, they are the most suitable to discuss in the context of this report.

PREVALENCE RATES IN 2010, 2015 AND 2020 IN THE REPUBLIC OF IRELAND (%)			
Condition	*2010*	*2015*	*2020*
Diabetes	3.2	3.5	3.8
Stroke	0.7	0.7	0.8
Hypertension	12.7	13.7	14.6
Angina/Heart Attack	2.4	2.6	2.9

TABLE 124. PREVALENCE RATES OF CHRONIC CONDITIONS IN 2010, 2015 AND 2020 (SOURCE: THE HEALTH WELL, 2013)

Between 2007 and 2020, the number of adults with these chronic conditions is expected to increase by approximately 40%. The IPH indicate that the prevalence of each of these conditions increases dramatically with age and, with the exception of diabetes, they are generally higher amongst males.

1 Source: http://www.worldhealth.net/news/largely_preventable_chronic_diseases_cau/

Hypertension

Persistent hypertension is one of the risk factors for stroke, heart attack and heart failure. It is a leading cause of chronic kidney failure. In 2007, nearly 852,000 adults in the Republic of Ireland (25.1%) had high blood pressure.

By 2020, this is expected to rise to over 1,192,000 (28.3%). This represents a relative increase of 40% – an additional 341,000 adults – in less than 15 years. In 2010, 12.3% of Cork City's population were newly diagnosed as having hypertension. Table 125 shows that hypertension is more common among males.[2] Across all age groups, hypertension tends to be more common in more deprived areas. National rates are similar to North Lee rates with South Lee rates lower than the national average each year. Hypertension prevalence rates also increase with age. 71% of adults aged 75 years and over have high blood pressure. Local socio-economic circumstances also affect hypertension prevalence.

PERCENTAGE OF ADULTS WHO HAVE HIGH BLOOD PRESSURE ACROSS LOCAL HEALTH OFFICES (LHOS) IN THE REPUBLIC OF IRELAND, 2007									
	2007			*2015*			*2020*		
	North Lee 2007	*South Lee 2007*	*Rep of Irl 2007*	*North Lee 2015*	*South Lee 2015*	*Rep of Irl 2015*	*North Lee 2020*	*South Lee 2020*	*Rep of Irl 2020*
Males 16+ yrs	26.6	24.1	26.7	28.8	26.3	28.5	30.5	28.0	30.0
Females 16+ yrs	23.0	21.6	23.4	24.9	23.5	25.1	26.6	25.1	26.6
Persons 16+ yrs	24.8	22.8	25.1	26.8	24.9	26.8	28.6	26.5	28.3

TABLE 125. PERCENTAGE OF ADULTS WHO HAVE HIGH BLOOD PRESSURE ACROSS LOCAL HEALTH OFFICES IN THE REPUBLIC OF IRELAND 2007, 2015, 2020 (SOURCE: INISPHO, 2010)

Angina and Heart Attack (Coronary Heart Disease)

In 2007, nearly 131,000 adults in the Republic of Ireland had suffered from Coronary Heart Disease, representing 3.8% of the total population. By 2020, this is expected to rise to over 195,000 (4.6%). This represents a relative increase of 50% – an additional 65,000 adults – in less than 15 years. In 2010, 2.3% of the population of Cork City were newly diagnosed with Angina or with having had a heart attack.[3]

CORONARY HEART DISEASE PREVALENCE RATE AMONG MALES & FEMALES (%)			
	Males 16+ yrs	*Females 16+ yrs*	*Persons 16+ yrs*
2007			
North Lee	4.3	2.8	3.6
South Lee	3.4	2.2	2.8
Rep of Irl	4.7	3.0	3.8
2015			
North Lee	5.0	3.1	4.1
South Lee	3.9	2.5	3.2
Rep of Irl	5.2	3.3	4.3
2020			
North Lee	5.6	3.4	4.5
South Lee	4.4	2.7	3.5
Rep of Irl	5.7	3.5	4.6

TABLE 126. CORONARY HEART DISEASE PREVALENCE RATE AMONG MALES & FEMALES, CORK AND IRELAND (SOURCE: INISPHO, 2010)

In Ireland, Coronary Heart Disease is more common amongst males than females - the Coronary Heart Disease prevalence rate amongst males is nearly 50% higher than amongst females (Table 126). Local socio-economic circumstances also affect Coronary Heart Disease prevalence. Amongst males and females, and across all age groups, Coronary Heart Disease tends to be more common in more deprived areas.

Coronary Heart Disease prevalence also increases with

2 Source: INIsPHO, 2010
3 IPH. (2012) *Prev CHD RoI 2010*. Available from: http://www.thehealthwell.info/node/286633

PROJECTED INCIDENCE OF CORONARY HEART DISEASE BY AGE CATEGORY (%)				
	16-44yrs	*45-64yrs*	*65-75yrs*	*75+yrs*
2007				
North Lee	0.3	5.0	13.8	18.9
South Lee	0.3	3.6	10.6	14.6
Rep of Irl	0.3	5.0	14.1	19.1
2015				
North Lee	0.4	5.0	13.9	19.3
South Lee	0.3	3.6	10.7	14.9
Rep of Irl	0.4	5.0	14.1	19.5
2020				
North Lee	0.4	5.1	13.9	19.6
South Lee	0.3	3.6	10.7	15.1
Rep of Irl	0.4	5.0	14.1	19.7

TABLE 127. PROJECTED INCIDENCE OF CORONARY HEART DISEASE BY AGE CATEGORY, CORK AND IRELAND, 2007, 2015 AND 2020 (SOURCE: INISPHO, 2010)

age (see Table 127). About one in five adults aged 75 years and over have ever had Coronary Heart Disease. In 2020, relatively more of the adults living with Coronary Heart Disease will belong in the older age groups.

Stroke

Stroke is caused by damage to the brain as a result of bleeding into the brain or interruption of the blood supply, which leads to loss of function in the affected part of the brain. In 2007, almost 59,000 adults in the Republic of Ireland (1.7%) had experienced a stroke. By 2020, this is expected to rise to almost 87,000 (2.1%). This represents a relative increase of 48% – an additional 28,000 adults – in less than 15 years. In 2010, 0.7% of Cork city's population was newly diagnosed with having had a stroke, which is significantly lower than the national average. Local socio-economic circumstances affect stroke prevalence. Amongst males and females, and across all age groups, strokes tend to be more common in more deprived areas. See Table 128 for a statistical breakdown of Cork North Lee and Cork South Lee. There do not appear to be significant gender differences in stroke prevalence, unlike the remainder of Chronic Conditions in this Chapter (Table 129).

PROJECTED STROKE PREVALENCE BY AGE CATEGORY (%)									
	2007			*2015*			*2020*		
	North Lee	*South Lee*	*Rep of Irl.*	*North Lee*	*South Lee*	*Rep of Irl.*	*North Lee*	*South Lee*	*Rep of Irl.*
16-44yrs	0.3	0.2	0.3	0.3	0.2	0.3	0.3	0.2	0.3
45-64yrs	1.7	1.3	1.7	1.7	1.3	1.7	1.7	1.3	1.7
65-75yrs	5.8	4.7	5.9	5.8	4.7	5.9	5.8	4.7	5.9
75+yrs	10.1	8.3	10.3	10.2	8.4	10.4	10.2	8.4	10.4

TABLE 128. PROJECTED STROKE PREVALENCE BY AGE CATEGORY, CORK AND IRELAND, 2007, 2015 AND 2020 (SOURCE: INISPHO, 2010)

PROJECTED PERCENTAGE POPULATION WITH STROKE BY GENDER (AGED 16+)									
	2007			*2015*			*2020*		
	North Lee	*South Lee*	*Rep of Irl.*	*North Lee*	*South Lee*	*Rep of Irl.*	*North Lee*	*South Lee*	*Rep of Irl.*
Males 16+ yrs	1.6	1.3	1.8	1.8	1.5	2.00	2.0	1.7	2.2
Females 16+ yrs	1.6	1.3	1.7	1.7	1.5	1.80	1.9	1.6	2.0
Persons 16+ yrs	1.6	1.3	1.7	1.8	1.5	1.90	1.9	1.6	2.1

TABLE 129. PROJECTED PERCENTAGE POPULATION WITH STROKE BY GENDER, CORK AND IRELAND (SOURCE: INISPHO, 2010)

Stroke prevalence also increases with age. More than one in ten adults aged 75 years and over has ever had a stroke. Predictions suggest that in 2020 relatively more of the adults living with a stroke will belong in the older age groups.

Diabetes

Diabetes mellitus is a chronic disorder in which the body's ability to use sugars is reduced. This

can cause raised levels of glucose in the blood and its excretion in the urine. These changes are the result of a deficiency of the pancreatic hormone insulin. There are two main types of diabetes: type 1 or insulin-dependent diabetes mellitus (IDDM), and type 2, formerly known as Non-Insulin-Dependent Diabetes Mellitus (NIDDM). In 2007, nearly 144,000 adults in the Republic of Ireland (4.5%) had diabetes. By 2020, this is expected to rise to over 233,000 (5.9%). This represents a 62% increase – an additional 89,000 adults – in less than 15 years. In 2010, 3.1% of Cork city's population were newly diagnosed with diabetes, which is somewhat less than the national average. Diabetes is more common amongst females than males (see Table 130), which reflects the findings of the underlying population-based reference studies. Local socio-economic circumstances also affect diabetes prevalence. Amongst males and females, and across all age groups, diabetes tends to be more common in more deprived areas. Table 130 gives a breakdown of relevant statistics for Cork North Lee and Cork South Lee.

PROJECTED PERCENTAGE POPULATION WITH DIABETES BY GENDER									
	2007			*2015*			*2020*		
	North Lee	*South Lee*	*Rep of Irl*	*North Lee*	*South Lee*	*Rep of Irl*	*North Lee*	*South Lee*	*Rep of Irl*
Males 20+yrs	3.8	3.5	3.9	4.6	4.2	4.7	5.2	4.8	5.3
Females 20+yrs	4.8	4.5	5.1	5.5	5.3	5.8	6.2	5.9	6.5
Persons 20+ yrs	4.3	4.0	4.5	5.0	4.8	5.2	5.7	5.4	5.9

TABLE 130. PROJECTED PERCENTAGE POPULATION WITH DIABETES BY GENDER, CORK AND IRELAND (SOURCE: INISPHO, 2010)

Diabetes prevalence increases with age (see Table 132). About one in eight people aged 60 years and over have diabetes. In 2020 relatively, more of the adults with diabetes will belong in the older age groups.

PROJECTED PERCENTAGE POPULATION WITH DIABETES BY GENDER									
	2007			*2015*			*2020*		
	North Lee	*South Lee*	*Rep of Irl*	*North Lee*	*South Lee*	*Rep of Irl*	*North Lee*	*South Lee*	*Rep of Irl*
20-29yrs	0.6	0.5	0.6	0.6	0.6	0.6	0.6	0.6	0.6
30-59yrs	2.9	2.7	3	3.1	2.9	3.1	3.3	3.1	3.4
60+ yrs	13.0	11.9	13.2	14.0	12.8	14.2	14.7	13.5	15.0

TABLE 131. PROJECTED PERCENTAGE POPULATION WITH DIABETES BY AGE, CORK AND IRELAND (SOURCE: INISPHO, 2010)

Cancer

Cancer is the second commonest cause of death in Ireland (see DoH publication *2013 Key Trends*).[4] Overall cancer incidence is expected to increase by 45% between 2010 and 2020, and by 110% between 2010 and 2030[5], mainly attributable to population ageing. Cancer mortality is also projected to increase, although not to the same extent.[6]

Cancer's prevention, diagnosis and treatment are a major challenge for our society. Each year, approximately 20,000 Irish people develop invasive cancer and 8,800 die of the disease.

4 CSO (2009) cited in O'Lorcain, P, Comber, H, AND Walsh P, M. (2006). *Trends in Irish cancer mortality rates 1950-2002 with predictions to 2015*. Available: http://www.ncri.ie/sites/ncri/files/pubs/TrendsinIrishCancerMortalityRates1950-2002WithPredictionsto2015.pdf.]

5 National Cancer Registry (2008) cited in Carsin, A,E, Comber, H and Sharp,L.. (2009). *An Atlas of Cancer in Ireland 1994-2003*.Available:http:/ www.ncri.ie/sites/ncri/files/atlas/old_atlas/1,2.%20Summary,%20introduction%20and%20methods.pdf.

6 National Cancer Registry (2003) cited in A,E, Comber, H and Sharp,L.. (2009). *An Atlas of Cancer in Ireland 1994-2003*. Available: http://www.ncri.ie/sites/ncri/files/atlas/old_atlas/1,2.%20Summary,%20introduction%20and%20methods.pdf. P.11.

The ageing of our population will result in an approximate doubling in the number of people who will develop cancer in Ireland over the next 15 years. One in four people overall will die from cancer and 60% of cancer patients die within five years of diagnosis. Although cancer incidence appears to be falling, the actual number of people developing cancer is expected to increase because our population is ageing. The number of new cases the system can expect to deal with by 2020 will represent an increase of 107% on the number dealt with in 2000. We now have approximately 120,000 cancer survivors.

Public health action by governments and the promotion of healthy lifestyles could prevent as many as one third of cancers worldwide. The National Cancer Registry Ireland [NCRI] provides data on cancer incidence and mortality in Ireland. The Irish National Cancer Registry was set up in 1991 and began registering cancers nationwide in January 1994. This information is used in research into the causes of cancer, in education and information programmes, and in the planning of a national cancer strategy to deliver the best cancer care to the whole population.

In the period 2007 – 2011, there were 4,891 cancer cases (including non-melanoma skin cancer) in Cork City and 3,583 invasive cancer cases (excluding non-melanoma skin cancer). Among females in Cork City the leading cancers include Non-melanoma skin, Breast and Colorectal cancers.

	FEMALES					
CANCER: ICD10 CODES	2007	2008	2009	2010	2011	2007-2011 average
Non-melanoma skin (NMSC) C44	141	128	149	153	167	148
Breast C50	75	143	75	88	73	91
Colorectal C18-C21	36	36	35	47	36	38
Lung C34	32	33	27	31	32	31
Melanoma C43	13	12	16	22	18	16
Non-Hodgkin's lymphoma C82-C85	16	11	7	9	6	10

TABLE 133. NUMBER OF CANCER CASES AMONG FEMALES DIAGNOSED PER YEAR IN CORK CITY, 2007-2011 (SOURCE: NCRI IRELAND)

	MALES					
Cancer: ICD10 codes	2007	2008	2009	2010	2011	2007-2011 average
Non-melanoma skin (NMSC) C44	150	155	185	175	205	205
Prostate C61	78	99	103	109	108	108
Colorectal C18-C21	47	58	59	51	43	43
Lung C34	46	36	53	39	61	61
Melanoma C43	12	18	9	15	9	9
Non-Hodgkin's lymphoma C82-C85	9	10	14	16	18	18

TABLE 132. NUMBER OF CANCER CASES AMONG MALES DIAGNOSED PER YEAR IN CORK CITY, 2007-2011 (SOURCE: NCRI IRELAND)

Among males in Cork City similar trends emerge with Prostate cancer replacing Breast cancer as the number 2.

Age/sex breakdown of new Cancers in Cork

In the period 2007-2011, more male than female cancers were registered. Childhood cancers (that is, cancer in children aged less than 15 years) accounted for 0.5% of all cancers. The greatest number of cancers occurred in the 65 to 74 year age group.

CANCER: ICD10 CODES	0-14 YRS	15-24 YRS	25-39 YRS	40-59 YRS	60-79 YRS	80+ YRS	ALL FEMALES	ALL MALES	TOTAL
Non-melanoma skin (NMSC) C44	0	1	40	243	950	374	738	870	1608
Prostate C61	0	0	0	86	352	59	0	497	497
Breast C50	0	1	9	184	205	62	454	7	461
Colorectal C18-C21	0	3	6	70	252	117	190	258	448
Lung C34	0	0	1	63	249	77	155	235	390
Melanoma C43	0	3	11	41	60	29	81	63	144

TABLE 134. TOTAL NUMBER OF CANCER CASES IN CORK CITY 2007-2011 INCLUSIVE OF AGE GROUP AND SEX (SOURCE: NCRI IRELAND)

Hospital admissions for all cancers in Cork hospitals

It is clear from HIPE data that admissions for cancer increase every year. Figures shows that from 2002 to 2011 there has been a steady increase in admissions for cancer. Cancer diagnosis in 2011 represented a higher percentage of hospitalisations than diseases of the circulatory and respiratory system, reflective of the fact that cancer treatment can only be given in hospital, unlike treatment for circulatory or respiratory systems which are now treated predominantly in the community.

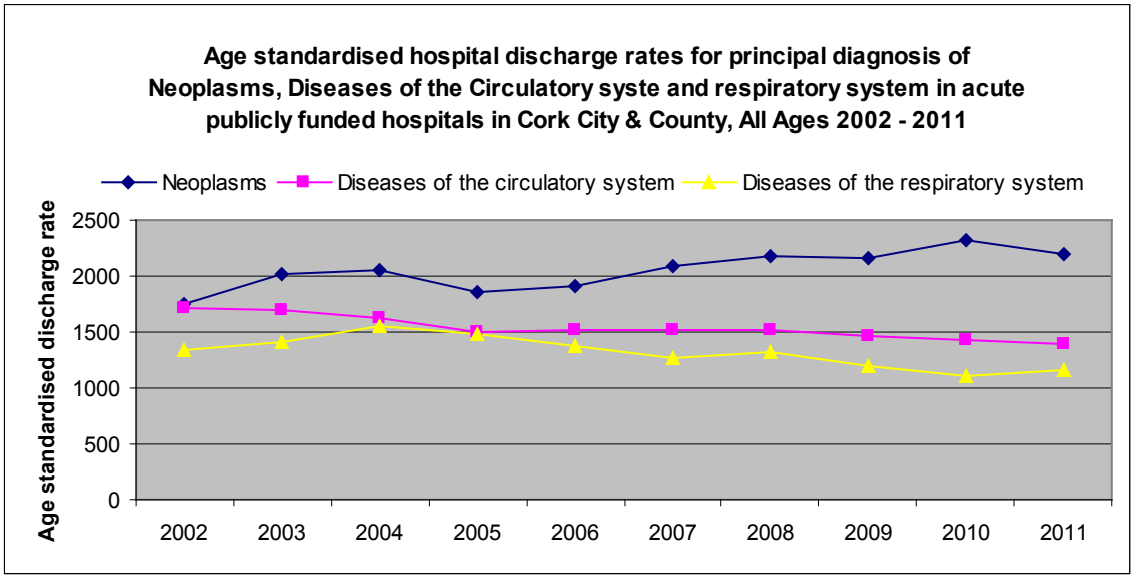

FIGURE 86. HOSPITAL ADMISSIONS OF THE POPULATION OF CORK CITY AND COUNTY TO PUBLIC HOSPITALS FOR CANCER AND OTHER MAIN DIAGNOSTIC CATEGORIES, 2002 - 2011 (SOURCE: PHIS 2013)

Infectious Diseases

Today, despite the continual development of antibiotics and vaccines, infectious diseases are the second leading cause of death worldwide.[7] While many of these deaths occur in developing

7 Bartlett, J, G, Boucher, H, W, Bradley, J, Edwards, J, Gilbert, D, Guidos, R and Spellberg, B. (2008). The Epidemic of Antibiotic-Resistant Infections: A Call to Action for the Medical Community from the Infectious Diseases Society of America. *Clinical Infectious Diseases*. 46, p.156.

countries, these diseases continue to cause illness and death in all countries. In addition to the persistence of many infectious diseases, new and re-emerging diseases continue to arise.

Vigilance and preparedness are key elements in tackling infectious diseases. Regional and national surveillance systems are used to identify trends and risk factors and to detect outbreaks. In Ireland ,specified infectious diseases of public health importance are notified to regional Departments of Public Health under national infectious disease legislation. The information is collected and analysed regionally and also inputted into a national computerised infectious disease reporting system.

This section will present information on incidence and trends for a number of infectious diseases. Information on vaccine uptake is also presented.

Immunisation

Immunisation of preschool children is carried out free of charge by General Practitioners. The aim is to vaccinate at least 95% of all children by the age of 24 months with all the recommended vaccines. Figure 87 shows the uptake, at 24 months, by Local Health Office area, for Diphtheria (given as combined vaccine with Pertussis, Tetanus, Polio, Hib and Hepatitis B) for all of Ireland in 2013. The Local Health Office area of Cork North and South Lee (NSL) comprises all of Cork City and the surrounding county area. The uptake in Cork North and South Lee was 96%, which is above the national target of 95%. Figure 88 shows the uptake of MMR vaccine, which was 92% for Cork North and South Lee. This percentage uptake is in line with the national uptake level but is less than the national target of 95%.

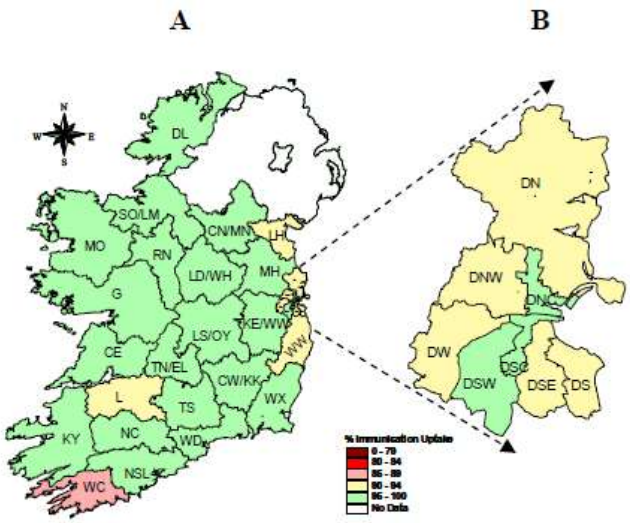

FIGURE 87. D_3 AND T_3 IMMUNISATION UPTAKE RATES (%) BY LHO, IN THOSE 24 MONTHS OF AGE IN QUARTER 3-2012, IN (A) IRELAND AND (B) DUBLIN

Measles

Measles is a vaccine preventable disease. A highly effective vaccine, Measles Mumps Rubella (MMR) can prevent measles in over 90% of immunised children following a single dose of the vaccine. With the second dose of MMR vaccine, over 99% of immunised children are protected from measles infection. This vaccine is given at 12 months of age and a second dose is given to Junior Infant pupils in primary school (aged 4-5 years).

A 95% uptake of MMR vaccine is required to prevent outbreaks of measles. The current reported uptake of MMR vaccine at 2 years of age in Ireland is below that required to prevent

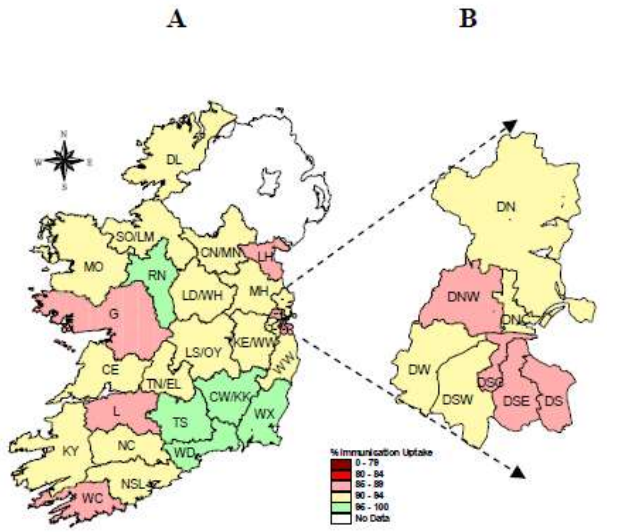

FIGURE 88. MMR1 IMMUNISATION UPTAKE RATES (%) BY LHO, IN THOSE 24 MONTHS OF AGE IN QUARTER 3-2012, IN (A) IRELAND AND (B) DUBLIN

outbreaks of measles and spread throughout the community. In 2013, 91.4% of children from North Lee / South Lee received the MMR Vacine at 2 years of age.

A national outbreak of measles occurred in 2009 and 2010 with 171 cases in Cork and Kerry in that two year period. Cases were predominantly in those who were unvaccinated, with only two cases (1%) reported to have had one dose of MMR vaccine and two cases (1%) reported to have had two doses of MMR vaccine. The main foci of the outbreak regionally were Kerry (87 cases) and West Cork (69 cases), with only one case reported from Cork City. No cases of measles were reported in Cork in 2011 but in 2012, of the 101 cases that were reported around the country, 63 were in West Cork and affected mainly unvaccinated children between the ages of 12 and 18 years.

There is concern that Ireland is vulnerable to further outbreaks of measles as MMR update has still not reached the target of 95% and outbreaks of measles continue to occur in the UK and other European countries. In 2012, the HSE announced a catch up campaign for MMR vaccine. In the 2012/13 school year all second level students, who had not had 2 doses of MMR vaccine were offered the vaccine. A similar campaign was undertaken for primary school children in the school year 2013. While Cork North Lee and South Lee have good uptake of childhood vaccines in general, the uptake of MMR continues to be lower than that required to prevent outbreaks. There is now high quality immunization information available for parents to assist them in making decisions regarding their child's immunizations. The HSE National Immunisation Office has a dedicated website (www.immunisation.ie) with relevant information for parents and for health professionals.

Meningococcal Disease

In October 2000, the Meningococcal C vaccine was introduced in Ireland and the national Men C immunisation campaign commenced. Over an eighteen month period, vaccination was offered to everyone up to the age of 23 years, a total of 1.3 million people in Ireland.

Meningococcal disease is a serious infectious disease which can present as meningitis or septicaemia (blood poisoning). The disease can be caused by at least 13 different groups of the meningococcal bacteria. In Ireland, prior to the introduction of the Men C vaccine, two groups accounted for almost all cases. These were Group B, which accounted for approximately

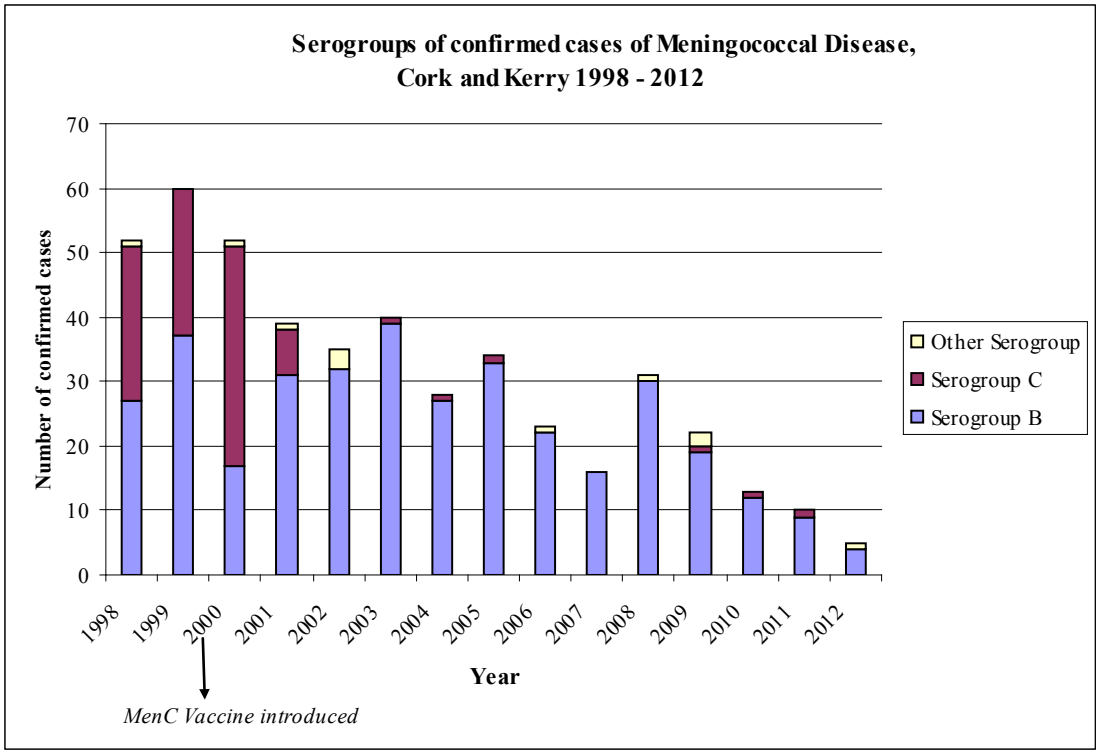

FIGURE 89. SEROGROUPS OF CONFIRMED CASES OF MENINGOCOCCAL DISEASE IN CORK AND KERRY, 1998 - 2012

two thirds of cases, and Group C, approximately one third of cases.

Prior to the introduction of the Men C vaccine, Ireland had the highest level of meningococcal disease in Europe. This vaccine has been the first major breakthrough in the prevention of meningococcal disease.

Since the introduction of the vaccine, there has been a large reduction in cases of meningococcal group C disease (see Figure 89 previous). In 2013, 82.9% of children from North Lee / South Lee aged 2 years had received the 3 doses of the MenC3 vaccine.

In 2012, there were only 6 cases of meningococcal disease in Cork and Kerry, two of whom were from North and South Lee. This is the lowest number of cases in over 20 years. The peak (95 cases) was recorded in 1995.

Surveillance of meningococcal disease has confirmed the effectiveness of the national Meningococcal C vaccine campaign in Cork and Kerry.

Tuberculosis (TB)

Tuberculosis (TB) is a common infectious disease in world terms, featuring prominently among populations of many poorer countries across the globe. Ireland has a low incidence of TB - the incidence rate in 2011 was 9.0/100,000 population. There were 413 cases notified nationally that year. The number of notification in 2012 declined further to 364. These figures are still provisional. Considerable variation exists in TB notification rates between HSE areas in Ireland. The highest incidence rate in 2011 was in HSE South with a rate of 14/100,000 population. The HSE East also consistently reports high rates. There is no definitive answer as to why TB rates in HSE South (Cork and Kerry) are consistently above the national rate. Since 2001, TB notifications in HSE South have ranged between 72 and 102. The peak in 2007 was largely due to a crèche-related outbreak, involving two crèches which accounted for 21 cases. Notification rates fell in 2008 and 2009 but a smaller peak occurred again in 2010 which was due to a school outbreak. The most recent (provisional) data for 2013 shows a continuing decline in the number of notifications for Cork and Kerry at 68. These are the lowest rates recorded since TB surveillance began in 1998. Continued vigilance in the surveillance and control of TB is challenging. Multi-drug resistance will create new challenges.

11.2 Mental Health

Some of the leading causes of disability world-wide are mental health conditions such as Schizophrenia, Bipolar Disorder, depression and alcohol abuse. The burden of mental health problems at a population level continues to grow and there is an expected increase in the contribution of mental health disorders to the global burden of disease to be greater than cardiovascular disease by 2020.[8] Resulting from this, there is increasing recognition at international level of the need to address mental health as an integral part of improving overall health and well-being.[9] In 2001, the World Health Report was devoted exclusively to mental health and advocated a comprehensive public health approach - including mental health promotion and prevention - to reduce the burden of mental health problems at a population level.

8 (Hosman and Lopis, 2002) http://www.who.int/mental_health/evidence/en/prevention_of_mental_disorders_sr.pdf

9 U.S. Department of Health and Human Services (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD:U.S. Institute of Mental Health, 1999

In January 2007, the National Office for Suicide Prevention of the HSE commissioned research on public attitudes to mental health.[10] A reported 11% of people said that they had personally experienced a mental health problem and 85% of people agreed that 'anyone can experience a mental health problem'. On the other hand, 62% would not want others knowing if they themselves had a mental health problem. Alcoholism, depression and suicide were identified as the three most important mental health problems by Irish adults in the study. While the research highlighted a reasonable level of 'mental health literacy' (defined as 'the knowledge and beliefs about mental disorders which aid their recognition, management or prevention'[11]), it also showed that Irish people seriously underestimated the prevalence of mental health problems.

The onset of the recession has had a number of negative impacts on the mental health of residents of Ireland. The increased proportion of the population that are unemployed is one of the major factors that have become detrimental to positive mental health. A study by the Institute of Public Health revealed that organisations rated stress and anxiety as the most significant challenge for men. There was an important implication of the link between unemployment and the health of the men, with 80% rating it as very important. Unemployment and the recession were also linked to isolation, lack of service use, family conflict and substance abuse.[12]

Positive Mental Health

According to the SLAN survey of 2007, overall mental health in Ireland was comparable to other European countries, with most Irish adults having a reasonably high level of positive mental health.[13] The survey found evidence of a strong association between levels of positive mental health, gender, social circumstances and economic factors. Men reported higher levels of positive mental health than women, as did younger respondents in comparison to their older counterparts. Respondents who had higher incomes, higher education and paid employment reported higher levels of positive mental health. The study indicated that having a supportive family appears to be the most important positive influence and that the converse - not having a supportive family - is perceived as having the most negative effect on mental health. Some interesting demographic differences are apparent, such as women and younger people attaching more importance to having good friends and being loved, and men attaching more importance to 'having a good job'. According to the HSE Study (2007), being physically healthy and having good friends are also amongst the most important influences on mental health, followed by having a good job and having time to relax and rest. Lower levels of loneliness and higher levels of social support were also found to be associated with positive mental health. Their report highlighted a positive understanding of the link between a healthy lifestyle and positive mental health. Drinking alcohol was recognised by one in three adults as having a negative effect on mental health, followed by not getting enough exercise and having a poor diet.

Happiness

Although many discussions around mental health focus on negative mental health, there is growing interest in use of happiness indices to measure wellbeing. Happiness can be measured using a

10 HSE. (2007). *Mental Health in Ireland: Awareness and Attitudes*. Available: http://www.healthpromotion.ie/hp-files/docs/HSP00612.pdf.]

11 Jorm, A.F., Korten, A.E., Jacomb, P.A., Christensen, H., Rodgers, B. & Pollitt, P. (1997a). "*Mental health literacy": A survey of the public's ability to recognize mental disorders and their beliefs about the effectiveness of treatment*. Medical Journal of Australia. 166: 182-186.

12 Institute of Public Health (2011) *Facing the challenge: The impact of the recession and unemployment on men's health in Ireland*

13 Barry, M.M., Van Lente, E., Molcho. M., Morgan, K., McGee, H., Conroy, R.M., Watson, D., Shelley, E. and Perry, I. (2009) *SLÁN 2007: Survey of Lifestyle, Attitudes and Nutrition in Ireland. Mental Health and Social Well-being Report,* Department of Health and Children. Dublin: The Stationery Office.

wide variety of indicators spanning many themes, a number of which have dedicated sections in this report. In May 2011, the Organisation for Economic Cooperation and Development (OECD) launched a Happiness Index covering 11 areas: housing, income, employment, social relationships, education, the environment, institutional administration, health, general satisfaction, security and the balance between work and family.[14] There are currently no measures of happiness in place in Cork City.

Mental Health and Health Behaviours

A number of indicators can reveal how well we are managing in relation to mental health including admissions to hospital for anxiety and alcohol/drug related issues. The European age and gender standardised rates provide a single summary rate that reflects the number of events that would have been expected if the populations being compared had identical age and gender distribution. As can be seen in Table 135, Cork City has standardised rates of admissions to hospital for alcohol related conditions in 2010 that are higher than the national rate. Admission rates for drug related conditions in Cork City are lower than they are nationally.

	Republic of Ireland	*Cork City*
Number of Suicides per 100,000 2010-2011	11.4	10.9
Number of admissions to hospital for anxiety/depression per 1,000 2009	2.3	2.2
Age and gender European Standardized population admissions to hospital for alcohol related conditions 2010	1901.0	2802.8
Age and gender European Standardized population admissions to hospital for drug related conditions 2010	72.3	31.8
Percentage of working population 15+ in receipt of benefits for anxiety/depression	1.2	1.3
Percentage of people experiencing low income 2010	18.6	17.4
Percentage of working age people aged 15-64 years involuntarily excluded from work, 2010	2.7	3
Percentage of people 15+ unemployed 2011	11.8	12.1

TABLE 135. MENTAL HEALTH RELATED INDICATORS, IRELAND AND CORK CITY, (SOURCE: IPH, 2014)

Suicide

Suicidal behaviour remains an important public health issue in Ireland, which has the fourth highest rate of suicide in Europe amongst young men aged 15-19.[15] Suicide rates in Cork increased by more than 50% since the start of the economic crisis in 2008 by the end of 2009, the number had risen to 93. In 2011, this number had significantly decreased to 65, 13 of which occurred in Cork City. The number of suicides per 100,000 population in Cork City has decreased from 20.1 in 2006 to 10.9 in 2011. The rates for females went from 3.3 in 2006 to 7.7 in 2010 and back to 3.3 in 2011. While the rates for males remain significantly higher, it steadily decreased from 37.6 in 2006 to 27.8 in 2010 and 18.7 in 2011.

The rates for deliberate self-harm for males in 2011 - at 484 per 100,000 - was more than twice the national rate (an increase of 83% compared to 2007).[16] The rate for female deliberate self-harm increased by 41% to over 350 incidences per 100,000 in this time period. Cork City ranks the highest of all Administrative Counties in relation to the self-harm rate of Males and second highest

14 Herald Sun. (2011). *Organisation launches 'happiness index'.* Available: http://www.heraldsun.com.au/news/breaking-news/organisation-launches-happiness-index/story-e6frf7jx-1226062196143.

15 Eurostat. (n.d.). *Suicide death rate, by age group - Males.* Available: http://epp.eurostat.ec.europa.eu/tgm/graph.do?tab=graph&plugin=0&language=en&pcode=tsdph250&toolbox=type.

16 Griffin, E, Arensman, E, Wall, A, Corcoran, P and Perry, IJ (2013). *National Registry of Deliberate Self Harm Annual Report 2012*. Cork:National Suicide Research Foundation.

of all administrative counties in relation to female self-harm rates.

NUMBER OF DEATHS BY SUICIDE BY COUNTY OF RESIDENCE OF DECEASED							
Place of Residence	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2011*
Cork City	22	21	24	24	21	30	13
Cork County	38	46	49	39	43	63	52
State	60	481	460	458	424	527	525

TABLE 136. NUMBER OF DEATHS BY SUICIDE BY COUNTY OF RESIDENCE OF DECEASED, 2004-2011

11.3 Social Health

Quality of Life and Social Support

As of 2007, the SLAN survey indicated that 86% of Irish adults rate their own quality of life as 'good 'or' very good'.[17] This fell to 64% among those who have personal experience of mental health problems. The majority of respondents were deemed to be well integrated into society, however, there was a significant group of vulnerable people suffering from social isolation.

- 20% indicated that they saw friends or family less than once a week
- 40% attended social or leisure events or facilities less than once a month
- 36% felt that they had fewer than three people close to them that they could count on if they had serious personal problems
- 20% of those surveyed indicated that they saw friends or family less than once a week
- 40% attended social or leisure events or facilities less than once a month
- 36% felt that they had fewer than three people close to them that they could count on if they had serious personal problems.

The significance of loneliness and social support to mental health was highlighted:

- 14% of respondents reported being lonely often in the last four weeks, with women, older people and respondents from more disadvantaged groups reporting high levels of loneliness.
- The percentage of women who responded positively to this question was significantly higher than males. This may be due to the fact that women are more likely to discuss their mental health problems than men.[18]
- Being widowed and not being in paid employment were the strongest overall predictors of loneliness - respondents who were widowed were about five times more likely to feel lonely than those who were married or cohabiting.
- 17% of respondents aged 65 and over report being often lonely.

The SLAN data indicated higher rates of loneliness in South Lee Males (12%) and Females (20%) than in their north Lee counterparts (8% and 12% respectively).[19]

17 Barry, M.M., Van Lente, E., Molcho. M., Morgan, K., McGee, H., Conroy, R.M., Watson, D., Shelley, E. and Perry, I. (2009) *SLÁN 2007: Survey of Lifestyle, Attitudes and Nutrition in Ireland. Mental Health and Social Well-being Report, Department of Health and Children*. Dublin: The Stationery Office.

18 Barry, M.M., Van Lente, E., Molcho. M., Morgan, K., McGee, H., Conroy, R.M., Watson, D., Shelley, E. and Perry, I. (2009) *SLÁN 2007: Survey of Lifestyle, Attitudes and Nutrition in Ireland. Mental Health and Social Well-being Report*, Department of Health and Children. Dublin: The Stationery Office.

19 Caution must be taken however on drawing conclusions from this data due to the low number of participants surveyed in each area. Further research is warranted to determine these differences conclusively.

11.4 Disability, Carers and General Health

Disability

The 2011 Census reported 21,098 persons living with a disability in Cork City, representing 17.7% of the city's population and a 40.7% increase since 2006. This is significantly higher than the proportion State-wide, which was 13% in 2011 and higher than the figure for Cork County, which was 11.8%. In general, disability rates increase with the age and this is reflected in the age profile of those with a disability in Cork City - 35% are aged 65 and over, while 6% are in the 0-14 age group.

In addition to disability being a component of health, individuals with long-term illness or disability have an increased risk of poverty and social exclusion. Many of those experiencing serious illness and disability are unable to work. The financial burden of unemployment, in addition to the medical and other costs associated with their disability, often contribute to poverty.[20] According to the Survey on Income and Living Conditions in Ireland (SILC) published in April 2014, 16.5% of the population in Ireland were at risk of poverty in 2012 (following an upward trend from 14.1% in 2009--it was 16.5% and 14.4% in 2007 and 2008 respectively).[21] Among those in households where the reference person's labour force status was not in work due to illness or disability, this increases to 30.3%, up markedly from 22.8% in 2006. Similarly, 6.9% of the population of Ireland were living in consistent poverty in the same year, which more than doubled to 17.6% among those in households where the reference person's labour force status was not in work due to illness or disability. In Ireland, 30% of those with a disability have participated in the labour force. Of this group, 48% are unemployed.

Figure 90 illustrates the distribution of people with a Disability (as per the standard CSO definition) in Cork City. It is clear that people with a disability feature more prominently in RAPID Areas, particularly in the Fairhill and Togher Electoral Divisions. Other clusters are evident between Montenotte and Mayfield and in Turner's Cross, Ballyphehane and Greenmount.

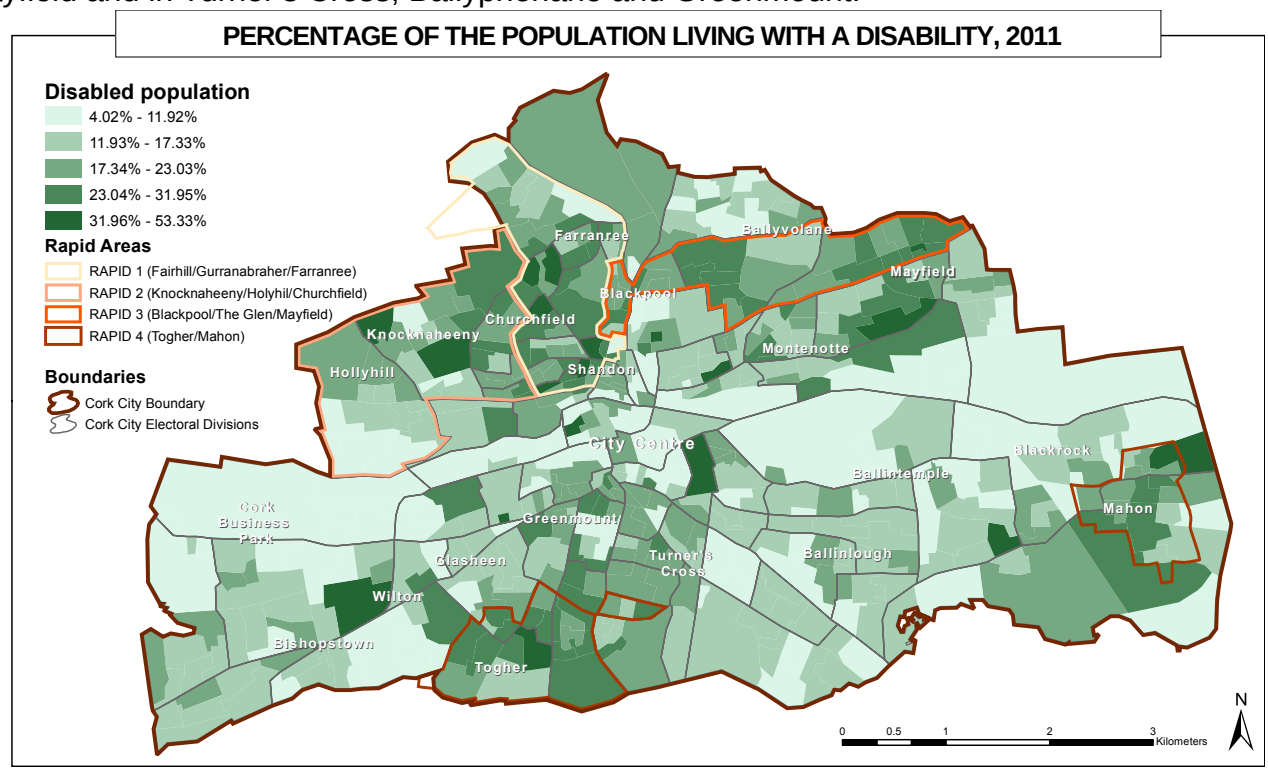

FIGURE 90. MAP OF THE POPULATION LIVING WITH A DISABILITY, 2011 (SOURCE: CSO/ORDNANCE SURVEY IRELAND)

20 Source: HSE Factfile

21 Central Statistics Office. (2014). *Survey on Income and Living Conditions (SILC) 2012*. Available: http://www.cso.ie/en/media/csoie/releasespublications/documents/silc/2012/silc_2012.pdf.

Table 137 shows the top five and bottom five EDs in Cork City in relation to the proportion of persons with a disability. Four out of the five EDs with the highest levels of disability are in the northside of the city (with levels as high as 29%), whereas all five of the EDs with the lowest levels of disability are on the southside. Fair Hill A, B and Gurranebraher C and B are situated in RAPID designated areas, as indicated, and are typified by low educational attainment, comparatively poor health status, proportionally higher aged populations and comparatively high unemployment. The make up of City Hall A is similar, but there are higher proportions of the professional class groups and educational attainment is comparatively strong. The location of a wide variety of caring centres throughout the city makes it problematic to draw any conclusions from these figures.

POPULATION WITH A DISABILITY (%)			
Highest (EDs)		*Lowest (EDs)*	
Fair Hill B	29.0	Tramore A	8.9
Fair Hill A	27.6	Bishopstown A	9.0
Gurranebraher C	27.5	Mardyke	9.6
City Hall A	25.6	Knockrea B	12.5
Gurranebraher B	25.0	South Gate A	12.5

TABLE 137. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS WITH A DISABILITY, 2011 (SOURCE: CSO, 2011)

The Southside EDs are characterised by more affluent conditions, featuring high educational attainment, good health and low unemployment (note that unemployment in South Gate however is somewhat above average) and in most cases populations are comparatively young here (Tramore A being the exception). Due to the concentration of affluence in these EDs, lifetime health behaviours may have been better and occupational conditions are not conducive to manifestation of disability.

AGED BETWEEN 0 AND 14 WITH A DISABILITY (%)			
Highest (EDs)		*Lowest (EDs)*	
Mayfield	2.5	City Hall A	0.1
Mahon B	2.2	Gillabbey C	0.2
Knocknaheeny	2.2	Turners Cross D	0.2
Gurranebraher B	2.1	South Gate B	0.3
Blackpool A	2.1	Turners Cross A	0.3

TABLE 138. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS THAT ARE AGED 0 TO 14 AND HAVE A DISABILITY, 2011 (SOURCE: CSO, 2011)

AGED BETWEEN 15 AND 64 WITH A DISABILITY (%)			
Highest (EDs)		*Lowest (EDs)*	
Gurranebraher C	16.3	Browningstown	4.5
Knocknaheeny	15.6	Tramore A	5.0
Mayfield	15.3	Ballinlough C	5.8
The Glen A	14.8	Turners Cross D	5.8
Gurranebraher B	14.5	Mahon C	5.8

TABLE 139. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS THAT ARE AGED 15 TO 64 AND HAVE A DISABILITY, 2011 (SOURCE: CSO, 2011)

POPULATION AGED 65 OR OLDER WITH A DISABILITY (%)			
Highest (EDs)		*Lowest (EDs)*	
Fair Hill B	14.7	South Gate A	1.3
Fair Hill A	12.5	Centre A	1.3
Togher B	11.9	Shanakiel	1.9
Farranferris C	11.7	St. Patrick's A	2.0
City Hall A	11.4	Bishopstown A	2.0

TABLE 140. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS THAT ARE AGED 65 OR OLDER AND HAVE A DISABILITY, 2011 (SOURCE: CSO, 2011)

When looking at the spatial distribution of those with a disability based on age group (maps contained in Section III of this document), a different picture emerges. Children with a disability and those between the ages of 15 and 64 with a disability are also concentrated in RAPID Areas. Clusters of those aged over 65 with a disability, on the other hand, are less obvious and primarily concentrated in Togher RAPID Area and in Farranree. Tables 138-140 outline the top five and bottom five EDs, based on levels of disability, for each of these age groups. As is evident, there is a clear north-south regarding the highest and lowest EDs. The location of a wide variety of caring centres throughout the city makes it problematic to draw any conclusions from these figures.

Carers

The CSO defines Carers as 'Persons providing unpaid personal help for a friend or family member with a long term illness, health problem or disability.' The role of Carers in society is critical for the wellbeing of older persons and

those with a disability as they provide a critical point of contact for their social, health and other needs.

Being a Carer has implications and can be a heavy responsibility (apparent from the significant proportion of unpaid Carers). Del Bono et al. note that female carers, those caring for their spouses, people caring for co-residents and Carers with limited social networks are more likely to suffer neurotic symptoms.[22] The role of Caring for older Carers can be challenging: - it is a time consuming, intense activity, the consequences of which can negatively reverberate throughout the carer's physical, social and economical wellbeing.[23]

There are a total of 5,332 persons classified as Carers in Cork City as of 2011. This represents 4.5% of the total population of the city. 60% of Carers in Cork City are women. Although a precise breakdown of the characteristics in the caring community in Cork is not readily available, statistics by the CSO at the national scale provide some valuable insights:

- Women are more likely to be providing a greater number of hours of care - 62% of those people providing 43 or more hours of care a week are women.
- 60% of carers are married, 29% are single, 7% are separated and 3% are widowed.
- 13% are over the age of 65.
- 9% of carers are in the labour force
- Carers are more likely to be unemployed than the general population (17% of carers are unemployed)
- The average age of those receiving care is 76.[24]

Table 141 gives a breakdown of carers in Cork City based on gender and number of hours worked per week. As is evident, 59.2% are unpaid and working more than 15 hours per week.

REGULAR UNPAID HELP (HOURS PER WEEK)						
	Total Carers	*1-14hrs*	*15-28hrs*	*29-42hrs*	*43+hrs*	*Not stated*
Females	3,188	1,255	533	287	686	427
Males	2,134	912	341	155	428	298
Total	5,322	2167 (40.7%)	874 (16.4%)	442 (8.3%)	1114 (20.9%)	725 (13.6%)

TABLE 141. NUMBER OF UNPAID CARERS BY GENDER AND HOURS WORKED IN CORK CITY (SOURCE:CSO, 2011)

Figure 91 on the next page maps the distribution of carers throughout Cork City. As can be seen, there are lower concentrations of carers in the City Centre and along an axis running from west to east through the city centre, were the age profile of Small Areas is younger. Concentrations throughout the remainder of the City are quite scattered, with a significant number of Small Areas with carers comprising over 8.5% of the population.

Table 142 outlines the top five and bottom five EDs in the city based on the proportion of the population that are classified as Carers. As can be seen, the percentage of carers per ed ranges from a maximum of 7.9% to a minimum of 3.2%. The highest concentrations are found in the Ballyphehane A, Gurranebraher E, Browningstown, Tramore B and Knockrea B EDS. These are a varied mix of EDs, with Browningstown and Knockrea B typified by affluence whilst Ballyphehane A (while it benefits from low unemployment) contains comparatively

22 Del Bono, E, Gunnell, C, Hancock, R, Parisi, L, and Sala, E . (2007).*GENDER, OLDER PEOPLE AND SOCIAL EXCLUSION. A GENDERED REVIEW AND SECONDARY ANALYSIS OF THE DATA*. Available: https://www.iser.essex.ac.uk/files/iser_working_papers/2007-13.pdf. p.52

23 Central Statistics Office. (n.d.). *Appendix 2: Definitions*. Available: http://www.cso.ie/en/media/csoie/census/documents/vol10_appendix.pdf

24 CARDI. (2012). *Ageing statistics for Ireland, North and South*. Available: http://www.cardi.ie/userfiles/Ageing%20statistics.pdf. p.2.

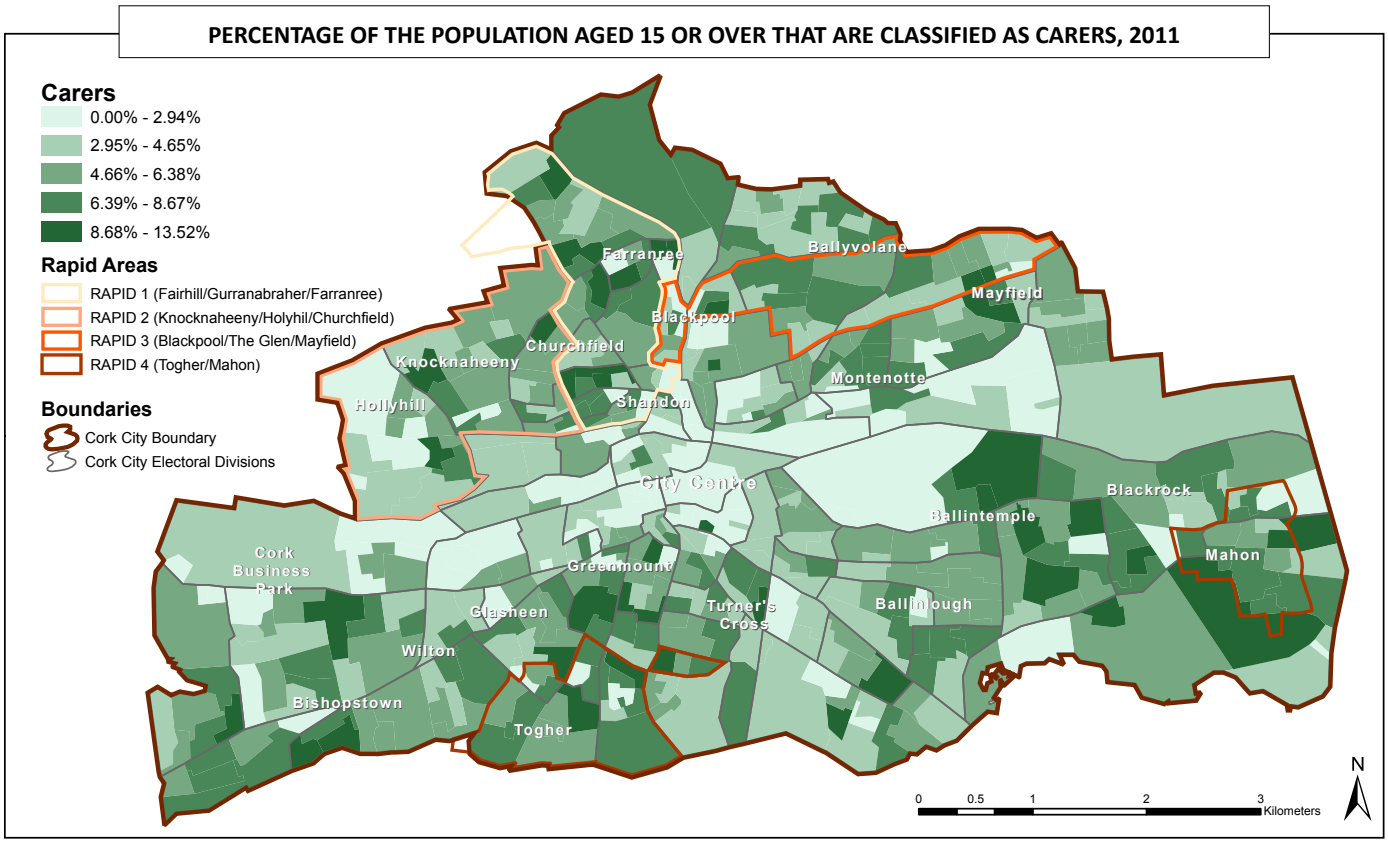

FIGURE 91. MAP OF THE POPULATION AGED 15 OR OVER CLASSIFIED AS CARERS, 2011 (SOURCE: CSO/ORDNANCE SURVEY IRELAND)

Carers (% of Population)			
Highest (EDs)		*Lowest (EDs)*	
Ballyphehane A	6.7	Shandon A	2.2
Gurranebraher E	6.5	Centre A	2.6
Browningstown	6.0	Gillabbey A	2.8
Tramore B	5.9	Centre B	2.8
Knockrea B	5.6	Gillabbey C	3.1

TABLE 142. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF CARERS, 2011 (SOURCE: CSO, 2011)

poor health and educational attainment and Gurranabraher E is in a RAPID designated area and is typified by disadvantage, thereby rendering the situations of Carers here particularly challenging. A unifying feature of these diverse EDs is their large proportions older age cohorts (though in Gurranabraher E there is a substantial proportion of persons with a Disability in the 15 to 64 cohorts). There are also high levels of Disability and poor health to be observed in Ballyphehane A and Gurranabraher E which further explains the necessity proportion of Carers.

Concentrations are lowest in: Shandon A, Centre A, Gillabbey A, Centre B and Gillabbey C. These EDs are characterised by low Age Dependency Ratios (indicating lower proportions of persons vulnerable due to age), significant proportions of persons in non-manual and professional occupations, persons with high educational attainment and in the case of the Gillabbey EDs, high proportions of students who are intuitively a group that will be less likely to suffer from Disability.

General Health

Figure 92 illustrates the distribution of the population that have 'Fair', 'Bad' or 'Very Bad' general health. Similar to the distribution of those with a disability, those with poorer health levels are concentrated in and around the four RAPID Areas, as well as around Turner's Cross, Ballyphehane and Greenmount.

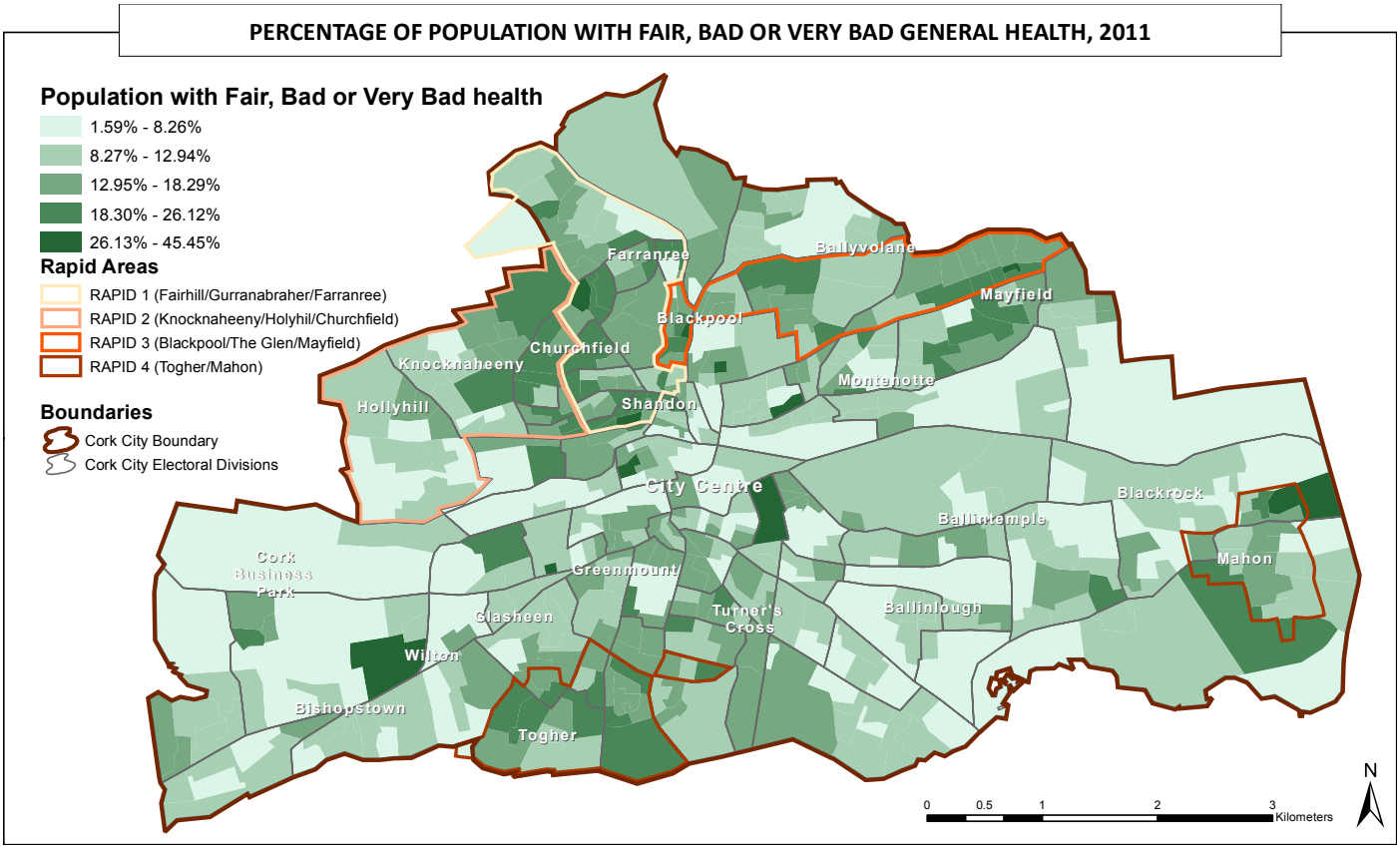

FIGURE 92. MAP OF THE POPULATION WITH FAIR, BAD OR VERY BAD HEALTH, 2011 (SOURCE: CSO/ORDNANCE SURVEY IRELAND)

Population with Fair, Bad or Very Bad General Health (%)			
Highest (EDs)		*Lowest (EDs)*	
Fair Hill B	22.8	Bishopstown A	6.0
Gurranebraher C	22.4	Browningstown	6.4
Gurranebraher B	21.4	Mardyke	8.2
City Hall A	19.2	Tramore A	8.2
Fair Hill A	18.6	Tramore B	8.4

TABLE 143. EDS WITH THE HIGHEST AND LOWEST PROPORTIONS OF PERSONS WITH FAIR, BAD OR VERY BAD GENERAL HEALTH, 2011 (SOURCE: CSO, 2011)

Table 143 represents the top five and bottom five EDs in relation to the levels of the population with fair, bad or very bad general health. As can be seen, the levels of the population in EDs with this level of health range from a maximum of 22.8% to a minimum of 6.0%.

The EDs with the highest levels of their populations having 'fair', 'bad' or 'very bad' general health are: Fair Hill B, Gurranabraher C, Gurranabraher B, City Hall A and Fair Hill A. With the exception of City Hall A these EDs are characterised by high levels of unemployment, high proportions of persons living with a Disability, lower educational attainment and higher proportions of the aged. Conditions of low income combined with more limited education may make observing healthy behaviours and treating illness more challenging. Circumstances overall are better in City Hall A, however there are significant proportions of the aged, above average unemployment and significant proportions of persons living with a Disability.

The EDs with the lowest levels are: Bishopstown A, Browningstown, Mardyke, Tramore A and Tramore B. These EDs are amongst the most affluent in the City and are characterised by high educational attainment, and low unemployment. Persons here may have better financial resources to maintain their health and higher educational attainment may empower persons to better apply healthier behaviours.

12. Conclusions

12. CONCLUSIONS

It is impossible to distill a report as extensive as this into a short conclusions section and it is stressed that any reader interested in a specific topic or area refer to its corresponding section in the main body of the report for a fuller and more detailed picture. A number of overarching conclusions have, however, been generated during the course of the research. What follows is a brief description of these conclusions.

Cork is a city of diversity, home to people of a multitude of nationalities and backgrounds who enrich the city's culture and bring vibrancy to life within it. The city provides a thriving environment for business, education, sports and culture. It hosts many festivals, galleries, cinemas, entertainment venues and an array of sports clubs. However, since the previous census in 2006, Ireland entered a period of recession, which has greatly affected Cork City. Unemployment has almost doubled and there have been significant cutbacks in public services. This report has highlighted the complexity of many challenges facing Cork City going forward, many of which are a consequence of - or compounded by - the effects of the economic recession.

Considering the current economic climate, co-ordination of services at local level to tackle deprivation, poverty, social exclusion and negative health outcomes is vital, as highlighted in a recent report published by the Social Inclusion Unit at Cork City Council in 2013.[1]

The work of the community and voluntary sector is particularly important in tackling social exclusion in a city with stark inequalities. Local community development and related organisations engage with communities through a 'bottom up' approach which enables communities to be the architects of their own development.

Deprivation, Social Exclusion and Health

The Cork City Profile shows the nuanced and complex nature of disadvantage and highlights that deprivation, social exclusion and negative health outcomes are mutually reinforcing in many respects.

It has been shown that Cork City suffers from levels of deprivation that exceed national averages based on a wide variety of indicators. This Profile also shows that there is a distinct spatial component to the distribution of disadvantage within the city. Observing the maps of many indicators and variables throughout the Profile, it is evident that deprivation is particularly concentrated in the North side and the four RAPID Programme areas. This profile also highlights challenges that some communities outside of these areas face in relation to deprivation, social inclusion and health, such as in the Ballyphehane/Greenmount area. These patterns of disadvantage have persisted for many years and common characteristics of this disadvantage include above average unemployment, low educational attainment, high levels of lone parent families, ill health and high levels of disability.

Demography and Society

Cork City differentiates itself from other regions of Ireland in relation to its demography and society on a variety of fronts. Some of the most prominent among these include:

- Almost one in four families are headed by a lone parent in Cork City, the majority by lone mothers.
- Non-Irish Nationals comprise 12.5% of the total population of Cork City.

1 "Building co-ordination around communities and local needs: the future of a more inclusive Europe" (2013).

- Cork City contains a higher proportion of persons living with disability than both County and State. The proportion of persons living with a disability has increased significantly in Cork City since the previous census, now standing at 17.7%.
- Cork City's population has declined from 123,062 in 2002 to 119,230 in 2011.
- Cork City has a lower proportion of children aged 0 to 12 than County and State.
- Life expectancy for males and females was recorded as being lower in the city than in county and State.
- Cork City contains 5,332 persons classified as Carers in Cork City (4.5%). 60% of the carers are women, 61.9% of whom work more than 15 unpaid hours per week.

Ageing

At 38.7, the average age of persons in Cork City currently stands at over two years higher than the average for the state. The Old Age Dependency Ratio of the city is also significantly higher than the State. Furthermore, Cork City is third of all administrative counties in relation to the pace at which it is ageing. Considering the variety of negative health outcomes that increase in prevalence with age, along with the variety of challenges relating to social inclusion, ageing is an issue that is likely to gain more prominence. Those who live alone are identified as being at particular risk of isolation, loneliness and depression. Almost a third of those aged 65 or older in Cork City live alone – significantly higher than recorded proportions for Cork County and the State.

Economy

The effects of the recession and construction downturn are evident throughout. Levels of unemployment increased from 6.3% to 12.1% between 2006 and 2011 and the percentage of people employed in the Building and Construction sector had a relative decrease of 55.8% over the same period. Despite the economic challenges since the advent of the recession, Cork City remains an attractive destination for industry and continues to host a range of large-scale employers offering diverse roles in employment. Employment is highest in the 'Professional Services', 'Commerce and Trade' and 'Manufacturing Industries', and lower in 'Building and Construction', 'Public Administration' and 'Transport and Communications'. The Manufacturing industry in Cork City has proved resilient, with the proportion of persons employed growing from 9% to 13.5% between 2006 and 2011. The proportions of persons whose Principal Economic Status is classified as 'Looking after the Home/ Family' has been in decline since 2002.

Unemployment

Unemployment and more particularly long-term unemployment present numerous challenges in the areas of health and social inclusion. Employment supports good mental health and enables people to meet their needs and secure better outcomes for their families. Comparisons of data from 2006 and 2011 reveal that the spatial distribution of unemployment levels is similar, even though the overall levels of unemployment have increased. Areas in the Southwest (comprising a significant number of students) and in the Southeast (excluding Mahon/Blackrock and surrounds) have significantly lower levels of unemployment. Unemployment is higher in all four RAPID areas, in particular in Knocknaheeny, the Glen, Gurranabraher, Mayfield, Fair Hill and Farranferris EDs, all of which are located north of the River Lee.

Housing

The effects of the economic recession on household tenure and homelessness are of concern. There has been an exponential rise in the numbers of people on the social housing list and the numbers of homeless. However, this has occurred at the same time as the funding environment has become extremely challenging. Cork City Council's budget for the Social Housing Investment Programme in 2011 was less than one tenth of what it was in 2009 (€5 million versus €54 million). Those on waiting lists for social housing can be some of the most disadvantaged, with the majority being unemployed. In 2011, 20.2% of households were owner occupied with a mortgage, a sharp decline from the 2002 figure of 27.2%.

Education

UCC and CIT facilitate the studies of over 35,000 students, as well as providing professional employment and prestige for the city through research output. Cork City also hosts a range of other further education facilities, providing support for those who wish to enhance their skills and knowledge. The levels of the population of the city with a third level qualification has consistently grown since 2002. As of 2011, approximately one in four people in the city held a third level qualification, up from nearly one in seven in 2002.

Cork City's role as a centre of education has strong influences over its socio-economic makeup. Areas in close proximity to UCC and CIT are distinctly different from the remainder of Cork City. Almost one in three houses are private rentals in Cork City, in comparison to less than one in five for the State. The percentage of households classified as 'two or more non-related persons' is more than twice the national average in Cork City.

While there is an overall trend in the city towards a more educated population, the spatial concentration of educational disadvantage in areas north of the River Lee, as well as in and around Togher, Mahon, Turner's Cross and Ballyphehane is concerning. In the three northside Local Electoral Areas (LEAs), 19.1% of the population aged 15 and over are educated to just primary level or less, compared to 11.9% for the three southside LEAs. 16.7% of the population aged 15 or older in the three northside LEAs have a third level degree, compared to 31.3% in the southside LEAs.

Gender

Gender plays a strong role in health and social inclusion. There are a variety of gender issues that place women at greater disadvantage, including their over-representation in the group of lone parents and their under-representation in the roles of Managers, Directors and Senior Officials. Women are also under-represented among those in the city having PhDs. There are also gender issues that have a negative impact on males, including the preponderance of males in the Manufacturing, Building and Construction industries, which have been badly affected by the recession. This has lead to high unemployment, which is associated with a greater risk of mental ill-health and social exclusion. Cork County has the highest rates of deliberate self harm for males out of all administrative counties in the country and the rates for females is second highest.

Groups at particular risk

Groups at particular risk of social exclusion and negative health outcomes include: those living alone, the immigrant community, travellers, people with disabilities, the LGBT Community, carers and the homeless. This report has highlighted in many ways how they are at risk (see the 'Diversity' and 'Demography' sections of this report in particular). The problems associated with achieving social inclusion and reducing negative health outcomes for these groups have been persistent, indicating that there is still progress to be made.

Gaps in research in key areas became apparent in the course of this research, in particular in relation to vulnerable minorities. Such research is essential for the identification of peoples' needs and the challenges that they face and would be beneficial in shaping local policy to support these groups.

The spatial distribution of socio-economic groups

The maps contained within this report have indicated how diverse the city is in terms of the spatial distribution of socio-economic groups. There are a number of distinct zones that have been identified that are worthy of further exploration. It is hoped that Section II and Section III of this report will provide a valuable tool for those conducting analysis of given localities, Electoral Divisions or Small Areas in a variety of contexts. On this note, it should be highlighted that every map of Census data contained within this report can be zoomed in on down to Small Area level when viewing the electronic pdf.

Final remark

This report highlights the need to strengthen and continue the focused work on building a more equal city. It is hoped that the structure and format of the report, as well as the information within it, can be built upon in subsequent censuses and help inform the work of other organisations and authorities within the country.

CORE TEAM

Tomás Kelly is a Social Researcher experienced in Geographical Information Systems, Statistical Analysis and Mixed Methodologies. He completed his BA, MA and MPhil at University College Cork, where he has lectured in Data Analysis. Prior to working on the City Profile, Tomás was one of three researchers on the *Emigre* study of Irish emigration which received widespread coverage in the national and international media. As part of the project, he was responsible for the development of a statistical methodology that was a prize winner at the Pfizer Innovation Through Teamwork Awards 2014. Tomás was on the editorial team at the Department of Geography, UCC for the *Atlas of the Great Irish Famine,* which won best Irish Published Book of the Year in 2013. He is a Research Associate of the Institute for the Social Sciences in the 21st Century.

Paul Hayes is a Social Researcher who has wide-ranging interests in the areas of politics, international relations, development, social justice and human rights. These interests are reflected in his choice of qualifications; Paul obtained a BSc in International Development & Food Policy in UCC and an MSc in Human Rights in UCD. Paul is interested in multi-disciplinary approaches to understanding social and political issues. After having developed an appreciation for scientific methodology in his undergraduate degree, he took the opportunity to develop skills in philosophical analysis of issues in his postgraduate thesis which was a moral assessment of Israeli military policy in the Gaza Strip. In addition to his formal education, Paul has received training in the use of QGIS software and has some experience in the development of maps.

Maria Minguella has a strong record of research experience on social inclusion in Ireland and an MPhil in Geography. She has been working at Cork City Council for ten years as Social Inclusion Policy Analyst, and has led social inclusion research initiatives that have informed and influenced Local and National Irish Policies on Social Inclusion and similar initiatives in other European countries. Key publications she led include *Music as a Tool for Social Inclusion* and *Building co-ordination around communities and local needs: The future of a more inclusive Europe*, among others. Maria also has a strong record of participating in Social Inclusion European projects. She is the Chair of the Cork City Profile Steering Committee and has been the member of the Cork City Music Generation Program Executive Committee and the Cork Music Education Partnership for a number of years.

Denise Cahill is a Senior Health Promotion Officer with the Health Service Executive. Denise has a BSc. in Sport & Exercise Science and a Masters in Health Promotion. She has worked for the Southern Health Board as a Researcher and Information Officer in the area of Public Health. Denise has also worked as a Schools Health Promotion Officer and Physical Activity Co-ordinator in Kerry. She has managed the Tobacco Control and Smoking Cessation Service in Cork and Kerry. In more recent years, she developed her skills, understanding and commitment to community health promotion and became an active member of the HSE South Traveller Health Unit. Denise co-ordinated the Health Profile which contributed to the World Health Organisation recognition of Cork as a Healthy City. Denise is currently employed as the Cork Healthy Cities Co-ordinator.