

# *Sláinte na Sceitheoige* Skeoge - People, Health and Place

## SHARP

Skeoge Health Action Research Project

April, 2025



# Foreword - Tony Doherty (Chairperson of SHARP)

'Your health is your wealth' is a very true expression of wellbeing as it captures the centrality of feeling good, getting on with your life and considering yourself well-connected to family, friends and community. For many though, wellbeing also means being able to continue having a decent and productive life while existing on low income, being ill, having a long-term condition or special educational needs while suffering from social exclusion, discrimination and stigma.

Of course, where you live and the social and physical conditions around you will have a profound impact on your wellbeing. Therefore, place means a lot and often defines us. Being born and brought up in Skeoge, and having a decent chance of a good life for yourself and your loved ones, is both a huge challenge and a collective opportunity for all who live there or who have a role there.

The action-research project that we have carried out over the past few months has come together as a result of more than 18 months hard background work by the Steering Group of which I am proud

to be its chairperson. In a nutshell, we have tried to find out what local people think of themselves, of where they live and what they want the future of Skeoge to resemble. We've also tried to glean information from statistical sources to explore the health and social trends affecting the local population.

While I will let the findings speak for themselves, what is evident already is a keen sense of community but not without its critical problems in terms of mental health, access to services, availability of social and sporting facilities, engaging young people and connectivity to the rest of Derry, to name but a few. What is clear to me is that Skeoge as a massive housing development, with a long planning and preparation period, does not have the proper facilities or resources to cater for its population. You may wonder how this continues to occur in this day and age. So do I and many others among us. While we consider this question – it is also important to deal with the here and now and begin to plan and chart the future of Skeoge – its people and place, to transform it into the envy of Derry – a place of hope, pride and a brighter future for all. This is our call to action!

The Steering Group is extremely grateful to Michael McKay from Ulster University for leading on the research and focus groups. The other members of the Steering Group are:

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On behalf of the Steering Group, I commend 'Sláinte na Sceitheoige, Skeoge – People, Health and Place' to local residents of all ages and descriptions, to local Councillors, MLAs, other decision-makers and stakeholders.

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# Quotes from Research Participants

"The health issues raised with me are more numerous and extreme than [area blinded] where I used to work. In Skeoge I have seen and heard every single thing, whereas in [area blinded] people were less willing to discuss personal issues" **Practitioner**

"There's a lot of poverty, unemployment, children with additional needs, ADHD, and autism. There's also a lot of drug use and addiction" **Practitioner**

"Building a sense of community ... not sure how you even go about that. There needs to be a better way to get information out into the community about what is going on. There can be a sense or feeling of being marginalised" **Travellers Group**

"There are lots of parents out there who are proactive and want the best for their children, but to be honest there are others who don't want anything you have to offer them. The hard-to-reach group ... and they are the very ones who would benefit most" **Practitioner**

"Hopefully in time Skeoge will become like a more established part of Derry, that sense of 'what about ye hey'

... that sense of community is very important for children growing up, a sense of belonging. It is very important in developing a sense of empathy" **Women's Group**

"We're only scratching the surface here, dealing with a small percentage of people ... but we are making an impact" **Practitioner**

"The anti-social behaviour is so bad I am in the process of moving house. There is no chemist, doctors and only one shop for the whole area. There are no schools in the area. There is a lack of programmes for children with additional needs. The number of paedophiles being moved into the area is growing. A lot of drug abuse ... children have witnessed it" **Mother's Group**

"The whole system is driven towards the suckers [people who are always asking for things over and over], the small number of people who take up so much of your time. You have got cyclical domestic violence just repeating in the same families and in the same homes, week on week, generation on generation" **Practitioner**

"Where I lived before, you didn't need a Community Hub to feel like there was a sense of community" **Youth Group**

"I sometimes think to myself, I haven't got a magic wand to fix your life ... you need to put the work in" **Practitioner**

"There's also things in life that you can't control, like you can't control everything for your kids all you can do is teach them right from wrong that's the best you can do" **Women's Group.**

"Every area has its own people but here, everyone was new. At the beginning it was like a massive clash of personalities. It was lacking in resources. **Men's Group**

"Kids can't get past their boredom, and if you can't get positive attention, you'll seek out negative attention ... it's better than no attention" **Women's Group**

"The volume of referrals from Skeoge is very high ... it suggests to me that there is something different about Skeoge, that it needs a particular kind of help" **Practitioner**



## Background

This piece of work was undertaken by the Skeoge Health Inequalities Steering Group with a view to obtaining a better sense of health and social issues specific to the Skeoge area. Skeoge is an electoral ward which forms part of the larger Ballyarnett district electoral area in the Derry City and Strabane District Council area. Ballyarnett is comprised of the areas of Skeoge, Galliagh, Shantallow, Shantallow East, CarnHill, and Culmore. The group examined data from Census 2021, and where information was available, and broken down into Ward Area, data from the Northern Ireland Statistics and Research Agency (NISRA) portal. In March 2025, some focus groups and/or semi-structured interviews were undertaken with residents of Skeoge, as well as housing officers, health visitors, Pharmacists, GPs, intervention workers, and support workers operating in the area. The five focus groups were as follows: (i) Men's Group; (ii) Women's

Group; (iii) Mother's Group; (iv) Youth Group; and (v) the Travellers Group.

The purpose of these was to determine what issues about living in Skeoge were most salient, how life in Skeoge compared to life before, and what could be done to create a more optimistic future. The full list of prompt questions is available on request. These prompts were left deliberately non-specific to any theme such as health, or standard of housing. What follows is a thematic synthesis of the interactions, and a summary of some headline statistical findings. There was a lot of obvious cross-over in terms of conversations, for example between the perceived isolation of Skeoge, transportation issues, infrastructure issues, and a lack of connection (emotional as well as physically "to the Town"). The themes extracted represent substantive and consistent ones, across groups.



## The Bigger Picture

**"Deprivation measures are frequently used to identify the most deprived 10% of areas, with many policy interventions targeting support at areas in this top decile" Lloyd and colleagues [1]**

Deprivation is a multifaceted construct, and is therefore difficult to accurately measure. Recently, Lloyd and colleagues introduced the United Kingdom Deprivation Index (UKDI) which incorporated Census data on employment status, self-rated health, and education, each of which are said to relate to key dimensions of deprivation. In their briefing paper, Lloyd and colleagues highlighted that when looking across all UK local authorities, both Derry City and Strabane, and Belfast local authorities had larger shares of zones falling within the most deprived 10% across the UK than any of the other 374 UK local authorities.

Specifically, Lloyd and colleagues reported that within Derry City and Strabane local authority, 45% of zones [2] are in the most deprived 10%. In terms of employment, 29% of its zones fall within the most deprived 10% across the UK (13th overall). For health, Derry City and Strabane is ranked third worst overall across the UK, with 44% of its areas falling within the most deprived 10%. For education, Derry City and Strabane is overall ranked worst, with 45% of its areas falling within the 10% most deprived across the UK. This information is important as it gives a broader context to the more specific area of Skeoge.

**"For both education and health, Northern Ireland has the largest share of zones in the most deprived 10% at, respectively, 27% and 28%" Lloyd and colleagues**

**"Northern Ireland has the highest deprivation levels, with some 25% of its zones being in the most deprived 10% across the UK" Lloyd and colleagues**

[1] Lloyd, C et al. A deprivation index for the UK: exploring spatial variations within and between nations. UKDI Short Briefing issue 1.

[2] Zones here refer either to Output Areas in England, Wales, and Scotland, and to Data Zones in Northern Ireland. These were collectively labelled as 'zones' by Lloyd and colleagues.

# Statistical Background

In terms of Census 2021, belonging to the Skeoge area is defined as living in the following data zones: Ballyarnett B1, B2, B3, B4, E1 and E3. Based on this, Figure 1 displays the age distribution of Skeoge residents, relative to those across the whole region (Northern Ireland). As can be seen, over three quarters of residents in Skeoge were aged 39 or under, with a very small proportion of residents aged 65 or over. A total of 46.39% of Skeoge residents were classified as 'dependent children'.

**Figure 1. Age profile of Skeoge residents relative to whole region.**

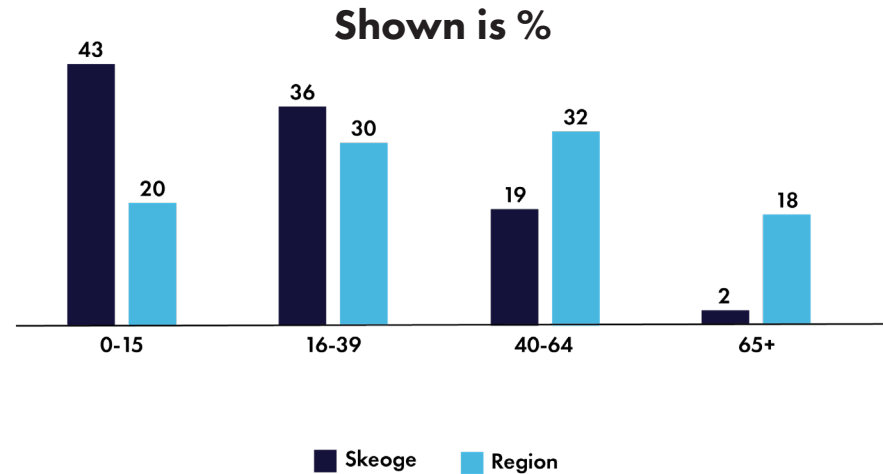
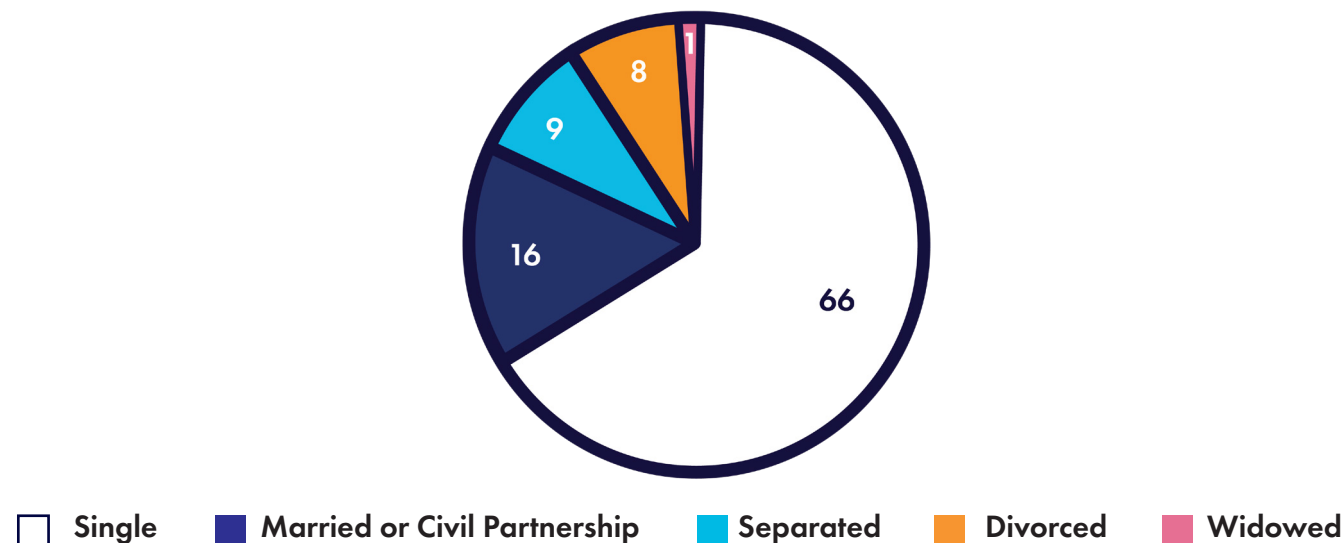


Figure 2 displays the proportions of adults in different kinds of relationships, or none. Two thirds of those living in Skeoge reported themselves as single people, with around 16% reporting themselves to be married or in a civil partnership. Beyond these figures, and more specifically, 21.29% of adults reported living as a couple (either married, in a civil partnership, or cohabiting), 15.84% as married or in a civil partnership, and 78.71% not living as a couple.

**Figure 2. Adult Marital Status. Shown is %**



In terms of educational qualifications, 25.88% of adults report having no qualifications, while 22.87% of adults report having Level 4 qualifications and above (Degree [BA, BSc]; foundation degree, NVQ Level 4 and above; HND, HNC, professional qualifications [teaching or nursing, for example]; or equivalent). Almost two-thirds reported themselves as unemployed (Figure 3).

**Figure 3. Employment status (adults aged 16+). Shown is %**

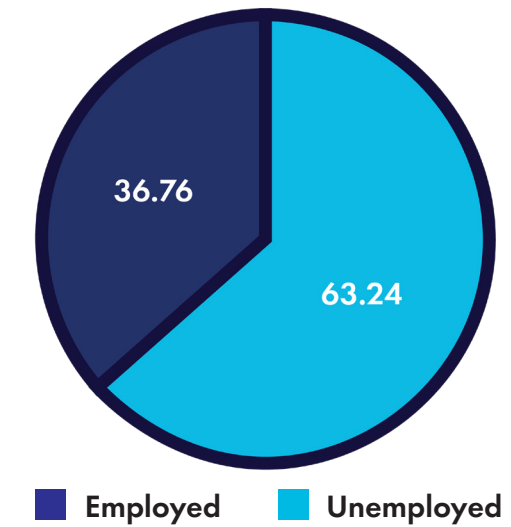


Figure 4 displays results of responses regarding self-rated health. More than three quarters self-rated their health as either good or very good, with just over 10% self-rating it as either bad or very bad.

**Figure 4. Self-rated Health. Shown is %**

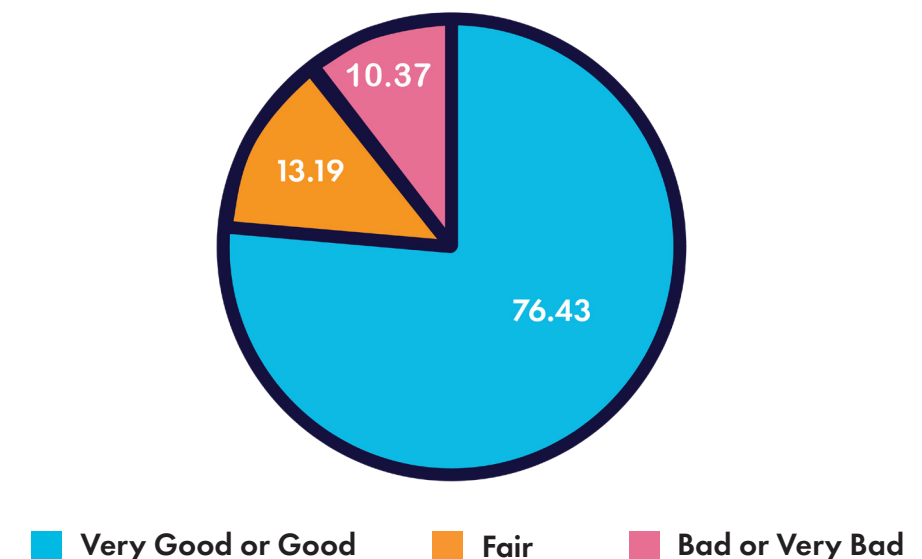
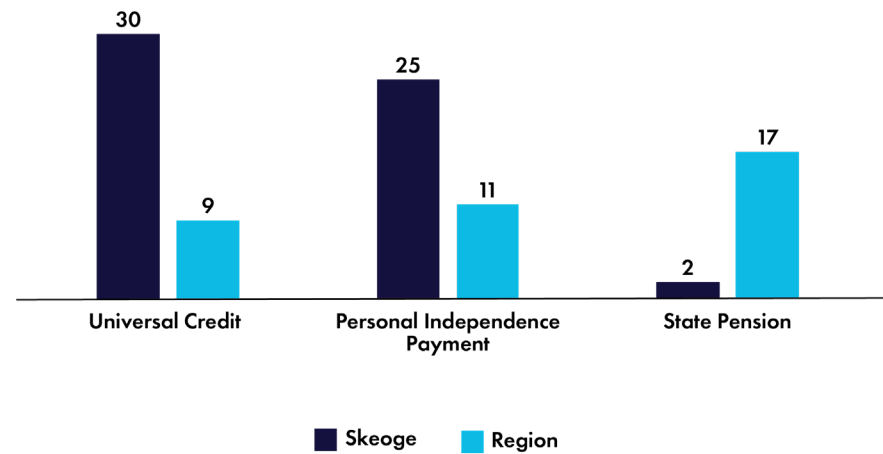


Figure 5 displays results for proportions of benefits claimants, comparing those living in Skeoge with those across the region. Results show that substantively higher proportions of those living in Skeoge reported claiming Universal Credit, and Personal Independence Payment. Reflecting the age profile previously described, a relatively low proportion of those living in Skeoge reported being in receipt of the State Pension.

Figure 5. Benefits claimants (2024). Shown is %



Data on anti-social behaviour and domestic violence crimes were extracted from the NISRA website (<https://data.nisra.gov.uk/>) for the period 2019/2020 up to 2023/2024 (most recently available). Data were limited to these two subject areas as Electoral Ward-specific data were available, therefore data specific to Skeoge could be examined. Table 1 displays the overall number of anti-social behaviour incidents and domestic abuse crimes for Skeoge, and for comparison Ballyarnett, and the Foyle election area. Domestic incidents more specifically were only available for Skeoge and Ballyarnett.

Figure 6 displays the relative proportions of these values. Figure 6 reveals that even though the overall number of anti-social incidents in Skeoge remained relatively similar over the past 3 years, as a proportion of the overall incidents in Ballyarnett, they increased in that same period, accounting for almost half of all incidents in 2023/2024.

Figure 6. Proportion of anti-social incidents in Skeoge relative to Ballyarnett and Foyle. Shown is %

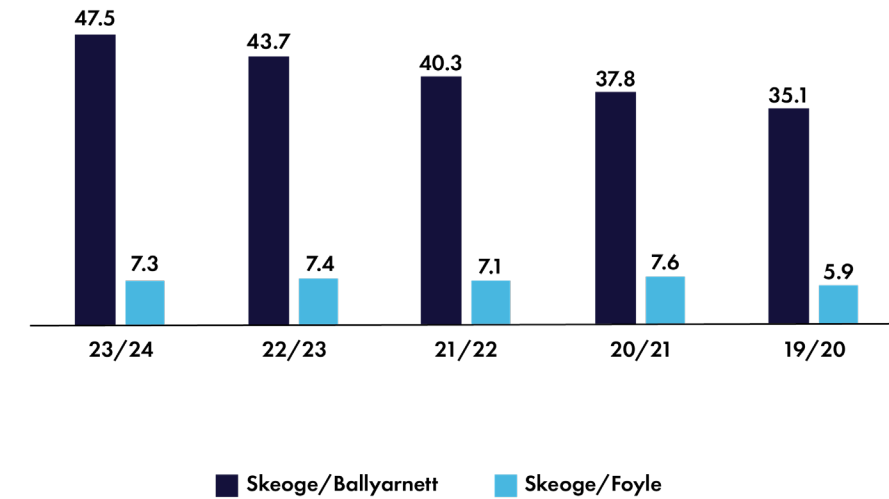


Figure 7 displays similar results for domestic abuse crimes in the three areas.

Figure 7. Proportion of domestic abuse crimes in Skeoge relative to Ballyarnett and Foyle. Shown is %

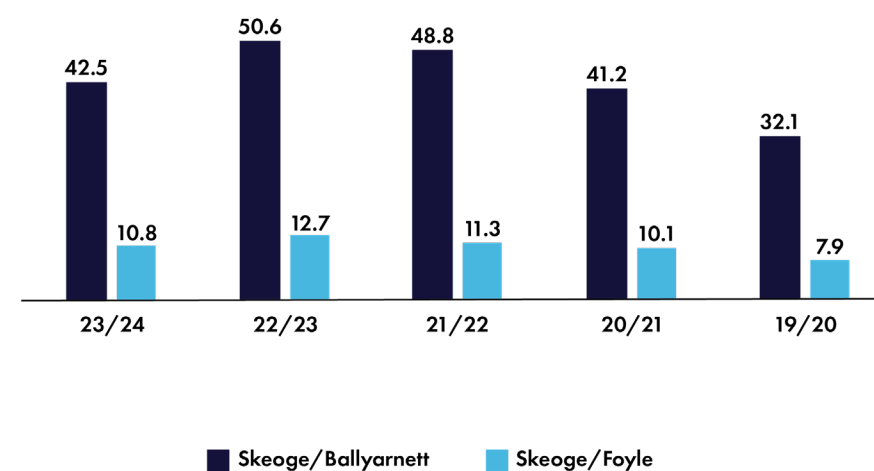


Table 1.						
NISRA-reported Incidences of anti-social behaviour, domestic crimes, and domestic incidents across Skeoge, Ballyarnett, and Foyle between 2019 and 2024.						
		2023/2024	2022/2023	2021/2022	2020/2022	2019/2020
Anti-social Behaviour Incidents	Skeoge	225	227	248	394	226
	Ballyarnett	474	519	615	1043	644
	Foyle	3084	3065	3513	5162	3850
Domestic Abuse Crimes	Skeoge	172	225	197	156	119
	Ballyarnett	405	445	403	379	371
	Foyle	1597	1768	1738	1540	1515
Domestic Incidents	Skeoge	249	274	251	237	192
	Ballyarnett	556	547	541	549	577

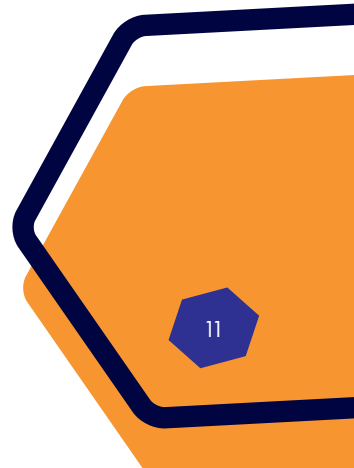
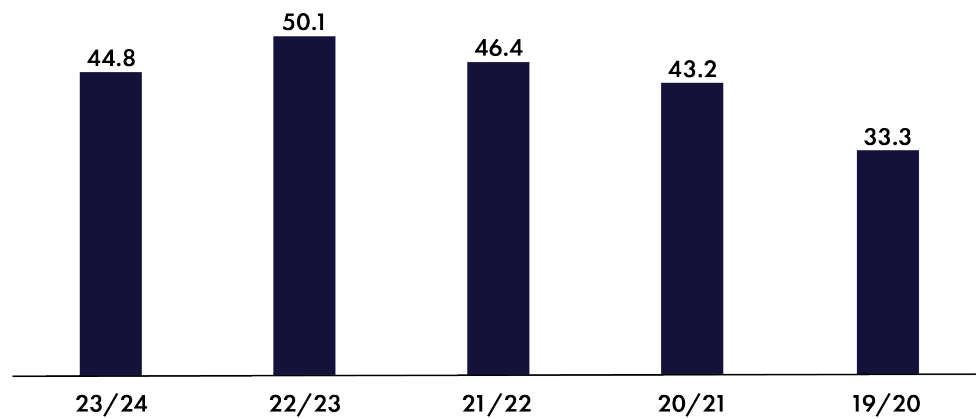


Figure 7 displays that between 2021 and 2023 almost half of all domestic crimes in the Ballyarnett area took place in Skeoge, and that in the overall period, around one in ten such crimes in the Foyle constituency took place in Skeoge. In terms of the broader 'domestic incidents' metric, results comparing Skeoge to Ballyarnett overall are displayed in Figure 8.

Figure 8. Proportion of domestic incidents in Ballyarnett overall, specific to Skeoge. Shown is %



## Focus Group Discussions

In what follows, the term 'Practitioner' variously refers to those who are active in Skeoge as a result of their job. This includes but is not limited to those working in Health and Social Care, those employed in Voluntary and Community Sector organisations, or others otherwise engaging with Skeoge residents in a work capacity.

# Section 1. The Move to Skeoge

## Section 1.1 Skeoge at the beginning

Participants described their first impressions of Skeoge. There was general agreement on the apparent attractiveness of the houses, as well as the layout of the streets. There was a general sense of excitement and anticipation, slightly tinged with an apprehension about moving to somewhere, but equally something radically new. The scale of the development (actual and proposed) was somewhat daunting also, but in general, people moved to Skeoge with a sense of optimism. Some described it as an opportunity for a fresh start, and a hope for good neighbours and a quiet street. On the other hand, there were a few who had heard [what they described as] 'bad stories' about some of the first areas to be populated, and others who were relatively unaware of an impression about Skeoge, and who in their own words did not have that 'oh no' feeling.

*"I had hoped that there would be more young people of my age. There weren't at the beginning but there are now"*  
**Youth Group**

The relatively positive first impressions or hopes have largely been sustained, notwithstanding issues raised further down the report. In particular the quality of the 'easy to maintain' homes was a feature of all group discussions.

*"Young estates are all the same it's the same problems as years go, people not able to live with others, but it matures, it calms down."*  
**Women's Group**

In the Women's Group, one participant described [in her view] the importance of being proactive in a new development, in terms of forging a sense of community. She described being one of the older women in her street, and how she went out of her way to be welcoming and kind to three single mothers who lived close by. "I introduced myself when it was the kids' birthdays etc, sure soon every day they were calling up my door, it was just kind of for a bit of support". So, by acting as a focal point for new residents, this individual forged a sense of community, and mutual support. She explained, "the sense of community for me as an older person is what is important, It was good for me. There were children running about, and that brought life".

*"When I saw the house that I was getting I just thought, oh my God, it's beautiful"*  
**Women's Group**

*"It was a huge area, intimidating at first. It was a different community and you sometimes felt that you were left to yourself [at the beginning]"*  
**Men's Group**

## Section 1.2 Is living in Skeoge better than before?

Taking everything into consideration, participants were broadly of the opinion that living in Skeoge was better than where they had lived previously. This somewhat (probably obviously) depended on the exact circumstances of each participant. There was some nostalgia for the traditional communities that some participants came from, a sense of tradition and history that is currently absent in Skeoge.

**“We need a warden to look after the parks better, to stop the vandalism by the older children. The younger children can’t get to use them” *Travellers Group***

**“There was peace and quiet until recently. In my street everyone gets along ... it’s a great wee community. My house is fantastic I have a driveway and large back garden where I had neither in my last home” *Mother’s Group***

**“It’s strange, you’ve got neighbours that you haven’t spoken to, and they haven’t spoken to you. You don’t know who they are, that’s not like the old communities of the town” *Men’s Group***

In terms of the sense of community, there was an honest acknowledgement that this will only really develop with the effort of individual residents themselves. One participant spoke of how a relative really immersed themselves in community activities, and how this resulted in them getting to know a lot more people, and feeling much more at home in the area, and much more attached to it.



## Section 2. Housing and Infrastructure

### Section 2.1 Transport infrastructure

Skeoge sits remotely from the City Centre, and for elderly or disabled residents, it would most likely require vehicular transport to access the City Centre. Skeoge is serviced by a dual carriageway both into and out of the City Centre, and in several groups, participants found the geographical remoteness and the noise (or busyness) of the dual carriageway, to be problematic. There was discussion in most groups about the bus service and bus shelters, with views mixed.

**“A shuttle bus would be a good idea to bring people to places locally...even if it didn’t go up the town. Like, £7.45 for a taxi up from the town, that is ridiculous” *Men’s Group***

In terms of bus shelters some in the Men’s group argued that seats are a basic requirement in these, for older people who may not be able to stand for prolonged periods of time. The transport infrastructure issues for the Men’s and Women’s groups were in some ways a tale of past and present. The transport issues at the beginning (which were problematic) appear to have largely improved with time. For example, in the Women’s Group, there was some discussion of bus shelter absence when the development was just beginning, but less so now. However, in terms of buses for schoolchildren, for some, the issue remains.

**“Sure, taxi men don’t want to come out here, it’s not cost effective for them. The whole taxi issue is a sign of the times [economic times that we currently live in]” *Men’s Group***

**“There’s a lack of school buses out to here I would say. I don’t think there’s a St Joseph’s bus that comes to Skeoge” *Women’s Group***

## Section 2.2 Quality of homes and living

For some of the Men's Group the requirement for a taxi, and what they considered to be the extortionate price of a journey into the City Centre, were symbolic of the way that Skeoge is cut off or isolated.

**"It was scary to come here at first as I didn't really know too many people [had lived in an established community for a long time]. You didn't know where to go, or what to do. I remember thinking, we're in the middle of nowhere here... We're closer to Buncrana than to the City Centre" Men's Group**

Opinions regarding the transport infrastructure were somewhat different in the Youth Group. Here, participants were broadly of the view that buses are plentiful, and that access to the City Centre is relatively easy. The number of bus shelters was also favourably commented on. The one caveat here was the relative inaccessibility of the City Centre for disabled people, with a particular issue being the lack of disabled-friendly taxis at the weekend. In the context of transport and isolation issues, some were of the view that the best longer-term solution to this is to have a better social infrastructure in Skeoge itself.

**"I think we need more stuff here and then we may not need to go to town. Even like a café or somewhere for socialising, because socialising up here is not really possible" Youth Group**



**"I love it it's really well insulated and the houses are really warm. Basically, they're good quality homes and I'd say that there's five times the insulation in the house that I live in now than the one I used to live in" Men's Group**

**"We were in caravans, so it is obviously better" Travellers Group**

There was a substantial amount of discussion in all groups concerning the quality of the Skeoge homes. In addition to their warmth, the issue of accessibility was also discussed (their user-friendliness from a disability point of view, and the ability to get around the development fairly easily). There was some praise for Apex Housing Association, and the way in which they support tenants. There was a sense that they do listen when issues are raised, and that they are understanding of problems. In terms of other specific 'quality' issues, these included homes with balconies, the close availability of play parks (albeit that these were more suited to younger children), and relatively large gardens (compared to previous houses, although this was not universally the case), essentially pointing to the spaciousness of the overall layout of Skeoge.

There were some negative points raised. These included the [lack of] potential to retrofit certain houses with a lift/stairlift, the fact that noise travels relatively easily between attached properties, and the relative similarity of houses, and resultant lack of individual character. The sacrifice of uniqueness and character for material comfort. One participant in the Women's Group expressed disappointment that a

scheme to buy your own home had been stopped, although a different participant believed it to be the case that such a scheme was planned for the future. There was also some commentary on poor mobile phone signal coverage, and how in some parts of Skeoge it is necessary to go to certain parts of the house to get a basic signal. It was suggested that this had something to do with being close to the border, and that it was dependant on time of the day, weather, and so on.

**"I liked living in the house I was in before... it had character. Like, it had stained glass, and it was old. Generally, this is different and better for buses" Youth Group**

With time, additional negative aspects have become part of living in Skeoge, it was suggested. There was some discussion of antisocial behaviour, a 'loudness' to life in Skeoge, and a high level of Police visibility, suggested to indicate higher levels of antisocial behaviour. There was some discussion about partying or so-called 'party houses' and how these disproportionately contributed to the antisocial nature (or opinion) of Skeoge. In the Women's Group in particular there was discussion of the way in which drug and alcohol abuse was negatively contributing to family cohesion and the resultant impact on child-rearing. The issue of electricity pylons was raised in the Men's Group as one of the worst things about living in the area. Concerns were focussed on the potential negative physical and mental health impact of living close to these.

**“Do people not realise the health harms [from pylons]? Why are they there? It is a health risk” Men’s Group**

**“There’s a mental health impact of knowing that they’re there. Once you lock onto it, you’re beaten [it will mentally affect you]” Men’s Group**

There was some commentary on fly tipping, and the level of rubbish in general around the development. In some streets the over-packing of bins often leads to rubbish lying around the streets (it was suggested that the same households were culprits week on week). For some, ‘those small practical things can make all the difference’.

**“Her bins are jam packed and then the cats or the crows come, and the rubbish is everywhere ... I’m sure hers is not the only large family in the area” Men’s Group**

**“The road can be loud, living here can be really loud. For example, fireworks at Halloween and just general noise. There are too many fights and too much Police activity and it can be noisy” Youth Group**

There was also some commentary on the general noisiness of Skeoge (including references to the noise of the dual carriageway) with traffic in general, Police cars, and fights on the streets explicitly mentioned.

There was some conversation in the Youth Group about the ‘reputation of Skeoge’ for violence and aggression. Participants believed that many non-residents are very judgemental of Skeoge. Stories were recounted about verbal abuse being called from passing cars, or by ‘groups of wee kids’, and how despite their age, their words can be mean. Despite the immediate or acute negativity that comes with this abusive behaviour, one participant (while not welcoming or appreciative of it) was of the view that experiencing this can help build resilience.

**“I am happy with it and I defend it, but when you tell people you live in Skeoge it brings with it a sense or feeling that you need to explain yourself” Youth Group**

**“I’d rather we lived where we lived before. I never got bullied on my old street and now I do, but there are some nice people here as well” Youth Group**

**“The traffic, and the speed of the traffic. The numbers of 3- and 4-year-olds tooting around on their own, parents walking away ahead on their phones. Taxis coming up onto the footpath to avoid the speed bumps that’s another problem with children walking about” Women’s Group**

In the Women’s Group the issue of cleanliness of the development was raised, with a specific focus on the problem of dogs, and dog fouling. Dogs running free had also been raised in the Youth Group, but the issue of dog poo being wheeled into homes on pram wheels, or on shoes was considered to be an issue. It was acknowledged that there had been initiatives tried with Apex Housing Association to address this problem. In terms of child safety, the misuse of scooters was also discussed, with the general view being that ‘the place is too tight’ for scooters. In terms of vandalism of the play areas, there was frustration, and a sense that people had given up trying to maintain them in a user-friendly state for younger children.

**“I did it [voluntarily tidied the play areas] for the first two years but then I gave up ... nobody else was doing it” Women’s Group**

**“The idea of a new [and larger] park might sound great, but what is that going to attract? It is beside where I live and apparently there’s to be picnic benches etc. It’s right at my house” Women’s Group**



## Section 2.3 Allocation of Tenants

**“Is there no background work done by the Housing Authority on people before they move in? Maybe they are not allowed to get information from the Police or statutory services, so I suppose their hands are tied” *Men’s Group***

**“Drug dealers are placed in among our families, and that’s not ideal” *Practitioner***

**“One of the biggest disappointments about living here is the amount of people who seem to be just dumped in the area, who cause lots of issues for residents” *Mother’s Group***

The allocation of tenants, particularly in this new development context, was widely discussed, in all groups. In general terms, people were happy with those living around or near to them, and allocations seemed ‘reasonable’. There were a few exceptions to this. The phrase, ‘you don’t know the personalities of people when you put them together’ [in terms of how they will interact] or similar, was used in the Women’s Group, the Men’s Group, and by Practitioners. There were some references made regarding the ‘whole system’ [housing, courts, social services etc] being ‘wrong’.

**“People are brought to court ... get a good solicitor ... make a case for mental health or addiction, and get off... You wonder if people like that are really better off being put in Skeoge” *Practitioner***

There was a feeling among some that people are ‘dumped’ in the area, and because of their behaviours, have a detrimental impact on the whole community.

There were concerns raised about so-called favourable allocations to people whom participants believed to be unentitled. In one case it was alleged that ‘drug dealers’ get favourable re-housing once exposed as dealing drugs, and also the suggestion that someone whose children had been removed by Social Services retained a three-bedroom house, even though it was claimed that the children were ‘gone for good’. In the Youth Group there was some discussion about living in anticipation of ‘something going wrong’ [aggression, violence, or disturbance]. Some of the words used in this conversation spoke to danger, confrontation, and not feeling safe. Here, there were concerns that ‘the troublemakers’ get rewarded with favourable re-housing.

**“There are a few bad people but somehow, they get houses around here you need to monitor that better because it spoils it for everyone else” *Youth Group***

**“I would like to see better allocation of homes. It seems that a lot of people are being placed here after being moved out of another area due to antisocial behaviour and crime” *Mother’s Group***

## Section 2.4 Access to Services

**“You need a network of support staff, something like a one stop shop. There is some joined-up thinking needed because there is a disconnect in Social Services provision, there is not enough provision. You also need more joined-up working from people working in Skeoge housing officers, anti-social behaviour officers, police, anyone working within the community” *Practitioner***

**“A bigger community centre is definitely needed to accommodate the number of people living in the area. Also, a crackdown on joyriding and anti-social behaviour” *Mother’s Group***

All groups agreed regarding the relative lack of services and/or community facilities in Skeoge. There were a variety of services listed as missing and these included a sports club, a school, a community centre (examples of those in Galliagh and Shantallow were discussed), a ‘bigger version’ of the Skeoge Community Hub, a doctor’s surgery, a dentist, a pub, and a wider variety of shops. Some of these were discussed in terms of basic needs, and ends in themselves, while others, for example the sports club and school, were discussed in terms of things which could or would give Skeoge ‘a better identity’. In particular (and probably not surprisingly) there were widespread calls among Mothers for an increased in both structured (programme-based) and unstructured (play) facilities and services, with a repeated focus on children with special educational needs.

**“Every child in this area has to get on a bus to go to school” *Men’s Group***

**“I’d love to see a bigger version here of the Skeoge Community Hub. These places have done more for me than any doctor or psychotherapist has” *Men’s Group***

The idea of a medical hub was discussed in the Men’s Group, a kind of one-stop-shop, which would house a doctor’s surgery, a dentist, and a general well-being service. It was envisaged that services like community health nurses could triage medical issues and prevent unnecessary use of Accident and Emergency services.

The need for these additional services is all the more pressing (it was claimed) given the potential expansion of Skeoge, with hundreds more houses planned. In addition to the need for more buildings (community centre, or doctor’s surgery, for example), questions were raised around the intended plans for green spaces in the area. The overriding sense in these discussions was that while there are good individual homes, there is the absence of a sense of belonging, or a sense of community, no indoor or outdoor spaces for people to meet and interact meaningfully.

**“Mothers are taking their children to Altnagelvin [Hospital] because they can’t get to see a doctor. Access to basic health screening isn’t there. The first point of primary care contact ... this is really important ... access to the first point” *Men’s Group***

There were some stated implications resulting from the lack of facilities. It was suggested that the lack of green spaces, or sports spaces has implications for physical activity, which in turn has implications for health. It was suggested that the lack of shops, and therefore competition in that marketplace has financial implications. Yes, there is a mobile shop but it was argued that this is not financially viable, is limited in its stock, and does not service all areas anyhow. The issue was raised of deliberate overcharging in local shops, essentially exploitation of residents.

**“There are no, or not enough programmes offered for children with special educational needs”  
Mother’s Group**

**“People started checking their receipts and they didn’t even add up properly”  
Women’s Group**

Groups charted the progress (or lack of progress) in terms of facilities, from the beginning of the development. It was claimed that ‘a lot of promises about facilities’ were made in the beginning, and that ‘not much has really materialised’. In the beginning it was claimed that there were a lot of issues with accessing a shop facility across a dual carriageway, and that now a traffic light system makes it somewhat easier to access. Among mothers there were also repeated calls for a wider variety of shopping facilities including a pharmacy, general supermarket-type outlets, and an extended or expanded Community Hub.

**“Basically, a lot of houses were put up without supporting community type infrastructure”  
Practitioner**

**“It hasn’t lived up to expectations. For example, we were told that there would be a park but it is just really small parks for small children. We anticipated a large park with sporting facilities and that is a disappointment”  
Youth Group**

The issue of facilities extended to the limited access to opportunities for physical activity. Specifically, insufficient ‘play areas’ for children, and in particular, open spaces for older children [teenagers]. There was specific mention of ‘a football pitch’, or ‘a leisure centre’ or an environment where people can exercise and/or relax.

**“I think it needs stuff that teenagers would enjoy ... a centre for activities. Something that would be a focal point”  
Youth Group**

Elsewhere, there were concerns about an overly rapid, or ill-thought-out approach to development. In particular, and in the Women’s Group predominantly, there were concerns about ‘all this talk about a park, I think it’s called linear park with an outdoor gym’. Others in the group encouraged those present both to lobby (or become involved in consultations) and to get their families and friends to lobby for appropriate facilities for the area.

**“It is not just a wee park; it is a massive park. Maybe I’m thinking worst case scenario, but who knows what that will bring”  
Women’s Group**

In one of the groups, discussions moved past a wish list to what sort of changes could be feasible without additional financial investment. Here, it was suggested that there needs to be better coordination and joined up working among service providers, a kind of Skeoge-specific workers forum where information could be shared, and coordination of services better streamlined. It was suggested that the existence of such a forum might help elicit better community engagement.

In the Travellers Group, there was barely a mention of health (with the exception of the dangers associated with drug paraphernalia) until prompted. Even when prompted, there was not really any definitive response. When pushed on the issue, support for people with addictions was discussed. Participants described a fear regarding their own children growing up ‘in that world’. There was also some prompted discussion of the need for physical activity spaces, such as play parks.

**“There are parks here, but you can’t use them ... because they’re locked. I have seen people bringing sofas to the park to set them on fire. Teenagers wrecking it for the younger children, full stop”  
Travellers Group**

**“The GP won’t do anything with you and there’s no help out there in the community”  
Travellers Group**



## Section 3. Health and Social Issues

### Section 3.1 Drug Misuse

“One of the big problems here is junkies and drug dealers” **Men’s Group**

“Like for example I spend my Monday fixing up after the weekend. Basically, I know where I’m going to be going on a Monday. I know where is going to be wrecked” **Practitioner**

“I found a guy dead at my front door” **Men’s Group**

“Because it’s a new area there are a lot of young people a lot of single mums ... every other house has a single mum, a lot of single people, a lot of them have addiction. Addiction is a problem in the city, but it is way bigger here” **Practitioner**

“You can look out the hub window any day and you will see deals happening” **Practitioner**

“Despite what we see with our own eyes, so often we hear ‘I don’t need support’, or ‘I don’t need help’. The thing is, they are the very ones who do” **Practitioner.**

Across all groups there was discussion of drug-related problems in the Skeoge area. Drug-related activity [using and selling], drug-related paraphernalia [in particular discarded needles], and drug-related fears, were all topical. There was explicit mention of the availability of heroin in one group, and what could possibly be called an obsession with discarded drug-related paraphernalia in another group. Alcohol was discussed in problematic terms also, but not to the extent of drugs or drug use. Indeed, drugs, and the fears associated with potential use [by children] and antisocial behaviour, were described as the biggest fears by two of the groups. The misuse of prescription medications was also widely discussed, and the deliberate mixing of these with alcohol to produce various, including hallucinogenic highs. It was suggested by some (including health professionals) that there is a ‘massive issue’ relating to the use of prescribed medication. This was discussed in terms of an almost ‘hidden’ problem, or at least, one that ‘could easily go under the radar’.

“I see girls lying in the streets at nighttime off their faces on drugs” **Practitioner**

One of the main contributing factors to the drug use in Skeoge [it was suggested], was the relatively youthful population. It was clear that participants believed the ‘problem’ to be getting ‘worse and worse’, and even the view that there was a ‘sense of forced poverty because of the drugs issue’. While it was believed that drug use was particularly prevalent and problematic among younger people (and for some mainly males), it was also suggested that alcohol misuse remains a problem among older people. Alcohol use was discussed in terms of ‘functional heavy drinkers’, individuals with jobs who are drinking on a nightly basis, and heavily at weekends, but still able to ‘give the impression that all is well’. Some practitioners made a strong connection between substance misuse and unresolved inter-generational trauma. The types of traumas discussed included childhood adversities (abuse and neglect), as well as trauma related to experiences during the Troubles. In short, individuals self-medicating trauma-related stress and anxiety.

“Regarding inter-generational trauma, many have never developed a toolkit of how to manage psychological stresses, and so the response is usually ‘I need a drug for that’” **Practitioner**

“I have heard of cases of people maybe drinking two bottles of wine on a weeknight and working the next day. In one case someone was drinking between 70 and 80 cans of beer at the weekend. Sometimes they tell therapists, ‘I honestly don’t know why I am even doing this’. For me, it’s trauma, but they don’t see that until they start talking to someone” **Practitioner**

“People say to me, ‘I don’t feel safe leaving the house’. I know of people who have palliative medicines in the house, and they have a knife under the bed, just to keep themselves safe ... or just to feel safe” **Practitioner**

“I know of a service that is Western Trust-wide that offers counselling support, and 60% to 65% of its clients are from Derry City. Within that, well over 90% of its clients are from BT48. It rarely gets someone from BT47” **Practitioner**

Related to the drug issue was that of money lenders, 'illegal money lenders at that'. It was suggested that because of their relative youth at least some people don't know how to 'navigate the system' [of money lending], and that this exacerbates the drug-related problems. Relatedly, there were some discussions around the genuine poverty that some people who are using money lenders, find themselves in. Practitioners were of the view that it is genuinely tough for many people, but for young mothers in particular. They highlighted the cost of formula milk, the relative absence of breastfeeding mothers (highlighted as an independent health issue), and the price of baby-related products such as nappies, as being particularly problematic.

**"There were two deaths already last weekend, two young men both apparently dying of overdoses and both within 24 hours of each other"**  
**Practitioner**

The issue of drug use in Skeoge being part of a city-wide problem, was also discussed. In this regard, there were concerns raised about the 'dropping and moving' of people around the city 'from one place to another'. It was believed that this practice was neither helpful to them, nor other residents who end up living in a drug using, or drug dealing situation or environment. Drug-related deaths in the Skeoge area was also mentioned as an area of some concern. It was further suggested that the abuse of prescription medicines was endemic in Skeoge. The misuse of drugs such as cannabis was believed to be so widespread that 'people don't even try to hide it anymore ... they say, 'sure it's only grass ... it's like having a glass of wine'.



**"I know two or three that would use them [loan sharks] ... I would say it's more loan sharks than proper money lending"**  
**Practitioner**

**"Prescribed medication is a problem. You wouldn't see it unless you're out in the community or interacting with people"**  
**Practitioner**

**"They take the opportunity to buy co-codamol first thing in the morning, and then chance their arms trying to buy more later in the afternoon. They can just go elsewhere ... it is difficult to police this across pharmacies"**  
**Practitioner**

**"There'll be nothing done about the anti-social behaviour. I'm concerned about the reports of drug abuse, paedophiles/rapists apparently being moved into the area. Lots of problem people being moved into my street ... constant police being called fights in the street, and drug raids"**  
**Mother's Group**



Among practitioners in general, there was a sense that the community pharmacy is a frequent 'first point of contact' for health-related advice. Among others, one reason given for the recourse to community pharmacies was the 'near impossibility at times' of getting an appointment with a GP. From the point of view of pharmacists, this presents an issue in terms of available time, however, it was also recognised that such presentations are 'exactly what the community pharmacy is here for'. There was an overwhelming sense among practitioners both of the vulnerability and the openness of Skeoge residents in terms of health-related issues, and a related feeling that Skeoge residents actively seek help, and that Skeoge would be a great location to test both community pharmacy, and community-based (more broadly) health interventions. Essentially that those living in Skeoge actively want their lives to be better and are more willing to be open about their physical and mental challenges. One final point raised in a practitioner context centred on the general level of infections (throat, ear etc.) that they see in Skeoge. It was suggested that (without recourse to empirical data) this 'seems to me to be higher than elsewhere'.

## Section 3.2 Violence against women and girls

The issue of violence against women and girls was raised by Practitioners, but not really at all in other groups. In this context there was some discussion around a pervasive sense of low self-worth among many that they come into contact with. It was suggested that violence against women and girls was 'a massive issue' both in the Travellers and Settled communities. It was suggested (importantly not by anyone in the Travellers Group) that some females in the Travellers community were trying to break away from circumstances of coercive control and violence, 'trying to leave behind a history of violence against women'. There was some suggestion that the violence extends beyond adult on adult, to children as well, with children coercively controlling parents, and other children.

Broadening out the issue of coercive and violent behaviour, it was suggested that there was also drug-specific coercive behaviour [drugs for sex], as well as so-called 'challenging children' controlling their parents, controlling their medications, controlling them physically, and controlling their money. It was suggested that, in some cases, 'teenagers are running houses because the parents are on drugs or are drinking'. For some practitioners the realities of physical and emotional abuse of women in homes was described as 'becoming the new normal'.

**"Drugs are a big issue in terms of anti-social behaviour, and needles. This is not just in Skeoge, it's everywhere. Someone needs to clean up the needles where we are though" Travellers Group**

The issue of violence against women and girls was not raised by the women themselves in the Women's Group. When it was brought up by the facilitator the initial reaction was to say that it wasn't really an issue. However, once one woman began to speak, the conversation soon began to flow. There was a sense of women feeling that it was 'not a talked about issue'. As individuals began to recount personal experiences, the atmosphere in the room became a bit more emotional. The consensus was that it is not easy to speak up, with personal stigma still an important factor. Concerns were expressed about formally going to Women's Aid, and the stigma that that might bring.

**"Like if there was a drop-in or a more informal way that might be better. It can be a difficult thing" Women's Group**

There were some concerns regarding the inter-generational nature of this abuse, and that some children growing up in these circumstances almost regard it as 'normal behaviour'. Women also explained the difficulty in breaking free from the almost traditional 'say nothing' attitude towards this behaviour, and the fact that traditionally, 'domestic violence was a taboo subject you would never have gone outside the home with it even if you had seen something inside the home'. These types of attitudes and traditions make it more difficult for women to speak up, it was suggested.

In terms of responding to this issue on the ground, practitioners raised some concerns, both around safeguarding, and the blurring of lines between

their primary role, and a 'role' almost forced onto them because of resident disclosures. For example, it was suggested that on at least one occasion, individuals whose job it is not to primarily deal with these sensitive issues, have been asked to return to individuals making disclosures 'to get more information'. Concerns were both at the level of the compromising position this puts the practitioner in, but also the potentially detrimental way that this affects the future relationship between the practitioner and the individual involved.

**"I am a [role blinded], that is not my game. I was trained to support and signpost to the relevant organisations or services, not to ask questions. Now we no longer just report, we are filling the gap that Social Services leaves" Practitioner**

Finally, and in regard to violence within homes, it was claimed that there is 'a massive fear' of Social Services and of Police, and that for some, this even extends to other services including housing officers, and community workers. It was suggested that there is almost a learned helplessness, and an acceptance (or maybe a passivity) regarding their situation, fuelled to some degree by the fear (and hassle) of reporting abuse.

**"I hear horrendous stories of what some people need to do to stay in a relationship, and yet she'll still stay..." Practitioner**

**"For me, domestic violence is more of a whole City thing to be honest ... you even hear of a lot of issues of rape up the town" Practitioner**

**"I was speaking with Women's Aid and I think they said they have 170 clients in the City, 70 of which are in Skeoge" Practitioner**



"There's a discontent but also a bit of ... I'm happy enough as I am ... or ... this is what they've seen before - it's following the generations. I offer a support service - some grab it, others say, 'I'm happy enough'. For example, take the individual I was dealing with on domestic violence ... she didn't want to report it" **Practitioner**

"In terms of domestic violence yes, the youngest person that I have heard of was 14. Her boyfriend was beating her ... it's crazy how bad it is. The oldest is 35. We don't see it so much first hand, but we would work with Women's Aid. I am from the area; I hear it on the grapevine. There is a stigma as far as women are concerned with speaking about this issue. What if someone finds out? What if somebody talks?" **Practitioner**

There were some other noteworthy issues raised among the practitioners. The first related to a frustration on their part that 'the very people who most need the help do not engage'. Practitioners described how there was a reluctance to avail of services that parents and children alike are 'entitled to'. This was not universal though. For example, while crèche places would be highly sought after, more structured and on-going support services which involve a degree of parental buy-in, are less sought after. Also, it was suggested that residents 'put more value' on one-off events delivered by external (to Skeoge) agencies, than they do on more structured support services. It was suggested that there were perhaps three profiles of parent in the area. Firstly, those who try their best to take on advice and supports offered. A second group are those who themselves struggle with social and emotional well-being, and therefore struggle to see the value of some services for their children. Finally, a more difficult-to-reach group who are more independent and struggle to accept support or attend events. It was suggested that many of the latter are predominantly interested in childcare placements. In the Skeoge context it was acknowledged that it would be in children's interests that more childcare placements were available.



"On the flip side of that, we do work with some lovely parents who do want the best" **Practitioner**

"Some children could be doing with being in childcare for longer periods of time ... in a structured and safe space for a few hours each day" **Practitioner**

"I meet people who say to me 'I'm 30 now', or maybe say 50, and they say, 'I'm old now'. They have such low expectations for their futures and for their health" **Practitioner**

Among practitioners there were also calls for a greater focus on the future of the children of Skeoge. Some were of the view that many parents and grandparents that they come in contact with have developed a fatalistic attitude towards their futures, and in particular, towards their future health. It was suggested that a 'cycle needs to be broken' to give children the possibility of being more hopeful and optimistic about their future, and importantly, their future health and life expectancy. At the same time, it was suggested that many of these same individuals have very high levels of health-related anxiety.

## Section 3.3 Paramilitaries

Perhaps unsurprisingly, there was very little direct mention of paramilitaries in Skeoge among residents, with some vague referencing of them in the context of money lending. There was more explicit and direct mention of their role in the area from practitioners. Reference was made to 'naïve young boys' finding themselves in trouble and being subsumed into paramilitary activity, a sense that in an area with very little other provision, this offers some form

of excitement and/or belonging. There was also explicit reference to the lack of constructive and authoritative parenting (for reasons already alluded to), and how this feeds into the children's availability to paramilitary influence.

**"Lots of people are reluctant to say or do anything about it. It's too close to home. People just won't speak"**  
**Practitioner**

**"Many of these lads are being parented by their peers, older peers ... and they have to act out the role of trying to be the big man"**  
**Practitioner**



## Section 4. Support Structures in Skeoge

### Section 4.1 The Skeoge Hub

**"We would never be together [given the age distribution and the different personalities around the table] if it wasn't for this hub"**  
**Women's Group**

**"People in the hub are very nice, like (named worker) is very nice. Some neighbours are also nice"**  
**Travellers Group**

**"In terms of the youth we try to facilitate every age, but we are such a small team. We have 4 youth groups we have started across community youth group trying to reach out, but we have such a small team"**  
**Practitioner**

**"The hub offers great support - fun days, summer schemes, courses, and benefits advice"**  
**Mother's Group**

The Skeoge Community Hub came in for praise across all groups, genuine, and repeated praise. In the absence of a community centre (again much discussion about equivalent provision in Galliagh and Shantallow), the hub was spoken of as 'a great location for people to meet'. There were widespread calls for a more expansive hub-type provision, something that could act as a focal point for the whole community. The focus on inclusivity was particularly emphasised in the Women's Group where participants emphasised the different needs of different young people, and therefore the need for an inclusive club where everyone can feel welcome.

**"There are the ones who have a special or specific need, but they don't see themselves as different, it's about helping all children to grow"**  
**Women's Group**

**"I have noticed the services that are provided in the hub ... which are great ... but it is very limited to small numbers compared to the number of families live in the area. Also, there are not enough programmes designed especially for children with additional needs"**  
**Mother's Group**

There were some negative issues raised. Firstly, the disproportionate size of the hub facility relative to the population that it is servicing. For example, in relation to summer schemes (or even so-called 'normal events') it was thought that the hub could only cater for a small proportion of those who would potentially benefit from it. It was suggested that this results in some children hanging around (and on occasion vandalising) play parks. There were also some concerns raised about hubs having to competitively tender against each other for basic funding.

## Section 4.2 Support for each other

“There’s not a lot you can do in the hub for the size of the community” **Travellers Group**

“Elsewhere in the City like Galliagh and Shantallow there have been really good centres that have really helped children to grow and develop in those communities” **Women’s Group**

The importance of the hub as a place for social interaction was said to be particularly important given that once a lot of older people go into their home at night, they are effectively isolated until next morning, and this was said to be particularly problematic during the period of ‘dark evenings’. The Women’s Group suggested a bigger hub affiliated to the Northwest Institute so that courses could be offered in the community, by people from the Institute. It was argued that this would help forge community connections for people in the Institute and facilitate personal and skill development for residents.

There were some comments concerning what the hub is practically capable of offering in a community such as Skeoge. It was suggested that even with increased staffing levels, more is needed than just the hub. Specifically, greater visibility of support infrastructure generally. One suggestion was that Apex Housing Association staff are more available in the community (for example even a part-time Apex Housing Association office in the area ‘could relieve the pressure’ for some tenants).

“**Visibility is a massive thing in an area like here. If people see housing officers or anti-social behaviour officers, or any kind of help, that is a big thing. For example, going to Apex offices in town is a big deal for some people, and a sub office would lead to more informal processes**” **Practitioner**

“**More money into the support organisations, not money to the people but money to the organisations. For example, in the six months that you’re on a waiting list a lot of bad things can happen to you**” **Practitioner**

In general terms, there was a real sense of mutual support among residents in Skeoge. This was not just specific to the groups in question (Men’s, Women’s, Travellers) but the feeling was that generally, ‘people look out for each other’, and that neighbours would also keep an eye on your property if you were away for any reason. In the Women’s Group there was some discussion about how individuals and families have arrived in Skeoge from a variety of backgrounds and places, but that the idea of a new start, and the mutual support that people in the group give to each other has really enriched their experience of Skeoge. Some explained how Skeoge is a good place to live in terms of giving confidence to the children and young people. There was a feeling that there is more security and more stability in the

housing allocation. Participants were of the view that overall friends and connections are relatively easily made, with extended family normally also living close by. There was some discussion in both the Men’s and Women’s Groups that the facilitated (and now established) groups in the hub, brought together people who would never have otherwise interacted, ‘different types of men/women’.

“**Most neighbours would be safe. Your house would be fine if you are away for a while. The houses are good houses, they are nice houses**” **Travellers Group**

“**Take this group ... you’re talking to someone who knows what you’re feeling. That keeps you in the group ... like we support each other. We can talk about anything and that’s why we value the group so much**” **Men’s Group**



**“Just the whole social aspect ... we are all counsellors for each other in this group ... there is such a variety of life experiences ... you’ll not be lonely” *Women’s Group***

There were some concerns expressed in the Travellers Group regarding the (perceived) unfair treatment of Travellers children, relative to settled ones. It was suggested that when Travellers children mix with settled children, ‘issues’ arise for the settled children, and sometimes the Travellers children ‘are outcasted, and to that extent there is no real sense of community’. It was also suggested that Travellers children always get the blame if something goes wrong.

**“Not only that but if one Travellers child does something the whole Travellers community gets blamed ... That doesn’t happen if it’s a settled child. If it’s a settled child, then that is just about them not about every settled person” *Travellers Group***

There were also some concerns raised about the integration of the travelling community more generally into community affairs or events. It was acknowledged that it is not always easy to engage the Travellers community using traditional or universal approaches (like social media), with specific reference to literacy issues. However, this was somewhat contradicted by calls for information flyers to be distributed around Travellers homes, notifying occupants about up-coming events.

There was an important recognition among many of the practitioners that there are a lot of people in Skeoge, as elsewhere, who are doing their best, are because of that, largely remain unknown to services. A number of practitioners were keen to highlight this.

**“By the nature of our jobs we are not seeing the many families who are thriving so well” *Practitioner***



## Section 5. The Young People of Skeoge

### Section 5.1 Children and Education

**“I know one mother and the child has her battered black and blue. It’s because of his age that he is not diagnosed. She is a prisoner in her own home. I am working with a group of six mums and five of them would tell the same story” *Practitioner***

**“Children with additional needs ... that is very difficult in this area. We have no school of our own ... children are in mainstream schools and should not be there. I run a group for mums and parents who tell me ‘once you are told that your child is going for a diagnosis you’re left in the dark, you can wait a long time’” *Mother’s Group***

**“Since Covid school avoidance issues in Shantallow and Skeoge have been very high. I don’t see that as much in other places” *Practitioner***

**“There are a lot more children in my area now than where I previously lived. My children have more friends, and their confidences has grown through having them friendship groups” *Mother’s Group***

**“I know that I make a difference with the people who I come into contact with it doesn’t matter what they need I can get them help, we can get every kind of support for all people we can make a real difference, and we are very well networked. The problem is capacity. There are lots of good services, but the waiting lists are terrible and there is no quick fix” *Practitioner***

**“Extra support to help the kids read and write, settled and Travellers children alike” *Travellers Group***

**“The largest proportion of referrals that I would get would be for financial support, or children with additional needs” *Practitioner***

The issue of support for children, both in mainstream schools, and in terms of special educational needs, was also raised. Topics ranged from the need for and importance of after-schools support (in the schools themselves, and in the hub) to the prevalence of ‘additional educational needs’ in Skeoge.

There was also some discussion among practitioners about high levels of school avoidance, particularly since the Covid-19 pandemic, and particularly in relation to anxiety issues.

In the Mother’s Group, much mention was made for the need for specific supports for children with special educational needs. However, it should also be noted that mothers were also pleased that their children had the opportunity to make friends with other children, something that was not possible to the same degree where some previously lived.

## Section 5.2 Not just about the children

Both the Women's Group and the Travellers Group were made up of women only. In both groups there was a considerable emphasis on building infrastructure and friendships in order that the children would have a better future.

**"Children growing up with friends will give them friends for life" Women's Group**

However, when quizzed on this by the facilitator there was also discussion about the importance of not only looking out for the children, but also of mothers and grandmothers having support for themselves, which in turn will help provide stability for the children. In the Travellers Group participants were not necessarily positive about their own futures but expressed more hope for their children. It was only when prompted that they were able to see a better sense of future for themselves.



**"Schools treat them [children] brilliantly. There may not be much for them to do, but the schools do treat them well" Travellers Group**



## Section 6. Conclusions

In all of the focus groups people were energetic and enthusiastic about the possibilities for Skeoge. However, they were equally realistic about what needs to change. The Men's and Women's Groups were largely made up of individuals who had grown up through the Troubles and largely in traditional communities. While there was agreement that the homes in Skeoge were warm and offered a decent standard of living, there was also an overriding sense of this dysfunctionality in some streets and with regard to some families. In some cases, this can take over the street, creating a sense of fear, or a breakdown in the sense of community. In addition to needing material resources like shops, pubs, schools, or churches, there is also a need for a development of the community spirit and an apparent lack of a focal point or points for people to meet and interact, and it was suggested that this works against the people of Skeoge

having a collective identity. As it stands, there are thousands of individual people with memories of previous existences and communities, but not really united around an identifiable Skeoge brand.

Not surprisingly, the discussions with the range of practitioners differed somewhat in terms of content and tone, from those with residents. There was a definite sense among practitioners that Skeoge has specific and acute health and social care needs, different in degree and volume, even to the rest of the city. However, there was also an awareness that because these individuals often and only meet Skeoge residents at their worst (for example, in a time of crisis), that their view may be somewhat distorted by that. In other words, they rarely, if ever, meet the many residents who are working hard, and doing the best for their families, and their community.

## Acknowledgements

The authors of this report would like to acknowledge the help of Skeoge Hub staff in the organisation and facilitation of Focus Groups, in particular Nicola, and Orla. They would also like to acknowledge the support of Apex Housing Association and the Western Health and Social Care Trust who provided funding to support the work, but who remained at arm's length from the process.

The material contained herein does not represent the views of any of the individual stakeholders or partners involved in this research.



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