



Sláintecare.
**Healthy
Communities**

HSE Sláintecare Healthy Communities

2024 Overview



Rialtas na hÉireann
Government of Ireland



Rialtas Áitiúil Éireann
Local Government Ireland

Introduction

Sláintecare Healthy Communities (SHC) is a cross-government initiative that addresses health inequalities through a place-based approach. The Programme aims to improve the long-term health and wellbeing of people living in communities across Ireland where health inequalities are most evident. Launched in 2021 across twenty communities, the Programme received additional investment in 2025 to expand its reach to four further areas.

The HSE delivers a suite of targeted, health-specific interventions including Parenting Programmes, Community Food and Food Poverty initiatives, Social Prescribing, Stop Smoking Services and Making Every Contact Count (MECC). Programme delivery is supported by more than forty locally commissioned partners, with strong community links, including Local Development Companies, Family Resource Centres and other community organisations. Local Development Officers support implementation from a local authority perspective, helping to address the wider social determinants of health.

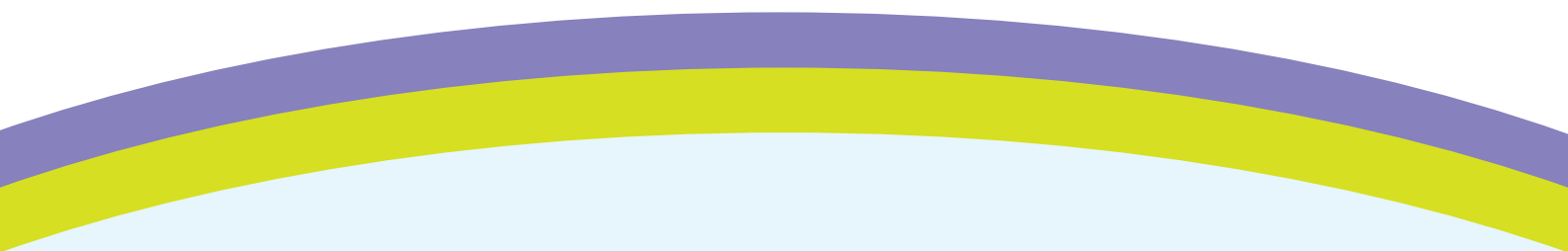
HSE SHC Intervention Areas

- **Parenting Programmes:** Evidence-based group programmes and workshops that strengthen parenting skills, family relationships and children's wellbeing.
- **Healthy Food Made Easy (HFME):** A practical nutrition and cookery programme that builds skills and confidence in preparing healthy, affordable meals.
- **Social Prescribing:** A non-clinical support pathway connecting individuals with community activities and services to reduce isolation and enhance wellbeing.
- **Stop Smoking Services:** One-to-one and group-based behavioural supports, including We Can Quit (WCQ), providing tailored guidance and nicotine replacement therapy to help people quit smoking.
- **Making Every Contact Count (MECC):** Brief, evidence-based lifestyle interventions delivered by trained staff to support positive behaviour change. We do not collect information from participants who engage in a MECC intervention.

For more information on the SHC Programme, please visit

<https://www.hse.ie/eng/about/who/healthwellbeing/slaintecare-healthy-communities/>

In 2024, SHC continued to strengthen its reach and community engagement. More than 10,000 participants engaged across core services, with over 80% living within SHC catchment areas. This report provides an overview of programme activity, participant demographics, and key findings across SHC services in 2024.





Parenting Programmes



160

parenting workshops

1,406 participants

125 parenting

group programmes

986 participants



COMMUNITY IMPACT



86%

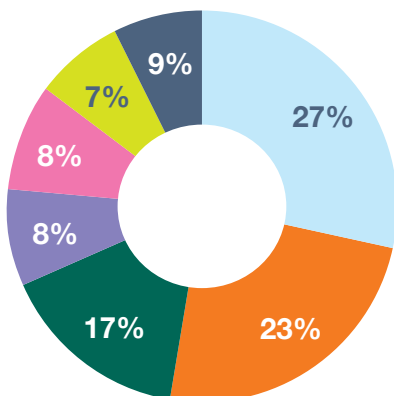
lived within the
SHC catchment area

86%

consented to use of their
demographic information



PROGRAMME ATTENDANCE



- Parents Plus 6-12 Years
- Parents Plus Early Years
- Triple P Group
- Triple P Fear-Less
- Parents Plus Healthy Families
- Parents Plus Parenting When Separated
- Other programmes

PARTICIPANT PROFILE



86%



14%



40%

one parent families



57%

two-parent
household



82%

25-44 yrs



33%

third-level degree



82%

White Irish



40%

employed



25%

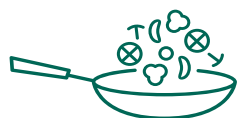
unemployed



19% engaged
in home duties



Healthy Food Made Easy



295 Healthy Food Made Easy (HFME) courses

2,796 participants



COMMUNITY IMPACT



86%
lived within the SHC catchment area

76%
consented to use of their demographic information



EDUCATION AND EMPLOYMENT



15%
third-level degree or higher

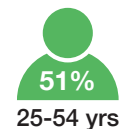


21%
unemployed



17%
retired

PARTICIPANT PROFILE



18% one parent families



40% other



42% couples with children



30%
chronic or long-term health condition

Social Prescribing



2,724 new referrals to Social Prescribing



2,217 new open cases across SHC areas

COMMUNITY IMPACT



77%
lived within the
SHC catchment area

88%
consented to use of their
demographic information



HEALTH AND ACCESSIBILITY



24% registered disability

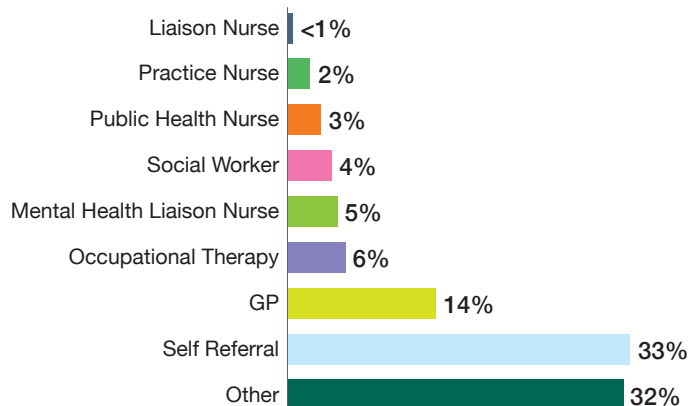


28% access needs



52% chronic or
long-term health condition

REFERRAL SOURCES



REASONS FOR REFERRAL



59% due to social isolation



17%
mental health



10%
other reasons



10% long-term
health conditions



5%
social issues

PARTICIPANT PROFILE



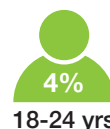
67%



33%



40%
lived alone



15%
third-level degree
or higher



21%
unable to work due
to illness or disability



16%
unemployed



16%
employed



36%
retired

Stop Smoking Services

QUIT

GROUP SUPPORT – WE CAN QUIT (WCQ)



35
WCQ programmes
346 participants



69%



31%



73%
35-64 yrs



92%
White Irish



17%
third-level
degree or higher



14%
retired



9%
unemployed



49%
employed



10% unable
to work due to illness
or disability

Of those who set a quit date,



61% remained
quit at four weeks.

ONE-TO-ONE STOP SMOKING SERVICE



2,644
unique episodes
with a tobacco user

Of those who set a quit date,



59% remained
quit at four weeks.



22% third-level
degree or higher



56% employed



9% unemployed



10% unable
to work due to illness
or disability



14% retired



53%



47%



67%
35-64 yrs



86%
White Irish

Summary of Findings

Growing reach:

In 2024, more than 10,000 participants engaged across Parenting, HFME, Social Prescribing, and Stop Smoking Services – a 14% increase on 2023. Engagement with the Making Every Contact Count (MECC) Programme also grew, with over 3,500 HSE staff participating, up 24% on the previous year.

Strong local engagement:

Over 80% of participants lived within SHC catchment areas, demonstrating strong community connection.

Reaching those most in need:

Compared to Census 2022 data, SHC participants showed indicators of higher levels of deprivation, supporting the Programme's place-based approach to tackling health inequalities.

- **Employment:** Unemployment was higher among SHC participants than national norms. However, unemployment rates among those engaging with WCQ and one-to-one Stop Smoking Services (9%) were closer to national averages, suggesting these services may be less accessed by people who are unemployed.
- **Education:** SHC participants generally reported lower levels of third-level education compared to national norms. Parenting Programme participants, however, reported higher levels of third-level education than the national average, indicating these programmes may be attracting more highly educated individuals within target communities.

Sex:

Over two-thirds of participants were female. The highest proportion of male participants was seen in the one-to-one Stop Smoking Services, followed by WCQ. This highlights a need to strengthen male engagement, particularly in Parenting and HFME programmes.

Age:

Most participants were aged 35–64 years. HFME and Parenting programmes engaged more participants aged 35–44 years, while WCQ and one-to-one Stop Smoking Services saw the highest participation among 55–64-year-olds. Engagement with Social Prescribing was highest among those aged 65–74 years.

Ethnicity:

The majority of participants (84%) identified as White Irish. Further analysis and engagement are needed to assess how SHC can better meet the needs of more diverse ethnic and cultural groups and encourage their participation in the programmes offered.

While these findings provide valuable insight into who is engaging with SHC programmes, further evaluation is needed to explore the impact on health and wellbeing outcomes for people in these disadvantaged communities.