



Connecting for Life
South Tipperary

South Tipperary Action Plan
to Prevent Suicide 2017-2020



National Office for
Suicide Prevention

Are you, or someone you know, in crisis or need someone to talk to?

There is a range of services available in the area of suicide prevention, as well as support in the aftermath of a suicide. People, who feel they are in crisis, for whatever reason, need to know they are not alone. Help, advice and support is available.

- Your first point of contact is your local G.P. If it is late in the evening or at the weekend contact CAREDOC on 1850 334 999
- Go to the Emergency Department in South Tipperary General Hospital
- Contact the Emergency Services on 999 or 112
- Call the Samaritans 24 hour Freephone listening service on 116 123
- For more information on supports and services visit www.yourmentalhealth.ie

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Foreword

by Ronnie Corbett

Independent Chair of South Tipperary Suicide Prevention Planning Group

Suicide has had a devastating effect on families and communities in South Tipperary where the suicide rate is above the national average and every death has been one too many. *Connecting for Life* South Tipperary has been developed to address the far reaching impact of deaths by suicide in our communities. The development of this local suicide prevention action plan was completed by an experienced multi-agency planning group who came together because suicide is everyone's business. *Connecting for Life* South Tipperary builds on the work of *Connecting for Life*, Ireland's National Strategy to Reduce Suicide, 2015-2020. A large number of people across South Tipperary have contributed to this plan by participating in a broad range of consultations, by making submissions and by supporting the work of the planning group throughout the entire process.

The underlying principles in the development of this plan were collaboration, inclusion and above all the involvement of the community throughout. The promotion of positive mental health in South Tipperary was paramount at all times. This plan will make us all aware of our own mental health and the mental health of the people with whom we engage on a daily basis; our friends, our families, our colleagues and our neighbours. *Connecting for Life* South Tipperary demonstrates the need for us to work together across all sectors; community, voluntary and statutory and across all communities. Through this plan we hope to achieve a reduction in the number of people who die by suicide and a reduction in the incidence of self-harm in South Tipperary. We are looking forward to the next phase of putting this plan into practice.



Acknowledgements

Special thanks and acknowledgement must be given to:

- the people of South Tipperary who took time so willingly to share their thoughts and ideas on suicide prevention and mental health throughout the public consultation process
- Knockanrawley Resource Centre, the Millennium Family Resource Centre, Nano Nagle Community Resource Centre and Clonmel Community Resource Centre for providing venues and more importantly supports at each of the consultations
- Clonmel Traveller Community Health Workers, Tipperary Rural Traveller Project, Cluain Enterprise and Training and Youth Work Ireland Tipperary for facilitating focus groups
- staff and volunteers from services across the whole of South Tipperary who dedicated time and effort to contribute to the plan and who have committed to actions in the plan
- each and every member of the South Tipperary Suicide Prevention Planning Group and the Consultation Working Group who have been totally committed and worked tirelessly from the outset
- Tipperary County Council for meeting space and support along the way
- South Tipperary Development Company for all of their help with the practical issues
- the National Office for Suicide Prevention
- Dr. Maria Power and Derek Chambers from Community Consultants who went above and beyond their brief throughout the entire process.

Membership of South Tipperary Suicide Prevention Planning Group and the Consultation Working Group are listed in Appendix 1.

The key terms and abbreviations used throughout the plan are explained in Appendix 2 and Appendix 3.

A Word from Gerry Raleigh

Director of the National Office for Suicide Prevention

Connecting for Life, the new national strategy for suicide prevention, sets a minimum target of a 10% reduction in the suicide rate in Ireland by 2020. The achievement of this challenging target will rely upon an all of government, all of society approach. The key challenge of translating national policy into local implementation in a consistent, effective and efficient manner is acknowledged.

Connecting for Life South Tipperary connects all key partners from the statutory, community and voluntary sectors. It has taken the national goals and objectives and, taking on board the views of the people in South Tipperary, represents a detailed local action plan. It is important that we continually monitor and learn from the implementation of *Connecting for Life* South Tipperary. There is a focus on outcomes and measuring improvement relating to the targets set. This is important not alone for the communities in South Tipperary, but also so that improved learning and understanding can be shared nationally and internationally. It is only by connecting and pooling our expertise, resources and energy and by working together in a spirit of real cooperation, that we can achieve our goals.



Introduction

There are few people in South Tipperary and indeed in Ireland that have not been affected by suicide, be it a family member, a friend, a neighbour, a classmate, a work colleague or a member of the community. The prevention of suicide is a priority for everyone and *Connecting for Life* South Tipperary has been developed to respond to this priority. *Connecting for Life* South Tipperary is an action plan that addresses the multi-faceted and complex area of suicide prevention with a focus on building the capacity of local communities and services to prevent and respond to suicidal behaviour.

The action plan for South Tipperary is closely aligned to *Connecting for Life*, Ireland's National Strategy to Reduce Suicide 2015-2020. Suicide prevention is everyone's responsibility across all sectors and *Connecting for Life* South Tipperary focuses on building sustainable relationships and working collaboratively to achieve the best outcomes for both the general population and for those that are most vulnerable to suicidal behaviour. The promotion of positive mental health and the reduction of stigmatising attitudes to suicide are paramount. *Connecting for Life* South Tipperary emphasises the empowerment of communities to respond to issues in their own areas.

It is vital that people are equipped to talk about mental health and suicide and that they are confident to do so. It is equally important that they can recognise the signs and symptoms of mental health difficulties and suicidal behaviour in themselves and in others and know where to go for help and support. This plan encourages people to develop the required confidence and knowledge to have those conversations that will in turn lead to an increase in help-seeking behaviour. There is an in-depth exploration of the availability of and access to relevant, effective and timely support services in this plan.

Connecting for Life South Tipperary is the result of the work of a huge number of individuals, community groups, statutory and non-government agencies. The people who were involved in the development of this plan worked in the area of suicide prevention and/or mental health promotion, some were concerned members of the public who are passionate about responding within their own community and some people contributed as a result of their own personal experience.

Connecting for Life South Tipperary is based on the vision of a community where fewer lives are lost through suicide and where the people of South Tipperary have the capacity to improve their own mental health and wellbeing.



Main Guard, Clonmel

1

Context for Suicide
Prevention in Ireland
and South Tipperary

1.1 Suicide Prevention in Ireland: A Brief History

In Ireland, we began to meaningfully address suicide prevention following the passing of the Criminal Law (Suicide) Act in 1993. The deeply personal and private trauma of completed suicide was brought out of the shadows and into public conversations. As a society, we became concerned with ways to prevent suicide and self-harm in communities across Ireland.

Since then, there have been some important landmark developments which have all contributed to our collective efforts to prevent a behaviour that can be as difficult to predict as it is devastating to family and friends when someone takes their own life. A brief outline of those landmark developments can be presented as follows:

- 1995: a National Task Force on Suicide was established
- 1998: the Final Report of the National Task Force on Suicide called for the appointment of Regional Resource Officers for Suicide Prevention
- 2001: a study entitled '*Suicide in Ireland: A National Study*' highlighted the high rates of suicide among young men and reported that 49% of those who died were known to have visited their GP within the year prior to death
- 2005: the national strategy *Reach Out: National Strategy for Action on Suicide Prevention 2005-2014* was published and the HSE National Office for Suicide Prevention was established
- 2007: the HSE National Office for Suicide Prevention (NOSP) launched the *Your Mental Health* public awareness campaign
- 2012: the National Suicide Research Foundation (NSRF) published the *First Report of the Suicide Support and Information System (SSIS)* which highlighted that 81% of those who died had been in contact with their GP or a mental health service in the year prior to death
- 2015: *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020* was published, calling for the development and implementation of local or regional suicide prevention plans.

Since 1993, suicide rates rose steadily from 9.2 per 100,000 population to a high of 13.9 per 100,000 population in 1998. Since 1998, there has been a slight decrease in the overall suicide rate although rates remain unacceptably high at around 11 per 100,000 population each year. In numbers, and therefore in human lives, this translates as approximately 500 deaths by suicide in Ireland each year. A recent study by Corcoran et al (2015) (1) notes that rates may have been going down until the onset of the economic recession in 2008 and the impact of this recession in Ireland over the subsequent years. Figure 1 on page 14 shows the overall rate of suicide and the rates by gender from 1993 to 2014. In this context, suicide prevention work in Ireland has focused on two broad strands:

- Improving mental health and help-seeking behaviour in the general population
- Actions targeting people who are at increased risk of suicidal behaviour.

The reason behind this approach is that suicide can be highly unpredictable but it is also associated with ongoing, long-term mental health difficulties and other common risk factors.

1.2 National and Local Policy Context

1.2.1 National Context

Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015 – 2020 (2)

Connecting for Life is the national strategy to reduce suicide in Ireland over the period 2015 – 2020. It sets out the Irish Government's vision for suicide prevention, the expected outcomes over the next five years and the actions that will be taken to prevent suicide and self-harm in Ireland. The strategy follows on from Reach Out: the National Strategy for Action on Suicide Prevention 2005-2014. The National Office for Suicide Prevention (NOSP) was set up in 2005 within the HSE to oversee the implementation, monitoring and coordination of the Reach Out strategy. Since 2005, there has been extensive national and international research in relation to suicidal behaviour and effective interventions, while the range of services available to people in emotional distress has developed in terms of access and quality. Despite this progress since 2005, Ireland's suicide rates remain relatively high and there are particular population groups experiencing significant distress as reflected in the rates of both suicide and self-harm. *Connecting for Life* takes account of the changed landscape in Ireland in relation to mental health and suicide and it provides a comprehensive, cross-sectoral, practical plan that can make a positive difference to the lived experience of people from all population groups in Ireland over the coming years. The successful implementation of *Connecting for Life* will be underpinned by clear and practical local plans such as this plan for South Tipperary.

A Vision for Change: Report of the Expert Group on Mental Health Policy (3)

While suicide prevention is a distinct area of policy, it is important to reference current national mental health policy as it relates to suicide prevention work. The Irish Government's *A Vision for Change: Report of the Expert Group on Mental Health Policy* asserts as a core principle that 'the mental health needs of the total population should be considered in this policy' (Government of Ireland, 2006:15). *A Vision for Change* (AVFC) is Ireland's national mental health policy document which sets out a plan for the delivery of mental health services in Ireland from 2006 until 2015. While providing a blueprint for the delivery of mental health services in Ireland, AVFC also adopts a broad approach, acknowledging 'that there is a range of factors which can influence mental health, including physical, psychological, social, cultural and economic' (2006:15).

The publication of AVFC occurred less than one year after the launch of Reach Out: the National Strategy for Action on Suicide Prevention 2005-2014. The treatment of suicide prevention in AVFC focuses on endorsement of the actions in the Reach Out strategy. Over the past ten years, the broader public mental health issues highlighted in AVFC were developed in the most part through the NOSP under the banner of suicide prevention.



Better Outcomes, Brighter Futures: the National Policy Framework for Children and Young People 2014 – 2020 (4)

This 2014 Irish Government policy framework relating to young people is highly relevant to suicide prevention policy. *Outcome 1* (of 5 outcomes) states that ‘children and young people are active and healthy, with positive physical and mental wellbeing’ and aim 1.2 focuses in particular on ‘good mental health’ with references to increasing mental health literacy. In *Outcome 1* there are also references to the mental health of parents as an important influence on the mental health of young people and there is a focus on ‘prevention and early intervention’ throughout. It is crucial that implementation of this framework and *Connecting for Life* inform and complement each other.

Healthy Ireland: A Framework for Improved Health and Wellbeing 2013 – 2025 (5)

Healthy Ireland is a national framework for action to improve the health and wellbeing of the Irish population over the coming generation. The framework places an emphasis on cross-departmental work and getting the most out of existing resources to improve the population’s health and wellbeing. Mental health is an integral theme within the policy and it is framed in a way that reflects the broad public health and more targeted approach adopted in *A Vision for Change* and in *Connecting for Life*. The document’s high level vision is of ‘*A Healthy Ireland*, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone’s responsibility’ (2013:5). Interestingly, two of the three key performance indicators for ‘wellbeing’ in *Healthy Ireland* are a decrease in self-harm and a reduction in suicide rates.

All-Ireland Traveller Health Study: Our Geels (6)

The All-Ireland Traveller Health Study, published in 2010, highlights that ‘suicide among Travellers has been shown to be a major problem’. According to this study, the rate of suicide amongst the male Traveller Community is 6.6 times higher than the general population. This concern was reflected in the public consultations across South Tipperary that informed this plan. The Traveller Health Study discusses the issue of social disintegration and the community context in which suicidal behaviour occurs among Travellers. Actions developed in this plan take account of this wider social and community context and acknowledge the high risk of suicide for Travellers and the need for targeted responses.

1.2.2 Local Context

County Tipperary Integrated Local Economic and Community Plan 2015 – 2020 (7)

The Local Economic and Community Plan 2015 - 2020 (LECP) for Tipperary combines economic and community development initiatives and highlights the importance of social inclusion and positive life experiences for the people of the County. There is a strong emphasis in the LECP on ‘quality of life’ as a concept built on the foundations of strong, resilient communities. In this

regard, the LECP is in keeping with Strategic Goal 2 of *Connecting for Life* South Tipperary which is “to support local communities’ capacity to prevent and respond to suicidal behaviour”.

Many of the issues highlighted in the LECP with reference to community development and social inclusion were also highlighted through the consultation process in the development of this plan, *Connecting for Life* South Tipperary. These issues must be addressed in partnership to ensure the most effective use of local and regional resources. Among the issues which cut across both plans are the following:

- there is a requirement to address particular cohorts of the community who have inadequate or inappropriate supports in place to facilitate their active engagement with the broader community. Senior citizens, people with disabilities, people with mental health difficulties, young people and non Irish nationals are identified as principal priority groups that require assistance
- there is a need to eliminate or reduce the highest level of social deprivation and marginalisation in areas of greatest prevalence in the County (or commence the elimination of same) and to focus on target groups and areas that are most at risk of social exclusion, including Travellers, the non-Irish national community, one parent families, those with a disability, those with mental health difficulties and the LGBTI community.

The broad-based approach underpinned by a commitment to community development adopted by the LECP aligns with the *Social Inclusion and Community Activation Programme (SICAP)*. Goal 1 of the SICAP is related to ‘capacity building of local community groups’ which, as highlighted above, is in keeping with the Strategic Goal 2 of *Connecting for Life*.

The Rainbow Report: LGBTI Health Needs and Experiences and Health Sector Responses (8)

The 2015 Rainbow Project Report explores the experiences of LGBTI (Lesbian, Gay, Bisexual, Transgender and Intersex) people when engaging with the health services in the South East. The report points out that ‘the naming of LGBTI people in health policy in Ireland is still only emerging and developing as a coherent practice. However, it has been sufficient to allow a significant targeting of LGBTI people by services in some instances. Policies in relation to children and in the areas of suicide prevention, mental health, sexual health, and drugs have usefully named LGBTI people as a priority group.’ Practical recommendations in the Rainbow Project Report complement actions outlined in this plan in terms of supporting young people who may be vulnerable to experiencing mental health difficulties.

Mental Health: Children and Young People in South Tipperary (9)

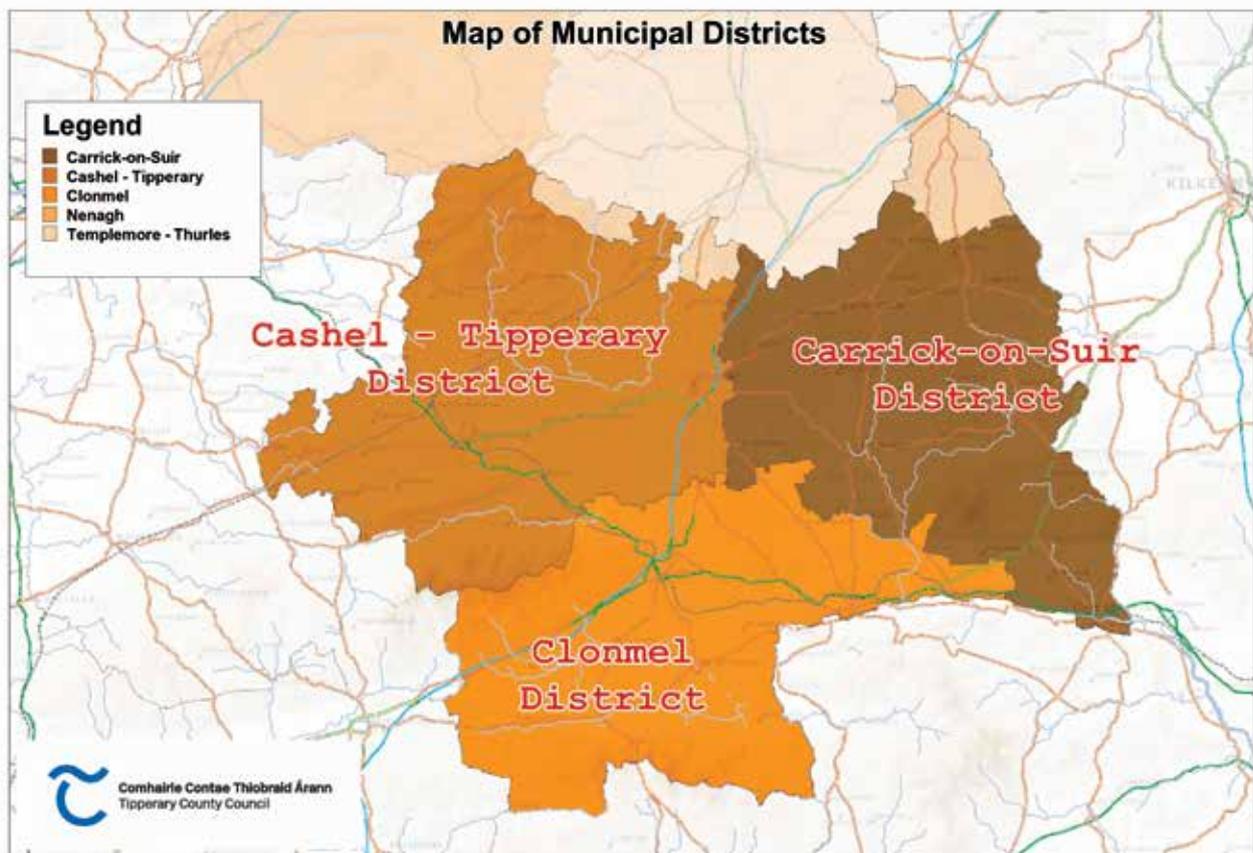
Information on the mental health and wellbeing of different population groups is not routinely reported upon in Ireland. However, a recent review of mental health among children and young people in South Tipperary carried out by the Children and Young People’s Services Committee (CYPSC) provides valuable insights to inform the prevention of suicide and the promotion of positive mental health locally. The ‘Mental Health: Children and Young People in South Tipperary’ report highlights the continuum from wellbeing to mental health difficulty noting that the rate

of child and adolescent hospital admissions in County Tipperary is quite high relative to the national rate. The report also highlights risk factors for young people including: peer pressure to consume alcohol and to be sexually active, bullying and intimidation, family problems, and lack of awareness about services.

This report along with Well-Being in Post Primary Schools: Guidelines for Mental Health Promotion and Suicide Prevention (2014) (10) highlights the opportunities for prevention and early intervention, particularly in school settings, both primary and secondary.

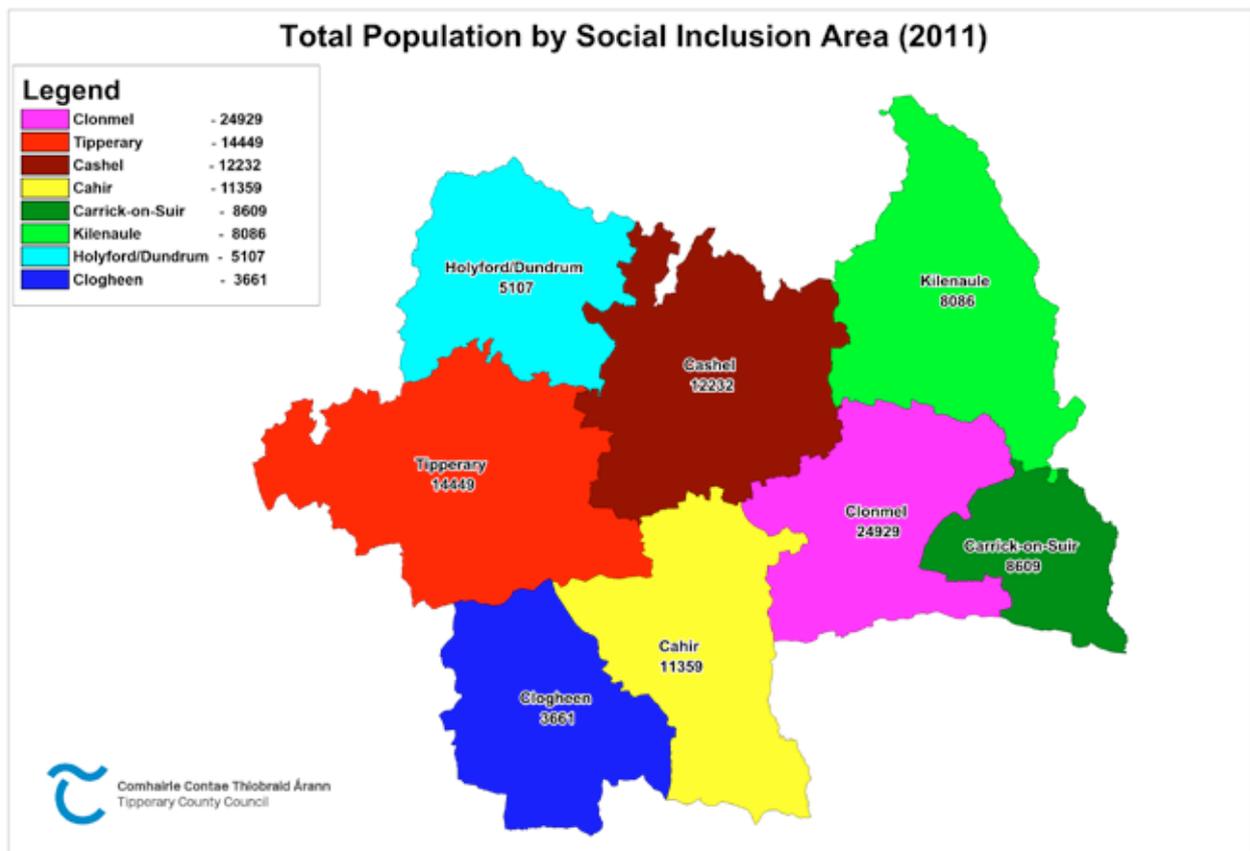
1.3 Overview of South Tipperary

South Tipperary, which is a part of County Tipperary, is an inland rural area situated in the southern half of Ireland with a population of 88,433 (CSO, 2011). South Tipperary is made up of 3 municipal districts namely, Carrick-on-Suir, Cashel and Clonmel. These towns along with Tipperary town and Cahir make up the main urban centres in South Tipperary. South Tipperary has a strong agricultural base with a significant percentage of the population engaged in farming. The main commercial centre of the County is located in and around Clonmel with an emphasis on the pharma-science industry and the food and drinks sectors.



Detailed socioeconomic statistics compiled by South Tipperary Development Company (2015) (11) in relation to these municipal districts and towns are given in Appendix 4. In particular, there are approximately 80 small areas highlighted as ‘disadvantaged’ or ‘very disadvantaged’ in South Tipperary. The data also highlights that the key groups that require targeted social inclusion work are: unemployed people, young people, one parent families, refugees and asylum seekers, Travellers, people with a disability and people with mental health difficulties, all of whom are also a priority in the *Connecting for Life* South Tipperary Suicide Prevention Action Plan 2017 – 2020.

Coordinating structures, services and supports relevant to mental health are listed in Appendix 5.



1.4 Data in relation to Suicide and Self-harm in Ireland and South Tipperary

1.4.1 Suicide Rates

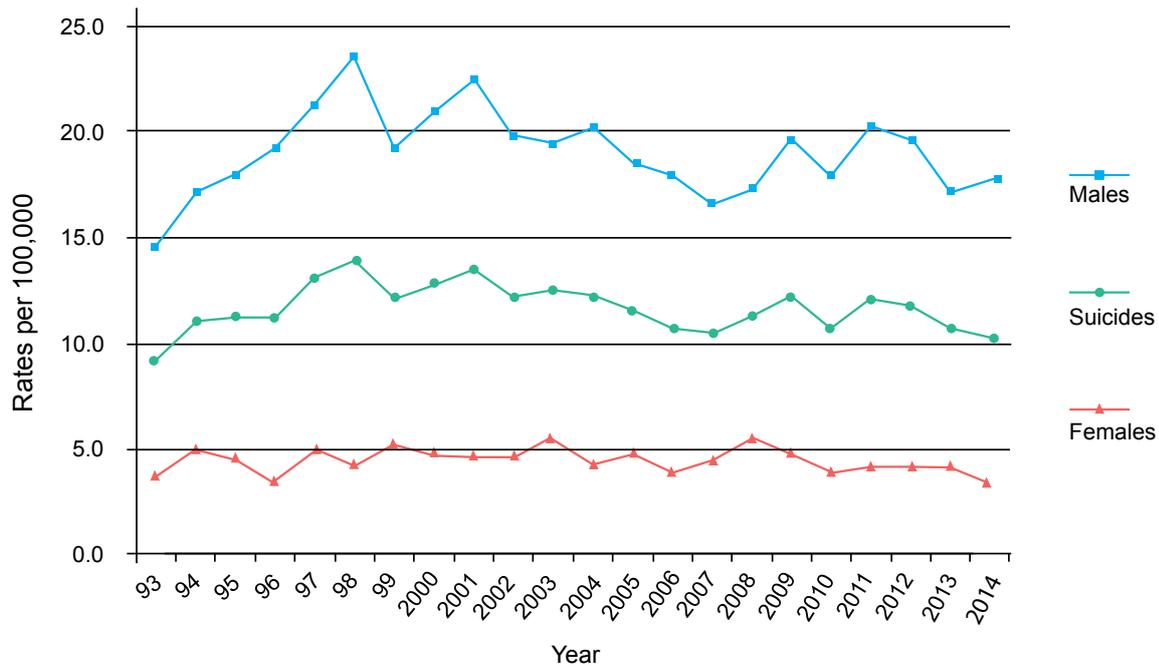


Figure 1: Suicide rates in Ireland per 100,000 population by gender, 1993 to 2014

It can be noted from Figure 1 above that the suicide rate in Ireland is currently around 11 suicide deaths each year for every 100,000 people in the population. In reporting on suicide rates by smaller areas, such as by county, it makes sense to report rates based on averages across at least three years (see Figure 3).

As noted in Figure 2, the rate of suicide among young men became a concern in Ireland in the early 2000s and this concern was echoed in other English speaking developed countries from Australia to the United States (Kelleher and Chambers, 2003) (12). More recently, the highest rates of suicide in the population have been among men in their forties. The recent trends which have seen suicide rates increase in men in their forties may be related to the impact of the economic recession.

Figure 2 shows the rates of suicide per 100,000 population (male and female) for ten year age groups based on the five year average from 2010 to 2014.

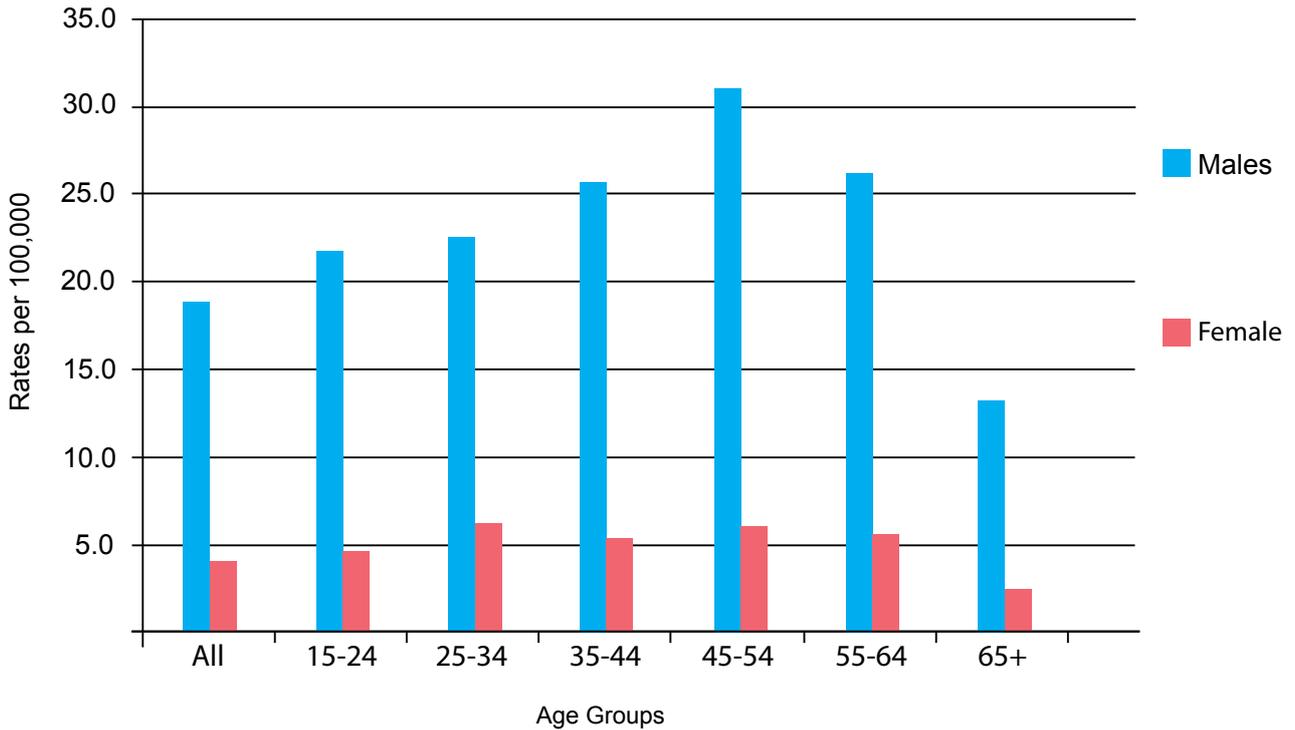


Figure 2: Suicide Rates in Ireland by 10 year age groups and gender, 2010 to 2014

Figure 3 below highlights that South Tipperary has experienced higher rates of suicide than the national average in recent years. The data presented is based on three year averages from 2004 to 2014. It can be seen that current rates in South Tipperary are around 13 per 100,000 population.

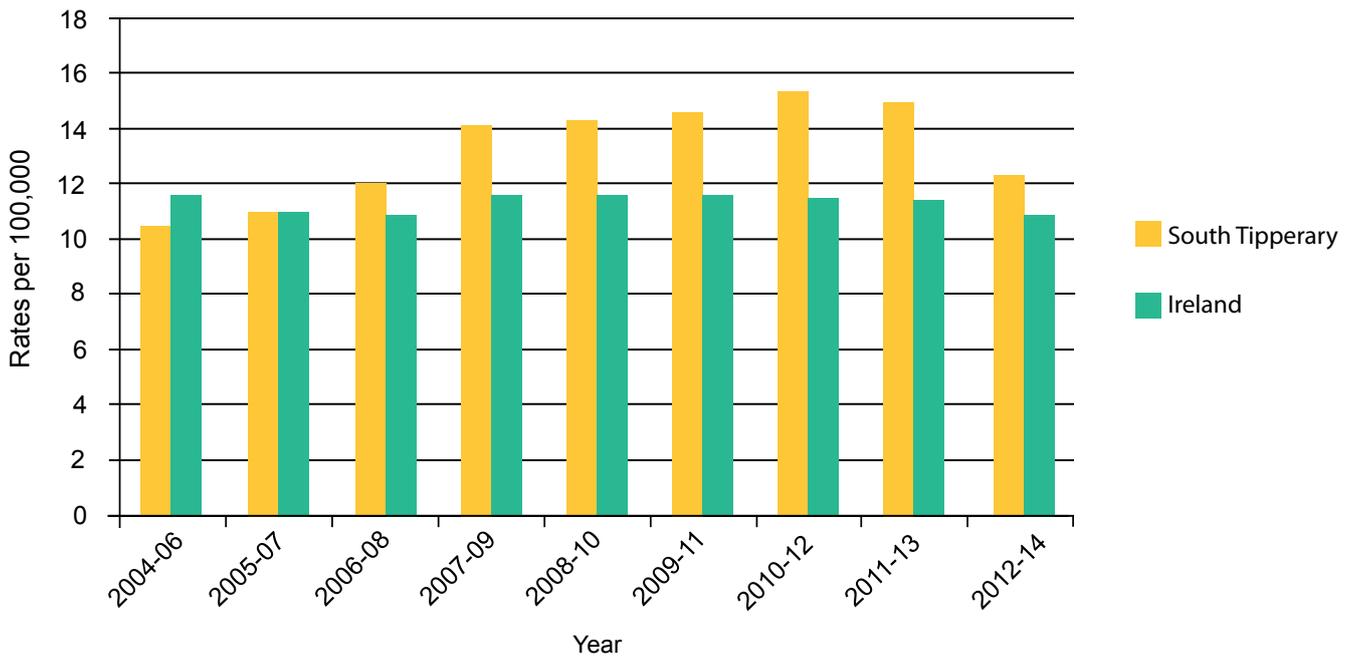


Figure 3: Suicide rates in South Tipperary and in Ireland per 100,000 population, based on 3 year averages

1.4.2 Self-harm Data

Self-harm presentations to general hospitals in Ireland are monitored by the National Suicide Research Foundation (NSRF). It is acknowledged that the data gathered does not include presentations to hospital by people who are in acute distress and likewise, the data does not include self-harm that does not result in presentation to general hospitals. Nevertheless, this information is very valuable because a history of self-harm is the most common risk factor associated with completed suicide.

The 2015 Annual Report of the *National Self-Harm Registry of Ireland (NSHRI)* reports that current rates of hospital presentations following self-harm remain higher than the pre-economic recession rates. Figure 4 below shows that rates have fluctuated over the period from 2002 to 2015. In recent years there were successive decreases in the self-harm rate between 2011 and 2013, and an essentially unchanged rate between 2013 and 2014. The rate in 2015 was still 9% higher than in 2007, the year before the economic recession.

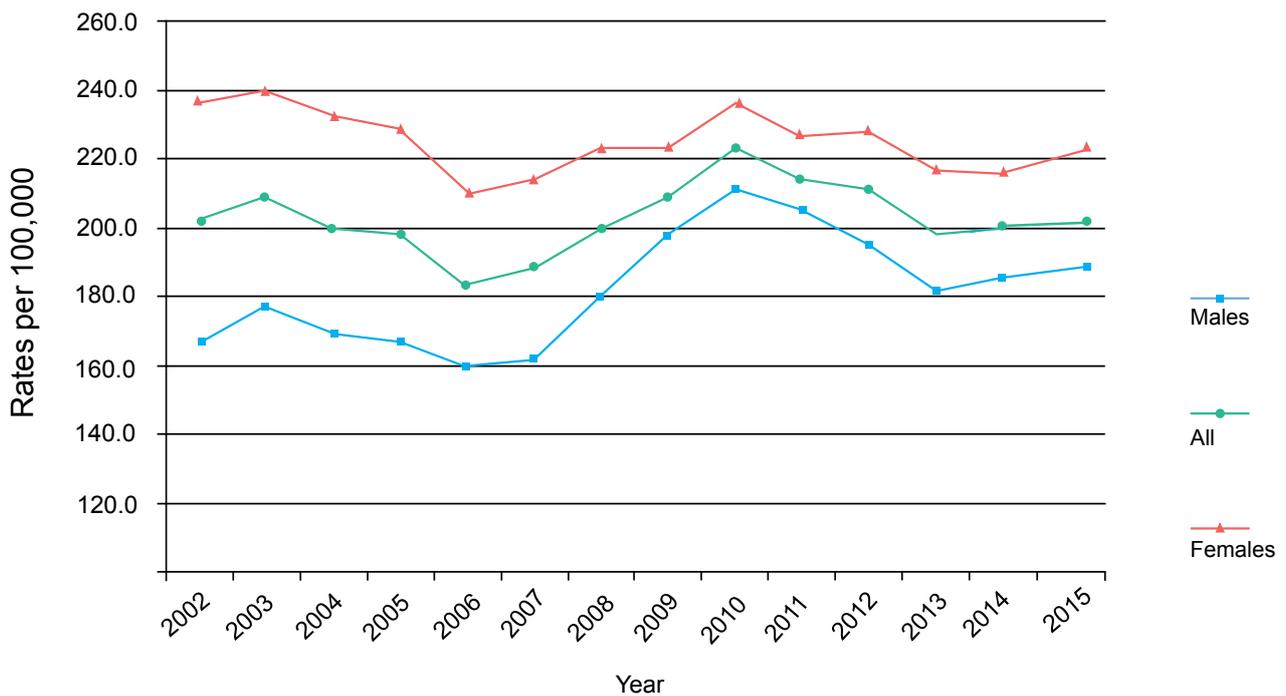


Figure 4: Rates of self-harm per 100,000 population by gender 2002 - 2015

Putting these rates per 100,000 population into context, the national rate of 204 per 100,000 population in 2015 translates as 11,189 presentations to hospitals across the country following an act of self-harm. Figure 5 below shows the variation in self-harm rates across the South East in 2015. The rates reported for South Tipperary are accounted for by 94 male presentations and 90 female presentations in 2015.

Drug overdose was the most common method of self-harm, it was involved in 72% of presentations. Alcohol was a factor in 33% of presentations. Self-cutting was the only other common method in 22% of presentations. 7% of presentations were of attempted hanging, 2% were poisoning and 4% were attempted drowning.

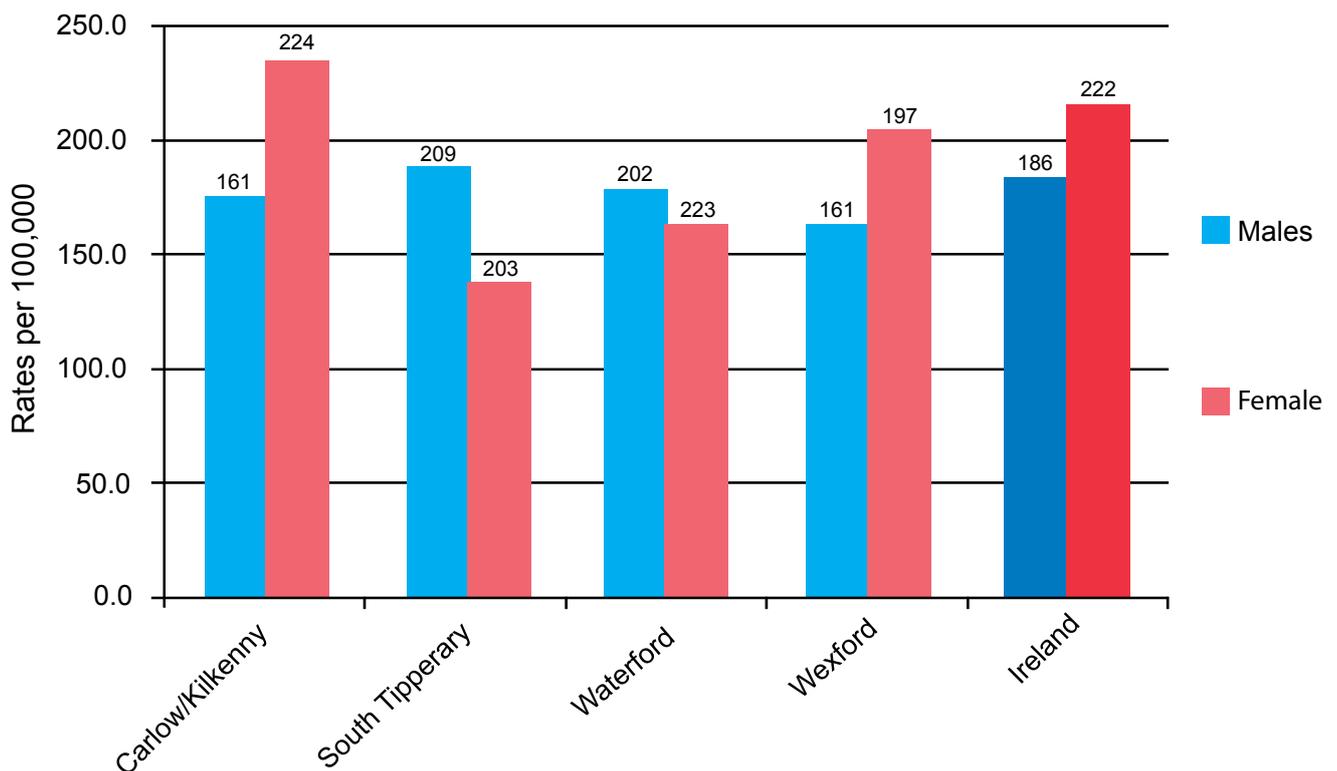


Figure 5: Self-harm rates per 100,000 population across the South East of Ireland and nationally by gender in 2015



BRAVE
LAUGH
TRUTH
INSPIRE
LOVE
STRENGTH
AFFECTION
COMMUNICATION

TOGETHER
COURAGE
BELIEVE
WONDER
ADMIRATION

PATIENCE
FAMILY
SAFE
LIVE
FAITH

LIGHT
SMILE
CONFIDENCE
HONESTY
OPTIMISM
VISION

TRUST
CALM
PRIDE
MOTIVATION
NOISIA

BEAUTIFUL
TOGETHER
COURAGE
BELIEVE
WONDER
ADMIRATION

2

Development of the Plan

2.1 Approach

Connecting for Life, Ireland's National Strategy to Reduce Suicide 2015 – 2020 was launched in June 2015. The vision of *Connecting for Life* is an Ireland where fewer lives are lost through suicide and where communities and individuals are empowered to improve their mental health and wellbeing. The development of a Suicide Prevention Action Plan falls under Action 2.1.1 within Goal 2 in the national strategy: "Implement consistent, multi-agency suicide prevention action plans to enhance communities' capacity to respond to suicidal behaviours, emerging suicide clusters and murder suicide. The plans will be the responsibility of the HSE Mental Health Division and aligned with HSE Community Health Organisations structure (CHO Area 5), Local Economic and Community Plans and the Children and Young People's Services Committees' county plans."

Subsequent to the launch of *Connecting for Life*, a new interagency group was set up in South Tipperary entitled 'South Tipperary Suicide Prevention Planning Group' (SPPG). The remit of this group was the coordination and development of a local suicide prevention action plan for South Tipperary. A Consultation Working Group (CWG) was also established at this stage. A list of the members of the SPPG and the CWG is given in Appendix 1.

Overview of South Tipperary Suicide Prevention Planning Group (SPPG)

South Tipperary Suicide Prevention Planning Group (SPPG) was established in September 2015. The purpose of the SPPG was to provide guidance and support and to directly contribute to the development and preparation of a South Tipperary Suicide Prevention Action Plan (SPAP) that strives to reduce the number of deaths by suicide and the incidence of self-harm in South Tipperary.

Aims of the SPPG:

- to facilitate inter-sectoral working and collaboration in the prevention of suicide and suicidal behaviour and in the promotion of positive mental health and wellbeing in South Tipperary across the statutory, voluntary and community sectors
- to create an awareness and understanding of services and service delivery within South Tipperary for suicide prevention and mental health promotion
- to develop an integrated action plan that will assist in the prevention of suicide and self-harm and the promotion of positive mental health in South Tipperary.

2.2 Methodologies

This plan was developed using a range of methodologies including extensive background research and the collection of data on the social and policy context of South Tipperary. The specific methodologies in developing this plan were: the conducting of interviews, administering questionnaires, taking written submissions, facilitating focus group discussions with key stakeholders and target groups, and, hosting open public meetings in four key locations across South Tipperary. A list of stakeholders involved in interviews and focus groups and a list of the reports reviewed are available in Appendix 6 and Appendix 7.

Overview of the Planning Process



2.2.1 Public Consultations

Open public consultations were held in:

- Tipperary Town
- Clonmel
- Glengoole
- Carrick on Suir

All public meetings were extensively advertised through print, radio and social media outlets. Mailing lists from all SPPG member organisations were utilised. A host organisation was appointed in each town and each public consultation had several facilitators in attendance.



Members of the public attending one of the open meetings in South Tipperary

Health professionals also attended to ensure the safety and wellbeing of participants. Over 155 people turned up to public consultation meetings telling of their experiences, identifying key local needs and advising on priorities. All views were gathered, analysed and utilised to inform the development of actions in this plan. An 'Open Space' approach was taken at each public meeting. This methodology ensured that the agenda for the evening was set by the public, that similar ideas were collated for small group discussion with each group having an independent facilitator. There was an opportunity at the end of the evening to hear summaries of all topics under discussion in a large group setting. This approach ensured maximum participation and determination of the priorities by the people who attended.

While all priorities in relation to identified actions were taken into account, key themes emerged consistently across South Tipperary and these were:

- the need for greater levels of awareness and access to information and services at local level
- the desire for more local community-based mental health services and initiatives
- a request for more low cost counselling to be made available in every location and the provision of appropriate mental health crisis services 24/7
- it was also acknowledged that specific targeting of services and programmes is required for those more at risk of suicidal behaviour, e.g. for Travellers, people involved in substance misuse, farmers and young people.



Participants at the Traveller Focus Group meeting in Clonmel.

2.2.2 Focus Groups

Specific focus group meetings were held with Travellers, with young people and with mental health service users. A total of 93 inputs were gathered at these sessions. The focus groups explored the experiences of people from priority groups to move beyond the more general population approaches. In summary, the key concerns for these groups were:

- the poor quality of accommodation and the level of discrimination that Travellers face on a daily basis
- the need for care plans for people experiencing dual diagnosis (the existence of mental health difficulties alongside substance misuse or intellectual disability)
- the significant level of discrimination and stigmatisation experienced by mental health service users
- action is required in relation to awareness raising of diverse cultures and the lived experience of people with different backgrounds
- an important issue for young people is access to low threshold mental health support, for example free or low cost counselling in youth service settings
- it was also reported that the daily experience of education settings, school or college, can be a really important influence on young people's mental health and wellbeing.

Consultation with young people from South Tipp



Have your say- Youth Mental Health and Suicide Prevention
Saturday April 23rd 10-1.30pm

St. Ailbes School Tipperary Town

This consultation is independently facilitated by
 Community Consultants

Contact Aisling

2.2.3 Stakeholder Consultations

Twenty people representing various organisations, listed in Appendix 6, completed questionnaires and took part in facilitated small group discussions on key topics. Analysis of the questionnaires contributed to the mapping of services, priorities and gaps. Key themes emerging from the stakeholders were:

- the need for greater cooperation and collaboration among agencies and organisations in the delivery of programmes and services
- the need for more joined up strategising; widespread training and awareness raising
- the need to include rural areas and rural concerns in developing responses
- barriers and gaps in relation to waiting times for accessing services, the need for a dual diagnosis service and a 24/7 crisis response or emergency service were all identified by stakeholders as priorities.

2.2.4 Written Submissions

Detailed written submissions were received from 12 different individuals and organisations. Many of the concerns and priority areas identified for attention were similar to other consultation group meetings. Specific themes in relation to responses required were:

- the need to address mental health in third level education (staff and students)
- concern for farmers across South Tipperary and particularly in remote rural areas
- the requirement for bereavement support services in local communities.

All consultations, focus groups, interviews, questionnaires and submissions were analysed and 122 actions were initially identified, providing a solid evidence base to support effective implementation. When consolidated and having removed duplication, the priorities across South Tipperary were collated and 53 actions were finally agreed for inclusion in the plan. These actions were then considered in detail by the South Tipperary Suicide Prevention Planning Group where a lead agency, partners and outputs were agreed. Drafting of the plan commenced in June 2016 and following subsequent reviews by the working group, the final plan *Connecting for Life* South Tipperary was agreed in late 2016.

2.2.5 Literature Review

A wide range of relevant local and national policy documents were reviewed in the development of this plan. The relevance of those documents is outlined in section 1.2 of this plan. Specifically, the documents reviewed were:

- *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015 – 2020* (2)
- *A Vision for Change: Report of the Expert Group on Mental Health Policy* (3)
- *Better Outcomes, Brighter Futures: the National Policy Framework for Children and Young People 2014 – 2020* (4)
- *Healthy Ireland: A Framework for Improved Health and Wellbeing 2013 – 2025* (5)
- *All-Ireland Traveller Health Study: Our Geels* (6)
- *County Tipperary Local Economic and Community Plan 2015 – 2020* (7)
- *The Rainbow Report: LGBTI Health Needs and Experiences and Health Sector Responses* (8)
- *Mental Health: Children and Young People in South Tipperary* (9)
- *South East Regional Drugs Strategy (2014)* (13)
- *Suicide Prevention in the Community: A Practical Guide* (2011) (14)





3

Risk and Protective Factors

3.1 Risk Factors associated with Suicidal Behaviour

There is a limit to the amount of information that is routinely collected about the circumstances of people who take their own life, or indeed about any cause of death. What we know about patterns of death in Ireland is generally based on reports from the Central Statistics Office (CSO) and this information is confined to basic demographics such as: age; gender; county of death; and cause of death.

For more in-depth understanding of the factors associated with death by suicide we rely on once off or standalone research studies and systems such as the *Suicide Support and Information System (SSIS)* operated by the National Suicide Research Foundation. The first report of the SSIS in 2012 (15) based on over 300 consecutive deaths by suicide in County Cork revealed the following information on a number of characteristics shared by people who died by suicide.

Previous suicidal behaviour

- 45% of deaths by suicide had a history of self-harm. Of those, 52% had engaged in self-harm in the 12 months prior to suicide, 24% in the previous week, and 12% in the previous 24 hours

Psychiatric diagnosis

- among those who had received a psychiatric assessment (31.4%), 61.1% were diagnosed with a mood disorder and 12.9% were diagnosed with an anxiety disorder

Drugs and alcohol

- 51.7% had misused alcohol and/or drugs in the year prior to death, the majority of those misusing alcohol (78.1%)

Employment and occupation

- 40.6% were in paid employment, 33.1% were unemployed, 11.4% were retired, 6.8% were full time students, 5% had a long term disability and 3.1% were homemakers
- among those in employment or full-time education, more than two fifths (41.6%) had worked in the construction/production sector, followed by the agricultural sector (13.2%), sales/business development (8.9%), students (8.2%), healthcare sector (6.6%) and education sector (3.9%)

Contact with health services

- in the year prior to death, 81% had been in contact with their GP or a mental health service, among those who had been in contact with the GP, the majority (67.4%) had done so 4 times or more during the year prior to death

Physical illness

- in 165 cases for which this variable was known, 57% of cases had a physical illness
- a wide range of illnesses was represented including cancer, chronic back pain, chronic neck pain and coronary heart problems
- of those who had a physical illness prior to death, 38% were in physical pain in the year prior to death and 16.5% had reduced physical capabilities in the month prior to death.

In addition to this information on risk factors, it is important to note that the national *Connecting for Life* strategy, data from the registry of deliberate self-harm and other research findings profile certain groups of the population with an increased risk of suicidal behaviour. Among these groups are: people with mental health problems of all ages; people with alcohol and drug problems; people bereaved by suicide; members of the LGBTI and Traveller communities; people who are homeless; healthcare professionals; and, prisoners.

3.2 Protective Factors

Promoting interventions that are known to increase resilience and wellbeing is equally as important and deserves as much attention as reducing risk factors in suicide prevention. The World Health Organisation (2012) (16) highlights three key themes in relation to protective factors and these are: strong personal relationships, the existence of religious or spiritual beliefs and a lifestyle practice of positive coping strategies and wellbeing.

More practically, mental health promotion activities that have demonstrated promise at both individual and population levels are reflected in the national #littlethings public mental health campaign. The #littlethings campaign is a broad based social marketing campaign that was developed by the NOSP to disseminate three key messages: It's okay not to be okay, there are little things that you can do for yourself and for others and help is at hand specifically at www.yourmentalhealth.ie and the Samaritans Freephone 116 123.

The following #littlethings are currently being promoted through an integrated public awareness campaign to promote protective factors in suicide prevention:

Keeping active

being active every day, something as simple as a walk is proven to have a positive impact on your mood.

Talking about your problems

problems feel smaller when they are shared with others, without having to be solved or fixed. Just talking about it will do you good.

Looking out for others

lending an ear to someone else in trouble, or catching up with someone who seems distant, can change their day, or their lives. You don't have to fix it for them - just listening is a huge help.

Doing things with others

taking part in a group activity that you enjoy is proven to have a positive impact on how you feel, be it a game of football, joining a choir or volunteering.

Eating healthily

a regular healthy, balanced and nutritious diet will help both your physical, and your mental health, and have a positive impact on how you feel.

Staying in touch

catching up with friends and family is good for your mental health, reminding you that you're part of a community, and having a positive impact on how you feel.

Drinking less alcohol

for the average Irish drinker, reducing alcohol will have a positive impact on your health and mental wellbeing, making it easier to cope with day to day difficulties and stresses.

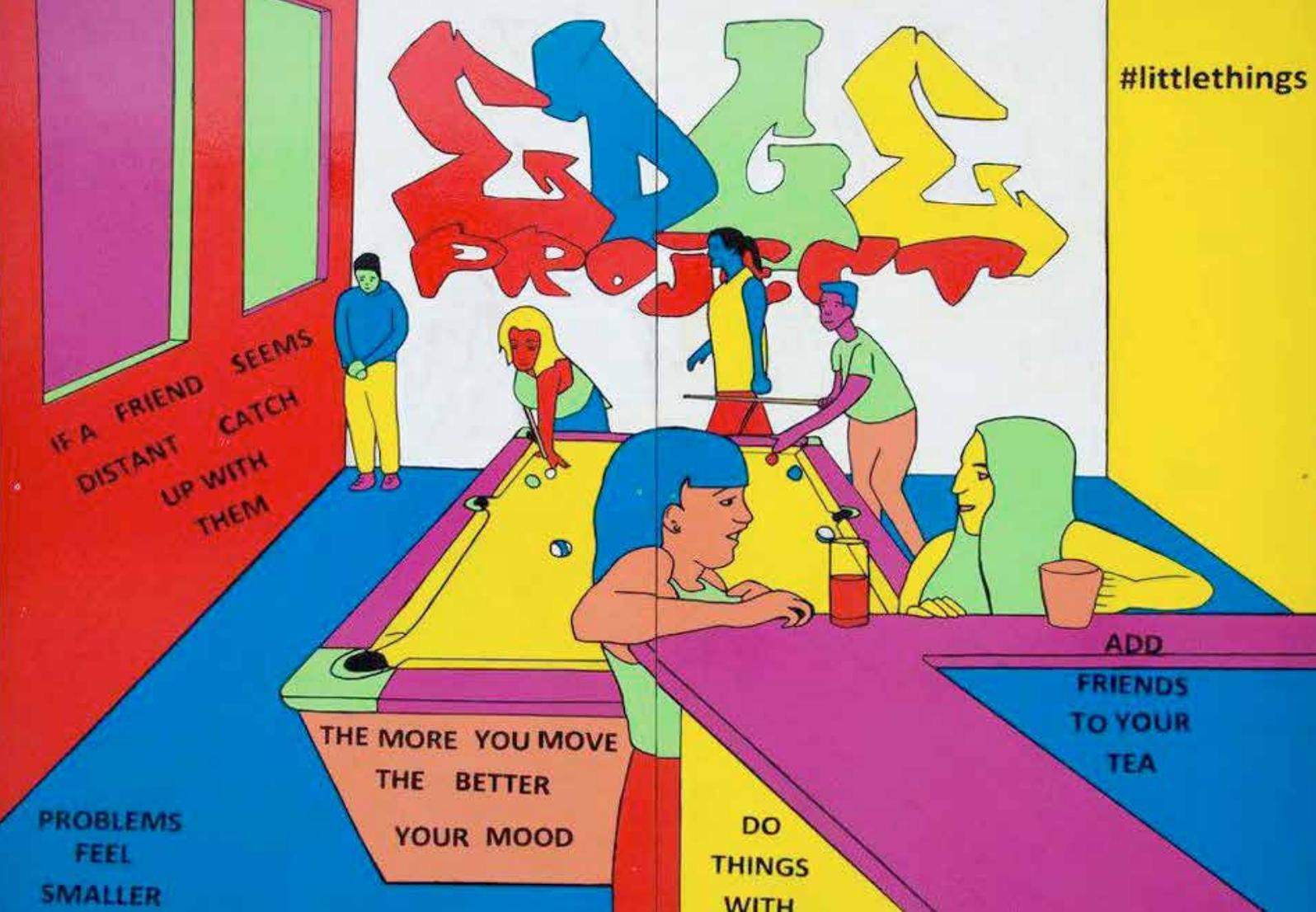
Sleeping well

getting a good night's sleep of 7 or 8 hours, as often as you can, will have a positive impact on how you feel. Protect your sleep if you can, it will do you good.

3.3 Priority Groupings

Connecting for Life lists priority groups for whom there is evidence of increased risk of suicidal behaviour. The priority groups at a national level for 2016/17 are:

- Mental Health Service Users
- Young People
- Travellers
- LGBTI community with a particular focus on young people
- People who are homeless or at risk of same
- Victims of domestic violence
- Health professionals.



#littlethings Mural by the Young People from the Edge Project in Carrick on Suir

In South Tipperary additional priority groups that were highlighted throughout the consultation process, and groups that were named when reviewing the literature include:

- People with mental health difficulties that may not be accessing services
- Older adults
- People with disabilities
- Non Irish nationals including Refugees and Asylum Seekers
- Unemployed
- One parent families
- People engaged in self-harm
- Those involved in substance misuse
- Farmers of all ages
- People living in rural isolation.

Priority groups may change and new priority groups might emerge during the lifetime of the plan based on a number of factors including social, health and economic developments in South Tipperary. *Connecting for Life* South Tipperary will be responsive to emerging needs throughout the implementation of the plan.



Rock of Cashel

4

Connecting for Life
South Tipperary
Strategic Goals,
Objectives and Actions

The development of this action plan for South Tipperary has been informed by widespread local consultation (detailed in chapter 3) and has been guided by the national policy document *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020*. In order to consider the practicalities of suicide prevention work, the local actions are aligned to the seven goals of the national strategy *Connecting for Life* and their related objectives in the context of South Tipperary.

Goal 1:

To improve the nation's understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing

Goal 2:

To support local communities to prevent and respond to suicidal behaviour

Goal 3:

To target approaches to reduce suicidal behaviour and improve mental health among priority groups

Goal 4:

To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour

Goal 5:

To ensure safe and high-quality services for people vulnerable to suicide

Goal 6:

To reduce and restrict access to means of suicidal behaviour

Goal 7:

To improve surveillance, evaluation and high quality research relating to suicidal behaviour

National Strategic Goal 1:

To improve the understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing

This goal is wide-ranging and aspires to achieve positive culture change in relation to attitudes to mental health. If such culture change can be achieved, help-seeking behaviour will increase. Encouraging help-seeking is a central theme in primary prevention at a general population level. In South Tipperary this goal relates to the roll-out of the HSE #littlethings campaign at a local level while it also relates to the development of positive relationships with local media platforms such as the *Nationalist* and *South Tipp Today* newspapers, *Tipp FM*, *Tipp Mid-West* and *Beat 102/103*. This goal is all about public conversations in relation to suicide and mental health. In the interests of suicide prevention, it is important that those conversations are hopeful with a focus on support in all its various forms. (All abbreviations are explained in Appendix 3)

National Objective	Ref	National Action	Connecting for Life South Tipperary Action	Lead Organisation	Partners	National Outcome	Output 2017 - 2020
1.1 Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated protective and risk factors	1.1.3	Deliver coordinated communication campaigns (such as #littlethings 2014) for the promotion of mental health and wellbeing among the whole population with a focus on protective health behaviours and consistent signposting to relevant supports	Deliver positive mental health awareness campaigns, e.g. #littlethings and others on an ongoing basis using various media platforms, campaigns should be targeted at primary school age all the way up to old age, be socially inclusive and target both rural and urban audiences	HSE MH	HSE H&WB, STAN, HSE ROSP, PPN, CYPSC, DAG, Schools, IFA, SeeChange, STAC	Improved population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated protective and risk factors	Four broad based campaigns delivered each year to include two specific initiatives undertaken with an emphasis on reaching the rural population
1.2 Increase awareness of available suicide prevention and mental health services	1.2.1	Deliver accessible information on all mental health services and access/referral mechanisms and make the information available online at YourMentalHealth.ie	Develop and implement a mental health information strategy to raise awareness among the whole population and among service providers of the full range of services and supports available	HSE MH	HSE ROSP, NOSP, STAN, TCoCo, Tusla, Cluain, Consumer Panel	Increased awareness of available suicide prevention and mental health services	Strategy developed, implemented and linked to www.yourmentalhealth.ie and www.connectingforlifesouthtipperary.ie

					STAN	Cluain, HSE MH, Consumer Panel, All Community Resource Centres	Hard copy and online version of directory made widely available, reviewed and updated regularly
1.2.2 (a)	Deliver targeted campaigns to improve awareness of appropriate support services to priority groups	As part of the information strategy in 1.2.1 above, develop a directory for South Tipperary to create awareness among the whole population and among service providers of the full range for supports and services available for communities in South Tipperary, create and promote access to online version of directory	Support young people to develop a mobile app for South Tipperary detailing the full range of social and health sector supports available locally as part of the strategy referenced above in 1.2.1	Comhairle na nÓg	Foroige, YWIT, WSTCYS, TCoCo, HSE MH	Free high quality app available to download for free	
1.2.2 (b)							
1.3.1 (a)	Deliver campaigns that reduce stigma to those with mental health difficulties and suicidal behaviour in the whole population and self-stigma among priority groups	Roll out an anti-discriminatory information campaign aimed at building community relations in relation to all minority cultures to highlight the negative impact of discrimination on mental health	Proactively promote spaces for mental health conversations with the aim of reducing stigma and facilitating awareness raising in various settings, e.g. workplaces, GP practices, community centres, schools and colleges, building on Action 1.1.3 above	HSE PC	TCoCo, STDC, PPN, HSE ROSP, TRPT, TCHW	Two campaigns delivered over a two year period	
1.3.1 (b)				See Change	DES, DSP, Tusla, Chamber of Commerce, HSE PC, PPN, STAN, STAC	Recorded increase in levels of conversation in relation to mental health through survey evaluation	
1.3 Reduce stigmatising attitudes to mental health and suicidal behaviour at population level and within priority groups						Reduced stigmatising attitudes to mental health and suicidal behaviour at population level and within selected priority groups	

<p>1.4 Engage and work collaboratively with the media in relation to media guidelines, tools and training programmes to improve the reporting of suicidal behaviour within broadcast, print and online media</p>	<p>1.4.4</p>	<p>Monitor media reporting of suicide, and engage with media in relation to adherence to guidelines on media reporting</p>	<p>Engage local media in implementing national media guidelines for reporting on suicide and debating related issues (broadcast, print and online media)</p>	<p>HSE Communications</p>	<p>HSE ROSP, Tipp FM, Beat 102/103, Print Media</p>	<p>Engagement with the media in relation to media guidelines, tools and training programmes and improvement in the reporting of suicidal behaviour within broadcast, print and online media</p>	<p>Two media engagement forums held each year.</p>
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National Strategic Goal 2:

To support local communities' capacity to prevent and respond to suicidal behaviour

This goal reflects the recognition that a lot of suicide prevention work happens in local communities, led by people and groups who understand local issues and are well placed to provide support to people who are going through a tough time. Actions that relate to this goal will involve strategic information provision on support services across South Tipperary. This goal also relates to the provision of practical support to local community groups who are meeting a significant amount of mental health needs. This practical support may include resourcing and the provision of training.

National Objective	Ref	National Action	Connecting for Life South Tipperary Action	Lead Organisation	Partners	National Outcome	Output 2017 - 2020
2.1. Improve the continuation of community level responses to suicide through planned multi-agency approaches	2.1.1 (a)	Implement consistent, multi-agency suicide prevention action plans to enhance communities' capacity to respond to suicidal behaviour, emerging suicide clusters and murder suicide. The plans will be the responsibility of HSE Mental Health Division and aligned with HSE Community Health Organisations structure, Local Economic and Community Plans and Children and Young People's Services Committee's (CYPSC) county plans	Ensure the widespread implementation of CfLby supporting the development of positive mental health initiatives by communities and the provision of supports in disadvantaged areas through existing community and sporting organisations, e.g. family support, buddy schemes, counselling, befriending schemes, peer support, drop-in spaces, community gardens	HSE MH	Tusla, STDC, TSP, Youth Services, Sporting Orgs, TCoCo, DSP, All Community Resource Centres, STAN, Cluain, STAC	Continued improvement of community-level responses to suicide through multi-agency approaches	A minimum of two community initiatives resourced each year

	2.1.1 (b)		Support the development, promotion and resourcing of Information Hubs for the community in all key locations, Information Hubs can be virtual and/or based in physical settings and aligned with information available from www.yourmentalhealth.ie and www.connectingforlifefouthtipperary.ie	ROSP	FRC's, SIN CICs, TCoCo, IFA Cluain	Six Information Hubs developed
	2.1.1 (c)		Support festivals in South Tipperary that integrate positive mental health and wellbeing as per Goal 1 of C/I	TCoCo	STAN, HSE ROSP, HSE MH, STAC	Two festivals supported each year of the plan
2.2 Ensure that accurate information and guidance on effective suicide prevention are provided for community-based organisations (e.g. Family Resource Centres, Sporting Organisations)	2.2.1	Provide community-based organisations with guidelines, protocols and training on effective suicide prevention	Provide guidelines and training, on effective suicide prevention, intervention and postvention protocols to community based organisations and support their implementation in relevant settings including schools and workplaces	HSE MH	HSE ROSP, Tusla, Schools, NEPS, Chamber of Commerce, Sporting Orgs, Gardaí	Protocols developed and training delivered to all first responders, i.e. schools, GPs, Gardaí, faith-based organisations
2.3 Ensure the provision and delivery of training programmes on suicide prevention to community-based organisations	2.3.1	Develop a Training and Education Plan for community based training (as part of the National Training Plan) building on the Review of Training completed by NOSP in 2014	Roll out National Suicide Prevention Training Strategy at local level in statutory, community, voluntary and private sector organisations (10 programmes available e.g. safeTALK, ASIST)	HSE ROSP	Community Orgs., HSE MH, HSE PC, IFA, Chamber of Commerce, HSE H&WB	Five training programmes delivered each year across South Tipperary

	2.3.2	Deliver training and awareness programmes in line with the National Training Plan prioritising professionals and volunteers across community-based organisations, particularly those who come into regular contact with people who are vulnerable to suicide	Support other needs-based training in a range of settings including business, community, voluntary and statutory organisations, across South Tipperary. Training could include: WRAP, CBT, Stress Control, Wellness Workshops	HSE ROSP	Consumer Panel, STAN, HSE MH, HSE H&WB, ETB, SOS		Three training programmes delivered each year across South Tipperary
	2.3.3	Deliver a range of mental health promoting programmes in community, health and education settings aimed at improving the mental health of the whole population and priority groups	Deliver a range of mental health promoting programmes in community, health and education settings across South Tipperary	HSE H&WB	HSE ROSP, Schools, STDC, FRCs, Community Orgs.		Three mental health promoting programmes rolled out each year

National Strategic Goal 3:

To target approaches to reduce suicidal behaviour and improve mental health among priority groups

Nationally, priority groups identified in *Connecting for Life* include people experiencing mental health difficulties, people with drug or alcohol problems, those experiencing homelessness, Travellers and members of the LGBTI community. Through the public consultation process and in targeted focus groups, some unique needs in relation to priority groups were identified in South Tipperary, for example, the need for improved access to mental health services and the need for improved cross community understanding and relations between Travellers and the settled community.

National Objective	Ref	National Action	Connecting for Life South Tipperary Action	Lead Organisation	Partners	National Outcome	Output 2017 - 2020
3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups	3.1.1	Integrate suicide prevention into the development of relevant national policies, plans and programmes for people who are at an increased risk of suicide or self-harm	Promote and support positive mental health activities for men through pilot initiatives, e.g. with farmers/Macra na Feirme and through projects with the Men's Sheds	STDC	TSP, IFA, ETB, MSA, CYPSC	Continued improvement of community-level responses to suicide through multi-agency approaches	Three/four community initiatives resourced/supported
	3.1.3 (a)	Develop and deliver targeted initiatives and services at Primary Care level for priority groups	Document and expand the provision of targeted services such as addiction, mental health, counselling and primary care for Travellers, those affected by substance misuse, ethnic minorities, homeless people and those living in areas of designated disadvantage (11)	HSE PC	HSE MH, HSE THU, STDC, Tusla, TRTP, HAT, Exchange House, STAN		Existing services targeted at vulnerable groups quantified and new targets set
	3.1.3 (b)		Provide direct support to family members, across all age groups, of people experiencing mental health difficulties and of those bereaved by suicide	HSE PC	HSE ROSP, Tusla, Consumer Panel, HSE MHS		Baseline data for those availing of direct support determined and access increased

<p>3.2 Support, in relation to suicide prevention, the Substance Misuse Strategy to address the high rate of alcohol and drug misuse</p>	<p>3.2.1</p> <p>Continue the roll out of programmes aimed at early intervention and prevention of alcohol and drug misuse in conjunction with HSE Primary Care</p>	<p>Continue to support the roll out of drug and alcohol programmes aimed at prevention of and early intervention in substance misuse</p>	<p>HSE PC</p>	<p>ROSP, Community-based initiatives, HSE Substance Misuse</p>	<p>Support provided to the Substance Misuse Strategy, to address the high rate of alcohol and drug misuse</p>	<p>Increased substance misuse initiatives aimed at early intervention and prevention available throughout South Tipperary</p>
<p>3.3 Enhance the supports for young people with mental health problems for vulnerable to suicide</p>	<p>3.3.1</p> <p>Support the implementation of the relevant guidelines for mental health promotion and suicide prevention across primary and post primary schools, and the development of guidelines for Centres of Education</p>	<p>Encourage the use of best practice and the implementation of the Wellbeing in Schools Guidelines (primary and post primary schools), this should include physical activity and creative/arts options, stress management and internet safety (10)</p>	<p>DES</p>	<p>NEPS, Schools, HSE H&WB, HSE ROSP</p>	<p>Enhanced supports for young people with mental health problems or vulnerable to suicide</p>	<p>Recommended and approved programmes rolled out in schools across South Tipperary</p>
<p>3.3.2</p>	<p>Guide and encourage the implementation of the relevant policies and plans in schools, including support for development of Student Support Teams and for the management of critical incidents</p>	<p>Encourage the provision of in-service training, e.g. stress management, listening skills, develop protocols for responding to critical incidents, and carry out awareness raising of LGBTI and Traveller culture for teachers at all schools levels including third level staff</p>	<p>DES</p>	<p>NOSP, HSE ROSP, HSE PC</p>	<p>Existing programmes provided across schools and colleges audited and reviewed</p>	<p>Existing programmes provided across schools and colleges audited and reviewed</p>
<p>3.3.3</p>	<p>Work with the HSE to develop national guidance for higher education institutions in relation to suicide risk and critical incident response, thereby helping to address any gaps which may exist in the prevention of suicide in higher education</p>	<p>Audit the delivery of mental health training, positive mental health promotion, signposting to services and training in how to use crisis response protocols for staff in all third level institutions</p>	<p>HEA</p>	<p>LIT, WIT, HSE ROSP, NOSP, Union of Students Ireland</p>	<p>Delivery of training in third level institutions audited and reviewed</p>	<p>Delivery of training in third level institutions audited and reviewed</p>

3.3.4	Implement the National Anti-bullying action plan including online and homophobic bullying	Encourage schools to implement a strong anti-bullying policy and provide a safe confidential space for students to access and be heard	Schools	HSE H&WB Tusla	Listening space available in all schools/colleges
3.3.5	Support all schools to implement a new Wellbeing programme, which will encompass SPHE, CSPE and PE, in Junior Cycle and encourage schools to deliver on SPHE programme (including RSE and mental health awareness) at Senior Cycle	Build the capacity of young people to respond to mental health concerns raised by peers and provide support through the implementation of a new wellbeing programme and through SPHE and CSPE programmes	Schools	ETB/SCP, Jigsaw, Tusla, YWIT, WSTCYS, Foroige, HSE H&WB, HSE ROSP	Tool box developed and training provided
3.3.6	Deliver early intervention and psychological support service for young people at primary care level	Ensure specific targeting of young people through appropriate services and signposting, e.g. Squashy Couch, Jigsaw, HSE MHS, Reachout.com and the Arts	HSE PC	Tusla, HSE MH, YWIT, ETB, STDC, TSP, Shine, TCoCo, CYPSC, STAC	Mental health and wellbeing services focused on young people in South Tipperary quantified and improved
3.3.7	Deliver early intervention and psychological support service for young people at secondary care level, including CAMHS	Provide early intervention and psychological support for young people at secondary care level	HSE MH	HSE PC, CAMHS Adolescent Services	Increased early intervention for young people in South Tipperary

National Strategic Goal 4:

To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour

This goal relates to access to supports and services for people vulnerable to suicidal behaviour. People in South Tipperary are in need of mental health support, the challenges include the lack of in-patient beds and access to psychiatric assessment between primary care and secondary services during `out of hours` times, at present CAREDOC refer to the Emergency Department of the general hospital.

National Objective	Ref	National Action	Connecting for Life South Tipperary Action	Lead Organisation	Partners	National Outcome	Output 2017 - 2020
4.1 Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour	4.1.1 (a)	Provide a co-ordinated, uniform and quality assured 24/7 service and deliver pathways of care from primary to secondary mental health services for all those in need of specialist mental health services	Develop a dedicated and efficient pathway to mental health services and promote widely, e.g. visual flowchart available in all community based organisations/centres	HSE MH	HSE PC	Improved psychosocial assessment and care pathways for people vulnerable to suicidal behaviour	Pathways agreed and clearly communicated
	4.1.1 (b)		Review access, systems, procedures and communication protocols regarding mental health services in general hospital settings and in the Emergency Department in particular	HSE MH	Acute Hospitals, HSE PC, Consumer Panel		Survey completed by service users for assessment of services provision in the Emergency Department

4.1.2	Provide a co-ordinated, uniform and quality assured service and deliver pathways of care for those with co-morbid addiction and mental health difficulties	Strengthen the links between Substance Misuse services including community based drugs projects and mental health services	HSE MH	HSE PC, Acute Hospitals, Substance Misuse Team, Community Based and Outreach Drugs Initiatives	Thos working in addiction services in South Tipperary will have improved relationships and access to mental health services
4.1.3	Ensure that those in the criminal justice system have continued access to appropriate information and treatment in prisons and while under probation services in the community	Ensure that workers in the Criminal Justice System have access to support, training and information in relation to suicide and self-harm	HSE RO SP	HSE MH, Youth Diversion Projects, the Probation Service, Gardaí	Increased awareness and skills among those working within the Criminal Justice System in South Tipperary
4.1.4	Deliver a uniform assessment approach across the health services, in accordance with existing and recognised guidelines for people who have self-harmed or are at risk of suicide	Ensure that there is a uniform assessment approach across all health services in South Tipperary for those engaged in self-harm or at risk of suicide, promote specialist services such as Addiction services and SHIP	HSE MH	Acute Hospitals, Substance Misuse Team	Consistent and effective service available to those engaged in self-harm and suicidal behaviour
4.1.5	Deliver a comprehensive approach to managing self-harm presentations through the HSE Clinical Care Programme for the assessment and management of patients presenting with self-harm to Emergency Departments	Provide a comprehensive service to individuals presenting to the Emergency Department who have engaged in self-harm through the available HSE Clinical Care Programme	HSE MH	Acute Hospital/ Clinical Care Programme	Consistent and effective service available to those engaged in self-harm and suicidal behaviour who present at the Emergency Department

4.2 Improve access to effective therapeutic interventions (e.g. counselling , DBT, CBT) for people vulnerable to suicide	Deliver accessible, uniform, evidence based psychological interventions, including counselling, for mental health problems at both primary and secondary care levels	4.2.1 (a)	Ensure the availability of free/ low cost counselling/support services in all locations, carry out an audit of existing services and develop a plan to fill any gaps	HSE MH	Tusla, FRCs, HSE PC, HSE H&WB, STAN, Community Orgs.	Improved access to effective therapeutic interventions (e.g. DBT, CBT) for people vulnerable to suicide	Baseline situation determined and a plan to increase service provision agreed
		4.2.1 (b)	Ensure the availability of free/ low cost personal development courses in all locations	STDC	FRCs, ETB, DSP, STAN		Baseline situation determined
		4.2.1 (c)	Work with GPs to determine information and training needs and identify any barriers to referral to mental health services or other related services	HSE PC	GPs, HSE ROSE, HSE MH		Report completed determining needs and barriers
		4.2.1 (d)	Promote local mental health response pathways for those with mental health difficulties and particularly for those living in rural locations that might be a distance away from services, e.g. drop in space available in all towns (PCC in Carrick, Tipperary town, Clonmel and Cahir)	HSE PC	Local community orgs, IFA, Gardaí, HSE ROSE, Consumer Panel		Drop in space created in four towns within Primary Care settings

				Promote higher levels of collaboration across services and with the community to ensure improvements in responses to suicide prevention and positive mental health	HSE ROSP	NOSP HSE MH, STDC, HSE PC, STAN, Gardaí		Increase in collaborative work through the implement of CfL
4.2.1 (e)				Promote the continued provision of the Suicide Bereavement Liaison Service and the Bereavement Counselling Service for Traumatic Deaths in South Tipperary	HSE MH	HSE PC, Tusla, STAN, Gardaí, Coroner Service, HSE ROSP, Pieta House	Improved uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide	Increase in referrals from South Tipperary to bereavement support services
4.3 Improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide	4.3.1	Deliver enhanced bereavement support services to families and communities that are known to mental health services and affected by suicide						

National Strategic Goal 5:

To ensure safe and high quality services for people vulnerable to suicidal behaviour

Guidance and support in relation to the management of suicide risk and critical incident response protocols are relevant in relation to this goal. All services including those in the community and statutory services such as those in the education and the criminal justice systems must be supported to manage issues related to suicidal behaviour. This support should be standardised across the country. In South Tipperary, this goal relates back to goal 2 and the importance of supporting community groups who are doing a significant amount of suicide prevention work.

National Objective	Ref	National Action	Connecting for Life South Tipperary Action	Lead Organisation	Partners	National Outcome	Output 2017 - 2020
5.1 Develop and Implement national standards and guidelines for statutory and non-statutory organisations to contributing to suicide prevention	5.1.1	Develop quality standards for suicide prevention services provided by statutory and non-statutory organisations, and implement the standards through an appropriate structure	Determine whether large national organisations such as Samaritans and Pieta House have a role in providing support in South Tipperary or whether this need can be met by existing local organisations like C-SAW or other national organisations which already have a presence in South Tipperary such as Shine, Grow and Aware, and ensure capacity to deliver response to high quality standards	NOSP	HSE ROSP, C&V Sector	Development and implementation of national standards and guidelines for statutory and non-statutory organisations contributing to suicide prevention	Research completed and findings/ recommendations reported and implemented
	5.1.2	Continue to promote a whole school approach to student guidance/counselling within each post primary school	Promote a whole school approach to student guidance and counselling within secondary schools in South Tipperary	Schools	Tusla, HSE H&WB, NOSP, HSE ROSP		Increased help-seeking behaviour among secondary school students in South Tipperary

<p>5.2 Improve the response to suicidal behaviour within health and social care services, with an initial focus on incidents within mental health services</p>	<p>5.1.3</p>	<p>Provide support and resources for the implementation of the Department's curriculum and programmes in the promotion of wellbeing in the school community. Facilitate access to appropriate mental health and suicide prevention training for teachers, e.g. through summer courses and the Education Centre network. In this regard the support services will work collaboratively and liaise, as appropriate, with Government agencies</p>	<p>Facilitate access to appropriate mental health and suicide prevention training for teachers, in particular safeTALK, ASIST and Understanding Self Harm training available through the Regional Suicide Resource Office</p>	<p>Schools</p>	<p>HSE ROSP, HSE H&WB, Tusla</p>	<p>Enhanced skills for teachers to better respond to issues around suicide and mental health and increased ability to signpost to appropriate services</p>
<p>5.2.1 (a)</p>	<p>5.2.1 (a)</p>	<p>Develop and deliver a uniform procedure to respond to suicidal behaviour across mental health services</p>	<p>As a response to suicidal behaviour in mental health services explore the provision of an out of hours service for crisis presentations in a suitable setting outside of the Emergency Department</p>	<p>HSE MH</p>	<p>Acute Hospital Services</p>	<p>Improved response to suicidal behaviour within health and social care services within mental health services</p>
<p>5.2.1 (b)</p>	<p>5.2.1 (b)</p>	<p>Support the appointment of more community-based mental health workers (and social workers), audit to determine existing resources and gaps, particularly in relation to child protection services and children in care</p>	<p>Support the appointment of more community-based mental health workers (and social workers), audit to determine existing resources and gaps, particularly in relation to child protection services and children in care</p>	<p>HSE MH</p>	<p>Tusla</p>	<p>Out of hours services available and broadly communicated</p> <p>Audit completed, increase in number of community-based mental health workers on the ground</p>

	5.2.3 (a)	Implement a system of service review, based on incidents of suicide and suicidal behaviour, within HSE mental health services (and those known to the mental health service) and develop responsive practice models	Support the service review system that explores incidents of suicide and suicidal behaviour within mental health services	HSE MH			Enhanced quality and safety for individuals availing of mental health services in South Tipperary
	5.2.3 (b)		Develop a Recovery College or initiatives based on the principles of recovery for South Tipperary and collaborate with other organisations in the South East region	HSE MH	South East Recovery College, Consumer Panel		Recovery initiatives set up and promoted widely
5.4 Ensure best practice among health and social care practitioners through the delivery of accredited education programmes on suicide prevention	5.4.1	Develop a National Training Plan, building on the NOSP Review of Training	Roll out the National Training Strategy at local level across South Tipperary	HSE ROSP	Community based orgs	Best practice among health and social care practitioners ensured through the delivery of accredited education programmes on suicide prevention	Increased access to a broader range of training options relating to suicide, self-harm and bereavement
	5.4.2	Continue the widespread delivery of training in suicide prevention to staff in government agencies who are likely to come into contact with people who are vulnerable to/ at risk of suicidal behaviour	Deliver training in suicide prevention to staff in government agencies who are likely to come into contact with people who are vulnerable to/ at risk of suicidal behaviour	HSE ROSP	All government agencies in South Tipperary		Increased awareness and skills among those working with people who are vulnerable to suicidal behaviour

National Strategic Goal 6:

To reduce and restrict access to means of suicidal behaviour

It is possible to prevent impulsive acts by reducing access to the means of suicidal behaviour (HRB, 2014) (17) and many acts of suicide and self-harm can be impulsive. An issue emerging in local consultations relevant to this objective is the extent to which psychiatric medication is being prescribed in primary care settings. The association between prescribing practices and patterns of self-harm is worth exploring in the context of this goal.

National Objective	Ref	National Action	Connecting for Life South Tipperary Action	Lead Organisation	Partners	National Outcome	Output 2017 - 2020
6.1 Reduce access to frequently used drugs in intentional drug overdose	6.1.1 (a)	Work with professional groups to reduce the inappropriate prescribing of medicines commonly used in intentional overdose, including benzodiazepines and SSRIs*	Organise and deliver a prescribed drug "dump" campaign	HSE PC	Pharmacies, CDBI, PPN, Substance Misuse Team	Reduced access to frequently used drugs in intentional overdose	One campaign rolled out every year
	6.1.1 (b)		Research the extent to which medication is being prescribed for mental health difficulties within the region and whether there is an association between prescribing levels and suicidal behaviour	HSE PC	HSE PCRS, HSE MH, WIT, HRB, Gardaí, Pharmacists, NSRF, Coroner		Research completed and report on the findings available
	6.1.2	Continue improvements in adherence to the legislation limiting access to paracetamol through raising awareness amongst retailers and the public and the use of point of sale systems	Reduce access to drugs frequently used in overdose by advocating for safer prescribing and the enforcement of legislation on paracetamol based products	HSE PC	HSE PC, Pharmacies, Chamber of Commerce, Substance Misuse Team		Widespread information available on safer prescribing and associated legislation

* Selective serotonin reuptake inhibitors

6.2 Reduce access to highly lethal methods used in suicidal behaviour	6.2.2 (a)	Implement a strategy to improve environmental safety with the HSE mental health services (e.g. ligature audits)	Explore the development of new preventative measures across South Tipperary by auditing identified sites of high risk	TCoCo	Gardai, PPN, Taxi Watch, River Rescue and River Walk Volunteers	Reduced access to highly lethal methods used in suicidal behaviour	Audit completed
	6.2.2 (b)		Improve environmental safety within HSE mental health services e.g. ligature points	HSE MH			Enhanced quality and safety for individuals availing of mental health services in South Tipperary

National Strategic Goal 7:

To improve surveillance, evaluation and high quality research relating to suicidal behaviour

Actions under this goal nationally include the development of ways in which more timely access to information on deaths by suicide can be made available. In a local context, access to accurate real time information on deaths by suicide would help to facilitate the provision of bereavement support. This is a sensitive issue and when someone dies suddenly and unexpectedly there are protocols that must be followed e.g. a post-mortem is usually ordered and a coroner's inquest is usually held. However, it may be possible to develop close working relationships between the services that respond to reports of likely suicide deaths, such as An Garda Síochána, and local suicide prevention and mental health resources. In addition, new research with a South Tipperary focus will help improve local responses and strategising.

National Objective	Ref	National Action	Connecting for Life South Tipperary Action	Lead Organisation	Partners	National Outcome	Output 2017 - 2020
7.1 Evaluate the effectiveness and cost-effectiveness of <i>Connecting for Life</i>	7.1.1	Conduct proportionate evaluations of all major activities conducted under the aegis of <i>Connecting for Life</i> ; disseminate findings and share lessons learned with programme practitioners and partners	Evaluate the effective implementation of <i>Connecting for Life</i> South Tipperary and its impact at County level	NOSP	HSE ROSP, Cfl ST ISG	Evaluation of the effectiveness of and cost-effectiveness of <i>Connecting for Life</i>	Evaluation report on the implementation of the South Tipperary Plan
7.2 Improve access to timely and high quality data on suicide and self-harm	7.2.2	Collate and report on incidences of suicide through current and expanded health surveillance systems over the life of <i>Connecting for Life</i>	Evaluate and improve data collection around suicide and self-harm in South Tipperary, review current reporting systems	Coroner, Cfl ISG	Gardaí, HSE ROSP, NSRF, CSO	Improved access to timely and high quality data on suicidal behaviour	Data collection completed by Coroner's office



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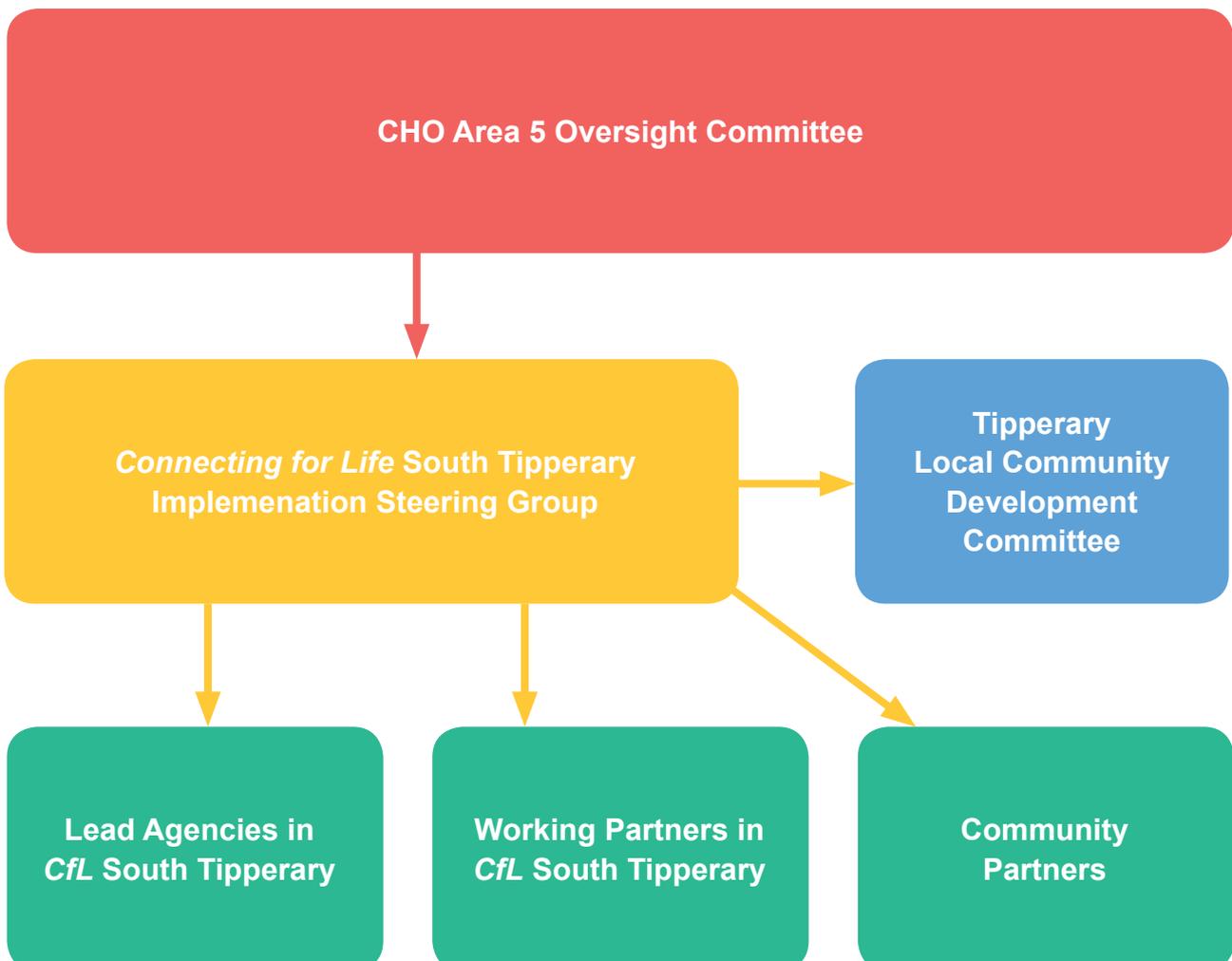
Implementation and Monitoring

5.1 Implementation Structure

A cross-sectoral Implementation Steering Group (ISG) will have responsibility for ensuring the actions in *Connecting for Life* South Tipperary are progressing towards full implementation. The group will also seek and manage any additional funds to support implementation of agreed actions in this plan.

The ISG will report to the HSE Mental Health Division (CHO Area 5) and into the County Tipperary Local Community Development Committee (LCDC). The Mental Health Linkage Group of the Public Participation Network (PPN), South Tipperary Action Network (STAN) and all relevant stakeholders will also be kept informed of the progress of the implementation.

Membership of the *Connecting for Life* South Tipperary Implementation Steering Group will include the HSE Resource Officer for Suicide Prevention, senior and middle management from key service delivery agencies (statutory and NGO), service users, family representation, community representation and members of the original South Tipperary Suicide Prevention Planning Group. An Oversight Committee for CHO Area 5 will also be established.



5.2 Monitoring and Evaluation

The National Office for Suicide Prevention will develop a system for the monitoring and evaluation of local suicide prevention action plans. The *Connecting for Life* South Tipperary Suicide Prevention Action Plan will be guided by annual work plans that will be monitored on a quarterly basis. Progress reports will be provided by the individual agencies that have responsibility for specific actions on the delivery of those actions relevant to that time period. A quarterly report will be provided to the LCDC and to the HSE Mental Health Department at CHO level on the implementation of this plan and this report will be made available to all relevant organisations and agencies.

5.3 Promoting and Resourcing Actions

While most of the actions identified in this plan fall under the remit and responsibility of key agencies, there are also actions that will create new work or the enhancement of existing work particularly at local community level. This will require resourcing at local level by a variety of organisations and programmes with a remit for promoting positive mental health and addressing mental health concerns. Additional funding for community initiatives will need to be sought and directed toward the actions agreed in this plan. Finally, successful implementation of this plan will also require the strengthening of relationships and collaboration among partner organisations and in particular the active inclusion of organisations and individuals who were unavailable during the developmental phase of this plan. These collaborative working relationships will ensure effective shared outcomes and the successful achievement of goals.



Cahir Castle

Appendices

Appendix 1: Members of the South Tipperary Suicide Prevention Planning Group

Dr. Michele Brannigan HSE Mental Health Services (South Tipperary)

Claire Canning HSE Primary Care (Carlow, Kilkenny, South Tipperary)

Valerie Connolly Tipperary Sports Partnership

Ronnie Corbett Independent Chair (Cluain Training and Enterprise)

David Heffernan HSE Mental Health Services (CHO Area 5)

Tara Hunt HSE Primary Care (Carlow, Kilkenny, South Tipperary)

Catherine Kehoe Garda Chief Superintendent

Marie Kennedy Tusla (Carlow, Kilkenny, South Tipperary)

William Leahy Garda Superintendent

Kelley Lee South Tipperary Mental Health Consumer Panel

Paul Morris Coroner Service (South Tipperary)

Tracy Nugent HSE Resource Officer for Suicide Prevention (CHO Area 5)

Ruairí Ó Caisleáin Tipperary Children and Young People's Services Committee

Julie O'Halloran Tipperary Public Participation Network

Hilda O'Neill HSE Health Promotion (South Tipperary)

Ann Ryan Tipperary County Council

Phil Shanahan South Tipperary Development Company

Brigid Teehan South Tipperary Action Network

Members of the South Tipperary Consultation Working Group

Ronnie Corbett Cluain Training and Enterprise

Tracy Nugent HSE Resource Officer for Suicide Prevention

Ruairí Ó Caisleáin Tipperary Children and Young People's Services Committee

Julie O'Halloran Tipperary Public Participation Network

Ann Ryan Tipperary County Council

Phil Shanahan South Tipperary Development Company

Appendix 2: Explanation of Key Terms

Families/friends/communities bereaved by suicide

People who have been impacted, directly or indirectly, when someone has died by suicide

HSE Mental Health Services

The HSE provides a wide range of community and hospital based mental health services in Ireland, HSE mental health services are delivered through specialist mental health teams from childhood to old age

Incidence of self-harm/self-harm rates

There is a national registry for self-harm presentations to Emergency Departments in General Hospitals that is managed by the National Suicide Research Foundation

Mental health and wellbeing

Mental health is defined as a state of wellbeing in which the individual realises his or her own potential, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community

Mental health problems

Refers to a wide range of mental health conditions that affect mental health and impact on mood, thinking and behaviour

Mental health promotion

Mental health promotion is any action which aims to promote positive mental health among the population and those who are at risk of experiencing mental health problems

Mental health service user

A person that uses the mental health services

Non-statutory and community organisations

Community, voluntary and non-government agencies, services, organisations and groups

People/groups vulnerable to suicide

People/groups that may experience more of the risk factors for suicide

People at acute risk of suicide/self-harm

People who are at high risk of suicide or self-harm, may experience frequent, intense and enduring thoughts of suicide or self-harm or high distress or have specific plans, people/groups that are vulnerable to self-harm or people/groups who are more susceptible than other people/groups to the possibility of self-harm

Primary Care services

Primary Care Teams comprise of GPs, Public Health Nurses, Occupational Therapists, Physiotherapists, other HSE staff and community representatives

Protective and risk factors

In general, risk factors increase the likelihood that suicidal behaviour will develop, whereas protective factors reduce this likelihood, in relation to mental health, protective factors include secure family attachments, having one supportive adult during early years, positive early childhood experiences, good physical health, positive sense of self and effective life and coping skills, risk factors include physical illness or disability, family history of psychiatric problems, family history of suicide, low self-esteem, social status and childhood neglect

Priority groups

In *Connecting for Life* the National Strategy and *Connecting for Life* South Tipperary, priority groups refer to the population groups identified as vulnerable to suicide in Ireland over the lifetime of the strategy; other population groups may emerge as particularly vulnerable to suicide

Reducing suicide/Reducing self-harm

Reducing suicide or self-harm means lowering the number of deaths by suicide or the number of self-harm incidents

Resilience

Resilience is the ability to cope with adverse or challenging circumstances

Responding to a suicide attempt

A response or intervention to support someone who attempts suicide

Responding when someone has died by suicide/postvention

Responding to suicide refers to the response, or intervention, to support relatives, friends and communities after someone dies by suicide.

Self-harm

Self-harm describes the various methods by which people harm themselves, varying degrees of suicidal intent can be present and sometimes there may not be any suicidal intent, although an increased risk of further suicidal behaviour is associated with all self-harm

Social exclusion

Social exclusion refers to being unable to participate in society because of a lack of access to resources that are normally available to the general population; it can refer to both individuals, and communities in a broader framework, with linked problems such as low incomes, poor housing, high-crime environments and family problems

Stigma reduction

Stigma reduction refers to the process of minimising negative beliefs associated with different types of mental health problems; it brings about a positive change in public attitudes and behaviour towards people with mental health problems

Suicide/die by suicide

Suicide is death resulting from an intentional self-inflicted act

Suicide attempt/attempted suicide/someone who has attempted suicide

A suicide attempt means any non fatal suicidal behaviour, when someone has the intent to take their own life

Suicidal behaviour

Suicidal behaviour refers to a range of behaviours that include planning for suicide, attempting suicide and suicide itself, for the purpose of this plan, the term suicidal behaviour also refers to self-harm (see above for a full definition of self-harm)

Suicide prevention/help prevent suicide

Suicide prevention aims to diminish the risk and rates of suicide, it may not be possible to eliminate the risk of suicide entirely but it is possible to reduce this risk

Targeted approach

A targeted approach focuses on identifying the smaller number of people who are vulnerable to suicide/self-harm and putting in place appropriate interventions

Whole-population approach

A whole population approach focuses on suicide prevention for all members of society and it aims to reduce suicidal behaviour by addressing the risk and protective factors at individual, family, community and societal levels

Appendix 3: Abbreviations

A&E/ED	Accident and Emergency/Emergency Department
AVFC	A Vision for Change
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CfL	<i>Connecting for Life</i>
CHO Area 5	Community Health Organisation Area 5 (Waterford, Wexford, Carlow, Kilkenny and South Tipperary)
CIC	Citizens' Information Centre
CSO	Central Statistics Office
CSPE	Civil, Social and Political Education
CWG	Consultation Working Group
CYPSC	Children and Young People's Service Committee
DAg	Department of Agriculture
DES	Department of Education and Skills
DoH	Department of Health
DSP	Department of Social Protection
ETB	Education and Training Board
FRC	Family Resource Centre
GP	General Practitioner
HAT	Homeless Action Team
HI	Healthy Ireland
HRB	Health Research Board
HSE	Health Service Executive
HSE H&WB	Health and Wellbeing
HSE MHS	Mental Health Services
HSE PC	Primary Care
HSE THU	Traveller Health Unit
ID	Intellectual Disability
IFA	Irish Farmers' Association
ISG	Implementation Steering Group
KPI	Key Performance Indicator
LCDC	Local Community Development Committee



LECP	Local Economic and Community Plan
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
MSA	Men's Shed Association
NEPS	National Educational Psychology Service
NOSP	National Office for Suicide Prevention
NSRF	National Suicide Research Foundation
PCC	Primary Care Centre
PCRS	Primary Care Reimbursement Service
PPN	Public Participation Network
RAPID	Revitalising Areas by Planning, Investment and Development
ROSP	Resource Officer for Suicide Prevention
SERDATF	South East Regional Drug and Alcohol Task Force
SICAP	Social Integration and Community Activation Programme
SIN	Social Inclusion Network
SIU	Social Inclusion Unit
SMT	Substance Misuse Team
SOS	Suicide or Survive
SPAP	Suicide Prevention Action Plan
SPHE	Social, Personal and Health Education
SPPG	Suicide Prevention Planning Group
SRO	Suicide Resource Office
SSIS	Suicide Support and Information System
STAC	South Tipperary Arts Centre
STAN	South Tipperary Action Network
STDC	South Tipperary Development Company
STMHCP	South Tipperary Mental Health Consumer Panel
TCHW	Traveller Community Health Workers
TCoCo	Tipperary County Council
TRPT	Tipperary Rural Traveller Project
TSP	Tipperary Sports Partnership
Tusla	The National Child and Family Agency
WHO	World Health Organisation
WRAP	Wellness and Recovery Action Plan
WSTCYS	Waterford and South Tipperary Community Youth Service
YWIT	Youth Work Ireland Tipperary (formerly TRYS, Tipperary Regional Youth Service)

Appendix 4: South Tipperary Area Profile

The South Tipperary Area Profile was taken from the South Tipperary Development Company SICAP proposal (2015). South Tipperary has a total population of 88,432 (CSO, 2011) which represents an increase in population of 6.3 % since the 2006 Census. The area has an overall relative index score of -3.4 which makes it marginally below the national deprivation average.¹

The bands of Relative Deprivation Index levels 2011 are as follows:

- 10 to -20 Disadvantaged
- 20 to -30 Very Disadvantaged
- Below -30 Extremely Disadvantaged

There are 3 Municipal Districts in South Tipperary:

1. Carrick on Suir District
2. Cashel – Tipperary District
3. Clonmel District.

South Tipperary as a whole is not characterised by particular extremes with regard to either affluence or deprivation. It has 91 Electoral Districts, none of which have a relative deprivation index score of below -30 (extremely disadvantaged). Five of the ninety one EDs fall within the HP Deprivation Index of Disadvantaged and Very Disadvantaged (CSO 2011)²

These EDs are Tipperary East Urban (-15.57), Carrick on Suir Urban (-13.90), Farranrory (-13.62), Clonmel West Urban (-12.00) and New Birmingham (-11.5).

Beyond this ED level, there are significant Small Areas of Disadvantage across the county. A Small Area is a sub division of the ED and is an area of no less than 65 households, the data on which is captured at that small area/estate/street level. There are no Small Areas in the county which are Extremely Disadvantaged (below -30).

Profile of Municipal Districts

1. Carrick on Suir District

This District comprises (a) the urban centre of Carrick on Suir which has RAPID Status and (b) the rural area of Slieveardagh. This area includes Fethard, Killenaule, Ballingarry, Gortnahoe, Glengoole and The Commons.

Town of Carrick on Suir

- (a) The town of Carrick on Suir with a population of 5,886 comprises 2 EDs – Carrick on Suir Urban and Carrick-beg Urban. Carrick on Suir Urban ED is disadvantaged with a deprivation score of -13.90. This ED is characterised by a high lone parent rate at 37.8%, male unemployment at 44.00%, female unemployment at 28.9%, and age dependency at 33.71%.

¹ Haase, T. & Pratschke, J. (2012) The Pobal HP Deprivation Index for Small Areas [online].

Available at: <https://www.pobal.ie/Publications/Documents/Introduction%20and%20Reference%20Tables.pdf>.

² All statistical information provided for the ED's and small areas has been sourced from Pobal Maps.

Available at: <http://maps.pobal.ie/#/Map>

³ One Family (2013). Available at: <http://www.onefamily.ie/press-releases/10-solutions-no-cuts-budget-2014/>



Within **Carrick on Suir Urban ED** there are twelve Small Areas of Disadvantage. These are: Ballylynch (-22.70); Collins Park/Ballyrichard (-22.30); Sean Treacy Park (-22.00); St Nicholas/Ard Mhuire (-21.5); Parkview/Marian Ave (-19.50); St. Johns (-17.50); Parkside/Castle St (-16.4); Greenside/Greystone Court (-14.8); Mill St/Ormond Court (-14.8); Killonerry Close /Tinvane (-14.00); Ball Alley/ DeValera Place (-13.4); Pearse Square / Town Wall (-11.2).

The rate of Lone Parent Households across these 12 areas is extremely high against the national lone parent rate of 25.8% (One Family 2013)³; the highest rate of 75% in Ball Alley/DeValera Place. These areas are characterised by very high unemployment-over half of the twelve small areas have a male unemployment rate between 45-66.7%.

The **ED of Carrickbeg Urban** is not disadvantaged. However, there are three Small Areas of Disadvantage within this ED. These are: Seskin (-21.2); St. Mollerans/Waterford Road (-14.9); Coolnamuck (-11.2).

What is notable in these specific areas are the high level of Lone Parent households in Seskin and St. Mollerans, 61.4% and 51.5% respectively. Coolnamuck has 15.8% lone parent households which, on analysis, may be explained by a corresponding older age profile.

Carrick on Suir is unique in that it is the only area in the South Tipperary that has a Direct Provision Centre. There are currently 77 Asylum seekers residing in the centre– 38 adults and 39 children.

Slieveardagh Region

In the rural area of Slieveardagh, two EDs are disadvantaged– **Farranrory ED** (-13.6) and **New Birmingham E.D.** (-11.5). Analysis of the Census 2011 data confirms that Poyntstown is no longer a Disadvantaged Area as reflected in Census 2006.

Farranrory ED has an unemployment rate of 64% in 2011. It has an 18.7% rate of Lone Parent households and an age dependency of 35%. New Birmingham has a much higher Lone Parent Household rate of 33.3%. Its unemployment rate for males is notable at 38.2% in contrast to a rate of 16.2% for females in this E.D.

Beyond this picture at E.D. Level, there are Small Areas of Disadvantage within several small towns and villages. These are: Parts of New Birmingham (-13); Coalbrook (-11.6); Ballingarry (-13); Parts of Killenaule– Cashel Road, Hillview, Pike Street and Bailey Street (-14.3) and Castlequarter area (-13.8), Rathroe, Graigue and Garrane (-11.40); Parts of Fethard– Fr. Tirry Terrace, Canon Hayes Terrace (-16.5) Woodvale Walk (-12.10); Part of Mullinahone- Kickham Place, Callan Street and Carrick Street (-18.7); Rosegreen (-10.10).

Of these areas, the rate of male unemployment is double that of females, with the exception of Mullinahone where the differential is slightly less. Lone Parent rates are diverse within these areas with Coalbrook having a rate of 9.5% and New Birmingham and Ballingarry with rates less than 28%. However Killenaule and Fethard have Lone Parent rates greater than 50%. This is almost twice the national rate of 25.8%. The small areas are characterised in the main by an age dependency rate of 30-40%.

2. Cashel - Tipperary District

This District comprises (a) the urban centre of Tipperary Town which has RAPID Status and (b) the urban centre of Cashel Town and (c) the remaining rural areas. These include Bansha, Emly, Cappawhite, Cashel Rural, Kilpatrick, Oughterleague, and Clonoulty. This Municipal District has a population of 27,549 people.

Tipperary town

The town of Tipperary with a population of 5,310 comprises 2 EDs – **Tipperary East Urban** and **Tipperary West Urban**. Tipperary East Urban as an ED is disadvantaged with a deprivation score of -14.80. It has the

⁴ Greenane Drive, Dundrum Drive, St. Ailbes Drive comprise the area known as The Three Drives.

highest overall deprivation score in South Tipperary 23-2 ahead of the other EDs of Carrick On Suir Urban (-13.90) and Clonmel West Urban (- 11.97). This ED is characterised by a high Lone Parent rate of 36.89%, male unemployment of 47.48% and female unemployment of 26.6% .The overall attainment of Third Level education in the ED is 12.77%.

Within this ED there are nine Small Areas of Disadvantage. These are:

Greenane Drive, Dundrum Drive, St. Ailbe's Drive (-25.00)⁴; Pearse Park – (-23.9); Father Mathew St. (-20.10); Aherlow Court (-13.8); St. Michaels Avenue Part (-18.9); St, Michaels Avenue & Marian Terrace (-15.4); James Connolly Park (-18.30); Glenview (-16.3); Bansha Road, Link Road and O' Duffy Terrace (-11.9).

Of these nine areas, there are four that have a Lone Parent rate of in excess of 50% which is over twice the national lone parent rate (25.8%). These are: the Three Drives (50%) Pearse Park (53.3%); Aherlow Court (51.5%) and St. Michaels Avenue (41.15%).

In terms of unemployment, high levels of male unemployment is evidenced in Pearse Park (58.7%), Aherlow Court (37.7%), James Connolly Park (51.3%), Glenview (58.7%) and St. Michael's Avenue (64.9%)

Pearse Park and Three Drives areas have extremely high levels of unemployment of almost 75%.

The ED of Tipperary West Urban is not disadvantaged (-8.3). It has an overall Lone Parent rate of 30% and a male unemployment rate of 33%. However, there are four small areas that are disadvantaged: Dillon Street (-17.2); Canon Hayes Park (-16.00); Emmet Street (-14.6); Martin Breen Terrace/Hillside (-14.6).

What are notable in these small areas are the high levels of Lone Parent Households at 50% in Canon Hayes Park and 58.3% in Dillon Street. Male unemployment is high in Martin Breen Terrace/Hillside and Canon Hayes Park at 34.10% and 37.7% respectively. In Emmet Street and Dillon Street the rate of male unemployment is 48.5% and 50% respectively. Emmet Street is the only small area where the rate of female unemployment at 50% is higher than males.

Town of Cashel

The town of Cashel with a population of 4,051 (CSO 2011) comprises 2 E.D.s – Cashel Urban and Cashel Rural. Cashel Urban as an E.D. is not disadvantaged nor does it contain any small areas of disadvantage. Cashel Rural as an E.D. is not disadvantaged. However, Cashel Rural has one small area of disadvantage: Oliver Plunkett Park with a deprivation score of (-14.2). It has a Lone Parent rate of 36.4% and male unemployment rate of 31.6% in this small area.

Cashel/Tipperary Rural area

There are 31 EDs in the remainder of the Cashel – Tipperary District. None of these 31 EDs are designated areas of disadvantage.

However, there are nine Small Areas of Disadvantage. These are:

Ballykisteen (-11.3); Bansha/Galtee View; Radharc Na hAbhainn; Cluain Arran (-10.2); Cappagh (-13.2); Clonoulty East (-10.10); Emly (-11.3); Glencourt [Emly] (-11.70); Golden (-15.8); Kilpatrick (-12); Clonkelly (-10.20).

Notable in these areas is the 51.6% Lone Parent rate in parts of Bansha and male unemployment rate of 30.2%. Within Emly village area the Lone Parent rate is 42.10% and male unemployment is 33.3%. In the Glencourt area of Emly the Lone Parent rate is 45.5% and the male unemployment rate is 53.3%.

The Crescent and Fr. Callanan Park [Cappagh] have a Lone Parent rate is 42.9% and the male unemployment rate is 37.5%.

In Clonkelly the Lone Parent rate is 22.2%, male unemployment is 26.8% and the female unemployment rate is 7.5%. In Kilpatrick the Lone Parent rate is 31.3%, the male unemployment is 41.8% and female unemployment is 28.9%.

3. Clonmel District

Town of Clonmel

The Municipal District of Clonmel comprises the urban centres of Clonmel and the rural areas of Ardfinnan, Clogheen and Kilcommon (Cahir). This district has twenty six EDs. Only one ED is disadvantaged as a whole. **That is Clonmel West Urban** (-12.84). Within this ED there are specific small areas of disadvantage: These are:

Three 'Small Areas' of the Elm Park Estate (-19.8, -15.4, -16.6); Inis Cara & Oliver Plunkett Terrace (-17.7); Pearse Park (-14.9); Clarkes Villas & Baron Park (-15.3); Cooleens Close (-13.9); Inis Oir & Heywood Close (-18.3); Bianconi Drive (-14.7); Ard Fatima (-20.5); The Quay/Irishtown (-13.4); Brook Crescent/Old Bridge (-17.1).

Three of the above areas have Lone Parent rates of over 60%: Inis Oir/Heywood Close, Cooleens Close and part of Elm Park. Old Bridge, Brook Crescent, Part of Elm Park, Baron Park and Ard Fatima have rates of Lone Parents in excess of 50%.

The Unemployment rate for men in Clonmel West Urban in 2011 was 32%. However, in Inis Oir and Heywood Close the rate in 2011 exceeded 50%. The remaining small areas had male unemployment rate of 30% and over.

Four of these small areas have RAPID Status – Cooleens Close, Heywood Road, Elm Park and Bianconi Drive.

The E.D. of **Clonmel East Urban** is not disadvantaged as a whole. However, within this E.D. there are two small areas of disadvantage. These are:

Kickham Street/Dillon Street/ (-18.10), Davis Road (-11.4); Comeragh Drive/Sheehy Terrace and Comeragh Court (-13.3).

The Kickham Street/Dillon Street/Davis Road area has a 40% age dependency ratio which indicates an older population and a lone parent rate of 33.3%. This area has a male unemployment rate is 41.90% and female unemployment rate of 16%.

Comeragh Drive/Sheehy Terrace and Comeragh Court have an age dependency ratio of 35.1% and a lone parent rate of 31.3% falling from 57.6% in 2006. The unemployment rate is 28.3% male and 16.7% female.

What is notable in this E.D. is that the Cuirt an Rí estate and the Davis Road areas have experienced significant population growth from 2006 to 2011 resulting in a reduction in the overall deprivation levels within these areas.

There has been a decrease in deprivation levels in this E.D. since 2006 which had, at that time, six areas of deprivation.

The E.D. of **Clonmel Rural** is not disadvantaged as an E.D. However, within this E.D. there are three small areas of disadvantage. These are:

Carrigeen (-17.3); Oakland Drive/The Wilderness (-15.8); Boherduff Heights (-10.6).

What are notable in these communities are the high rates of Lone Parent Households with Carrigeen at 65%, Oakland Drive/The Wilderness at 41.2% and Boherduff Heights at 51.4%.

There are similarly high levels of unemployment in these small areas: 47.1% in Oakland Drive/The Wilderness, 41.1% in Boherduff and 50.9% in Carrigeen.

Town of Cahir

The ED of **Kilcommon** with a population of 2,134 is not disadvantaged as an ED. However, within this ED there are three small areas of disadvantage. These are: Woodview/Avondale Cahir (-17.8); Clogheen Road, Cahir (-12); Bengurrah Square, Cahir (-11.2).

Woodvale/Avondale has a 40% Lone Parent Rate and 46.7% male unemployment rate.

Clogheen Road has 37.8% Lone Parent rate and 40.5% male unemployment rate.

Bengurrah Square has 26.9% Lone Parent rate and 33.3% male unemployment and 30.8% female unemployment.

Rural Areas of Ardfinnan and Clogheen

The E.D. of Ardfinnan is not disadvantaged. There are however two small areas of deprivation within the E.D. These are: Castleview Estate (-10.1) with a Lone Parent rate of 24% and male unemployment rate of 34.3%. St. Anne's Terrace (-11.3) with a Lone Parent rate of 33.3% and male Unemployment of 21.6%. The age dependency ratio is high at 40.3%.

The E.D. of Clogheen is not disadvantaged. There are however two small areas of deprivation within the E.D. These are Barrack Hill/Lois Mhuire Area and Mountain View/Fr. Sheehy Terrace.

Barrack Hill/Lois Mhuire (-14.3) has a Lone Parent rate of 5.6% and a male unemployment rate of 46.9% and an age dependency ratio of 41.1%. Mountain View/Fr. Sheehy Terrace (-12.6). The area has a Lone Parent rate of 27.8%, a male unemployment rate of 33.3% and an age dependency rate of 35.2%.

Key Target Groups for SICAP (Social Inclusion Community Activation Programme)

Unemployed people including young unemployed

The Live Register figures for Lot 23-2 show that 7,689 persons are unemployed (Department of Social Protection, November 2014). This includes those persons claiming Jobseeker Payments, signing for credits and casual and seasonal workers. These figures of unemployment do not include the numbers of people who are on Labour Market Initiatives including Tús, Community Employment, Community Services, JobBridge and those who may be taking part in Back to Education Initiatives. Of this figure 3,486 are long term unemployed and they represent 45% of the total unemployed figure for South Tipperary.

The long term unemployed are at a particular risk of social exclusion because they tend in the main to be low or semi-skilled, of an older working age profile, have low educational attainment levels and have a history of being unemployed. This risk is further compounded where there are issues of poor literacy, poor overall health and no personal transport.

There are 1,147 persons under the age of 25 years currently on the Live Register of which 675 are male and 472 female. Of this figure 159 are in Cahir, 224 are in Carrick, 155 are in Cashel, 390 are in Clonmel and 219 are in Tipperary town.⁵ It is unclear how many of this age profile are engaged elsewhere on Back to Education Initiatives, Springboard Initiatives, Momentum Programme or JobBridge. STDC knows from its own delivery of the Tús Programme that there are currently 61 persons under 25 (19F, 42 M) participating on the programme in South Tipperary.

⁵ CSO (Nov 2014) 'Persons under 25 on the Live Register by Social Welfare Office Age Group, Sex, and Month' Available at: <http://www.cso.ie/px/pxeirestat/statire/SelectVarVal/Define.asp?Maintable=LRM07&PLanguage=0>



In 2011 the proportion of young persons in Ireland who are neither employed nor in education or training was 24%, well above the European average of 15% (OECD 2014)⁶. Very little is known about this category of unemployed in Ireland in terms of their profile or of their labour market transitions. There is a piece of work that needs to be done to identify, engage with and profile this cohort in Tipperary South.

The Impact of long term unemployment has negative consequences across economic, social and health indicators. Economic insecurity as a result of prolonged unemployment can lead to a perceived loss of control over one's life, reduced expectations, and limited opportunities. This can be reflected in a range of health and societal impacts including an increase in physical illness, increase in alcohol consumption, depression, anxiety, suicidal feelings and poor family and interpersonal relationship.

Tipperary South (Lot 23-2) has a higher proportion of people whose education ceased in their teens than the national average. 60.7% of those aged 15 years and over, finished their education at Second Level while 22% were educated to Third Level (Solás 2014)⁷

These low levels of educational attainment correspond with the low levels of participation in the labour market and lower employment rates. Those aged 25-64 years with Primary Education only are three times more likely to be unemployed when compared with those individuals with Third Level Education (CSO Thematic Report 2011).

The adult population with Primary Education only in Lot 23-2 has fallen from 20.2% in 2006 to 17.2% in 2011⁸. In 2011, one in ten (10%) of those aged 25-64 had attained at most primary level education (QNHS, 2011)⁹. Despite considerable improvement at county level and at national level, there remain seven EDs in the Lot where considerable numbers of the adult population have Primary Education only. These highest percentages reside in Clonmel West Urban and Tipperary East Urban with 26.6% and 25.9% respectively. Farranrory and Poyntstown show rates of 31.6% and 29.7% respectively.

Lone Parents

As of 2011 there are 4,084 Lone Parent Households in the Lot, 85% of which are headed up by women. This represents a ratio of 25.2%. Nationally, 25.8 % of families with children are one parent families. Lone Parent households continue to experience the highest rates of deprivation with almost 56% of individuals from these households experiencing one or more forms of deprivation (One Family 2014)¹⁰.

While the Lot as a whole has a lone parent ratio in line with the national ratio, there are specific communities in the Lot at ED and Small Area level that stand out:

Ball Alley/De Valera Place Carrick on Suir has a rate of 75%.

Killenaule and Fethard have rates greater than 50%.

Three Drives, Pearse Park and Aherlow Court in Tipperary Town have rates greater than 50%. Heywood Close, Cooleens Close, Elm Park and Carrigeen in Clonmel have rates greater than 60%. Oakland Drive and The Wilderness in Clonmel have rates of 41%.

Travellers

According to the 2011 CSO, Travellers represent just over half of one per cent of the total population of the State. Irish Travellers have higher rates of disability than the general population. Unemployment in the Traveller Community was 84.3% in 2011. Nationally, seven out of ten Travellers are educated to Primary level only. In the Lot, there are 546 Travellers representing 89 households.

⁶ OECD (2014) Education at a glance. Available at: <http://www.oecd.org/edu/Ireland-EAG2014-Country-Note.pdf>.

⁷ SOLAS (2014) The 2014 Further Education and Training Services Plan [online]. Available at: <http://www.solas.ie/docs/FETServicesPlan.pdf>

⁸ Haase, T. & Pratschke, J. (2012) The Pobal HP Deprivation Index for Small Areas [online]. Available at: <https://www.pobal.ie/Publications/Documents/Introduction%20and%20Reference%20Tables.pdf>.

⁹ Quarterly National household Survey (2011) Educational Attainment Thematic Report 2011 [online]. Available at: <http://www.cso.ie/en/media/csoie/releasespublications/documents/education/2011/educationalattainment2011.pdf>

The Traveller community remains one of the most socially excluded and disadvantaged groups in Irish society. Travellers fare poorly on every indicator used to measure disadvantage: unemployment, poverty, social exclusion, health status, infant mortality, life expectancy, literacy, education, access to decision making and political representation, gender equality, access to credit, accommodation and living conditions (ESRI Report). Travellers experience high levels of prejudice & discrimination which increases the barriers to them in accessing services.

Roma

Roma are a target group under SICAP. Roma are a minority ethnic group who come from Eastern and Central Europe. As an ethnic minority Roma do not constitute a community in Lot 23-2 as evidenced in Census 2011 data.

People with Disabilities

According to CSO nationally there were 595,335 persons with a disability accounting for 13% of the population (April 2011) of which 48.7% were male and 53.3% female. Lot 23-2 has 13,001 persons with a disability representing 14.7% of the population; marginally higher than the national average rate of 13%. This is represented in the following table¹¹

Age	Number
0 – 14	1,066
15 - 24	927
25 – 44	2,311
45 – 64	4,005
65 +	4,692

People with disabilities are at risk of social exclusion in terms of education, social participation, their means of living and income. Certain EDs in Tipperary South have particularly high proportions of people with disabilities. People with disabilities represent 23.68% of the population of Clonmel West Urban, 20.75% of the population of Tipperary East Urban and 22.2% of the population of Fethard. The ED of Carrick Urban has a disability rate of 18.6%.

Of the towns with a population of 1500 or more, Tipperary Town had the second highest disability rate in the country at 18.8%.

Key issues within these communities include: high levels of unemployment, poor levels of education, poor engagement with services, substance misuse, mental health issues, anti-social behaviour, out migration, weak employment and education infrastructure for early school leavers and young people, poor broadband in some areas and reduced public transport services, the changing landscape around local democratic structures and the sense of a disconnect until these are fully embedded and operational.

There are a number of responses required to address these issues which include targeted employment support to those who are not currently engaged in mainstream provision, increased opportunities for life-long learning across the life cycle, increase in uptake of services, more locally based Training and Education opportunities, specific interventions around family therapy/family support services and capacity building for local community groups who work with and on behalf of these communities.

¹⁰One Family (2013). Available at: <http://www.onefamily.ie/press-releases/10-solutions-no-cuts-budget-2014/>

¹¹County Tipperary Data Hub 'County Tipperary South CSO Theme 12: Disability, Carers and General Health' [online]. Available at: http://census.cso.ie/sapmap2011/Results.aspx?Geog_Type=CTY&Geog_Code=23&CTY=23#T2_200

Appendix 5: Structures and Services

Key coordinating and decision making structures

Carrick Community Network: The role of this network is to bring together local community and voluntary services to network, share information and resources, avoid duplication in relation to community issues, and to provide adult education and training.

Children's & Young People's Services Committee (CYPSC): The role of CYPSC is to secure better outcomes for children and young people by coordinating the implementation of national and regional policies and strategies that relate to children, young people and families in South Tipperary.

Community Safety and Tipperary Joint Policing Committee (JPC): This is a forum for consultations, discussions and recommendations on matters affecting the policing of the local authority's administrative area.

Local and Community Development Committee (LCDC): One of the key functions of the LCDC is the preparation of a six year Local Economic and Community Plan (LECP) for County Tipperary in conjunction with Tipperary County Council's Strategic Policy Committee for Economic & Enterprise Development.

Prevention, Partnership and Family Support Networks: These networks in Tipperary and Clonmel have recently been established under Tusla. The networks coordinate and make decisions regarding the provision of family supports by relevant agencies in each local area.

Public Participation Network (PPN): The PPN facilitates the participation and representation of communities in a fair, equitable and transparent manner through the environmental, social inclusion and voluntary sectors on decision making bodies. It strengthens the capacity of communities and of the environmental, social inclusion and voluntary groups to contribute positively to the community in which they reside/participate. It provides information relevant to the environmental, social inclusion & voluntary sector and acts as a hub around which information is distributed and received.

RAPID Area Implementation Teams in Carrick on Suir, Clonmel and Tipperary Town: The aim of the RAPID Programme is to improve quality of life and make opportunities available to specific under resourced communities.

South East Regional Drug and Alcohol Taskforce (SERDATF): The aim of the SERDATF is to significantly reduce the harm caused to individuals and society by the misuse of drugs and/or alcohol.

South Tipperary Action Network (STAN): South Tipperary Action Network has a role in promoting positive mental health across South Tipperary.

South Tipperary Mental Health Consumer Panel: The Consumer Panel's mission is to work together to implement the service changes in the Government policy A Vision for Change, the panel is made up of service users, their family members and service providers who work alongside HSE Mental Health Services.

Traveller Interagency Committee (TIG): The role of the TIG is to implement an integrated plan for the delivery of services to Travellers in South Tipperary. This Interagency Committee will be aligned to the new local authority structures in Tipperary.

Mainstream Statutory Services

An Garda Siochana: The Gardaí work at local level with communities to prevent anti-social behaviour through the key programmes of Probation Service, Juvenile Liaison Officers, Youth Diversion Projects and Community Policing.

Citizens Information Centre (CIC): The CICs provide information and advice to the general public on services and entitlements in Ireland with public offices in Clonmel, Carrick on Suir and Tipperary Town.

Department of Education and Skills (DES): The DES is responsible for the school and early years education system including prioritisation of key areas of disadvantage i.e. DEIS schools (Delivering Equality of Opportunity in Schools).

Department of Social Protection/Intreo Service (DSP): South Tipperary falls between two Regional Divisions of the DSP, Waterford and Tullamore. There is one Local Employment Service in Carrick on Suir only. The Intreo Service is based in Clonmel for South Tipperary. DSP Case Officers are located in clinics at specific times in other locations within South Tipperary – Tipperary, Cashel, Carrick on Suir and Cahir. They provide information and support to unemployed people.

Health Service Executive (HSE): Community Development Services operates from a concept of health which recognises the wider social determinants of health in the community and the close association between inequalities of health status and social exclusion. The HSE is Ireland's statutory Health Service provider.

Local Employment Service (Carrick on Suir): This service provides information, job search, guidance and training for people who are unemployed.

Money, Advice and Budgeting Service (MABS): This is a free, confidential, independent service for people in debt, or in danger of getting into debt.

Tipperary County Council: Tipperary County Council is involved in the provision of a range of services to the public -Arts, Civil Defence, Community & Economic Development, Environment, Finance, Fire Services, Heritage, Housing, Libraries, Motor Tax, Museum, Planning, Roads, Swimming Pools and Water Services.

Tipperary Education and Training Board (ETB): The ETB provides a range of education services in South Tipperary including Primary/Post Primary/PLC, Adult Learning, Community Education, Back to Education Initiative, Youthreach Programme, Adult Guidance in Education Service (STAGES), Vocational Training Opportunities (VTOS), English for Speakers of other languages (ESOL), and Youth Services and Special Needs Support Programmes. Tipperary ETB has a number of Adult Learning Centres in key locations, both urban and rural, across South Tipperary.

Tipperary Local Enterprise Office (LEO): The Tipperary LEO is based in Ballingarrane, Clonmel. It provides a range of supports for business start-up including information, training, financial assistance and management development.

Tipperary Sports Partnership (TSP): TSP supports the development of sport and increased participation in physical activities. Key priority groups include: young people, women and teenage girls, older adults, people with a disability, ethnic groups and disadvantaged groups.



Specialist Programmes

Barnardos Family Welfare Conference in Clonmel facilitates family meetings supported by professionals to discuss concerns about a child's welfare.

Barnardos Springboard Project in Clonmel provides intensive targeted support for up to twenty families at any one time.

Bereavement Counselling Service for Traumatic Deaths is a service coordinated by the HSE Regional Suicide Resource Office for individuals aged 16 and over who have been bereaved by a traumatic death (suicide, homicide, road traffic accident, agricultural/industrial/domestic accident or drowning)

Counselling in Primary Care (CIPC) provides general counselling to individuals aged 18 and over who are medical card holders. Referral is through the GP. This is a HSE service.

COMPASS Employment Support Service is delivered by South Tipperary Development Company and provides targeted outreach and one to one employment support service in RAPID Clonmel, Tipperary Town and Killenaule.

Self-Harm Intervention Programme (SHIP) is a HSE counselling service for individuals aged 16 and over who are experiencing thoughts of suicide or engaging in self-harm. Referral is through the G.P.

Suicide Bereavement Liaison Service (SBLs) is an outreach service that offers support and signposting to individuals and families that have recently been bereaved by a suspected suicide.

The Incredible Years Programme aims to prevent and manage emotional and behavioural difficulties in children aged 3 to 10 years, delivered at school, community and parent level.

Traveller Family Learning Programme in Cashel is delivered by Tipperary Rural Traveller Project to support early childhood education among Traveller children and increase retention.

Traveller Primary Health Care Project is delivered to Traveller families across Tipperary South by South Tipperary Development Company and Tipperary Rural Traveller Project.

Community and Voluntary Service Provision

Carers Association provides a range of support services to family carers including information provision on rights and entitlements, training opportunities, support groups and home respite service.

Clonmel Community Resource Centre (CCRC) hosts a range of services as part of its suite of integrated family support services which includes a full and part-time childcare service.

Clonmel Youth Training Enterprise (CYTI) provides community based training for early school leavers aged 16-21 years who have left school with no formal or incomplete qualifications.

Cluain Training and Enterprise provides training and support to enable people with mental health difficulties and/or acquired brain injury in South Tipperary to improve their quality of life through living, working and integrating within their community to their full potential.

Community Mothers Programme provides information and support to mothers of young children through its Home Visiting Programme, Mother and Baby groups and Parent and Toddler Groups.

Cuan Saor provides supports to women experiencing domestic violence including short term refuge for women and children who need to leave their home as a result of domestic violence.

Employability Service South Tipperary provides employment support services to people with an injury, illness or disability.

Family Resource Centres – Spafield Family Resource Centre (Cashel); Three Drives Family Resource Centre (Tipperary Town); Millennium Family Resource Centre (Glengoole) provide community based family supports and community based services to vulnerable groups in their local areas including support for local community groups; provision of education and training courses, childcare facilities; services to older people.

Foroige supports young people to run their own local youth clubs in partnership with local volunteers.

Knockanrawley Resource Centre Tipperary provides a range of services and facilities for local community groups which include community development, training and education, childcare, family therapy and counselling.

Nano Nagle Resource Centre Carrick-on-Suir hosts a number of family support, employment, education/training and health services which respond to the social exclusion needs of the community of Carrick on Suir.

National Learning Network (NLN) provides a range of flexible training courses and support services for people who need specialist support including job seekers, unemployed individuals and persons with an illness or disability.

Neighbourhood Youth Project (Carrick-on-Suir) provides targeted youth activities in disadvantaged communities including homework support, youth activity clubs, Youth Café and Youth Leadership Training.

South Tipperary Development Company (STDC) works towards the improvement of the social and economic circumstances of targeted individuals, groups and communities in South Tipperary through the implementation of a number of rural development and social inclusion programmes.

South Tipperary Volunteer Centre offers a one to one volunteer placement service to individuals who wish to volunteer in local community projects and activities.

Tipperary Centre for Independent Living Thurles and Clonmel (CIL) provides personal support services to people with disabilities to live independently in their own homes.

Tipperary Community Services Centre provides a range of services to disadvantaged groups and individuals in Tipperary town and houses a wide variety of community and voluntary services that respond to the social exclusion needs of the local community.

Tipperary Childcare Committee is responsible for the coordination of quality childcare services in South Tipperary.

Tipperary Rural Travellers Project (TRTP) works with the Traveller community in Tipperary South providing a range of supports around health, education, training, and employment and facilitating the capacity of local Travellers to articulate their community's needs.

Waterford and South Tipperary Community Youth Service (WSTCYS) delivers Clonmel Community Based Drugs Initiative, Clonmel Youth Diversion Project and Clonmel Community Youth Project, the Edge Youth Diversion Programme in Carrick on Suir, Youth Information Project in Clonmel and Suir Valley Community Based Drugs Initiative.

Youth Work Ireland, Tipperary (YWIT) provides a range of youth services to young people in Tipperary that include Tipperary Town Community Youth Project, Neighbourhood Youth Project Cashel, Rural Outreach Youth Diversion Programme and Mid-Tipperary Drugs Initiative.

Appendix 6: Stakeholders in South Tipperary

Groups/agencies that participated in the stakeholder consultation meeting

- An Garda Síochána

- Clonmel Community Resource Centre

- Clonmel Traveller Community Health Workers

- C-SAW (Community Suicide Awareness Workers)

- HSE Health Promotion Office

- HSE Mental Health Services, South Tipperary

- HSE Primary Care, South Tipperary

- HSE Regional Suicide Resource Office

- Public Participation Network, Tipperary

- South Tipperary Consumer Panel for Mental Health Services

- South Tipperary Development Company

- STAN (South Tipperary Action Network)

- Taxi Watch Clonmel

- Tipperary County Council (Community & Enterprise Team)

- Tipperary ETB (Education & Training Board)

- Tipperary Rural Traveller Project

- Tusla and CYPSC (Children and Young People's Services Committee)

- Waterford & South Tipperary Community Youth Service

Appendix 7: References

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For further information on *Connecting for Life* South Tipperary
contact the

Regional Suicide Resource Office, Front Block, St. Patrick's Hospital, John's Hill, Waterford

Tel: 051 874013

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