



Let's Get Specific

North Inner City Drug & Alcohol Task Force
Prevention & Education Committee

Report of a Forum of Youth and Community
Workers, Teachers and Young People on
Substance Misuse Prevention and Education

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With thanks to the HSE and Drugs
Programme Unit of the Department of Health



Report of “Let’s Get Specific”

Prevention and Education Forum

hosted by the
North Inner City Drug & Alcohol Task Force
Prevention & Education Committee
with youth and community workers, teachers and young people
on substance misuse prevention and education.

Opened by the
Minister of State in the Department of Health, Catherine Byrne
14th November 2017

A follow-up to “**Just Saying...**” Four Prevention and Education Youth
Conventions held with Transition Year and Fifth Year students
in Dublin North Inner City.

Report launched by
Minister for Education and Skills, Richard Bruton
15th June 2018

The members of the NICDATF Prevention and Education Sub-Committee
are: Maureen O’Sullivan TD (Chair), Miriam Coffey, Denise Carroll, (NIC-
DATF), Pauline Brennan (BradÓg), Sue Carter (HIV Ireland), Irene Crawley
(H.O.P.E.), Gerard Roe (BeLonG To), Abigail O’Reilly, (Talbot Centre).

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Acknowledgements

The North Inner City Drug and Alcohol Task Force (NICDATF) would like to thank all involved in this forum and in the preparation of this report.

Catherine Byrne, Minister of State, Department of Health who opened the forum.

Prevention and Education sub-committee: Chairperson Maureen O'Sullivan TD and members: Pauline Brennan, Irene Crawley, Gerard Roe, Sue Carter, Abigail Carrick, Miriam Coffey and Denise Carroll and the organisations that support them in this work.

Nessa Ni Chasaide who compiled the report and the young people and staff from BradOg Youth Service for the cover.

Venue: Staff and management of The Office of the Ombudsman for Children.

And most especially all the attendees and speakers at the forum for their whole-hearted participation and for bringing a wealth of expertise from their prevention and education work to the discussion, in particular Niamh Digan and Franchesca Osborne for their inputs on the panel.



Background and purpose of the forum

The forum was part of the ongoing work of the *North Inner City Drug & Alcohol Task Force (NICDATF) – Prevention & Education sub-committee*. In recent years this sub-committee has been involved in a number of significant initiatives including organising youth conventions, the creation of a parent information pack and holding of seminars. Specifically, the forum was a follow-up to a previous round-table discussion involving a number of key projects and individuals working with youth on substance misuse issues.

In the context of the recent launch of the National Drug Strategy ***Reducing Harm, Supporting Recovery: A health led response to drug and alcohol use in Ireland 2017-2025*** it sought to further explore how the drug problem is being experienced in communities. The new strategy differs from earlier versions by moving away from the separate pillar structure, with prevention actions now falling under the broader goal to promote and protect health and wellbeing. The forum also focused on the solutions being applied in practice by stakeholders involved in substance misuse prevention and education.



The forum was opened by Catherine Byrne, Minister of State in the Department of Health with responsibility for Health Promotion and the National Drug Strategy.

Summary of findings

This report reflects the comments of the attendees at the forum.

1. The National Drugs Strategy & Context

Several participants welcomed the emphasis on well-being and positive mental health in the newly launched Strategy. Others presented the view that the document is a starting point for further engagement between stakeholders.

Practitioners across a range of stakeholders noted the continued drug related risks that young people are faced with, including:

- The continued vicious cycle of economic marginalisation and substance misuse
- The inter-generational nature of substance misuse. The significant influence of home life and parent's own substance use, as well as their attitudes to the substance misuse of their children
- A growing culture among young people of "*pre-drinking*" at home before going out
- Increased prevalence and social acceptance of cannabis use, among secondary school students and within the community
- Not enough focus on alcohol misuse or on the harmful effects of cannabis in substance misuse materials
- The prevalence of risky behaviour associated with drugs, including the increase in HIV and STI diagnosis among under 30 year olds
- The targeting of vulnerable young people to act as "*runners*" with drugs, some from the ages of 8-9 years of age.

2. Substance misuse prevention and education in schools

The central role of schools in preventing substance misuse was noted by several participants from both the formal education and community sectors. The dedication of teachers of the Social Personal and Health Education (SPHE) subject and Home School Liaisons in supporting students' well-being was emphasised.

2.1 SPHE and teacher training

Concerns were raised about a perceived decline in support services toward SPHE. The lack of training and supports available to SPHE teachers; teachers' lack of attendance at training and lack of support to enable them to attend, were perceived as major obstacles. A teacher posed the question *"Are we really valuing it [SPHE] if we don't train our teachers? [...] The Department of Education can do more."* A perceived lack of respect given to the subject of SPHE in schools was expressed. For example an SPHE teacher said, *"I'm not trained as an SPHE teacher. I went in and found it on my timetable. It is not a subject that is taken seriously"*. Another teacher indicated that SPHE is timetabled as *"the graveyard shift"*.

Schools that were engaging with youth and school completion services were described as *"walking the talk"* on drug prevention. However, the wide-ranging content in SPHE results in substance misuse education being left out. A secondary school student commented *"I think we should learn about drink and drugs [...] In SPHE it's all about puberty. How are we supposed to know about it [drink and drugs] if we don't learn about it?"*

The value of SPHE training was highlighted by a teacher who had undertaken it. She indicated, *"moving to a facilitative role enhances outcomes. I myself learned about how to be a better teacher through training in SPHE."*

2.2 External supports to teachers

The question of who should deliver substance misuse education in schools was discussed. The specificity of the topic was noted as a challenge for teachers who do not feel fully informed about what is currently happening with regards to drugs and alcohol in their communities. A teacher indicated *"[There is a] directive that teachers are meant to roll out the drug part of it. But every single teacher I have ever met does not feel qualified to do it, and the kids know"*.

A youth worker said, *“A teacher can do [the learning programmes] ‘Walk Tall’ and ‘On My Own Two Feet’ - which focus on risks - but once they [the teachers] get a question, they are at sea. For example, students might say, ‘cannabis is used for medicinal purposes’ meaning they [the students] don’t understand that there are different types of cannabis. We are 20 years behind. Messages can be confusing to young people.”*

Students’ reticence in sharing their feelings and experiences about drugs with their SPHE teacher was raised by several participants. It was clear from several inputs that external groups have been very helpful in supporting teachers in this area (although it was flagged that Garda vetting and the importance of not being “preachy” to students needs attention). There was a view that external groups often gain the trust of students and succeed in engaging them more than their teachers can on this issue. Several participants indicated sessions can be more successful when the teacher is not present because of the sensitivity of the issue. However, there was a sense that teachers are not allowed to invite in external groups to carry out substance misuse education. One participant indicated this may be from previously negative experiences of guest speakers in recovery who may have *“glorified drugs”*. It was clarified that schools are permitted to invite in external educators if handled appropriately.

2.3 Supporting at risk students

Supports needed by young people who may already have addiction problems was flagged. One teacher remarked, *“There is so much to be covered in the subject – mental health, healthy eating [...] I can research, but I am not an addiction counsellor.”* A community worker working with young people in addiction added, *“I’m there [working at a support centre] 7 years but never once got a referral from a teacher. This is a big gap.”*

2.4 Creating a supportive environment

The wider supports required for the SPHE teacher were noted and the need for resources to strengthen this. In particular the support of Home School Liaisons, parents and community organisations was noted. A teacher remarked, *“We had a school meeting today to discuss whole school well-being, working with all stakeholders, including parents. We are keenly aware of the importance of resources in the school and outside of the school. We would like to acknowledge all of the agencies that have worked with our school. We’ve had many of the groups here today in. This work is invaluable. It is about coordinating well.”*

A teacher noted that creating an environment for a holistic approach to substance misuse prevention is a challenge saying, *“I am a psychotherapist and trained in mindfulness. If we do not accredit this work, what are we actually saying?”* and *“it’s not just about throwing information at people, it’s about teaching people to communicate. People affected by addiction find it hard to communicate and find it hard to trust. They are hurt. Involvement of parents is important.”*

The importance of facilitating teachers to build relationships with their students was noted. A teacher said, *“What really matters is getting to know the children”*.

Youth Conventions “Just Saying”

The experiences from four NICDATF Youth Conventions “Just Saying” were shared. These were four conventions on the themes of substance misuse prevention and education, held with almost 400 young people and facilitated by youth workers.

The findings shared at the meeting included:

Young people’s socialising and drugs

The young people’s experiences of socialising varied widely including ‘hanging out with friends’, going to parties, to nightclubs (underage), playing football and going to the cinema. A large number of the participants don’t go near substances at all.

Drug awareness

The young people were knowledgeable about risks, price, and how to get alcohol and drugs. The speaker said, *“They know more than we do, so the ‘just say no’ approach doesn’t cut it”*. Young people get their facts from many sources: the street, friends and family. It is not always accurate. They are very aware of what can happen on a night out and the risks.

They critiqued existing substance misuse awareness information and they thought it was *“boring, too wordy, without enough pictures”*. They did not believe the *“shocking stuff”* in video materials *“confirming that this is not the way to go”*. They stated that they do receive a lot of anti-drug and smoking messages, but not much information on anti-drinking. The students reported that speakers giving their real life experiences made an impact on them and they remembered it. Information was provided on Sexually Transmitted Infections (STIs) at the conventions, which was *“snapped up”* by the young people.

Risks

The young people felt that alcohol advertising did not influence their choices. They felt that sponsorship of sporting events was not a particular influence on them, but they felt that there is a strong tradition of alcohol around sport. They raised the issue of social media as a risk.



Youth Convention in Law Library Dublin 7

Being heard

The young people criticised that there was not a lot of opportunity to share their views. They want to be heard and the conventions gave them a chance to do this.

They had ideas for prevention and education. They thought it had to start much earlier, at primary school level. They want information on mental health, wellbeing, factual information on what is in drugs (and to know that they can trust the information), in addition to information on coping with addiction in families.

3. Youth and community services

The meeting heard from a range of youth and community services which are providing prevention education and therapeutic support and treatment to young people. Some groups operate as a general youth service but include substance misuse education in response to requests from young people participating in their services.

Substance prevention/awareness educators emphasised the high demand for their work in schools and in communities.

3.1 Risk factors

A range of risk factors for substance misuse were raised including poverty, disadvantage and resulting low self-esteem. Personal debt and a lack of social outlets were also flagged as risk factors.

The trend of young people being drawn into “*running*” for drugs, and, in particular, vulnerable children was raised (for example, children who have lost their parents or undocumented children). A community worker noted, “*We are seeing increased numbers of younger people who are dealing, the lure of the cash is a big thing and then they try the drugs.*”

The link between poor mental health and substance misuse was raised repeatedly. A youth worker indicated that mental well-being remains a very difficult topic for young people to discuss, “*Stigma is still a problem. Young people might speak to a project worker but often won’t go to their parents.*”

Sometimes they disclose their feelings on Facebook. [...] The language surrounding mental well-being is quite abstract. Young people say things like 'my head's wrecked', 'can't sleep. This exacerbates the problem. We need to find the right language.'

The lack of consciousness among young people about what is negatively affecting their mental health was raised, such as internet use and social media, diet and lack of sleep. For example, a participant said, *"Young boys are taking vitamins for sports, leading to restlessness. You know that song: 'the hurt inside my head won't let me go to bed'."* The pressure on community organisations due to lack of resources was raised on several occasions. A youth worker noted, *"Pressure on resources is a huge issue. We are bursting at the seams. While we may be tired of raising this, it is really important not to forget about the services."*

A Garda representative indicated (in a personal capacity), *"the kids I work with are rarely arrested for alcohol or drugs but for confrontations with police."* He noted that the gang related feud in Dublin city, with the resulting prevalence of armed Gardaí, was having a *"massive impact"* on the relationship between Gardaí and young people.

3.2 Strategies and methodologies

A range of strategies and methodologies are being implemented by youth and community organisations. Common to many is a 'risk reduction approach', based on the assumption that most people use some kind of drug, and that young people should be provided with accurate and factual information that they can trust.

Alongside this is an emphasis on the mental well-being of young people, respect for the free will of the young person, and the creation of an enabling environment for them to make informed choices. The young person is at the centre of this approach. A youth worker said, *"most important is to engage with the young person. Young people have information from the internet about drugs, which is often inaccurate. Our approach is to provide factual information and emphasis on the young person's free will and that they are responsible for their life. This may involve them changing their values and belief, 'rewriting their book'".*

Another commented, *"the young person has become the centre of attention, which is really important. There are a lot more network meetings regarding that young person and their needs. That is a big improvement over the last 10 years."*

Support and education methodologies included:

Training programmes: Some training programmes can be 'one off' workshops, or a series of them, that create fora for young people to talk, access accurate information and find out where they can get help if needed. These can take place in schools, sometimes without teachers involved (if allowable by the school). Other approaches include training tailored for specific audiences and scaled up where possible. For example, training for parents and families (including within the traveller community) and training for staff in community and specialist organisations working with at risk groups.

Peer to peer education involves provision of several training sessions (one example was comprised of 8 weekly sessions) with a focus on supporting young people to become youth leaders and share information on drug use prevention with their peers. For example, one such programme could include transition year students talking to first year students about substance misuse.

These approaches also offer opportunities to young people to express themselves to a wider audience, using creative methodologies such as drama or art, or competitions such as the 'Let's Talk About Drugs' Media Awards.

The impacts and challenges of these various approaches was discussed:

3.3 What is working

Support: A youth rehabilitation worker described the impact of their work: *"60 per cent of participants in our programmes become drug free [referring to the drug that they initially sought support for] and 27 per cent become completely drug free."* When asked how these strong outcomes are achieved he responded *"the relationship formed with the young people."* A worker at one such centre indicated, *"[We] adapt our programme to young people's needs. We build a programme around them."*

Training for youth workers: While it was acknowledged that it is difficult to measure the long term impact of drug prevention education, it was argued that it is essential that it is provided, as the impacts are often undisclosed by the young people. One participant indicated, *"I find with drug education, there will always be curious kids. [But] the education can reach kids who are on the fence or influenced by their peers. People say drug education doesn't work but where is the evidence for this? It's the same as saying sex education doesn't work."*

The value of **peer to peer education** was highlighted by several youth workers as having positive outcomes. The importance of being in touch with the lives of young people was emphasised. For example, one participant said, *“everything is on the internet so if you are over 25 [years old] you are ancient. I wouldn’t have listened to someone over 30.”* And *“hearing facts from your peers makes a bigger impact. Some kids won’t be peers, but they might have friends. Some peer educators go on to community, civic and political engagement. Peer education is the way to go.”*

The importance of being open to critique from young people and allowing education work to be led by their feedback was highlighted. A youth led organisation indicated that it invites young people to evaluate their services anonymously twice per year. In their annual planning, 12 young people are equal participants in the process with the adult staff. The challenge of shifting to a youth led approach was described as difficult, but worth it. A youth worker commented, *“for a lot of us [adults] it’s hard to give your power away. [...] I can get voted down by young people despite my experience.”*

This extends to their approach to engagement with Government. For example, the organisational representative said *“The LGBTI national youth strategy is being developed. This group has the highest level of self-harm in Ireland. We wouldn’t agree to engage unless the Government agreed to do it in equal partnership with young people.”*

The importance of developing a strong relationship between school-based education and the **wider community** was emphasised. A community worker commented, *“I believe the school is part of the community and community is part of the school. If you get the community involved, they know where the kids hang out. The community can be a liaison. In January our budget was cut [...] Schools paid for the work [...]”*

Developing a relationship with parents was raised. One participant noted *“children will follow their parent’s values. This is a cultural issue.”* A strong connection between schools and families was viewed as central to that.

The role of ‘home school liaison clusters’, which ‘match’ community organisations to parents was highlighted as important. One participant indicated that it can be difficult to reach parents *“but we keep trying”* and *“[support organisations] might get to a parent struggling through another parent.”* Invitations to school AGMs was noted as helpful in this regard – *“it helps to be face to face with parents”* - as AGMs provide opportunities to promote various training options.

Some groups are working with children from quite a young age – from 5 years of age on issues of well-being, and drug awareness from 11 years, with family support.

Some groups felt it is important to emphasise the numbers of young people who don't use drugs (and to express that to young people). Key messages include: *"join a club, eat healthily, get sleep and reduce internet use. Keep their mental health positive"*.

Referral support was emphasised as important, for example, Pieta House was noted as important for young people in need of mental health support. The National Learning Network was also mentioned as an important referral support by an organisation that designs training programmes.

Learning tools

Youth workers also provided examples of useful learning tools with young people (relevant to school and in youth/community environments). They include:

- Picture card learning
- Giving well-being homework to very young children – e.g. "Twice a day say to yourself 'I like myself'"
- The production of a youth friendly new booklet on mental well-being – The Children and Youth Action Group Guide to Mental Well Being – suitable for 10-25 years olds.
- The production of 'contact cards' of youth services available to help with addiction and mental ill health
- The range of resources available at Drugs.ie
- Involving young people in mental health initiatives such as the Pieta House 'Darkness into Light' initiative
- Research was flagged as having a useful role for example 'Mobilising an Educated Response' (2008) which has helped parents interact with their children and give confidence in implementing drug prevention at home.



3.4 Challenges

Socio-economic marginalisation

The macro socio-economic context was raised as a major factor. The importance of youth employment was mentioned. As mentioned above, “*drug running*” is viewed as a good source of income by young people where money is scarce. One participant said *“It’s easy money and then it becomes a problem. They are intrigued about what is in the packet. This has worsened in comparison with 10 years ago.”*

Funding cuts

Funding cuts to youth and community programmes and a lack of resources for training of SPHE teachers was raised several times as a serious problem. One participant said, *“resources are an issue [as are] reduced hours.”*

The need for long term resourcing of drug misuse prevention was raised. A participant who works with children from 5-12 years of age said *“We don’t make the decision to drink or take drugs in a short period, it’s a continuous path. It’s important to acknowledge that. Young people are experts in their own lives. It’s very important for professionals to know that programmes happen in a context. If well resourced, professionals can build long relationships with families.”* The Minister present responded to this, *“On the question of resources and wages, we are in a different space now. We are gradually climbing up the hill. We got €7.5 million this year.”*

Linking to sexual health

A HIV/AIDS worker stressed the need to make young people aware of the connection between drug misuse and their sexual health. She indicated that *“HIV/STI clinics are finding that the type of drugs people are using are GHB, GBL and Ketamine. Some young people are using them to enhance sexual experience and/or to get high which affects their mental health”*.

Scaling up

While some examples of scaling up of education and training were provided (see above), the need for this work to be rolled out on a larger scale was raised a number of times. Ideas included increased outreach to schools and the provision of dedicated drug prevention workers in communities. A participant mentioned the SHARHP programme, which he said is achieving significant results relating to harmful drinking in Northern Ireland and Scotland. This could be adapted for the Irish context. He indicated, *“We’re looking at getting it out to 16 schools across Dublin”*. He indicated they will link with a university to evaluate it.

Evidence of impacts

The challenge of showing the impacts of drug prevention education was raised. One participant said *“Prevention education is very cheap. That’s where we should put our investment [...] Evidence is the huge issue [...] Better quality evaluations are needed, we can’t prove what we are doing works.”*

Institutional co-operation

The question of co-operation between the range of relevant bodies and institutions was flagged on a number of occasions. A discussion was held on the role of the Drug and Alcohol Task Forces. A view (from the Minister present) was that the Drug and Alcohol Task Forces need to be energised throughout their governance structures.

A counter view from a community worker was that *“we need to give the power back to the Task Forces”* and activate other bodies in Government, such as the Department of Education.

A lack of clarity regarding the role of some bodies was raised. A participant said, *“How can we get synergy with the various departments? TUSLA is going into schools but then another department says TUSLA is not to go into schools.”* Other comments reflected a desire for clarity about where youth services *“technically fit”* within the Task Forces and a desire to see schools working more together on substance misuse.

A desire to put the promotion of youth well-being at the centre of all institutions' approaches was flagged. A participant said, *“every institution should be asked ‘what are you doing to promote well-being and good mental health?’”* The desire for greater institutional collaboration was raised on a number of occasions. Several comments showed that this is already happening. For example, several youth workers mentioned the value of existing access to schools to do their education work. A teacher also mentioned involvement in an *“interagency group [which] aims to create a forum to raise and discuss issues”*. A worker in the formal education sector indicated *“We try to work with our similarities rather than differences. We can get overly focused on our specialities at the expense of the child.”*

Educating and challenging the media, advertising and retail industries on their responsibilities regarding substance misuse was mentioned. A participant highlighted the effectiveness of targeted advocacy in this area. The Public Health (Alcohol) Bill was mentioned on a number of occasions. The Minister present indicated *“the Alcohol Bill has changed since its initial proposal but it is a step in the right direction”*. A counter view from a community worker was expressed *“there are big battles ahead. The Alcohol Bill is very important, but compared to the original recommendations, it has changed a lot.”*

4. Recommendations from the NICDATF Prevention and Education Committee

The recommendations focus on facilitating the clear desire of practitioners to implement high quality education, awareness and intervention in the area of substance misuse prevention. They are based on an awareness that prevention is the most cost effective and long term solution to substance misuse:

1. Work with the Department of Education to **enhance the status of, and support to, the teaching of SPHE**. This should include:
 - Proper staffing of its teaching. SPHE should not be treated as an 'add on' subject.
 - Provision of adequate training and support to SPHE teachers.
 - Leadership of school principals in ensuring proper timetabling of the subject; connecting the teaching of the subject with external support groups in the community; and sharing the lessons with, and involving, parents in training.
2. **Address the funding reductions** in recent years to community and youth projects in the area of drug misuse prevention and education. This should focus on enabling groups to up-scale training outreach and 'peer to peer' education work in community and school settings.
3. Support the **development of more youth friendly education materials** that provide factually accurate information, including emphasis on areas viewed as under-represented (e.g. cannabis and alcohol misuse, the link between drug misuse and sexual health, the link between social media and mental health).
4. **Ensure young people are heard** for example through the establishment of fora for continuous feedback from young people on the effectiveness, or otherwise, of substance misuse strategies.
5. **Build a stronger evidence base** to show the impact of substance misuse education. Draw on evidence from international best practice. This should not put further pressure on community organisations or teachers but could be done through forming partnerships with interested educators and universities.

6. **Start drug misuse education earlier** through the pilot of primary level programmes, learning from ongoing education work on well-being in the primary education and community sectors.

7. **Promote stronger advocacy** from Drug and Alcohol Task Forces on:

- Areas of Government policy and legislation relating to substance misuse, for example, learning lessons from the Public Health (Alcohol) Bill 2017
- The central question of social and economic inequality and its connection with substance misuse.

8. **Provide support for an Inter-agency collaborative approach** to education, awareness and intervention on substance misuse.

9. Continue **to support the essential roles of the key stakeholders** including statutory agencies, the Department of Education, community and youth projects, schools, parents and carers.

10. Ensure that any actions relating to the North Inner City **respond appropriately** to the particularly difficult and tense atmosphere there at this time.

Appendices

Appendix 1

“Prevention & Education in the new National Drug Strategy”

A link to the opening speech by Minister of State with responsibility for the National Drug Strategy Catherine Byrne can be found on www.nicdtf.ie

Appendix 2

‘Let’s Get Specific’ hosted by North Inner City Drug & Alcohol Task Force Prevention & Education Committee

Tuesday 14th November 2017 from 9.30am to 1pm

The Office of the Ombudsman for Children, Millennium House, Great Strand Street, Dublin 1

Agenda of the Forum

Welcome & Introduction: Maureen O’Sullivan TD and Chairperson of the NICDATF Prevention & Education Committee.

Prevention & Education in the new National Drug Strategy:
Catherine Byrne, Minister of State with responsibility for the National Drug Strategy.

The reality of substance misuse for young people:
Local services working with young people.

Experience of providing substance misuse prevention and education in school:
Teachers from local schools.

Overview of findings of NICDATF Youth Conventions “Just Saying”:
Miriam Coffey, NICDATF.

Inputs from a range of organisations working with young people and providing prevention, intervention and support.

Appendix 3

Attendees from:

NICDATF, BradOg, Talbot Centre, HOPE, BeLonG To, HIV Ireland, NYP2, ACET, Step by Step, CASPr, Swan, SASSY, Ana Liffey Drugs Project, MOST, CAD, KDPPG, Recover Finglas/Cabra DATF, Recovery Academy, Garda Siochana, Tusla, HRB, Department of Education and Skills, Department of an Taoiseach, former SPHE, NEIC Programme Implementation Board, teachers, SPHE teachers, Home School Liaison and young people from local schools: St Pauls CBS, St Vincents CBS, O’Connells Secondary School and Marino College.

