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TIPPERARY TOWN CHILDREN & FAMILIES SERVICES SYSTEMS

MAPPING ANALYSIS



An Roinn Leanaí, Comhionannais,
Míchumais, Lánpháirtíochta agus Óige
Department of Children, Equality,
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Executive Summary

This report presents a comprehensive mapping of child, youth, and family services in Tipperary Town, aimed at identifying current service gaps, highlighting community needs, and offering policy recommendations to improve service delivery. A profile of Tipperary Town based on available Census data revealed that Tipperary Town is notably more diverse, disadvantaged, and deprived compared to Co. Tipperary and the wider State. When compared to similarly sized towns the profiling revealed that the levels of disadvantage and deprivation are either similar or higher, depending on the specific metric used.

Consultations with an array of local stakeholders, including children, young adults, families and service providers revealed that there were significant challenges in service provision, particularly for vulnerable children and families in the region. There is a pronounced shortage of essential services, including mental health and addiction services, childcare facilities, and disability support, which is compounded by long waiting lists, insufficient transport, and geographical barriers. Access to care is further hindered by limited local resources and a lack of coordinated service delivery. Additionally, there is an urgent need for greater flexibility in service provision to better meet the diverse and evolving needs of children, youth, and families in rural settings.

To alleviate the challenges faced, the report recommends both state-level and local-level interventions:

State-Level/Policy Recommendations:

1. Advocate for Increase Funding and Flexible Support for Local Services
2. Establish School Transport and Breakfast Programmes
3. Support Fund for Parent Peer Support Groups
4. Improve Access to Mental Health and Healthcare Services
5. Address Staffing Shortages in Key Service Areas
6. Coordinate Support for Families on Waitlists
7. Develop a Holistic Approach to Child and Family Services
8. Support Youth Programs and Life Skills Training
9. Flexible Funding Structures for Services
10. National Solutions for Rural Towns

Local-Level Recommendations:

1. Develop Inclusive Youth Spaces
2. Offer a Wide Range of Youth Activities
3. Increase Access to Local Health and Mental Health Services
4. Community Event Calendar and Programme Coordination

5. Develop Flexible, Multi-Use Event Spaces
6. Transportation and Accessibility Improvements
7. Health and Wellbeing Support for Young Parents
8. Strengthen Community Engagement and Participation

List of Abbreviations

- ADHD: Attention-deficit/hyperactivity disorder
- CAMHS: Children and Adolescent Mental Health Services
- CDNT: Children's Disability Network Teams
- DCEDIY: Department of Children, Equality, Disability, Integration and Youth
- DHLGH: Department of Housing, Local Government and Heritage
- DOE: Department of Education
- DOH: Department of Health
- DRCD: Department of Rural and Community Development
- DSP: Department of Social Protection
- ED: Electoral District
- ETB: Education and Training Board
- EU27: 27 Member States of the European Union
- GAA: Gaelic Athletic Association
- HPSC: Health Protection Surveillance Center
- HSE: Health Service Executive
- MH: Mental Health
- PWD: People with Disabilities
- SICAP: Social Inclusion and Community Activation Programme
- SNAs: Special Needs Assistants

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1. Introduction

Tipperary Town faces significant challenges in providing comprehensive and accessible services for children, young people, and families. These challenges are compounded by complex social, economic, and infrastructural factors that affect the quality of life for many residents. In response, this report presents a comprehensive mapping of the current service provision landscape, aiming to identify gaps, overlaps, and opportunities for improvement. This research offers a foundation for developing strategies to enhance service delivery and address the specific needs of children and young people in the community by analysing the current landscape and proposing actionable recommendations.

1.1 Aims

The primary aim of this research is to support the development of a more effective and equitable system of service provision for children, young people, and families in Tipperary Town. By identifying current deficiencies and opportunities, this study aims to contribute to the enhancement of quality of life and the creation of a supportive environment for young residents and their families.

1.2 Objectives

This research is guided by three key objectives:

1. **Mapping Current Service Provision:** To systematically document and analyse the existing services available to children, young people, and families in Tipperary Town. This includes identifying key providers, the scope of services, and the populations served.
2. **Proposing Strategies for Improvement:** To develop short-, medium-, and long-term strategies to streamline and enhance service provision. This includes addressing gaps, reducing overlaps, and ensuring that resources are optimally allocated to meet community needs.
3. **Developing an Evaluation Framework:** To create a mechanism for assessing the effectiveness of proposed interventions and ensuring their sustainability. This will involve identifying measurable indicators of success and setting a framework for ongoing monitoring and evaluation.

By achieving these objectives, the report aims to provide actionable insights and a clear path forward for policymakers, service providers, and community stakeholders. Through collaboration and evidence-based planning, this research aspires to lay the groundwork for meaningful and sustainable improvements in the lives of children and young people in Tipperary Town.

2. Methodology

2.1 Tipperary Town Population Demographics and Key Characteristics

Census 2022 data, sourced from the Central Statistics Office, was used to analyse key demographic and family variables regarding Tipperary town. To contextualise this information, a number of comparisons were drawn across these metrics, between Tipperary town and the State; Tipperary town and Co. Tipperary; and Tipperary town and four other towns in Ireland with a similar population, namely, Roscrea, Carrick-on-Suir, Carrickmacross, and Oranmore. These comparison towns were selected such that two were in Co. Tipperary, to further inform the comparison of Tipperary town and its county; while two were outside of Co. Tipperary, to further inform the comparison of Tipperary town and the State. Analyses were conducted in R and graphs depicting the results were made in Excel. Chi-squared analyses were used to assess the significance of differences between Tipperary town and the comparison data. The Census data were further supplemented by data from the 2022 Pobal Deprivation Index.

Data from Health Atlas were sought and acquired to further inform the Tipperary Town profile. However, upon exploring the data it was decided that these were not usable for the purpose of this project, for a number of reasons. Firstly, population data conflicted heavily with Census 2022 data, calling into question its accuracy. The HSE staff contacted were unable to provide a suitable explanation for these discrepancies. Secondly, the data were poorly labelled, making the findings difficult to interpret and raising questions concerning the original sources. Analysing and interpreting the data required many inferences and assumptions, with no avenue of checking these for accuracy due to misalignment with other data sources (e.g. Census 2022). Thus, including the data would have resulted in an unclear, contradictory, likely misleading profile. Finally, the Health Atlas data were not aligned with CHO areas or new HSE Health Regions, precluding the drawing of comparisons between service provision in Tipperary town and elsewhere, as well as healthcare service provision and other types of service provision.

2.2 Student Survey and Workshop

A survey was designed to gather insights directly from school students about the services and facilities available for young people in Tipperary Town. Principals and teachers in secondary schools supported this initiative by sharing an online survey link, while primary school teachers assisted 5th and 6th class students in completing a paper version of the survey. In total, 284 students participated in the survey, comprising 261 secondary school students and 23 primary school students from 5th and 6th classes. This represents a significant proportion of young people within this age group, ensuring that the findings are relevant to them and reflective of their views.

The survey explored a range of topics, including familiarity with and use of local services, accessibility, potential improvements, and the challenges young people face ([Appendix vii](#)). The responses provided valuable insights into the experiences and perspectives of young people, highlighting what is currently working well and identifying areas where improvements are needed to better support them. A detailed breakdown of the survey findings can be found in [Appendix viii](#).

To capture the perspectives of younger children, an interactive workshop was organised with primary school students from 1st to 6th class. Twenty-two students participated in

small groups, rotating through four activity stations designed to explore their experiences, ideas, and preferences regarding services and facilities in Tipperary Town. At the first station, children used stickers on printed images to indicate which services they use, rating them with happy, neutral, or sad faces and discussing their choices. The second station focused on after-school activities, where children marked activities they currently do and described or drew their dream activities. In the second set of stations, children explored potential improvements using visual aids and stars to prioritise ideas such as parks or cultural programmes, followed by discussions on what they felt was most important. The final station encouraged creativity, with children drawing their vision of an ideal Tipperary Town for young people. Each station had a facilitator to guide discussions and a note-taker to capture insights.

2.3 Focus Groups: Young People, Families and the Community

Focus groups were held with young adults, families, and community members to discuss services and facilities for young people in Tipperary Town. An in-person focus group with young adults aged 18-24 was facilitated at the Knockanrawley Resource Centre, involving participants from an education programme at the centre. Two additional focus groups targeted families and community members, with one session held in person at the Tipperary County Council offices and the other conducted online for accessibility. Topics covered in these sessions included participants' experiences with existing services, areas for improvement, and challenges such as access, affordability, and awareness. Attendees were invited to share their satisfaction or dissatisfaction with specific services, suggest additional activities or facilities to meet unmet needs, and propose changes to make Tipperary Town a better place for young people. The groups also discussed how to better involve young people in decision-making processes and improve communication between service providers and the community.

2.4 Service Provider Survey

We distributed a survey to gather direct feedback from both service users and staff, aiming to capture their perspectives on how accessible and effective the available services are. The survey included questions on ease of access, quality of support, and specific areas where users and staff felt improvements were needed. This feedback provided valuable insights into the day-to-day experiences of service users and highlighted any gaps or challenges that may not have been visible through other data sources.

Thirty service providers responded to the online survey, 14 worked in statutory bodies, 12 worked in community organisations and 3 worked in voluntary organisations. All 30 organisations included Tipperary Town in their catchment area. Twenty-one of the organisations are located in Tipperary Town, seven are located inside of County Tipperary, and two are located outside of the County.

2.5 Service Provider Focus Groups

The focus groups for service providers were designed to expand on insights from the service provider survey. Two focus groups were held, with 22 providers who attended. Each focus group lasted approximately 60 minutes.

The focus group discussion explores service accessibility, barriers for children, youth, and families, and challenges in reaching certain groups, while also examining

partnerships with other organisations and types of co-delivered services. Participants were asked to identify effective programs and best practices, as well as the internal and external factors that support or challenge service provision. The conversation concluded with reflections on community-specific barriers in Tipperary Town and potential improvements in organisational collaboration.

2.6 Service Mapping

The service mapping of social services included an online investigation of services available in Tipperary Town, including known service directories provided by the HSE and Tusla containing information on health and social services available in the region. Next, the research steering committee was consulted and the list further refined. Additional stakeholders were added to the list, where necessary, as a result of survey and focus group findings.

Based on the list of providers available a review of existing documents, such as reports and service directories, was conducted and relevant details recorded:

- Name
- Service type
- Population Served
- Accountability and transparency variables (e.g. mission statement, strategic goals, evaluation & monitoring, etc.)

Next, consultations with stakeholders, including children, young people, local families and service providers, were conducted through surveys, workshops and focus group discussions (as described above). This process helped us to understand the experiences of service users and service providers, while also identifying any gaps or areas where services could be improved.

All the information collected was then analysed to create a list of services, showing what they offer, where they are located, and who they serve. The information gathered online was combined with additional information from surveys and focus groups. This approach ensured the mapping reflected the real needs and experiences of the community.

3. Profile of Tipperary Town

3.1 Profile of the State, County, and Town

All Census 2022 demographic statistics analysed in the generation of this profile can be found in [Appendix i](#).

3.1.1 Population Size, Age, and Sex

The populations of Tipperary town, Co. Tipperary, and Ireland as a whole have been steadily growing over recent years. As of the 2022 Census, there are 5,387 people living in Tipperary town, increasing from 4,979 in 2016 and 4,322 in 2011. Tipperary town is the 6th largest town in Co. Tipperary in terms of population size, with the County having a total population of 167,895. [Figure 1](#) below depicts the population pyramids of Tipperary town, Co. Tipperary, and the State, providing a clear picture of the populations' age-sex composition across the three geographic regions. All three pyramids show a constrictive

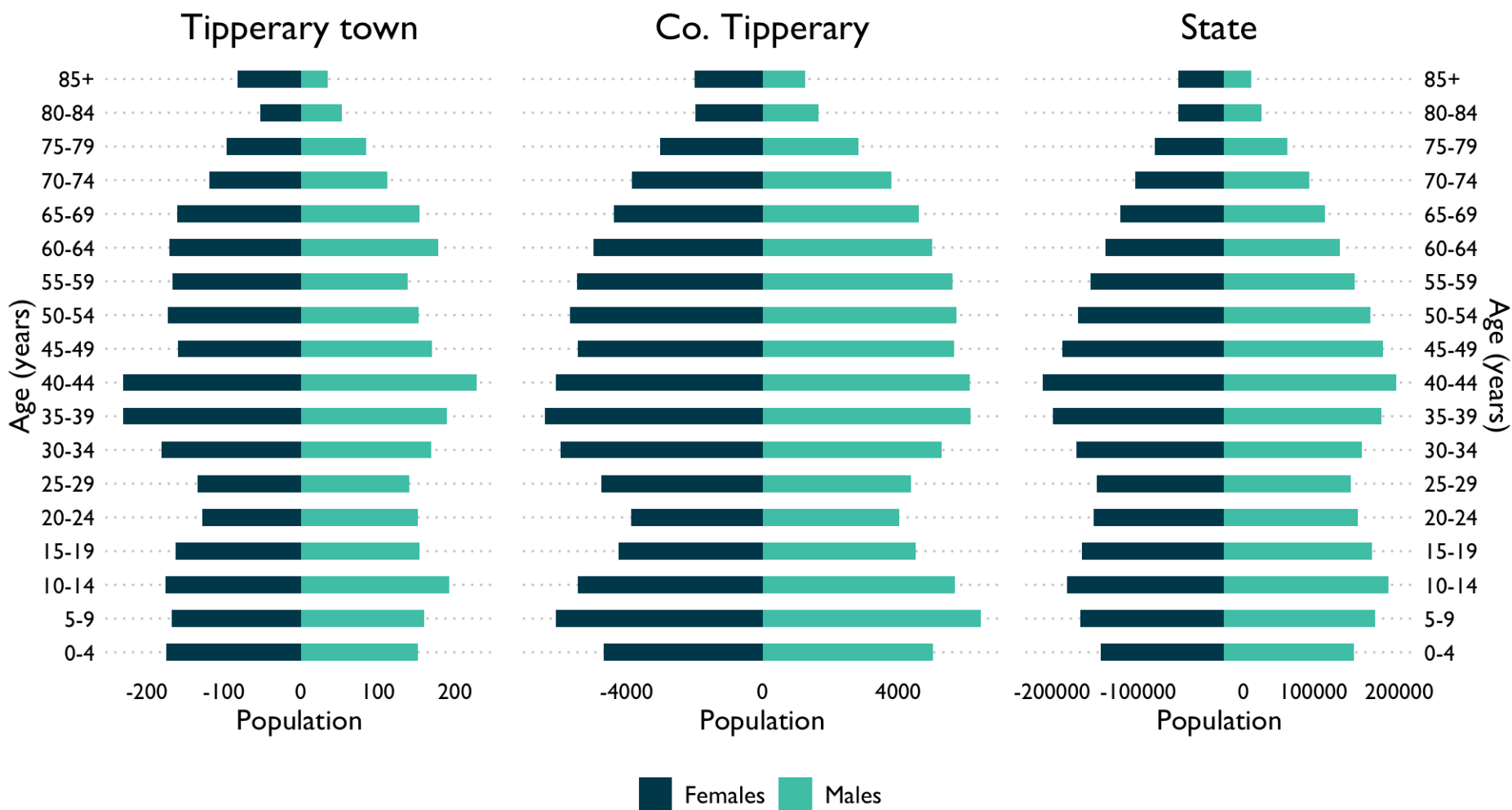
pattern, however the age-sex distribution of some categories in Tipperary town appear to be skewed.

Of the 5,387 people living in Tipperary town, 2,769 (51.4%) are female and 2,618 (48.6%) are male¹. Of the total population of Co. Tipperary, 50.2% are female and 49.8% are male, while among the general population, 50.6% are female and 49.4% are male. The sex breakdown of the County and the State do not differ significantly from that of Tipperary town.

When comparing the age distributions of the populations, Tipperary Town has a smaller proportion of young people than the general population, 30.9% of the population of Tipperary being under 25, compared to 32.2% of the general population. On the other hand, 29.8% of the population of Tipperary Town is 55 or older and 7.5% is 75 or older, compared to 26.3% and 6.5% of the general population respectively. The differences between the age distribution of Tipperary town and the State are statistically significant, $X^2 (17, N = 5,387) = 78.6, p < .001$. The largest differences exist in the 65-69 and 60-64 age groups, with Tipperary town having a greater proportion of people in these age groups than the State, followed by the 45-49 age group, which is proportionally lower in Tipperary town than in the State. In addition to these, Tipperary town differs significantly from the State across the 20-24 and 85 and older age categories. The age distribution of Co. Tipperary is also significantly different to that of Tipperary town, $X^2 (17, N = 5,078) = 70.2, p < .001$. What is more dissimilar is the age groups across which these differences are the most pronounced; these are 30-34, 35-39, and 45-59 when comparing Tipperary town to Co. Tipperary. Significant differences also exist in the following age categories: 15-19, 40-44, 50-54, and 55-59. Thus, while the population of Tipperary town can be described as overall older than the State as a whole, this is not the case when comparing with Co. Tipperary.

¹ Census 2022 provided only binary options for sex and did not include a question concerning gender identity. Participants who did not disclose their sex or answered the question in a manner considered "invalid" (e.g. checked both "male" and "female") were assigned to one of the two binary categories by the Central Statistics Office. Cited data concerning sex is therefore not an exact reflection of the true sex and/or gender identity of the population and does not provide accurate insight into the proportion or experiences of the population who are intersex or transgender (including those who are non-binary or agender).

Figure 1. Population pyramids showing the age and sex distribution of the populations of Tipperary town, Co. Tipperary, and the State



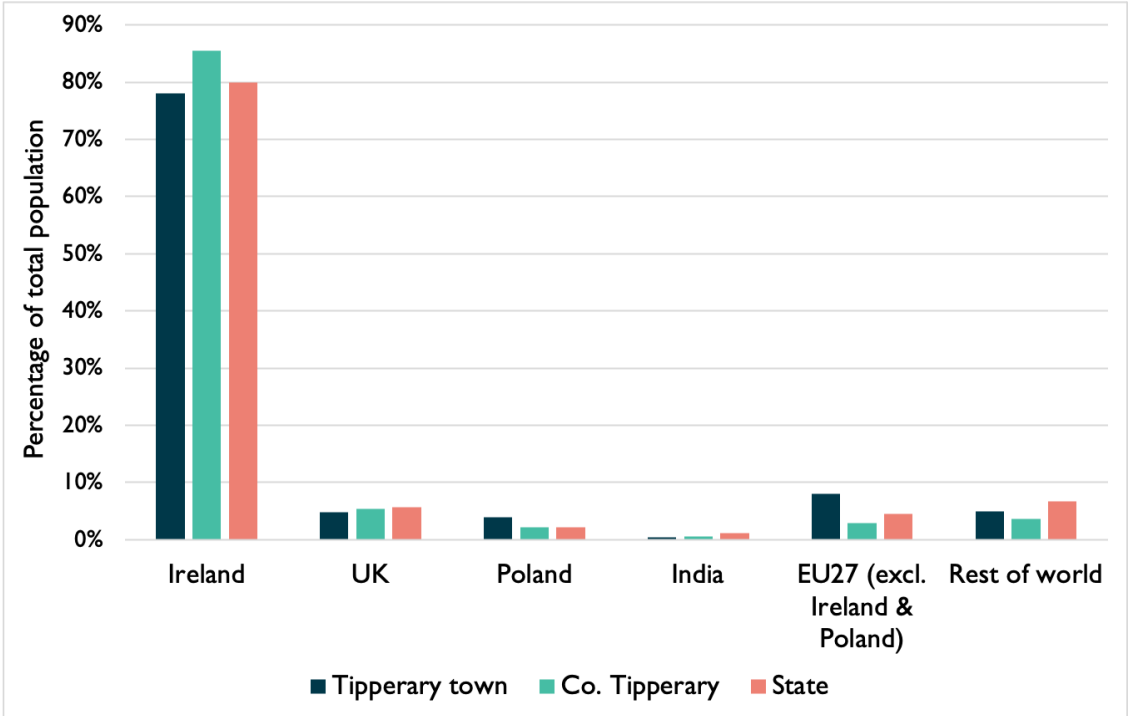
Source: TASC, 2024; CSO, 2022.

3.1.2 Nationality, Ethnicity, Religion, and Language

Nationality

The proportion of the Tipperary town population born outside of Ireland (22%) is significantly higher than that of both Co. Tipperary (14.5%), $X^2(5, N = 5,351) = 630.5, p < .001$, and the general population (20%), $X^2(5, N = 5,351^2) = 292.3, p < .001$. On this metric, Tipperary town is therefore an even greater outlier in the context of the County than in the context of the State. The greatest differences between Tipperary town and the County and State exist in the EU27 (excluding Ireland and Poland) and Polish groups, which are greater in Tipperary town ([Figure 2](#)).

Figure 2. Population of Tipperary town, Co. Tipperary, and the State by country of birth



Source: TASC, 2024; CSO, 2022.

Note: Respondents who did not disclose their country of birth and are thus classified as “not stated” are not included in this figure. Percentage calculations are based upon the number of people who responded to the question.

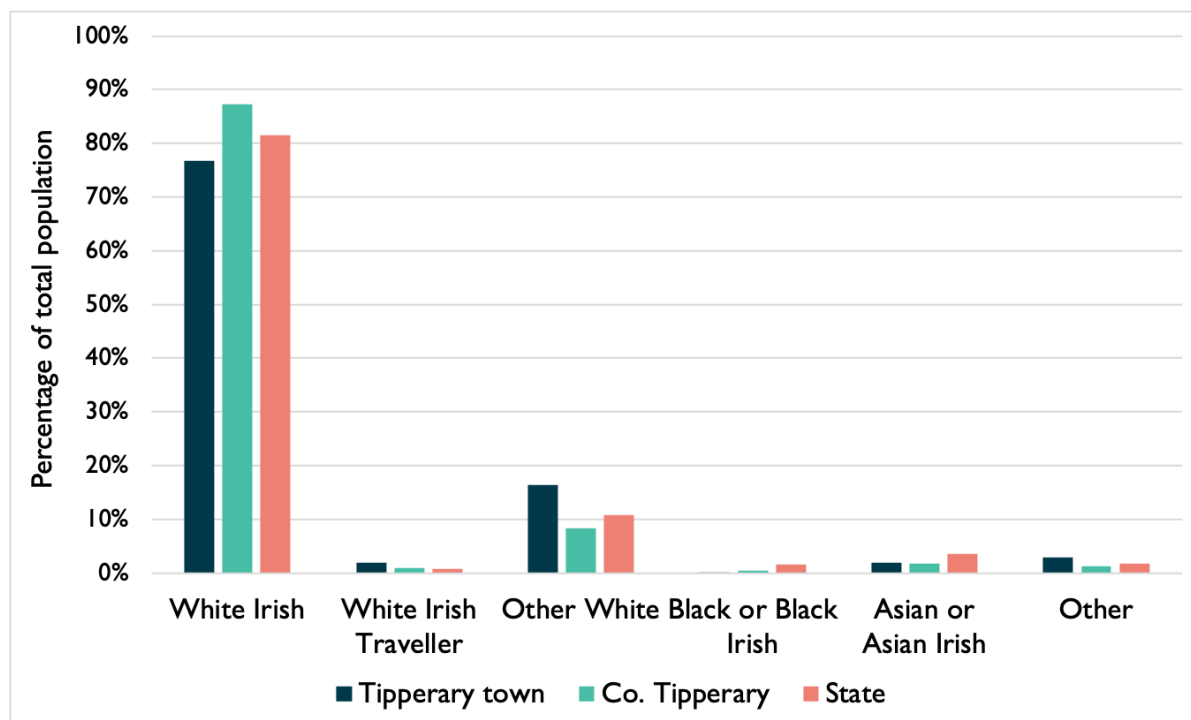
In terms of citizenship, there is a significantly lower proportion of Irish citizens in Tipperary town (78%) than in the general population (84.2%), $X^2(1, N = 5,351) = 157.7, p < .001$. Similarly to country of birth, the differences between Co. Tipperary and Tipperary town on this metric are more pronounced as Co. Tipperary houses a greater proportion of Irish citizens (88.6%) than the general population, $X^2(1, N = 5,351) = 597.92, p < .001$.

² In the chi-squared analyses, where N is less than 5,387 (i.e. less than the population of Tipperary town), this is due to the exclusion of people who did not respond to the relevant Census 2022 question (i.e. are categorised as “Not stated”).

Ethnicity

There is a lower proportion of settled White Irish people in Tipperary town (76.8%) than in the general population (81.6%), due to a higher number of White Irish Travellers and people from other White backgrounds (Figure 3). The proportion of White Irish Travellers stands at 1.9% - almost three times as high as in the general population. The proportion of Black/Black Irish and Asian/Asian Irish people is comparatively lower. The differences between the ethnic composition of Tipperary town and that of the State are statistically significant, $X^2(5, N = 5,067) = 404.4, p < .001$. Again, these disparities are even greater when comparing Tipperary town to Co. Tipperary as the County houses a greater proportion of White Irish people than the State, $X^2(5, N = 5,067) = 620.3, p < .001$.

Figure 3. Population of Tipperary town, Co. Tipperary, and the State by ethnicity



Source: TASC, 2024; CSO, 2022.

Note: Respondents who did not disclose their ethnicity and are thus classified as "not stated" are not included in this figure. Percentage calculations are based upon the number of people who responded to the question.

Religion

The population of Tipperary town is more religious than the general population, with only 10.5% stating that they have "no religion", compared to 15.5% among the general population. This is due to both a higher number of people identifying as Catholic and those identifying with other religions³. These differences are statistically significant, $X^2(2, N = 5,076) = 106.6, p < .001$. Interestingly, the proportion of people identifying with no religion in Co. Tipperary (9.3%) is lower than in Tipperary town. Though Tipperary town

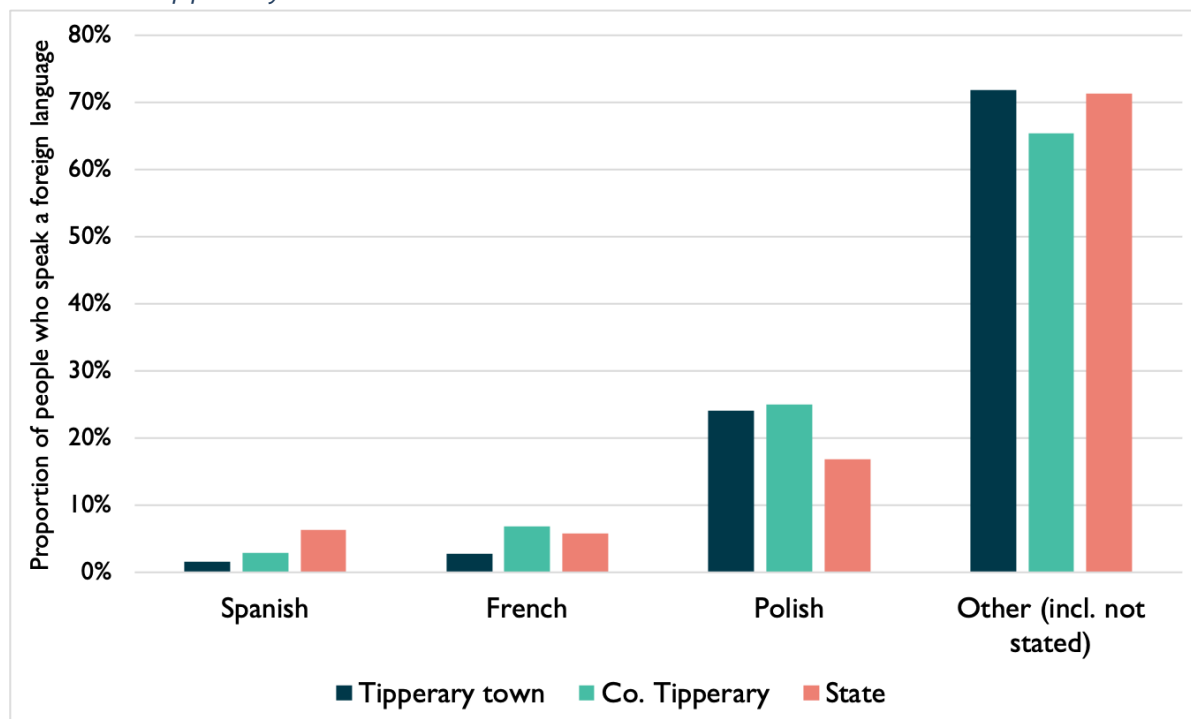
³ A full breakdown of the religious backgrounds of the population of Tipperary town is unavailable. Figures are only available for the following categories: Catholic; Other religion; No religion; Not stated.

differs significantly from the State on this metric, the disparity between Tipperary town and the State is smaller than that between Co. Tipperary and the State. The populations of Tipperary town and Co. Tipperary also differ significantly in terms of religion, $X^2(2, N = 5,076) = 218, p < .001$.

Language

Almost one-fifth of the Tipperary town population speak a foreign language (18.8%), which is significantly higher than across both County Tipperary (10.2%), $X^2(1, N = 5,387) = 435.7, p < .001$, and the State (13%), $X^2(1, N = 5,387) = 156.4, p < .001$. Tipperary town is more dissimilar to the County than to the State, so these differences cannot be explained by broader patterns across the County. The distribution of the languages spoken by those who speak a foreign language also varies significantly, $X^2(3, N = 1,012) = 83.6, p < .001$ when comparing with the State, $X^2(3, N = 1,012) = 37.5, p < .001$ when comparing with the County. The distribution of languages is shown in [Figure 4](#).

Figure 4. Population who speak a foreign language by language spoken in Tipperary town, Co. Tipperary, and the State



Source: TASC, 2024; CSO, 2022.

Tipperary town also differs from the County and the State in terms of English-speaking ability among those who speak a foreign language, with fewer speaking English “very well” and more speaking it “not well” in Tipperary town. These differences are statistically significant, $X^2(3, N = 968) = 112.5, p < .001$ when comparing with the State, $X^2(3, N = 968) = 20.1, p < .001$ when comparing with the County.

Tipperary town houses a significantly lower proportion of Irish speakers than the County, $X^2(3, N = 4,863) = 106.5, p < .001$, and the State, $X^2(3, N = 4,863) = 12.8, p < .001$. Approximately 36% of the town speak Irish, compared to 43% of Co. Tipperary and 38% of the general population.

Tipperary town is more similar to Co. Tipperary than to the State in terms of English-speaking ability of those who speak a foreign language and proportion of the population

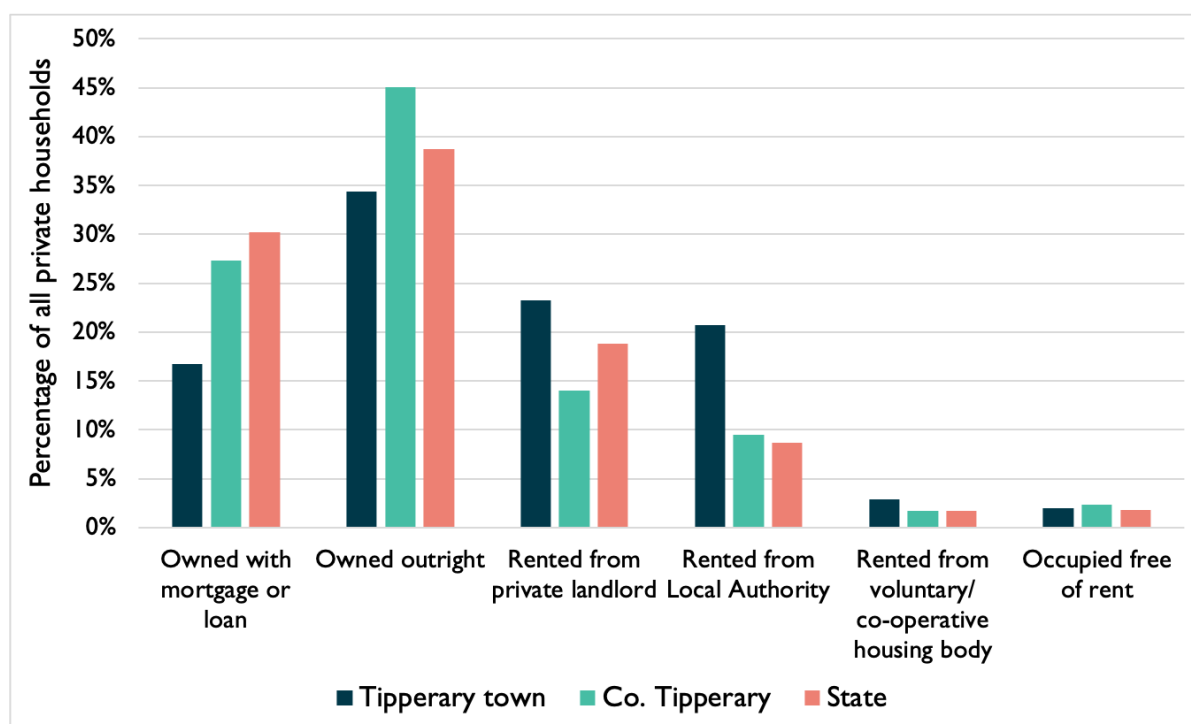
who speak Irish, but the differences between the town and County are nonetheless significant across both. The differences between the town and the State therefore cannot be explained by patterns in Co. Tipperary.

3.1.3 Housing

[Figure 5](#) compares the occupancy type of private households in Tipperary town, Co. Tipperary, and the State. The proportion of owner-occupied households (both with and without a mortgage or loan) in Tipperary town stands at 51.1%, which is substantially below both the State figure of 68.9% and the Co. Tipperary figure of 72.4%. Accordingly, the proportion of rented households in Tipperary town (47%) is higher than in the State as a whole (29.2%) and in Co. Tipperary (25.3%). Thus, in terms of housing occupancy, there are greater discrepancies between Tipperary town and Co. Tipperary than between Tipperary town and the State, although significant differences exist in both cases, $X^2(5, N = 2,201) = 551.7, p < .001$ when comparing with the State, $X^2(5, N = 2,201) = 592.3, p < .001$ when comparing with the County.

These differences are most pronounced among those renting from a Local Authority; the proportion of households renting from a Local Authority is over twice as high in Tipperary town (20.8%) as in the State (8.7%) and the County (9.5%). In contrast to other types of occupancy, in the case of Local Authority housing, Tipperary town is more similar to the County than the State; however, the proportion of people renting from a Local Authority across the County is still less than half of that in Tipperary town. Overall, discrepancies between Tipperary town and the State on housing occupancy do not appear to reflect broader trends in Co. Tipperary as a whole.

Figure 5. Private households in Tipperary town, Co. Tipperary, and the State by type of occupancy



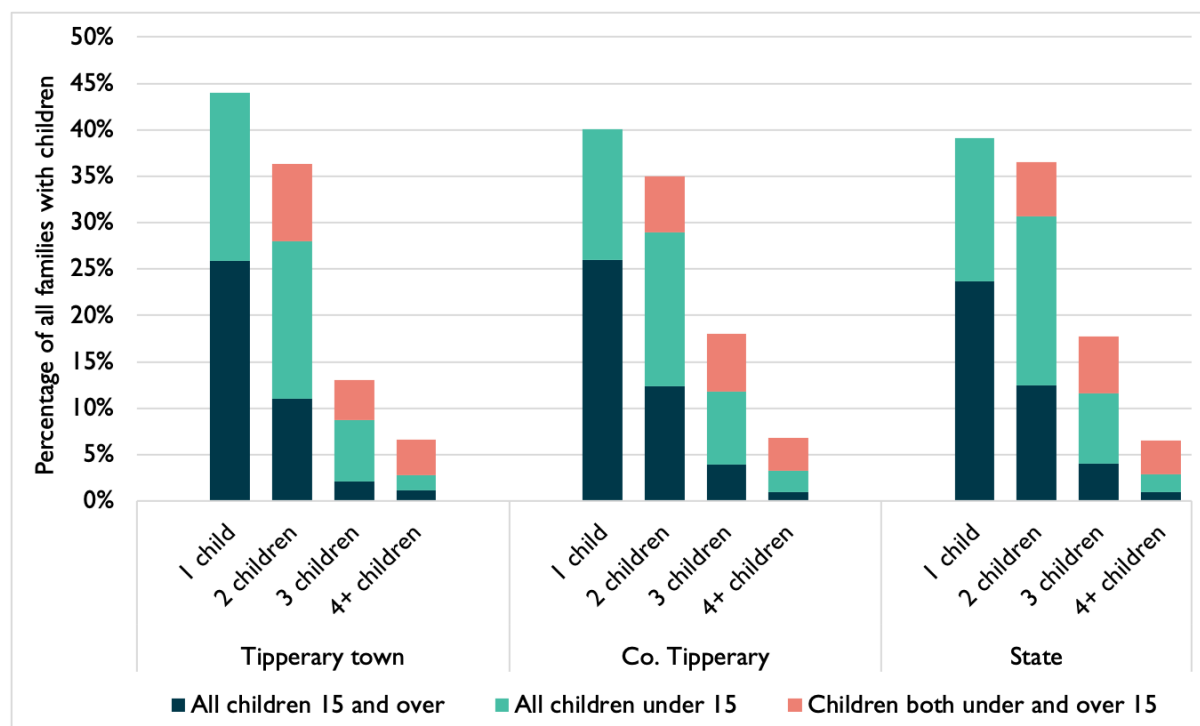
Source: TASC, 2024; CSO, 2022.

3.1.4 Family Status

There are a total of 1,380 families⁴ living in Tipperary town, of which 958 are families with children. Of the total number of families with children in Tipperary town, 383 (40%) are single-parent families. This is significantly higher than across the county (25.7%), $X^2(2, N = 958) = 118.6, p < .001$, and country (24.8%), $X^2(2, N = 958) = 127.5, p < .001$.

Figure 6 shows the breakdown of all families with children in Tipperary town, Co. Tipperary, and the State, in terms of the number and age of the children. Approximately 80% of families with children in Tipperary have one or two children. Almost 60% have children under the age of 15.

Figure 6. Families with children⁵ in Tipperary town, Co. Tipperary, and the State by number and age



Source: TASC, 2024; CSO, 2022.

⁴ For the purpose of Census 2023, a [family](#) is defined as:

"1. a married or cohabiting couple; or 2. a married or a cohabiting couple together with one or more usually resident never-married children (of any age); or 3. one parent together with one or more usually resident never-married children (of any age). Family members have to be usual residents of the relevant household."

⁵ "Children" in this context refers to a person of any age who is living with their parents, rather than exclusively people under the age of 18. That is, there is no upper limit on the "15 and over" category.

In terms of the breakdown of families in Tipperary town by the age of the youngest child, in approximately 26% of families, the youngest child is under 5 years old; in a further 26%, the youngest child is 20 or older.

3.1.5 Health and Healthcare

General Health

The population of Tipperary town rates their health as somewhat poorer than the general population, with 83.1% stating that their health was good or very good compared to 88.9% of the State. The proportion of people who rated their health as bad or very bad (3.5%) was almost twice as high in Tipperary town as in the general population (1.9%). These differences are statistically significant, $X^2(4, N = 5,078) = 338.9, p < .001$. With regards to the County, the population of Co. Tipperary overall rated their health as poorer than the State as a whole, but still significantly better than the population of Tipperary town, $X^2(4, N = 5,078) = 225.9, p < .001$. The poorer self-reported health status of Tipperary town relative to the State therefore cannot be explained by broader trends in the County.

Disability and Carers

Over a quarter (27.4%) of the population of Tipperary town identified themselves as having a disability in the 2022 Census. This is significantly higher than the State figure of 21.5%, $X^2(2, N = 5,387) = 111.8, p < .001$, and the Co. Tipperary figure of 23%, $X^2(2, N = 5,387) = 59.4, p < .001$.

Interestingly, despite the higher rates of disability, the proportion of carers in Tipperary town does not differ significantly from that in the County or in the State. Specifically, 5.7% of the Tipperary town population are carers, compared to 5.8% of the State and 6.3% of the County. The sex breakdown among carers is also similar, with 62.2% of carers in Tipperary town, 60.3% of those in Co. Tipperary, and 60.7% of those across the State being female.

Smoking

The proportion of people who smoke tobacco products (daily or occasionally) is significantly higher in Tipperary town (20.7%) than both in the general population (14.2%), $X^2(1, N = 4,976) = 175.1, p < .001$, and across Co. Tipperary (14.7%), $X^2(1, N = 4,976) = 146.1, p < .001$. The higher rate of smoking in Tipperary town relative to the general population thus cannot be explained by higher rates of smoking in the county as a whole.

3.1.6 Social Class and Deprivation

Deprivation

The primary discoveries stemming from the 2022 Pobal HP Deprivation Index indicate that while there have been overall enhancements in deprivation indicators nationwide since 2016, the disparity between Ireland's most underprivileged regions and the national norm has widened in the interim. Nationally, enforced deprivation has increased to 17.7% in 2022 (CSO, 2022b).

Further, previous work by Haase and Pratschke (2016) indicates that small towns with a population of 1,000 to 5,000 individuals are at greatest risk of social disadvantage, followed by entirely rural areas. Although the population of Tipperary Town is just outside of this population range, a Pobal (2023) map shows two small areas of Tipperary Town which are classified as "extremely disadvantaged" and a further three which are classified as "very disadvantaged".

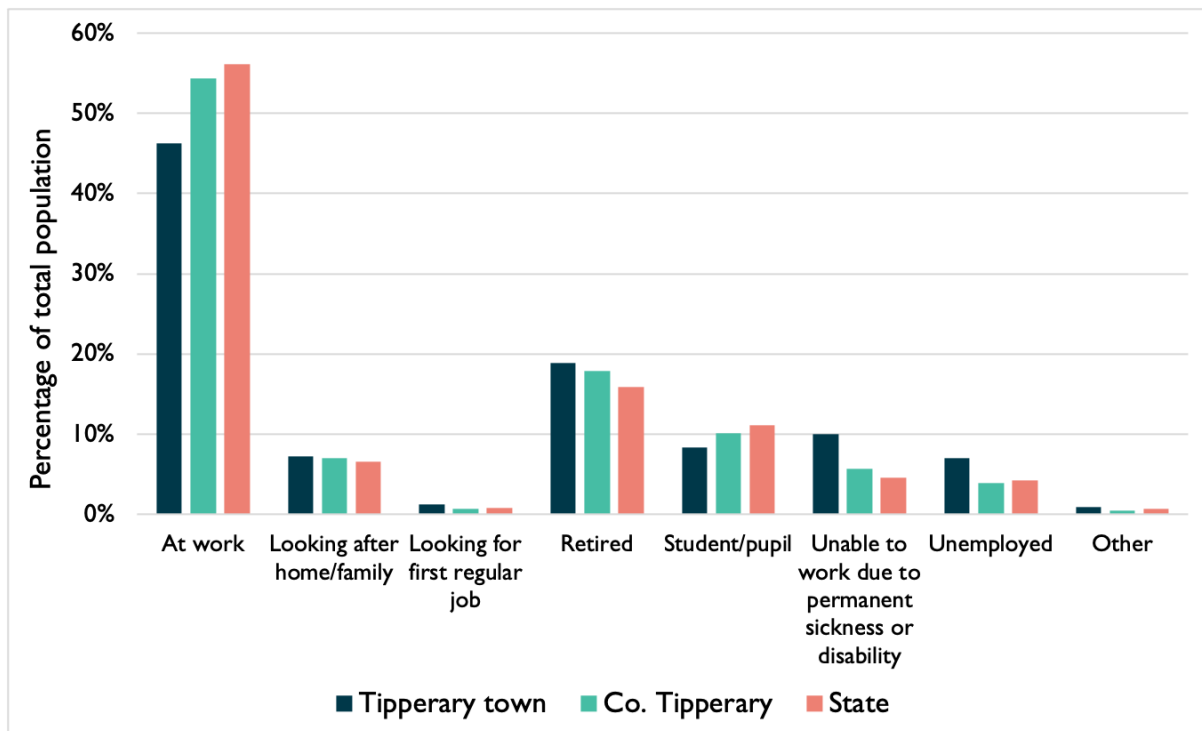
A recent report commissioned by the Tipperary Town Revitalisation Task Force describes the socio-economic profile of Tipperary Town and, using a local and national backdrop, classifies residents of Tipperary Town as disproportionately experiencing disadvantage. Here, a comparison of 2016 and 2022 deprivation indices reveal that for each of the three electoral districts (EDs) (i.e. Tipperary West Urban, Tipperary East Urban and Tipperary Rural), deprivation indices have shown expanding levels of disadvantage. In addition, the gap between the most disadvantaged areas and the other areas has increased. Temporal trends indicate that persistent and deep-rooted disadvantage particularly threatens Tipperary East Urban ED.

Principal Economic Status

[Figure 7](#) depicts the principal economic status of the 15+ population of Tipperary town, compared to the population of Ireland and Co. Tipperary. The proportion of people unable to work due to permanent sickness or disability is over twice as high in Tipperary town (10%) as in the general population (4.6%). This discrepancy is more pronounced in men than in women. Tipperary town also holds a higher proportion of retired people (18.9%) compared to the State (15.9%), as well as a lower proportion of students and pupils (8.4% vs. 11.1%) and a higher proportion of unemployed people (7% vs. 4.3%). Accordingly, the proportion of persons at work in Tipperary town stands at 46.3%, almost ten percentage points lower than the State figure of 56.1%. The differences between the principal economic status of the Tipperary town population and that of the State are significant, $X^2(7, N = 4,363) = 507.6, p < .001$. The higher proportion of people unable to work due to illness or disability has the greatest contribution towards this.

The discrepancies between the principal economic status of Tipperary town and the State do not, in general, appear to stem from similar discrepancies between Co. Tipperary and the State. For example, the unemployment rate of the State is higher than that of Co. Tipperary but lower than that of Tipperary town. While the proportion of people at work is higher in the State than in both Tipperary town and Co. Tipperary, the discrepancy is much more pronounced with the former. Similar patterns are observed in relation to students and pupils, as well as those unable to work due to disability. In general, Co. Tipperary is more similar to the State than it is to Tipperary town, in terms of economic status. One exception to this is the retirement rate, with 17.8% of Co. Tipperary being retired, compared to 18.9% of Tipperary town but 15.9% of the State. The differences between the principal economic status of the 15+ population of Tipperary town and that of Co. Tipperary are statistically significant, $X^2(7, N = 4,363) = 367.6, p < .001$.

Figure 7. Principal economic status of the population of Tipperary town, Co. Tipperary, and the State, by sex



Source: TASC, 2024; CSO, 2022.

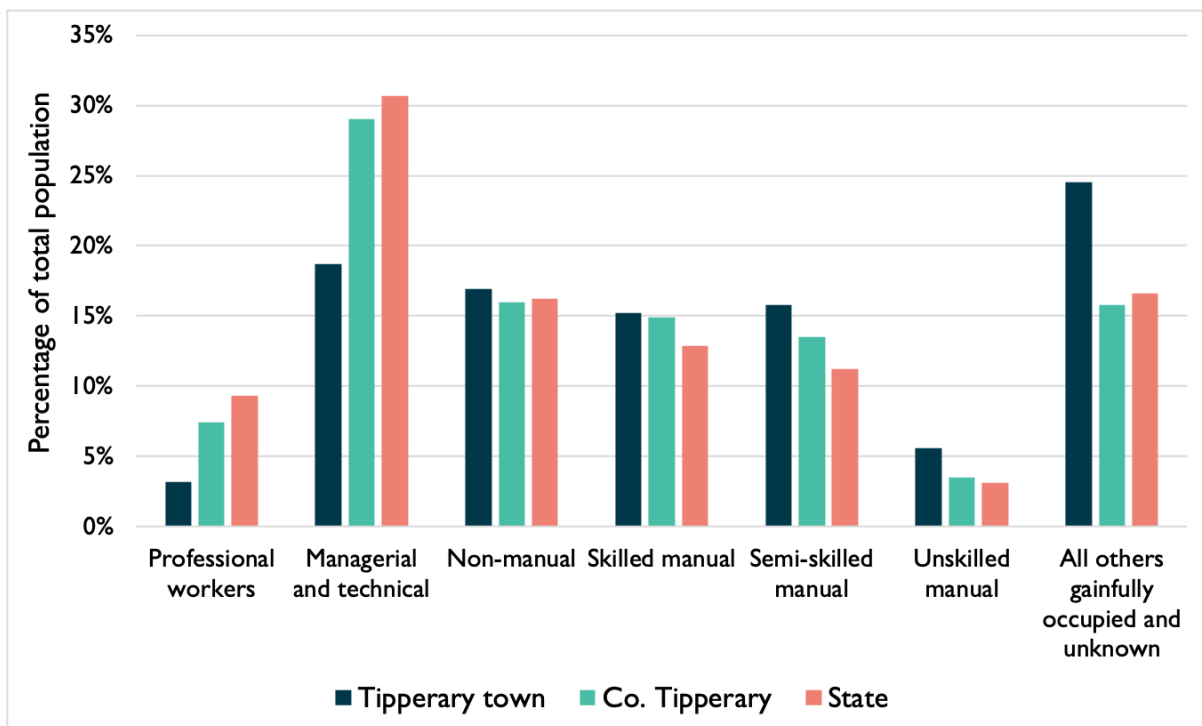
In Tipperary Town there is an interesting employment and residency pattern, with only 40% of the 1,800 employed residents being employed in Tipperary Town. While 70% of 1,300 workers coming into Tipperary Town from the rural Tipperary (Tipperary Town Revitalisation Task Force, 2022).

Social Class

Figure 8 depicts the breakdown of the population of Tipperary town, Co. Tipperary, and the State by social class. The proportion of professional workers is almost three times higher in the State (9.3%) than in Tipperary town (3.2%). Similarly, Tipperary town holds a lower percentage of managerial and technical workers (18.7%) than the general population of Ireland (30.7%). Accordingly, the proportion of manual workers in Tipperary town is higher, with a total of 36.6% of the population being manual workers compared to 27.2% of the general population. These differences are statistically significant, $X^2(6, N = 5,387) = 895.9, p < .001$, with the greatest differences existing among professional workers and managerial/technical workers.

The State boasts a higher proportion of professional, managerial, and technical workers and a lower proportion of manual workers than both Co. Tipperary and Tipperary town. However, the discrepancies are smaller between the State and Co. Tipperary than between the State and Tipperary town; for example, 27.3% of the State are manual workers, compared to 31.8% of Co. Tipperary and 36.6% of Tipperary town. Tipperary town differs significantly from Co. Tipperary in terms of social class, $X^2(6, N = 5,387) = 672.1, p < .001$.

Figure 8. Social class of the population of Tipperary town, Co. Tipperary, and the State



Source: TASC, 2024; CSO, 2022.

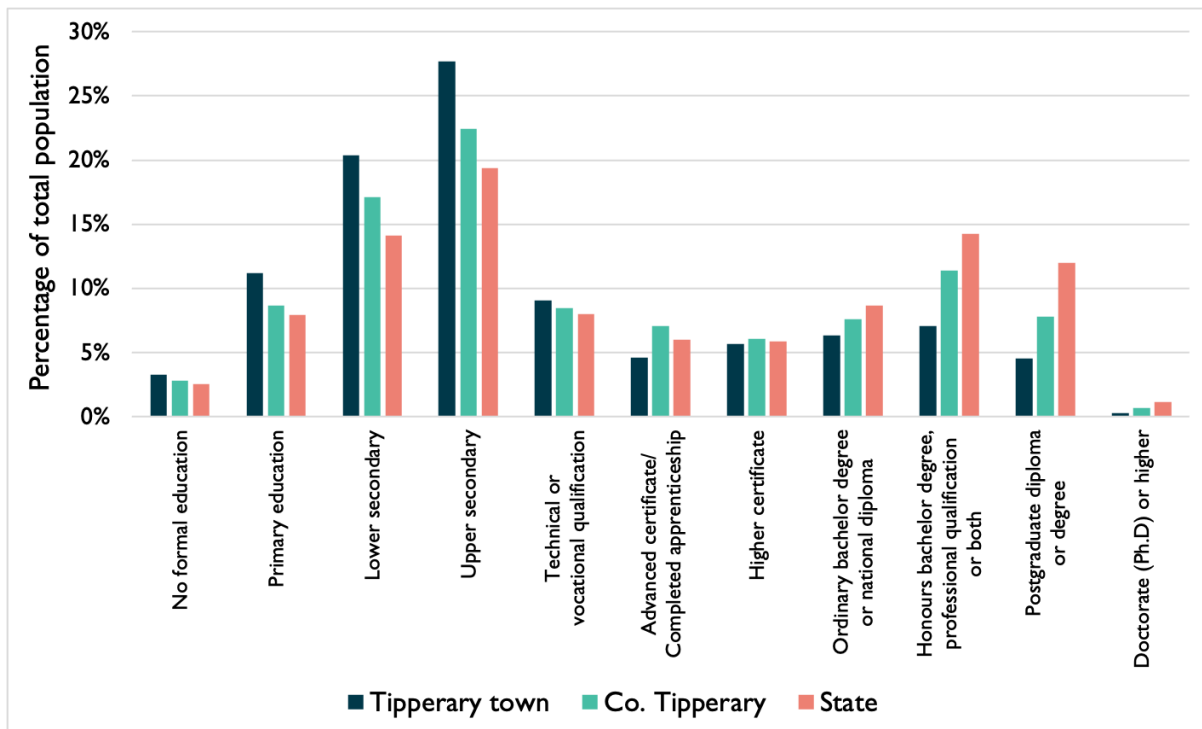
3.1.7 Education

Highest Level of Education

[Figure 9](#) shows the highest level of education among the 15+ population of Tipperary town, compared to Co. Tipperary and the State. In general, the populations of Tipperary town and Co. Tipperary have a lower level of education than the general population of Ireland. However, Tipperary town shows lower educational attainment than both the County and the State.

For example, a higher percentage of the Tipperary town population ceased their education at or prior to achieving a technical or vocational qualification - 71.6%, compared to 59.5% of Co. Tipperary and 52.0% of the State. Importantly, these discrepancies are not explained by differences in the age distribution of Tipperary town; as discussed, Tipperary town is home to an older population than the State as a whole. With regards to higher education, the proportion of people with Honours bachelor degrees or professional qualifications is significantly higher in the State (14.2%) and the County (11.4%) than in Tipperary town (7.0%). The discrepancy is even greater among those with Postgraduate diplomas or degrees, standing at 4.5% of Tipperary town, 12.0% of the State, and 7.8% of the County. These differences are statistically significant, $X^2(10, N = 3,295) = 588.1, p < .001$ when comparing with the State, $X^2(10, N = 3,295) = 232.5, p < .001$ when comparing with the County.

Figure 9. Highest level of education of the 15+ population of Tipperary town, Co. Tipperary, and the State



Source: TASC, 2024; CSO, 2022.

Age of Ceasing Education

In terms of the age of ceasing education among the 15+ population, Tipperary town differs significantly on this metric from the County, $X^2(8, N = 3,569) = 174.8, p < .001$, and State, $X^2(8, N = 3,569) = 452.8, p < .001$. In general, education ceased at younger age among those living in Tipperary town. For example, 9.5% of the Tipperary town population left education before the age of 16 - the legal minimum school-leaving age - compared to 8.2% of the County and 7.4% of the State. Less than a quarter continued education beyond the age of 18, with over a third doing so in the County (33.5%) and State (40%).

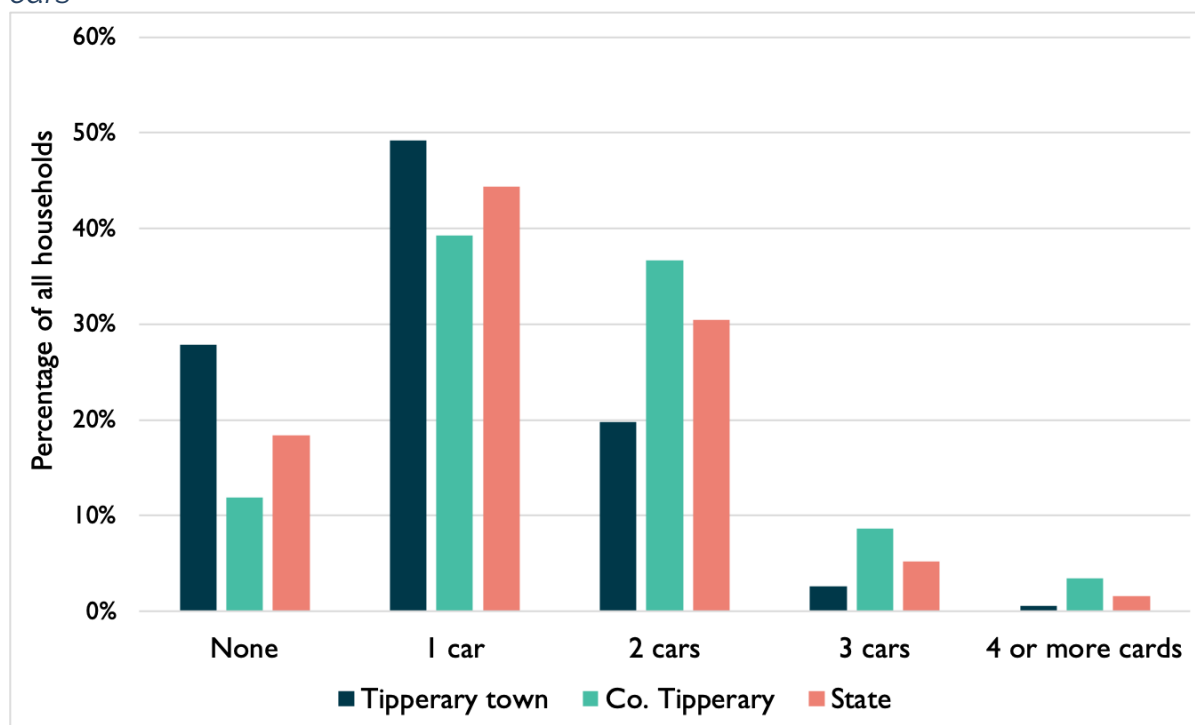
3.1.8 Children in Childcare

Less than half (45.3%) of children under the age of 4 in Tipperary town are in childcare. Interestingly, this is significantly lower than in Co. Tipperary (53%), $X^2(1, N = 327) = 7.9, p = .005$, but significantly higher than in the State (34%), $X^2(1, N = 327) = 18.5, p < .001$. Similarly, the proportion of children between the age of 5 and 15 who are in childcare is significantly lower in Tipperary town (18.8%) than in the County (29.6%), $X^2(1, N = 697) = 39.3, p < .001$, but not significantly different from the State (16.5%).

3.1.9 Transport

In terms of car ownership, Tipperary town differs significantly from both Co. Tipperary, $X^2(3, N = 2,115) = 810.3, p < .001$, and the State, $X^2(3, N = 2,115) = 233.4, p < .001$. In particular, Tipperary town has a higher proportion of households without access to a car, as well as a lower proportion of households with multiple cars. [Figure 10](#) below shows rates of car ownership in the town, the County, and the State, by the number of cars.

Figure 10. Private households in Tipperary town, Co. Tipperary, and the State, by number of cars



Source: TASC, 2024; CSO, 2022.

3.1.10 Internet Access

Approximately 1 in 6 (15.7%) households in Tipperary town do not have access to the internet. This is significantly higher than both in Co. Tipperary (13.5%), $X^2(2, N = 2,108) = 35.1, p < .001$, and across the State (8%), $X^2(2, N = 2,108) = 239.1, p < .001$, where this figure is approximately half that of Tipperary town.

3.2 Towns of Similar Size

To further understand the profile of Tipperary town and how it compares to other regions of the country, Census 2022 data were used to compare the population of Tipperary town to four towns with a similar population. These comparison towns were selected such that two were in Co. Tipperary, to further inform the comparison of Tipperary town and its county ([Table 1](#); see [Appendix i](#) for more detailed data); while two were outside of Co. Tipperary, to further inform the comparison of Tipperary town and the State. Specifically, the following towns were chosen: Roscrea (Co. Tipperary; population: 5,542), Carrick-on-Suir (Co. Tipperary; 5,752), Carrickmacross (Co. Monaghan; 5,745), and Oranmore (Co. Galway; 5,819). Carrick-on-Suir is positioned on the border of Co. Tipperary and Co. Waterford. This positioning across two counties may provide additional interesting insights. Carrickmacross is close to the Northern Ireland border and therefore affected by additional unique factors due to the geopolitical implications of its location. Together, this set of towns should paint a detailed image of the characteristics of settlements similar in size to Tipperary town, thus providing further insight into the profile of Tipperary town and how it compares to other areas of the country. [Figure 11](#) below shows the location of these towns.

Table 1. Comparison of the profile of Tipperary town to Roscrea, Carrick-on-Suir, Carrickmacross, and Oranmore

| Parameter | Tipperary | Roscrea | Carrick-on-Suir | Carrickmacross | Oranmore |
|------------------------|---|---|---|---|---|
| Population | 5,387 | 5,542 | 5,752 | 5,745 | 5,819 |
| Sex | 51.4% female 48.6% male | 50.1% female 49.9% male | 50.2% female 49.8% male | 52.3% female 47.7% male | 51.3% female 48.7% male |
| Age | 24.9% 19 or younger 5.2% 20-24 7.6% 75 or older | 28% 19 or younger 6% 20-24 7.2% 75 or older | 24.4% 19 or younger 5.6% 20-24 8.3% 75 or older | 29.1% 19 or younger 5% 20-24 6% 75 or older | 28.3% 19 or younger 3.9% 20-24 4.3% 75 or older |
| Nationality | 78% Irish-born 78% Irish citizens | 78.5% Irish-born 83.2% Irish citizens | 85.3% Irish-born 91.2% Irish citizens | 68.9% Irish-born 78.2% Irish citizens | 75.6% Irish-born 84.5% Irish citizens |
| Ethnicity | 76.8% White Irish 1.9% Irish Traveller 5% non-White | 76.7% White Irish 2.9% Irish Traveller 4.6% non-White | 88.3% White Irish 0.2% Irish Traveller 4.3% non-White | 69.0% White Irish 0.5% Irish Traveller 9.5% non-White | 77.6% White Irish 0.2% Irish Traveller 7.4% non-White |
| Families with children | 35.7% single mothers 4.3% single fathers | 27.8% single mothers 4.6% single fathers | 36.5% single mothers 6.1% single fathers | 31.4% single mothers 4.2% single fathers | 14.6% single mothers 2.7% single fathers |
| Housing occupancy | 51.1% own home 20.8% rent from LA | 54.9% own home 18.3% rent from LA | 58.8% own home 17.6% rent from LA | 51.4% own home 16.4% rent from LA | 65.7% own home 2.3% rent from LA |
| Employment status | 46.3% at work 18.9% retired 10% unable to work | 51.3% at work 15.6% retired 8% unable to work | 45.2% at work 20.9% retired 9.3% unable to work | 54.5% at work 14.7% retired 4.8% unable to work | 69.6% at work 11% retired 2% unable to work |

| Parameter | Tipperary | Roscrea | Carrick-on-Suir | Carrickmacross | Oranmore |
|----------------------------|---|--|--|--|--|
| Highest level of education | 3.3% none 11.2% primary 47.9% secondary 18.1% bachelor or higher 9.5% left education at <16 | 4.4% none 12% primary 44.5% secondary 15.6% bachelor or higher 10.2% left education at <16 | 4.4% none 12.2% primary 47.7% secondary 15.6% bachelor or higher 11.3% left education at <16 | 4.6% none 8.7% primary 35.9% secondary 27.9% bachelor or higher 9.7% left education at <16 | 0.9% none 2.1% primary 18.4% secondary 61.2% bachelor or higher 2.1% left education at <16 |
| Disability | 27.4% disabled | 26.6% disabled | 28.4% disabled | 18.1% disabled | 17% disabled |
| Smoking | 20.7% smoke | 21.4% smoke | 19.8% smoke | 18% smoke | 10% smoke |

Note: "Non-White" captures all Census 2022 ethnicity categories except for White Irish, White Irish Traveller, and any other White background. The remaining proportion of the population, once White Irish, Irish Traveller, and non-White are excluded, represents the percentage of people who described themselves as "any other White background".

3.3 Summary of Tipperary Town Profile

3.3.1 Tipperary Town Compared to the County and State

Across a number of metrics, Census 2022 data indicate that Tipperary town is more diverse, disadvantaged, and deprived than both Co. Tipperary and the State as a whole. Tipperary Town is more diverse, housing a higher proportion of non-Irish nationals, non-Irish citizens, and ethnic minorities. Particular groups include Irish Travellers and people from a non-Irish White background. Accordingly, there exists greater language diversity in Tipperary Town, with a higher proportion of the population speaking a foreign language than in the State or County.

Tipperary Town is also more disadvantaged, housing a higher proportion of renters and fewer home owners. The proportion of people living in social housing is 2-2.5 times greater than in the County and State. The proportion of people living with a disability and those unable to work is also relatively high. Similarly, rates of unemployment are higher. Among those who are employed, a larger proportion are manual workers. Finally, the population of Tipperary Town is, on the whole, educated to a lower level than the County and State, having ceased education at a younger age.

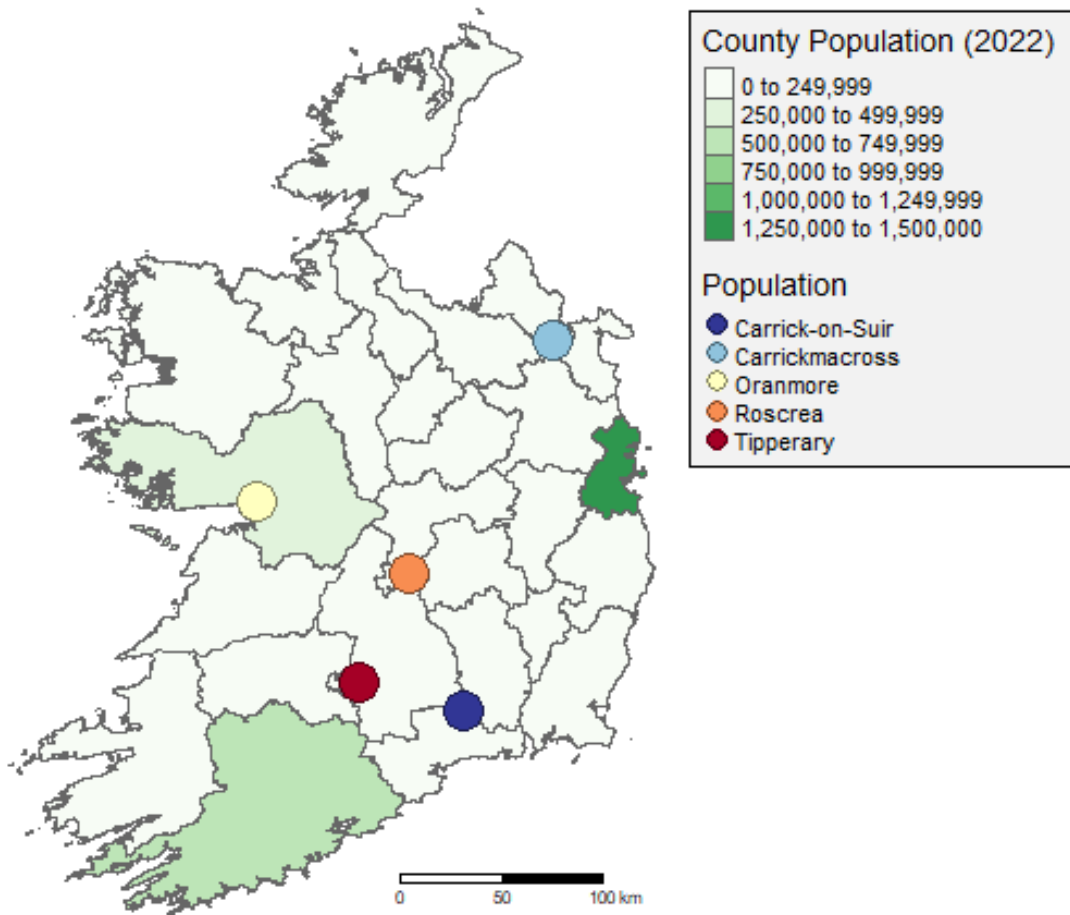
Finally, the family structures prevalent in Tipperary Town differ from those in the County and the State. Key differences arise in the proportion of single-parent families - with 40% of families with children in Tipperary Town, compared to approximately one-quarter in the State and County.

3.3.2 Tipperary Town Compared to Other Towns of Similar Size

Comparing Tipperary Town to other towns with a similar population reveals a less clear picture. In terms of diversity, Tipperary Town houses a greater proportion of non-Irish nationals, non-Irish citizens, and ethnic minorities than Carrick-on-Suir. However, when compared to Roscrea, Carrickmacross, and Oranmore, Tipperary Town is less diverse on some metrics, more on others, and similar on some. For example, Roscrea houses a lower proportion of non-Irish citizens but a similar proportion of people born outside of Ireland, while Carrickmacross houses a similar proportion of non-Irish citizens but more people born outside of Ireland. In terms of ethnicity, Tipperary Town is similar to Roscrea and Oranmore but less diverse than Carrickmacross.

Looking at indicators of disadvantage, the population of Tipperary Town is more likely to not own the home they live in and to live in social housing than all four comparison towns. The proportions of people who are unemployed or unable to work are higher than in most of the four comparison towns, with the exception of Roscrea (in terms of unemployment) and Carrick-on-Suir (in terms of those unable to work). The rate of disability in Tipperary Town is higher than in Carrickmacross and Oranmore, but similar to Roscrea and Carrick-on-Suir. The population of Oranmore has a much higher level of education than that of Tipperary Town, but comparisons to the other three towns are less clear. Regarding families, Tipperary Town houses more single-parent families than Roscrea and Oranmore, but a similar proportion to Carrick-on-Suir and Carrickmacross.

Figure 11. Map of Ireland showing Tipperary town alongside the four comparison towns



Source: TASC, 2024.

3.3.3 Profile Data Section Summary

Thus, while Tipperary Town is quite clearly more diverse, disadvantaged, and deprived than Co. Tipperary and the State as whole, this cannot be said for other towns with a similar population. This is particularly true with regards to indicators of diversity, such as nationality, citizenship, and ethnicity, where comparisons of Tipperary Town to Roscrea, Carrickmacross, Carrick-on-Suir, and Oranmore do not provide a clear answer. With regards to disadvantage and deprivation, Census 2022 data indicates that Tipperary Town is no less disadvantaged than the comparison towns - depending on the town and metric, the rate of disadvantage in Tipperary Town is higher or similar.

By generating a profile of Tipperary Town and comparing it across these different metrics it is possible to understand the landscape experienced by its residents and those who utilise its services.

4. Service Mapping

This section provides a detailed summary of the data collected from various consultations conducted as part of this project. The aim of these consultations was to gather a wide range of perspectives to better understand the needs and challenges faced by different groups within Tipperary Town. Data collection methods included surveys, focus groups, and workshops, which engaged participants such as service providers, school students, young adults, community members, and children.

Two surveys were conducted: one with service providers and another with students from 5th class in primary school to 6th year in secondary school. To explore the experiences and viewpoints of other key stakeholders, focus groups were held with service providers, local community members, and young adults aged 18–24. A workshop was also organized with primary school children from 1st to 6th class to ensure the voices of younger children were represented.

The consultations identified several key themes and challenges, including the importance of early interventions, the need for person-centred support, and significant gaps in service provision. Common issues raised included a lack of facilities and activities for young people, difficulties engaging groups such as young parents and marginalized populations, and limitations in funding and staffing. Notably, ongoing recruitment challenges and staffing shortages in the childcare and mental health sectors were highlighted. These, coupled with restricted funding, create barriers that hinder providers from fully addressing the diverse needs of the community. Additional challenges identified included transport and connectivity issues, as well as the fragmentation of services and the need for improved collaboration between agencies.

This section summarises these findings, examining the implications for current service provision and identifying opportunities for innovation and improvement. It highlights both systemic and practical barriers to meeting the needs of diverse groups and considers ways to enhance services and support for the community in Tipperary Town.

4.1 Overview of Existing Service Coverage

Information from various organisations and services believed to be provided in Tipperary Town were categorised by service type and the age groups they serve. Some organisations are based in Tipperary Town, while others would include Tipperary Town in their catchment area. These include preschools, creches, schools, and youth-focused services for children and young people; disability and health services for adults and general populations; community and resource centres catering to families, older adults, and the wider community; as well as recreational and sports clubs for general participation. Additionally, there are governmental and support organisations addressing social, economic, and developmental needs, alongside specialised services like mental health, domestic abuse support, and disability assistance. This diverse network highlights a comprehensive range of supports tailored to meet the needs of different demographic groups within the community.

Although the nature of these organisations renders some organisational information inapplicable, mission statements, strategic goals, and evaluation/monitoring processes were also examined. While nearly half (44.2%) of the organisations have a clear mission statement, over half (55.1%) do not. Similarly, 58.5% of organisations are either not clear

about or do not disclose their strategic goals. 73.5% of organisations report no evaluation or monitoring processes. Financial reports and annual reviews were also not available for the majority of organisations.

These data paint a picture of organisations that are not prioritising transparency in key areas like mission clarity, strategic goal-setting, performance monitoring, and financial reporting. The high percentage of "No information available" makes it difficult to evaluate service provision, coverage, and organisational performance.

4.2 Availability

4.2.1 Services and Facilities for Children, Young People and Families

Various Services Offered to the Community

Service providers described the types of programmes and services offered. During one of the focus groups one of the providers said that their service provides comprehensive support to participants by conducting a mini assessment to ensure they are directed to the appropriate services. These services included play therapy, social care, leadership development, group work, and one-on-one sessions. Based on their needs, participants were assigned to the correct pathway for further support.

Of the 30 organisations which completed the survey, seven organisations provide targeted supports which are available to limited members of the community and five provide universal supports available to the wider community. The remaining eighteen of the 30 organisations provide both target and universal supports.

In the survey service providers were asked about how well services supported the community, children, youth, and families. The majority strongly agreed that services supported the needs of these different stakeholders, however respondents were split regarding services meeting the needs of families ([Figure A6 a-d](#)). Service strengths listed included staff expertise, quality of care and the range of services offered ([Figure A7](#)). Some of the areas which they said needed improvement were awareness and visibility of services, range of service offered, accessibility of service provision and the availability of online services ([Figure A8](#)).

Importance of Early Interventions

Service providers spoke about how support begins before a child is born, and that it is important to form strong relationships with parents. Community organisations provide continuous support to mothers from the moment they discover their pregnancy and throughout their journey. One service provider providing social care supports stated:

"I'm on that journey with her from very early on, before she's going to be linking in with any other services." (Service Provider, Focus Group)

During a focus group, the HSE described their universal child health programme:

"They see babies as soon as they come home, within 72 hours, and they do various universal checks on health on the basis of progressive universalism. So they are available to all new mothers and all new babies and children up to school age for the universal child health service. And then they monitor and do surveillance on development for all babies and then they refer, as is required, to other people who are here around the screen medical or clinical developmental issues might be referred to the community medical doctor,

which was part of my previous life, and to all other therapies, multidisciplinary, unique, disciplinary therapies, really, for the most part, be it to physio, speech and language, psychology, occupational therapy, maybe paediatrics in the hospital, maybe dietician or maybe for more serious concerns, to the new, more recently established teams within the HSE, either at primary care level or a disability level."

Person Centred Supports

Service providers discuss how they try to meet individuals' needs while managing the challenges of time and resource limitations:

"I suppose, how flexible we are in kind of meeting people where they're at, we would have individual action planning meetings so that you're actually talking to the individuals so, you know what's going on for that person. And design the intervention then based on what those people need. But then at the same time, there's only so much that you can realistically do and do well. So I suppose there's time constraints for the staff or for the service with that" (Service Provider, Focus Group)

Various challenges around encouraging people to access their services and the strategies they use to increase awareness and participation were described by service providers:

"We are finding that some people can be quite hesitant to come in. So we're being a little bit softer with that. We keep trying. We keep letting them come in just to get them in the door. So that kind of word of mouth might spread because we find a lot of our referrals are coming from quite concentrated areas in the town and just, I don't know if people know how our service actually works in terms of accessibility." (Service Provider, Focus Group)

Effects of Needs-Focused Targeted Group Interventions

One service provider gave an example of how a basic healthy cookery course for small groups of young parents can serve as more than just a practical skill-building activity. Over time, the relaxed and supportive environment encourages participants to open up, share experiences, and seek guidance for personal challenges, often turning to the course coordinator for direction to additional support services.

"Then if there's an issue for them as a parent, whatever that might be, they're inclined to feel relaxed after a week or two to chat to the others, or maybe to chat to the likes of the coordinator there and say, Do you know, I'm having a problem with this. And then that coordinator can direct [them]." (Service Provider, Focus Group)

The service provider continued by explaining that beyond cookery, complementary programs like mindfulness and yoga play a vital role in fostering individual well-being and enhancing family life, demonstrating the broader impact of such initiatives on personal and familial dynamics.

They went on to state that the success of the program lies in its welcoming, non-judgemental approach, where participants are met with understanding, personalised support, and a safe space to explore their needs and goals.

"So what makes them so successful is they're based on the needs of what the group wants, and that person wants. You know, you're not being told, sit down there. ... It's like sitting down and having a chat, what do you feel you know, would help you cook better, and healthier. What would you be interested in? So it's all based on the needs of the group, and I think that's what works. And they're not judged either. It's a safe environment. Going into all the centres, there's a safe place. They're welcomed. They sit down, they have a cup of tea. And I think, makes us very successful." (Service Provider, Focus Group)

The success of the programme was attributed to its ability to engage participants by casually introducing them to various activities, helping to build a sense of comfort, trust, and community.

"If someone might come in for coffee. And then they'd realise there was yoga, there was mindfulness, something in the centre, and then they'd come in the next day, whatever day the mindfulness or the yoga would be on, and as a result of it, we find that we're having the same people back again for different courses, and that's fantastic, because they're getting to have a relationship with other people in the groups, and they're comfortable about coming in. And I think that's a big thing with young mothers, that they need to kind of feel comfortable, and they need to feel that they can trust the people there." (Service Provider, Focus Group)

Age Gaps in Service Provision

For some service providers, youth services start at age 10, and early years services cover up to age 6, leaving a gap for children aged 6 to 10. Service providers mentioned in the focus group that there are limited activities for younger children, with some children aged 6-10 participating in preschool, crèche, or after-school activities, but many are not. A lack of targeted supports for this age group was specified by providers. They went on to state that schools identify concerns with children aged 5-8 but have few services available for referrals.

The service provider survey showed a different picture; here the 0-4 is the least served age group, followed by the 5-9 (see [Figure A2](#)). Excluding population demographics for the town, the uneven distribution of service provision by age indicates that there are some key groups being underserved. This is also indicated by responses and additional comments to [Appendix vii](#).

However, qualitative survey responses indicate that there are significant age-related gaps in service provision, particularly for young children and individuals with disabilities. There is a severe shortage of childcare facilities for children aged 0-6, with long waiting lists that particularly affect working parents and those in need of respite due to mental health issues or illness. This shortage of such services makes it difficult for families to access the necessary care and support. Additionally, there is a lack of disability services for children, especially in crucial areas such as speech and language therapy and occupational therapy. These gaps in service provision, particularly for younger children, are compounded by broader issues such as transportation difficulties and the town's spread-out layout, which together further hinder access to essential care and support.

Young people themselves reported a gap in activities for young adults, stating that the opportunity to participate in sports and recreational activities ceases after leaving school.

"There's plenty to do for kids but once you're a teenager, and particularly when you leave school there is nothing to do, you're just kind of forgotten about" (Young Adult 18-24, Focus Group)

One additional comment to improvements or additional services that could be made (see [Figure A9](#)), indicates that there may not be an issue around staffing and resource allocation, but rather the lack of a coordinated response across sectors and geographic regions.

One respondent to the service provider survey framed the complex challenges facing children and families in Tipperary Town:

"There is a lack of mental health services, addiction services and disability services for children, especially speech and language and occupational therapy. For individuals in addiction that have to travel to Clonmel for services and often the drug pushers are waiting for them when they get off the bus or outside the treatment centres thus bringing them back into active addiction. Those who require mental health intervention also have to travel to Clonmel and more often than not are left waiting in the Outpatients department of the University Hospital being seen by people who are not equipped to deal with them. There is also a lack of childcare facilities for the 0-6 age group where currently there are long waiting lists in place for children especially for working parents and those parents who need the respite hours when they may be suffering from depression or ill health. Lack of transport is the overarching problem that affects most areas of life for members of the community. The town is very spread out from the local schools and as such it can be a factor in children's non attendance." (Service Provider, Survey)

Also, another survey respondent highlighted that while some individuals benefit from available support systems, others do not, and this needs to be acknowledged. There is a group of people who choose not to engage with services despite needing them, and their decisions should be documented separately from those with unmet needs. Recognising autonomy and personal choice is important, but it is also crucial to focus support on individuals with genuine capacity issues, rather than enabling unhealthy life choices. Additionally, more targeted responses may be required based on prevalent disabilities in the community.

Lack of Facilities and Services

Parents participating in the focus groups noted the lack of facilities for young people in Tipperary Town, drawing comparisons between the town and other nearby towns, as well as the town nowadays compared to the services that used to exist:

"[A]bout 50% of teenagers, they have nothing to do ... up in Thurles, these are council facilities again, you have The Source [Arts Centre], the library. You have the leisure centre together. You have a playground with a skate park right beside it." (Parent)

Service providers reflected on specific aspects of service deficiencies. One spoke about the variety of services provided to children from 10-18 years of age and the increasing demand for some of the younger children:

"We do a lot of small group work, big group work, and a lot of one to ones and but even ourselves, we're seeing there's more demand at the moment, and we're starting to get wait lists ourselves here, especially our junior groups. And even with our one to ones, there's more complexities with them. So it's kind of a lot of work around issues with drugs and that. ... a lot of time we do need a little bit extra support, especially like with issues around drugs for our young people." (Service Provider, Focus Group)

Sometimes service providers struggle to find a suitable programme for young people:

"We tend to splice young people into the services that are there, even if they don't fit there, there's nothing else for them. So for example, young people who just have no interest or capacity or maybe just no aptitude for the mainstream education system. ... they just fall by the wayside because we don't cater for the capacity or for the aptitude that they have, and it falls into youth services and to resource centres to see, can they be kind of accommodated in some way? But it doesn't. Often, it doesn't meet their needs from an education point of view at all." (Service Provider, Focus Group)

Fifteen of the 30 service provider survey respondents do not feel that the current service capacity is sufficient to meet the demand in the community. Nine stated that they were unsure, while six believe that service capacity is adequate for the demands of the community.

Lack of Services in the Summer

They additionally highlighted the lack of activities for young people around summertime, and the impact this has particularly on young people coming from disadvantaged families:

"There's an awful amount of kids at this time who don't go on summer holidays, or have nothing to do, that actually dread summer holidays.. ... The kids that don't come from great backgrounds. At least when they go to school, they've a bit of a routine. There's some bit of normality. Like, for kids that haven't got that, they need something to look forward to during the summer." (Parent)

Challenges Around Engaging Young Parents

During the focus group, service providers discussed difficulties around engaging young parents with family support. Young parents are initially reporting that things seem fine with their children and that concerns are minimal. However, speech and language difficulties emerge over time as children reach toddler and preschool ages.

Challenges in Service Provision for Young Adults Living at Home

Special challenges around the role of young adults in the household was discussed by service providers. They highlighted "that [the] role as a parent now goes up to 25" and that "it doesn't end at 18 in the way it did a few years ago ... that's a challenge around parents who are now parenting and adults in the household".

One service provider went on to explain:

"I think that's a missing piece in terms of, family support and in terms of services, where you have a mom who has a 22 year old, and there's a lot of power struggle. There's a lot of stuff around their finances. There's a lot of

stuff around. When are they the parent? Or when are you speaking to them as they're an adult and they're allowed to have their independence?"

Here, for service providers there is the challenge of addressing any issue where the client is considered "just an occupant in the house":

"So it's a tricky one in terms of me navigating that process and support with the adult child, but they are still living in the family home, and there's a whole piece that has to be done around that so but I think that the key part of that was having services in the town who are linking in, you know what I mean, referring on those those parents are linking to another service."

Current Provision/Capacity is Insufficient

Though parents recognised that some services do exist, there was a general acknowledgement that these are insufficient. As such, those that do exist are difficult to avail of, due to high demand:

"I'll admit, the swimming and the musical theatre, it was hard to get into. ... So for example, the swimming, it's kind of first come first serve. So if your kid is already kind of signed up, then they'll just get renewed for the next term. But like if your kid isn't there, it's very hard to kind of get in, ... once you're in, then you're in, because you can just kind of keep renewing it, but it is difficult to initially get in. And I know they do have kind of long waiting lists as well."
(Parent)

Service providers struggle with trying to provide adequate supports within the constraints of funding provided. The lack of flexible funding supports means that they are heavily restricted regarding what they can and can't do to support a person in need who walks in their doors:

"It's very difficult because I think, as well, to go with this capacity issue, [The issue] is who is our target group? What is the need? Who are we trying to support? And we really have all of community and the complexities within that, so it's very hard to understand within all the different funding and compliance that we have to abide by and that restricted funding what we can and can't do. So sometimes our hands are tied in what we can do, and sometimes a lot of the community want to access resource centres, and they're not necessarily within the disadvantaged target area, and they take up some of our time that we should possibly be giving to others, but we're not really. We don't want to turn people away either, our children away, so there's lots of complexities with the amount of support staffing we have, and capacity issues around some of that family supports as well." (Service Provider, Focus Group)

Staffing Levels and Service Capacity

A key challenge facing health services in Tipperary Town is the issue of capacity. Service capacity was discussed both in the focus groups and was also the second biggest barrier faced by service users ([Figure A10](#)). As discussed in the focus groups, capacity has become a significant barrier to providing timely support. Service providers acknowledge the frustration caused by long delays in accessing services, despite the high quality of care once available. The demand for services is disproportionate to the capacity to deliver them, largely due to the high levels of disadvantage in the area. This

mismatch results in long waiting lists and puts strain on staff, who often find themselves managing cases beyond their resources. However, there is hope that focusing on these issues in Tipp Town may lead to increased support and improvements in service delivery.

"The elephant in the room to me is capacity, and certainly from the point of view of health services within the community. It is a really big issue, and I know that other people here get very frustrated with the delays in access to services, I have no doubt in my mind. But all the services are absolutely excellent once you can access them. But because of capacity issues, and I suppose because of high levels of disadvantage within Tipp Town, there is huge demand so, there is a huge disproportion in the ratio to between demand and the capacity to deliver the services. So you have people on long waiting lists. You have other people who have referred them tearing their hair out, trying to gatekeep, trying to hold cases that are not maybe within their ability to hold and and, I mean, this is the way we live in community services and, I suppose that's why it's great to see emphasis on the issues in Tipperary Town to see if they can be bolstered in any way." (Service Provider, Focus Group)

Specific issues with low staffing levels noted during the focus groups include:

- Difficulties to recruit new staff (e.g. particularly room leaders, in childcare)
- Long recruitment process (e.g. one organisation has been recruiting for over a year, with no success; another organisation took three years to hire an adolescent psychotherapist)
- Competing career paths (e.g. students graduating from college are being encouraged to pursue primary school teaching rather than stay in childcare)
- Budget priorities (e.g. current focus on Special Needs Assistants (SNAs) in primary and secondary schools, which means that there is little money for the childcare sector)
- Impact of HSE directives (e.g. limited flexibility for staff funding)
- Few eligible candidates
- Competition for hiring eligible candidates
- Staffing reductions due to six posts being lost across all psychology services in South Tipperary (with Tipperary Town especially affected)
- Staff turnover
- Increased workload (as a result of low staffing levels)

Service providers in the focus group highlighted that staffing shortages are a core issue contributing to the long waiting times for services, as the reduced staff are forced to take on administrative tasks, hindering their ability to deliver clinical care effectively. The survey showed that the majority of organisations are small and have low numbers of full time and part time staff. A gross comparison of staffing levels indicates that staffing levels in Tipperary Town ([Figure A3](#)) are lower than what would be expected for the population. If approximately 10% of children and young people require social care in

Tipperary town, the existing staffing levels appear insufficient. Furthermore, complex cases that demand additional attention may require an increase in staff to manage the workload effectively (see [Figure A3](#)). Services which seem to be most affected by staffing shortages include those providing childcare for ages 0-6 and those providing mental health support.

Service providers also emphasised the importance of addressing staff well-being, recognising the challenges of handling complex cases and trauma, and the need for greater support for those who care for others.

"We're all doing different roles, but like, really, what's coming up for us in the resource centre is staff well being like, the complexities of the work and what we're dealing with around all complex cases, trauma, like we really need to start thinking as a town, how do we look after the people who look after the people? Because we don't want them burning out, and we want to support them. I think there needs to be focus on those people and really look after them as well." (Service Provider, Focus Group)

Business Closures

Participating parents highlighted that this is exacerbated by closures of private businesses. They noted that this is partly due to pushback from local small business owners, who see these private businesses as competitors - without recognition of the additional opportunities and jobs that they create in the community.

The student survey included several questions that allowed free-text responses in addition to a list of options ([Appendix vii](#)). One such question, "What improvements or additional services do you think would benefit young people in Tipperary Town?", elicited numerous responses highlighting concerns about business closures and a lack of shops and privately-run activities. Many students noted that they now travel to other towns or to Limerick City to socialise with friends.

During the workshop, some primary school students expressed their disappointment at the closure of certain shops in the town. They shared that it had been a place where they could meet friends, socialise, and spend their pocket money. Its closure left them feeling that there are now fewer spaces where they can enjoy a sense of independence and spend time without adult supervision. The loss of these venues was particularly noted as a missed opportunity for them to socialise and have fun in their own community.

Lack of Variety in Activities Offered

Some parents highlighted a noticeable shortage of services catering specifically to girls and young women. They felt that this issue was linked to an overemphasis on sports clubs, often at the expense of other activities and hobbies. This concern was echoed in the survey responses from school students.

However, one parent contradicted this general sentiment, describing Tipperary as a "family-friendly town". She reported that her child engages in a range of activities throughout the week and over the weekends, and felt that "it is a good little town considering the size, for families with kids". At the same time, she acknowledged that her experiences don't reflect that of many families in the town, noting, for example, that her child was able to access some of these activities due to her connections with other parents in the town.

Funding

During both focus groups, service providers discussed the complexity of funding and service provision. They stated that limited and “restrictive” funding, along with staffing shortages, are significant challenges for providing adequate support and services in Tipperary town, especially given the high level of need in the community.

“We wrap around and we connect in with the work that we’re doing. But we can’t just hire people for any reason. We have to be within funding, within restrictions. There’s issues within that capacity. So there’s such a big need here in Tipperary town, it’s having the right resources in the right spots and then working in collaboration with people on the scene and others around Tipperary town. But I think there is such a high need. I think the level of support will need to be adjusted, and that will be something I think would be really important to look at. But also, in addition, staffing for us like to get childcare workers to get anything is just so difficult. We’ve been recruiting for an early childcare leader for a year, so it’s very, very difficult, and we’re all in competition, really, to get staff.” (Service Provider, Focus Group)

Service providers went on to mention that funding constraints limit flexibility and creativity in addressing needs effectively. This impacts their ability to collaborate (see [section 4.1](#) for more on coordination and collaboration of services).

“If funders thought a bit differently about how we could apply different areas and different funding, I think if we had more flexibility, we’d have a lot more creativity in it and more ability to create a dynamic and and suit the needs of the individual at the moment” (Service Provider, Focus Group)

Some service providers have struggled to find funding for particular target age groups. For example, preventative work for ages 6-11 “so that there isn’t more issues along the road”. Efforts to secure funding for preventative work targeting ages 8 to 11 have been ongoing since 2018 but remain unsuccessful.

They went on to say that there are issues for teenagers as well:

“We’ve spoken to the schools. We’ve spoken about school completion. There is an area there that really needs to be looked at and addressed. But again, it comes down to whether that funding is made available to you or not, on whether you’re able to deliver that service.” (Service Provider, Focus Group)

4.2.2 Facilities for Hosting Events

In addition to the lack of general services, parents expressed frustration at the lack of facilities specifically available for renting for hosting events, such as birthday parties. Participants emphasised that the issue is not that suitable venues are lacking. They felt that venues exist that could be used for this purpose, but aren’t, or they are only made available at unsuitable times:

“They have GAA training on Saturday morning, so we couldn’t do a party then. So, like, when I could do it in the afternoon, there wasn’t a facility. Like, there is nothing in this town for a kid’s birthday party.” (Parent)

Young adults also mentioned this as an issue when looking to independently organise social events and activities.

"There's hardly any chance to plan anything ourselves, like doing something for Halloween or Christmas. I wouldn't even know who to ask. There's loads of space outside the town, like in warehouses, but I don't think you can use any of it for stuff like that."

4.2.3 Antisocial Behaviour

Participating parents felt that the lack of activities for youth leads to loitering and anti-social behaviour. In particular, they felt that youth antisocial behaviour emerges from "boredom" and "because there's ... nothing affordable" in the town for them to do. One parent additionally felt that the lack of diversity in the activities available causes this, "because there is activities ... there is sports and stuff during weekdays, but some kids might not have an interest in it, and they just won't go".

During the workshop, a number of primary school students expressed feeling intimidated by older teenagers who often hang out in parks and playgrounds that are meant for younger children. They mentioned feeling uncomfortable and unsure of how to interact or use the spaces freely, as the presence of older teens made them feel out of place. Several students shared that this dynamic discouraged them from using these areas, which were intended to be safe spaces for their age group.

4.3 Accessibility

Among the parents, there was a general feeling that lack of facilities is not the sole barrier to availing of services and activities in Tipperary town. In fact, they emphasised that some facilities do exist, but that, for a range of reasons, these are inaccessible to the community. This may also explain the disagreement between the parents who felt that services for youth in the town are lacking, and the parent who felt that there exists a lot of facilities for families with children. Some services may exist, but they have little impact on the families and youth who cannot access them.

In comparison, the service providers who completed the survey saw their services as being generally accessible and convenient ([Figure A6 e](#)), with staff who are knowledgeable and supporting ([Figure A6 f](#)).

However, some service providers provided qualitative feedback which was more align with the perspective of the parents, describing that students face difficulties accessing classes and activities due to outdated information, lack of transportation, and high costs for some families.

4.3.1 Cost

High Costs of Some Activities

For parents, a key barrier to accessing services was cost and financial constraints. They emphasised that this is especially relevant to Tipperary Town, where much of the population faces disadvantage, unemployment, and poverty. For example, of the sports facilities, one participant stated:

"There's no family membership in it, there's only an individual membership, which is 500 euros [per year]. Now, seriously, 500 euros in a DEIS town with half the town unemployed is a serious undertaking. And that 500 euros basically just gets you a gym. It doesn't actually get you anything else."
(Parent)

Parents noted that these costs have increased over time. They suggested that part of the reason behind this is the separation and lack of partnership between the gym and the swimming pool, which previously did exist:

"I was an original member of the complex. ... I used to join it for the year for 220 euros. And I got the swimming pool for 200 additionally. So, for the whole lot, I had 550 odd euros. ... Now to do the exact same package, I have to spend 1100 euros, because it's 50 euros a month. There's no annual membership, you pay by month, and there's no like in the olden days, the swimming pool and the complex had a partnership together." (Parent)

Sliding Scale for Community Programmes

The service providers who attended the focus groups felt that their programmes are adequately priced and that the low cost and sliding scales used to facilitate the participation of those with low incomes are adequate to meet the needs of the community. However, a representative of the gym or swimming pool did not contribute to the focus groups or the survey.

Nonpayment of Fees

In addition, despite heavily subsidising music programs in Tipperary Town, there is a high rate of non-payment for after school services, which threatens the sustainability of the program.

4.3.2 Transport

Lack of Connectivity

In relation to the capacity of service providers in Tipperary Town to meet the needs of the community, one provider stated that "one of the main things in relation to capacity is connectivity. I think even geographically, to every town, it's just not connected." Service provider survey respondents also felt that transport is a major issue for the town and listed it as the main barrier affecting service provision ([Figure A10](#)).

Need to Access Facilities Outside of the Town

Given the challenges in accessing services in Tipperary Town, some participating parents reported travelling outside of the town to access facilities elsewhere. Examples discussed include sports facilities and venues for birthday parties. They spoke highly of these facilities, but emphasised that this is an option for many people in the town, who do not have access to cars:

"I have a car, so we have transport. I can get a family membership out in Ballykisteen, which is accessible from seven in the morning until 11 at night. ... you pay 700 out in Ballykisteen you can have two adults, two children. It's 7 in the morning, until 11. ... And the instructor is actually there. ... but 50% of the population of Tipperary don't actually have a car." (Parent)

Lack of Suitable Public and School Transport

These challenges are exacerbated by the lack of suitable and adequate public transport options:

"There's no public transport, like public transport is also a disgrace ... if you want to get the train from Limerick Junction, there is no bus timetable that overlaps the train ... and the bus no longer drives into the train station. They stop outside. ... there's a five-minute window to run all the way in, where in the

olden days, ... the bus actually drove into the junction and stopped at the train station and collected at the train station and went out." (Parent)

In addition to general shortages of public transport options, parents raised specific points with regards to lack of school transport and other transportation targeting youth (for example, to bring children from schools to after-school clubs):

"Another problem we have in town as well, is there's no transport for kids. ... when I was in school here, and up until, like, say maybe 15 years ago, there was minibuses that used to go into the house estates in town here and bring kids to school, instead of having forty cars and massive traffic jams. ... instead of us going green, we're gone in reverse, like, those sponsored buses are gone. So now you have the grid block here, because all the schools." (Parent)

One parent described themselves as "lucky", stating that the lack of school transport isn't a challenge for them due to the specific nature of their employment. However, they acknowledged that this may be a challenge for them in the future and is indeed a challenge for many other families in the area.

This carries a range of impacts. Some parents reported having to quit employment in order to be available to bring their children to school. Others noted that the lack of school buses leads to school absenteeism, particularly in times of poor weather conditions:

"There's younger families that wouldn't have a vehicle ... they live at one end of the town, and the schools are at the other end, so especially in the bad weather, they can't get the kids to school unless they pay for a taxi without getting them wet. So school attendance has been a big issue for them." (Parent)

4.3.3 Accessible Locations for the Town's Services

Service providers all agreed that in terms of physical location, "we're all in a good spot in the town." The ETB location was specifically mentioned as a location where a large number of courses have been provided, and is thus a location which is familiar to young people.

4.3.4 Facilitating Linkages with Other Services

The ETB was mentioned as a service which allows other providers to bridge the gap between themselves and service users. The example was given of a young person who had no credit on their phone or had no simcard, in these instances the ETB has other ways of reaching out to that young person (e.g. via Snapchat).

4.3.5 Inaccessible Operating Times

The operating hours and opening times of the available facilities were also noted as inaccessible by parents. One parent noted that some of the sports facilities are closed during the schools' Christmas break. Another spoke of the swimming pool:

"You have to try and match your times then, because there's a lot of booked sessions inside the swimming pool, like, say, from 4:45 until 6:15, that's blacked out. They're booked sessions because they do lessons. So, the public can't use it. ... You know, the facilities, the timings, they don't work for anybody." (Parent)

4.3.6 Prohibitive Rules and Requirements for Activities

The introduction of certain rules and requirements for availing of the available services has also been problematic for families in Tipperary town - for example, the requirement that young people under the age of 16 are always accompanied by an adult when availing of the swimming pool, and that this adult is in the water with the young person:

"Another ridiculous rule ... is an adult has to be in the water with kids under 16. Now, that used to be only under 12, but for some reason, someone has stretched it up to under 16 and in the water. ... under 16, like most people, you know, your teenagers are going to secondary school. ... they're independent, you're going to send them off for two hours. I remember, when I was a kid growing up, you'd be dumped at the swim pool for three or four hours. You waste your energy. Come home tired. You know where the child is. But if you can't, if you've got two parents working in the summer, who goes with them as the adults." (Parent)

Some past services and events have only been available to certain children and youth, for example, those who are part of a Residents' Association. This arbitrarily excludes some young people, especially those living in rural areas where a Residents' Association is not possible to establish.

Parents also expressed frustrations over rules imposed on them when attempting to establish new facilities in the town, such as a youth club. They felt that these rules are unwarranted and prohibitive, ultimately leading to their efforts being unsuccessful:

"I have tried to set up a youth club ... I spent three years trying to set it up ... [the youth office] refused to get it going until we had five or six parents on board, trained, fully trained, which takes time. ... you only need two parents to start it up. Once those two parents, you're going to get all the parents naturally coming into the system. So, for a couple months, yeah, two parents were going to be having a heavy workload. But as I said, I personally didn't mind that, because I knew for the long term, it would be there. ... once kids start coming and start using it, parents come with it. [They] wouldn't listen to that side ... We could actually run the club, but [they] wouldn't do it until we had four others. But it's a big commitment for other people to sign up as well until they see what's actually happening." (Parents)

4.3.7 Inadequate Communication From Services

Participating parents highlighted the inadequate communication from and regarding services and facilities in Tipperary Town. This was noted across a range of areas. One example concerned changes in public transport schedules not being communicated formally and instead passed through word of mouth, which disadvantages people who do not have connections in the town or only arrived in the town recently. Other examples concern services and activities for children and young people:

"The youth service on Friday have a success drop in thing, but that never got communicated out to any of the schools. I only know about it, because my son was using the other [service] and I kind of messaged them there during the summer, going, what's happening for next year? ... So, I know about it by accident, because of persistence and whatever. Like, there's other parents. Now, there's three or four more lads from his class going because the kids are

all friends with each other, so that's how they know. Sometimes you could probably say it's like a secret club." (Parent)

Importantly, these participants were parents who, in general, considered themselves quite proactive and involved in Tipperary Town, as evidenced by their participation in the research. Despite their proactivity, they struggle to find information about available activities and services:

"For my kids to be involved with the after-school youth service, I spent nine months trying to find that out, ... to figure out what actually happens there, how to access it. ... ringing and sending requests, because within the youth service ... there's about six different branches, and they don't seem to kind of talk to each other either. And then I kind of dropped in one day and ... she didn't have any information to give me, and I left my details for call back and didn't get one, but I was persistent. I kept following it up, and that's the only reason, like we're using it." (Parent)

For parents who may not have the capacity to be so persistent and proactive in seeking information, the impact of this poor communication would be even greater.

Notably, some parents felt that while services as a whole are poor at communicating, schools perform well in this area. This gives an avenue through which other service providers can reach out to families, as schools are happy to distribute information:

"All schools have a very good communication system ... if you fed the information into the schools, they'd be quite happy [to distribute it]." (Parent)

One service provider said that since COVID-19, there has been a reliance on passive methods like social media, which has reduced direct community engagement. Outreach efforts, such as in-person interactions, distributing flyers, and engaging with community hubs, have declined due to time pressures and heavy workloads. Others in the focus group agreed.

"Going to do outreach within the community, going, walking around the streets, meeting people, handing out flyers, putting them in shops, you know, going into barber shops, where people might be, whatever it might be like, I think that that has decreased, and it's hard with time, like, just everyone's under such pressure with time and the workloads that everybody has." (Service Provider, Focus Group)

Young adults reported that there was no reliable centralised way to find out about activities or events.

"There's absolutely nothing for teenagers to do around here. If there's something happening, no one bothers telling you unless you're lucky enough to spot a poster or hear it by chance." (Young Adult 18-24, Focus Group)

When students surveyed were asked "Do you feel that your opinions and needs as a young person are taken into consideration when planning and designing the services and facilities in Tipperary Town?", 36% responded that they were rarely or never consulted ([Appendix viii](#), [Figure A18](#)). This suggests that outreach activities could be better informed by enhanced youth consultation.

Reviving outreach activities is crucial to improving access to services and reconnecting with the community.

All of the service providers understand that members need to have a better awareness of available services and increased confidence in accessing their services. To achieve this, service providers proposed collaboration and effective signposting between services in order to guide people to the right support.

4.3.8 At Risk and Hard to Reach Groups

Service providers discussed the challenges faced by a number of special groups, including ages 16-17, refugees, asylum seekers, Irish Travellers, Roma and Ukrainians (also see [Section 4.8](#)).

- **16 and 17-year-olds:** These young people are in a transitional stage, often falling through the cracks due to a lack of support from key services. These young individuals may be at risk of early school leaving but are not yet eligible for social welfare or training allowances, leaving them disengaged and without the support they need. This gap in services makes it difficult for them to access education, housing, or employment opportunities.

"But I think in terms of their engagement, they're probably the hardest, and they're the hardest in terms of service provision as well, the ones, especially around 17, who are just edging up on and considered for adult needs in terms of even mental health services, or the likes of two certain things like that. You know, once they're kind of at that 18 mark, then there's kind of a hugely vulnerable stage there, I think, and then in terms of ourselves as well, for accessibility." (Service Provider, Focus Group)

- **Irish Travellers:** Challenges with services are faced by Irish Traveller families, particularly in terms of engagement and school attendance. Issues like literacy problems and other barriers make it harder for them to fully participate in services. One service provider suggested that the most disadvantaged groups are often those facing these kinds of systemic challenges.
- **Asylum seekers:** Newly arrived asylum seekers had been in the area for several weeks, there had been no prior contact, referral, or direction given to their services. This lack of communication resulted in a significant gap in the support they were able to offer, highlighting a delay in connecting the asylum seekers with the services they needed.
- **18+ men and mental health:** A service provider highlighted that this is a particularly hard to reach group for providers across the country. Long wait times are especially detrimental to this cohort, as they tend to disengage if their needs are not addressed quickly. When these individuals self-refer for mental health support, it is crucial to respond promptly to maintain their engagement. As a result, this group is prioritised by service providers, with efforts focused on providing rapid support to ensure their mental health needs are met effectively.
- **18-24 year olds:** Service providers highlighted that this age group was particularly vulnerable, and requires timely support to meet their needs (e.g. housing and employment).

- **Immigrant children, with language barriers:** There are also challenges faced by those who have recently arrived with little to no English language skills. These children are placed in classrooms where they struggle to learn due to the language barrier, and this often leads to school attendance issues. Additionally, many of these children live in overcrowded and inadequate housing, further complicating their situation. Syrian and Ukrainian children were also mentioned.

"Or, like, I don't know where it was, at some one of these meetings, or just in life in general, even asking children to translate for their parents or for their families. Like, I know, with the Syrian families, they would often take their child out of school to come and bring them to a meeting or to an appointment" (Service Provider, Focus Group)

Another provider spoke about when these factors are compounded:

"Syrian young man maybe. Like, do you know that kind of 18 to 24 like, How comfortable are they in Tipperary? Maybe their families have settled in the town, but maybe they're kind of somewhere in the middle. You know, they've moved so many times, and there's a lot going on for them. There's been lots of change, lots of schools, there's been lots of languages. There's complete culture and religion, life, everything, lifestyle, completely different. You know, a culture clash, that while their parents might be happy, or their younger siblings may be happy, maybe there's some of that stuff there." (Service Provider, Focus Group)

4.3.9 Innovations in Service Provision

Service providers mentioned practices which reduce the need for service users to come on site. Such practices include conducting home visits, providing online programmes and sending travel vouchers in the post to residents' homes.

By reducing the number of journeys for their service users, providers reduce barriers associated with travel costs, childcare and, for some services (e.g. perinatal) are able to provide supports in the comfort of home. Evening sessions are also organised to facilitate time constraints for parents who are working. When travel is necessary, childcare can be provided on site to facilitate programme participation.

One service provider spoke about how one of their programmes being offered online has supported community members in participating:

"We have people who don't have access to care and transport, or who might have childcare or family care needs that they can't actually attend [a programme] in person. So that's been working really well, and engagement is so really great, even though it's not in person." (Service Provider, Focus Group)

4.4 Service Coordination

4.4.1 Fragmentation Among Services

Participants in the parents' focus groups attributed some of the challenges with service accessibility and availability to the lack of communication and cooperation across services in Tipperary Town. They reported that the services that exist in Tipperary Town do not partner with one another. In some cases, they did in the past, but this has

changed, creating additional barriers for people who wish to avail of them. For example, on the swimming pool and gym, one participant reported:

"[I]n the olden days, the swimming pool and the complex had a partnership together. So, if you were a full member of the complex, you get the swimming pool for an additional 200 but [they], for whatever reason, stopped that policy. They don't even work in tandem." (Parent)

Another participating parent noted a reluctance among services to communicate with one another, stating that "nobody wants to listen to each other". In addition, a service provider mentioned that the referral system can sometimes be a challenge, particularly in ensuring people are aware of available services.

4.4.2 Fragmentation Within Services

In addition, participants felt that this fragmentation exists within services also:

"They all work out of the same buildings, like do they not have conversations with each other? I don't work in your section, but I should be familiar with what your section does. ... If someone came in to ask a question, [they] should be able to say, 'Oh, yeah, I kind of know that, but I can't give you the answer. I'll take the information.' ... Neither person who was sitting at the reception desk was able to tell me anything. Even though I left my name and information, it took me another month after that." (Parent)

4.4.3 Interagency Collaboration

Respondents to the service provider survey indicated that they work with a variety of local regional and national organisations which are either statutory or nonstatutory ([Figure A4](#)). The most frequently listed organisations included Tusla, the HSE, Tipperary County Council, Tipperary ETB and DCEDIY ([Table A4](#)).

Twenty-six of the 30 organisations engage in interagency collaborations in order to provide services to children, youth and/or families. The organisations that the service providers partnered with can be categorised into community support services, childcare and education providers, government and statutory agencies, health and social protection bodies, law enforcement, youth and arts services, and collaborative working groups supporting children, young people, and families ([Table A5](#)). The three most common activities that involve interagency collaboration are information sharing (N=16) and targeting groups (N=16), followed closely by experience sharing through formal and informal exchanges (N=15) ([Table A6](#)). Service providers also categorised the specific programmes that they offer in collaboration, which included programmes associated with educational and developmental support (N=26) or youth and recreational activities (N=28) (see [Table A7](#) for details).

In focus groups service providers discussed how they collaborate between different organisations:

"We do work collaboratively, but there could be a lot of work done around supporting children on more of a case management level across Tipperary and some of the collaborations and networks that we work within." (Service Provider, Focus Group)

They went on to state that efforts are underway to build connectivity and collaboration among services and staff, fostering a coordinated approach to better meet needs.

Collaboration is crucial in Tipperary town, involving joint efforts across networks and resource centres to address complex needs. Greater focus on collaborative approaches, including case management, and flexible funding could enhance the ability to support children effectively and dynamically.

However, some service providers felt that there are resources available, but they need to be pooled. When discussing the topic of CAMHS, one provider stated:

"I don't know. Is it [good that CAMHS might be looking to provide services to communities in southern parts of County Tipperary]? Is it more about us, maybe looking at how we pool all of our stuff together, as opposed, you know, like, because there's plenty there, it's just maybe how we use it, you know, or how we come together on that, you know." (Service Provider, Focus Group)

Service providers receive many referrals for younger children, ages 4 to 12, with autism and additional needs, which require support from other services with specific expertise. However, the lack of collaboration or provision of this expertise makes it difficult to navigate these needs, creating significant challenges in providing the necessary support for these children. One provider said that those collaborations are "just not happening. So it's really difficult to navigate that".

Another service provider emphasised that while counselling is central to the work, it is supported by a variety of services and stresses the need for collaboration to address gaps and meet evolving needs.

"It is about the counselling that's the important work, but it's the whole plethora of services around it that, like we all need to offer. And I think we will need to help each other in that offering to see where the, you know, where all the gaps are. So hopefully in that respect, we're making progress. It's slow, but it and obviously it's always costly, but you have to, you have to follow where the need is and I hope that's what we're doing" (Service Provider, Focus Group)

Tusla has a Meitheal programme. The approach is tailored on a case-by-case basis, addressing the specific needs of each family. Often, a case management approach involving collaboration with multiple agencies is used when working with families in need, and this method has been shown to produce positive results. Clinicians' roles in Meitheal can sometimes be challenging to define, as the focus is strongly centred on the young person's voice.

4.4.4 Coordination in Scheduling

One specific aspect of this fragmentation discussed by participants is the scheduling of events. Parents noted that existing services do not consult with one another to coordinate the timing of their events and facilities. As a result, efforts to create more opportunities for young people are ineffective, as these opportunities clash with existing activities:

"I saw that sports partnership, basketball, but it overlaps with after-school in secondary schools. You know, the timing ... It's a brilliant initiative, yeah, but it hasn't consulted all schools. Like, there's a lot of things that happen here in town. It's like the summer clubs that happen. Every single one of them

happens maybe the first week, and then there's nothing there. They all overlap each other." (Parent)

Some parents felt that this might, in some cases, be deliberate - particularly in the context of sports clubs:

"You have rugby, you have soccer, whatever. ... [S]ome of the rugby ones don't want the soccer ones ... they actually make it like I want you in soccer only. ... because when they get to teenagers, instead of playing the three sports, they'll actually die off into maybe one or none." (Parent)

4.5 Healthcare Access

4.5.1 General Healthcare

Service Pathways

Service providers highlighted the challenges within the HSE related to mutually exclusive service pathways, which can prevent children and young people from accessing the necessary support.

"Within the HSE ... pathways can be mutually exclusive, and that's not always what's best for any child or young person that they wouldn't be able to access a few services together. Now I know HSE and Child Health were working on that, whether that has been resolved or not, I don't know, and I suppose you know that that is problematic for people as well, and very frustrating for people trying to get their child's needs or young person's needs supported." (Service Provider, Focus Group)

Long Wait Times

Two primary barriers to healthcare access were identified by parents in Tipperary Town: long wait times and lack of facilities in the Town. Participating parents reported long wait times for healthcare services, in Tipperary Town and nearby areas, even in the case of emergencies or potentially severe illness:

"Well, my daughter, she's five, and I went in last Tuesday, she was head to toe, even the soles of her feet were covered in a rash. ... [I had to] wait till Friday before I saw a doctor. ... she could have had anything, and there was no rush. There was no nothing." (FG1)

Long Wait Times for Specialists and Consultants

Another parent spoke of long wait times to access specialists, as she has been waiting almost a year to see a speech and language therapist for her child. However, this parent's experiences with accessing healthcare in moments of acute illness was quite positive:

"Once [the doctors] kind of hear that a kid is sick, they'll always kind of try and squeeze them in as quickly as possible the day of, or at least the day after." (Parent)

Difficulties Getting Assessments

Service providers highlighted that access to assessments for disabilities and additional needs, such as ADHD and autism, is very difficult. Certain children or development stages "may need additional supports, but it takes so long for them to get an

assessment, and that actually, you can see that that is an issue right throughout their lives, and if it's not, you know, supported early."

Inadequate Usage of Existing Health Infrastructure

Parents also noted the need to travel outside of Tipperary Town to access healthcare, posing challenges for those who do not have access to a car. This caused additional frustrations as parents felt that the infrastructure to provide healthcare within the town does exist, but is underutilised:

"There was another ridiculous one, the vaccines ... kids and senior infants that had to get their vaccines, and they couldn't go into the schools. But instead of using the Primary Care Center, which belongs to the HSE, we had to go down to Clonmel. Again, I have a car but a lot of them had to get the public bus down there and take other children down there with them, because there's no minders for their children. Instead of using the HSE centre here, they made everyone from Tipperary Town go to Clonmel. ... even for eyesight appointments. I have to take my children to either Clonmel or Cashel, even though we have a HSE centre here." (Parent)

One parent also expressed concerns surrounding the overprescription of medications in the town:

"When you ring up there, and say can I have an appointment for the doctor, by the time you get up there, there is a prescription there for antibiotics and steroids before you even get in the door. Everyone gets antibiotics and steroids." (Parent)

4.5.2 Mental Healthcare

Waiting Lists and Difficulties Getting Assessments

During one of the focus groups, a healthcare worker specialising in mental health described the current status of mental health waiting times:

"[After 1-2 years on the waitlist] ... we will put them on the right pathway. So we'll either refer them to those correct services after a mini assessment. We also offer play therapy, social care, leaders, group work and one to ones, and then they get put on whichever pathway that is. I don't know if people knew we had those services, so just wanted to let everyone know that's what we're doing at the moment." (Service Provider, Focus Group)

Social care providers also voiced their concerns that the long waiting lists for mental health services caused bottlenecks, delaying children accessing CAMHS services, play therapy and other supports. In addition, service providers try to offer something to fill in the gap, though it might not be ideal (see [Section 4.5.2](#)).

Mis/Overdiagnosis of ADHD

The concern was also raised that many children in Tipperary Town are potentially being misdiagnosed with ADHD and that they are actually displaying symptoms of trauma and issues with attachment. Indicating that there are potential deficiencies in the efficacy and reach of early [intervention attempts](#).

Legacy of Intergenerational Trauma

Service providers described the challenges around the current model of service provision, which often target individuals rather than addressing trauma within the family unit as a whole. However, Tipperary Town is a "disadvantaged community", as one

service provider stated. They stated that resources are constrained and waiting lists are long, often hindering them from coordinating supports amongst family members.

They also spoke about a shortage of integrated trauma and attachment-based services, with limited exceptions in specialised centres. However, a holistic, multi-disciplinary approach involving speech and language therapy, psychology, play therapy, and occupational therapy is essential for addressing trauma effectively.

"Like, if I take the families that we have on our books. You know, we have to try and utilise what we have locally for them. So it may not be the exact thing they need, but it's as close as we can get based on the funding streams that people have for given trauma, especially, I would find this is a lot of intergenerational stuff, a lot of trauma that's carried across generations of families. And all of the programmes we're doing and all of the bits we're doing are great, but I think the problem for some of the families that I have is we'll do some one person we it would be better if we could do it with all of them at the one time, because they all have the trauma they all have, you know. And they might need more." (Service Provider, Focus Group)

Lack of Mental Health Facilities in the Town

Similarly to other types of healthcare, participants in the parents' focus groups reported the lack of mental healthcare facilities in Tipperary Town. In order to avail of a mental health service, clients need to travel to nearby town, which again comes with challenges in relation to transport:

"If you have to go for sessions you would be going to Clonmel or Thurles. ... there's no actual mental health service." (Parent)

Service providers also noted the deficiency of mental health services in Tipperary Town. CAMHS was specifically mentioned, with the complexity of service provision in the county seen as affecting accessibility of services to Tipperary Town.

"You can argue about it, but having four CAMHS in one county is still, it's, we're not as a deficit in terms of comparing to other counties. But look, it has its challenges in terms of wait times. And, yes, with CAMHS, it's, it's a travel for Tipp town. It's definitely a travel need." (Service Provider, Focus Group)

A member of the Garda, who attended one of the service provider focus groups spoke about "meet[ing] with young people in crisis":

"Unfortunately, when we arrive, things may have escalated to a point where we have to intervene, and our services will become maybe the stopgap. Especially weekends, especially at nights, and by God, at three o'clock in the morning, we're the only people there that can offer any kind of service to a young person in any kind of distress." (Garda)

He continued by saying that no young person or anyone "who suffers from mental health or is having any kind of a mental health episode, should be anywhere near a Garda station.

Service providers mentioned that there have been mental health supports made available in Tipperary Town over the last year, because residents had difficulty travelling to neighbouring towns for appointments.

"So over the last couple of years, we have got more funding for more staff. I was one of them. ... We're trying to increase the amount of people that we get in. We're also being a lot more flexible around some of the Tipp Town clients to try and I suppose, help them get to know us." (Service Provider, Focus Group)

However, it was acknowledged that the current level of service provision is unlikely to be sufficient to support the needs of the community.

Lastly, it was discussed that although waiting lists have decreased substantially, they are still long, and would result in someone waiting 1-2 years to receive adequate mental health supports.

Social care Services as a stopgap

Service providers also discussed wait times for services. Due to long wait times of 2-3 years for appropriate services, children with diagnoses or awaiting diagnoses are often referred to services that may not be the right fit, where they are held temporarily while waiting for the proper support.

"They start to come to us, and it may not be the right place, but it's a place for them, because they're not getting any traction. They're sitting on wait lists for two, three years, and they feel unheard. So, you know, we don't make any promises to them, but what we say is, we might be able to lighten the load a little bit, but it's kind of like holding them nearly until they get something from the appropriate referral. They could be waiting two years for primary care, and they could be waiting three for [Children's Disability Network Teams] CDNT You know, so those are the biggest challenges." (Service Provider, Focus Group)

Another service provider said that the service is overwhelmed by a high volume of referrals from psychology and CDNT, largely due to the lack of sufficient services for children with additional needs. This has led to increased waiting times for play therapy and other therapies, currently ranging from 4 to 6 months. To address the demand, workshops have been introduced to help reduce waiting lists, which they said assist some children but do not fully meet the growing need. Additionally, some referrals are unsuitable for therapy as the children remain in unsafe situations, making effective support impossible until their safety is secured.

More Training on Mental Health Needed

Another parent felt that there is a need for more education and training on mental health for the healthcare providers in the town:

"I think the doctors need more training anyway. Definitely they need more." (Parent)

4.5.3 Limited Access to Pharmacies

Parents also reported challenges in accessing pharmacies in the town, primarily due to inconvenient opening hours and the lack of a 24-hour pharmacy:

"There's no 24 hour chemist, [named pharmacy] are mental, they close on a Saturday. What chemist closes on Saturday? I just don't understand it. ... And they started closing half days on Wednesdays." (Parent)

4.6 Childcare Access

A shortage of childcare facilities in Tipperary Town was noted by parents and service providers. When asked about the childcare options in the town, one parent described them as “useless, senseless, non-existent”, reporting that places in childcare settings are so insufficient that many families cannot avail of them. In some cases, children may be offered a spot but only for a portion of the day. Another parent, whose children are in a childcare facility, spoke of the challenges in securing a spot for them:

“You have to put their name down, I think, I think it's about 10 months before they start. So you kind of have to know where you want them to go, because spaces do fill up quickly. ... I know that they have a few childcare options around the town and kinda just outside the town, but I'd say most of them are kind of full up. You know, I think a lot of people are crying out for childminders even because once they're full, they're full, there's no room for expansion then.” (Parent)

Service providers described the challenges from their own perspective:

“We have a childcare service with over 100 children, and every year on year, it's full. You know, there's no capacity in the toddler room alone. There was 28, I think, on the wait list. ... It struggles every year to get staff recruitment, to get people, you know, we have rooms and spaces, but no capacity, really, to take on additional children.” (Service Provider, Focus Group)

This shortage of childcare has a real impact on families, with some parents needing to quit employment as a result:

“So, you either get a morning slot or an afternoon slot, as I said, I used to work full time. Then I had to reduce the hours and take parental leave to get them to school. And then the after school became a nightmare, when the one in St Joseph closed down, and it became an easier solution just to stop working, I couldn't actually work the childcare.” (Parent)

However, Service providers felt that childcare facilitated their own programme provision:

“And we have people who are dropping kids off in the morning and picking them up at 12. And we actually had someone who came in today who could attend my session at half nine, when she was dropping off and finishing off around 12 when she was collecting children. So it's just trying to navigate all forms of family life and all forms of working and things like that.” (Service Provider, Focus Group)

4.7 Keeping Young People Linked into Supports

Service providers highlighted that early school leavers, truancy, and mental health issues were significant challenges, particularly among young people aged 14 to 16. They explained that young people fall through the gaps at age 16, at this point between continuing school or seeking work.

“So we're seeing a higher percentage of our young people that are having major issues with school placement and having like challenges within their

school placement as well. And so early school leaving has become a bigger issue for us on our project in the past couple of years especially."

They also explained that school refusal is common, with some unable to secure school placements, leading to delays in education, and home tuition is less accessible, as it is no longer available unless they take up a place in Youthreach.

Service providers also spoke about the challenges around encouraging young people with disabilities to access supports once they turn 16 and are eligible for Disability Allowance:

"I was just going to add people with disabilities, like we have to work on a workability program within Tipperary. But also I know youth work have an ability project as well, but that's to support people with disabilities to get into employment. And stay in education, really. And I think what's interesting about that is just access and getting support within that cohort. So that kind of supports from 16 years onwards. But also there's the golden handcuffs of people with disabilities get, they actually get the disability allowance once they turn 16, and that can actually become difficult to get them to access and stay in supports and stay in within education as well." (Service Provider, Focus Group)

4.8 Multicultural Service Provision

Service providers recognise the need to provide for the needs of a multicultural community.

"There we have about 95 children, at the moment. It'll be over 100 come Christmas. ... We have 15 different nationalities, should I say, within childcare at the moment, and that's quite a lot, and we're seeing parents who are not, may not have the great English, and that could continue on through to the next year, the year after and after, and then children are starting school. They don't get the support of the parents with their homework. Then when they get into school, which is quite, quite, quite important, we also then would have some children from different nationalities whose parents haven't great English and they have additional needs. So that child then also isn't getting the support around the additional needs as well. So it's ... like doubled over with whatever that child is not getting in support, in supported needs." (Service Provider, Focus Group)

Another service provider spoke about multicultural classrooms:

"We learned at the last social inclusion meeting that there [were] 22 nationalities or languages in one class, and 29 nationalities or 29 languages in the school. And I think the hours of support that they were able to give was five hours a year." (Service Provider, Focus Group)

Although it is not clear what the exact number of nationalities and languages, and if they are directly comparable, regardless, service providers feel the challenges of a multilingual service provision and that schools are receiving insufficient support.

In addition, the recent arrival to the area of international protection applicants consisting of "a significant population of young people" was also discussed by service providers.

There is “a piece of work there as well in terms of integration and making sure that they are, that they feel welcome and they feel supported in the community”. Service providers stated that they were not told in advance of the new arrivals to the community.

4.9 Young People Experiencing Homelessness

Challenges around accessing housing, specifically for ages 18-24, were raised by service providers. Service providers do their best to support these clients in the transition towards finding housing and living independently.

“So we would have done a massive amount with the county council and linking an advocacy piece around young people's housing, because, again, they were a cohort that were presenting as homeless. They were probably the biggest presentation of homeless at the time.” (Service Provider, Focus Group)

4.10 Schools

Service providers spoke about a child suspended from school, and another child who frequently struggles with school attendance. For some children who already have existing issues, being asked to leave school only exacerbates their difficulties. In Tipperary, the use of reduced timetables has been common, but service providers stated that this approach is not helpful for children facing behavioural or educational challenges. Ultimately, such practices prevent these children from fully participating in their education, setting them up for ongoing struggles and long-term consequences.

4.11 Section Summary

The consultations in Tipperary Town revealed a complex service landscape, marked by significant challenges in accessibility, communication, and coordination. These services cater to a range of community needs, with some offering universal support and others targeting specific groups such as children, families, and young people. However, despite the breadth of services available, significant gaps remain, particularly for children aged 6–10 and young adults, who lack sufficient targeted services and recreational activities.

Service providers highlighted uneven distribution of services and capacity issues, with many groups underserved. Long waiting times—sometimes extending to 2–3 years—were identified as a major barrier, particularly in mental health and CAMHS (Child and Adolescent Mental Health Services). Service providers are attempting to bridge these gaps by offering interim solutions, such as mini-assessments, play therapy, and group work, but these measures often fall short of meeting the needs of those awaiting full support. Bottlenecks in accessing essential services such as CAMHS and play therapy were recurring concerns, further stressing already limited resources.

Mental health professionals raised concerns about the misdiagnosis of ADHD in children, noting that symptoms of trauma and attachment issues are sometimes mistaken for ADHD, which underscores deficiencies in early intervention. This highlights the need for more nuanced assessments and a deeper understanding of trauma's impact. Service providers also pointed to the legacy of intergenerational trauma in Tipperary Town, a disadvantaged community where services often target individuals rather than addressing the broader family dynamics. There is a growing recognition of the need for a holistic, multidisciplinary approach, involving speech and language therapy,

psychology, play therapy, and occupational therapy, to more effectively address trauma and attachment issues.

Parents in focus groups and young adults shared frustrations about the lack of facilities and activities for young people, especially for girls and young women. They noted that many young people feel underserved, with the town's offerings heavily dominated by sports clubs and a lack of alternative activities. This shortage of summer activities disproportionately affects disadvantaged families, contributing to loitering and antisocial behaviour. While some facilities exist, high demand, poor transport connectivity, and fragmented service provision make them difficult to access.

Service providers also discussed the challenges of recruitment and staffing shortages, particularly in childcare and mental health services. These issues, compounded by restrictive funding, limit their capacity to meet the community's needs. Special challenges were highlighted for groups such as young parents, teenagers, refugees, asylum seekers, Irish Travellers, Roma, and Ukrainians, who face unique barriers in accessing services. For example, 16-17-year-olds often fall through the cracks due to a lack of targeted support, while immigrant children struggle with language barriers and inadequate housing.

The local Education and Training Board (ETB) was recognised as a central hub and a key resource for young people. In the case of the town's sports centre, the consultation identified several challenges regarding service accessibility and communication. Although the physical sports centre's infrastructure exists, it was particularly noted that restrictive rules, limited operating hours, and poor communication created barriers for families.

Parents reported difficulties in accessing information about available services, often relying on informal channels like word of mouth. Service providers acknowledged these challenges and stressed the importance of improving outreach and collaboration between services to better meet community needs.

Fragmented services in Tipperary Town were identified as a major issue, with poor coordination leading to inefficiencies. Providers emphasized the need for interagency collaboration, particularly to address the complex needs of vulnerable families. Gaps in services, such as the lack of mental health facilities and childcare options, were critical concerns, with long waiting lists and insufficient services leaving families in difficult situations. Despite these challenges, some innovative solutions have been introduced, including online programs, home visits, and evening sessions to accommodate working parents. However, service providers and parents alike agree that much more needs to be done to enhance communication, coordination, and support for marginalized groups in the community.

The town's limited public transport options exacerbate these challenges, with families often needing to travel outside the town to access necessary services. Parents and service providers alike highlighted the need for better transportation options to improve accessibility, particularly for after-school activities. Improving communication and collaboration between service providers, increasing funding, and expanding resources are crucial to addressing these systemic barriers. Despite these obstacles, Tipperary Town's services remain vital, with many providers committed to supporting the community, although a more cohesive and adequately resourced approach is essential to meet the town's growing needs effectively.

5. Recommendations

The recommendations outlined in this section are the result of extensive consultations conducted during the research process. These consultations involved children and young people, families, and service providers, ensuring a wide range of perspectives were captured. Following these initial engagements, a follow-up workshop was held, open to all stakeholders, including community members and service providers. The purpose of this workshop was to present the research findings and preliminary recommendations, as well as to collaboratively refine and develop actionable solutions.

The insights and feedback gathered during this workshop were instrumental in shaping the proposed actions, ensuring they are grounded in the community's expressed needs and priorities. The recommendations are organised into two categories for clarity and focus:

- **5.1 State or policy-level recommendations:** These address broader systemic changes and policies needed to support the community. It is expected that local area organisations lobby, where possible, with national level stakeholders, to support these recommendations.
- **5.2 Local-level recommendations for Tipperary Town:** These focus on actionable steps that can be implemented locally to directly address community needs. Furthermore, these local-level recommendations form the foundation for the Action Plan outlined in Section 6 and inform the Evaluation Plan detailed in Section 7. This integrated approach ensures that the proposed solutions are both practical and responsive, promoting sustainable improvements for Tipperary Town and beyond.

5.1 State-Level/Policy Recommendations

5.1.1 Increase Funding and Flexible Support for Local Services

Recommendation

Advocate for increased and flexible funding for essential local services in rural and under-served communities.

Stakeholders

Department of Rural and Community Development (DRCD), Department of Health (DOH) and Department of Children, Equality, Disability, Integration and Youth (DCEDIY)

Key Actions

- **Short-term:** Identify and prioritise urgent funding needs in sectors such as childcare, healthcare, and mental health services.
- **Medium-term:** Create a dedicated national fund allocated annually for rural areas, led by the DRCD; Implement targeted initiatives to reduce waiting times for childcare spaces and expand healthcare and mental health services.
- **Long-term:** Monitor and evaluate funding impacts to develop a sustainable, needs-based funding framework for rural areas.

5.1.2 Establish School Transport and Breakfast Programmes

Recommendation

Develop national programmes to support school transport and provide nutritious breakfasts for children in rural areas.

Stakeholders

Department of Education (DOE), Department of Transport and Department of Social Protection (DSP)

Key Actions

- **Short-term:** Pilot a rural school transport system managed by the DOE in collaboration with local transport authorities.
- **Medium-term:** Establish a free breakfast programme for all school children, focusing on low-income families, under the guidance of the DSP.
- **Long-term:** Scale successful initiatives nationwide, embedding these programmes as long-term national policies with secure funding.

5.1.3 Support Parent Peer Support Groups

Recommendation

Provide resources and awareness campaigns for parent peer support groups.

Stakeholders

Tusla and DCEDIY

Key Actions

- **Short-term:** Launch a series of awareness campaigns in collaboration with Tusla and community organisations to increase uptake of these parent peer support groups.
- **Medium-term:** Introduce a national grant fund to establish and support parent peer groups, especially for parents of children with mental health and developmental challenges.
- **Long-term:** Integrate parent peer support into national family service networks, with ongoing funding and coordination support.

5.1.4 Improve Access to Mental Health and Healthcare Services

Recommendation:

Strengthen rural access to healthcare and mental health services by reducing barriers and expanding availability.

Stakeholders

DOH, CAMHS and HSE

Key Actions

- **Short-term:** Establish a national task force to reduce waiting times for mental health services, including CAMHS, led by the Department of Health.
- **Medium-term:** Increase staffing levels and improve rural infrastructure for healthcare and mental health services.
- **Long-term:** Ensure 24/7 access to healthcare in rural communities by developing a network of local and regional facilities.

5.1.5 Address Staffing Shortages in Key Service Areas

Recommendation

Implement strategies to recruit and retain staff in essential service areas.

Stakeholders

DOH and DOE

Key Actions

- **Short-term:** Create a recruitment strategy with financial and other incentives such as relocation support and bonuses.
- **Medium-term:** Launch training programmes to upskill local residents in professions such as childcare and mental health, supported by the Department of Education and Skills.
- **Long-term:** Increase staffing levels in key service areas by 20% within five years, ensuring sustainable workforce development in rural regions.

5.1.6 Coordinate Support for Families on Waitlists

Recommendation

Provide interim support services for families on waiting lists for critical assessments.

Stakeholders

Tusla and HSE

Key Actions

- **Short-term:** Develop a "placeholder" service offering group therapy, parenting workshops, and interim supports, managed by Tusla and HSE.
- **Medium-term:** Expand interim services to provide tailored, low-cost support for families.
- **Long-term:** Ensure continuity by integrating interim services into the broader healthcare and family support system.

5.1.7 Develop a Holistic Approach to Child and Family Services

Recommendation

Integrate and fund multidisciplinary services to provide comprehensive care for families.

Stakeholders

Tusla and HSE

Key Actions

- **Short-term:** Promote an integrated service model combining speech therapy, mental health support, family counselling, and others.
- **Medium-term:** Enhance partnerships between the HSE, Tusla, and community groups to improve service coordination and delivery.
- **Long-term:** Scale and embed multidisciplinary services as a standard approach for family care nationally.

5.1.8 Support Youth Programmes and Life Skills Training

Recommendation

Invest in youth programmes to build life skills and foster leadership.

Stakeholders

DOE and DRCD

Key Actions

- **Short-term:** Design initiatives such as job training, self-defence classes, and recreational activities for young people, particularly in rural communities.
- **Medium-term:** Develop mentorship programmes and leadership opportunities for young people to support career readiness.
- **Long-term:** Ensure sustainable funding and accessibility for diverse youth programmes across rural communities.

5.1.9 Flexible Funding Structures for Services

Recommendation

Develop and implement more adaptable funding mechanisms to effectively meet community needs.

Stakeholders

DRCD, Pobal

Key Actions

- **Short-term:** Review the structure, timeframes, and reporting requirements of government-funded programmes, such as the Social Inclusion and Community Activation Programme (SICAP) and LEADER, to improve flexibility and alignment with local priorities.
- **Medium-term:** Implement restructured funding models that address diverse community needs, including multiannual programmes with dedicated resources for coordination, planning, knowledge sharing, and development.

- **Long-term:** Develop and maintain sustainable, adaptable multiannual funding frameworks, incorporating regular reviews to ensure programmes remain responsive to evolving community challenges and priorities.

5.1.10. National Solutions for Rural Towns

Recommendation

Use Tipperary Town as a model for addressing challenges faced by rural communities.

Stakeholders

DRCD and Department of Housing, Local Government and Heritage (DHLGH)

Key Actions

- **Short-term:** Analyse lessons from Tipperary Town and document successful local strategies.
- **Medium-term:** Develop targeted support strategies based on these findings for implementation in other rural towns.
- **Long-term:** Scale and adapt successful initiatives to ensure consistent support for rural communities nationwide.

5.1.11. Health Atlas Data

Recommendation

Standardise the collection and recording of Health Atlas data.

Stakeholders

DOH, Central Statistics Office and HSE

Key Actions

- **Short-term:** Align Health Atlas data collection with national data such as the Census, addressing any discrepancies.
- **Medium-term:** Disaggregate Health Atlas data by Community Health Organisation and HSE Health Region, to enable regional comparisons.
- **Long-term:** Establish a comprehensive, standardised health data recording system to support evidence-based policymaking.

5.2 Local-Level Recommendations

5.2.1. Youth Spaces

Recommendation

Improve and develop inclusive outdoor and indoor spaces for young people.

Stakeholders

DRCD, Local Authorities and Various applicable local organisations.

Key Actions

- **Short-term:** Identify potential locations for youth spaces and engage young people in planning.
- **Medium-term:** Develop teen and community spaces informed by youth feedback, incorporating safety and inclusivity.
- **Long-term:** Expand and maintain these spaces as part of a broader youth-focused infrastructure strategy.

5.2.2. Youth Activities

Recommendation

Offer a wider range of inclusive activities tailored to different age groups, abilities, and interests.

Stakeholders

Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media, DRCD and Various local organisations associated with arts, sports and recreational activities.

Key Actions

- **Short-term:** Provide targeted programmes such as arts, sports, and recreational activities.
- **Medium-term:** Develop music rooms, creative workshops, and leadership training for teens and young adults.
- **Long-term:** Sustain and grow youth activities, ensuring accessibility for all abilities and interests.

5.2.3. Increase Access to Local Health and Mental Health Services

Recommendation

Provide more localised health and social care services to reduce barriers to access.

Stakeholders

HSE, CAHMS and Various other applicable local organisations.

Key Actions

- **Short-term:** Expand local mental health services and strengthen suicide prevention programmes.
- **Medium-term:** Improve transportation links to regional health facilities.
- **Long-term:** Develop a comprehensive local health hub offering integrated services.

5.2.4. Community Event Calendar and Programme Coordination

Recommendation

Establish a central community calendar to better coordinate and publicise local events.

Stakeholders

DRCD, Local Authorities and Various applicable local organisations.

Key Actions

- **Short-term:** Assign a dedicated coordinator to create and maintain the calendar.
- **Medium-term:** Make the calendar accessible online and ensure regular updates.
- **Long-term:** Integrate the calendar into broader community engagement and communication platforms.

5.2.5. Develop Flexible, Multi-Use Event Spaces

Recommendation

Create or repurpose spaces in Tipperary Town to accommodate diverse events.

Stakeholders

DRCD, DHLGH, Local Authorities and Various applicable local organisations.

Key Actions

- **Short-term:** Address immediate barriers such as insurance and logistical constraints.
- **Medium-term:** Develop versatile spaces to support both community and youth-focused events.
- **Long-term:** Build a permanent, multi-use event facility.

5.2.6. Transportation and Accessibility Improvements

Recommendation

Improve transportation options to enhance access to activities, schools, and services for young people.

Stakeholders

DRCD, Department of Transport. Local Authorities and Various applicable local organisations.

Key Actions

- **Short-term:** Advocate for expanded public transport services.
- **Medium-term:** Update and publicise transport options for easier navigation.
- **Long-term:** Ensure comprehensive transportation coverage across rural areas.

5.1.7. Health and Wellbeing Support for Young Parents

Recommendation

Expand targeted support for young parents, particularly in mental health and child development.

Stakeholders

HSE, Tusla, Local Authorities and Various applicable local organisations.

Key Actions

- **Short-term:** Enhance home visit programmes to provide direct support.

- **Medium-term:** Develop tailored interventions for families facing mental health or economic challenges.
- **Long-term:** Embed these supports into national family service structures.

5.1.8. Strengthen Community Engagement and Participation

Recommendation

Increase youth involvement in creating and implementing local programmes.

Stakeholders

DCEDIY, DRCD, Local Authorities and Various applicable local organisations.

Key Actions

- **Short-term:** Develop opportunities for youth participation in planning and decision-making.
- **Medium-term:** Build structured engagement programmes for young people.
- **Long-term:** Ensure youth-led initiatives are a core component of community development strategies.

The hope is that recommendations leading to the development of successful new initiatives in Tipperary Town will serve as a model for addressing similar challenges in other areas. By demonstrating their effectiveness locally, these initiatives could inform broader policy and programme development, ultimately resulting in their implementation at the national level to benefit communities across Ireland.

6. Action Plan

This action plan prioritises the recommendations that are specifically tailored to the local area, ensuring they are both practical and implementable within the community. By concentrating on these locally relevant actions, the plan seeks to maximise impact and address the unique needs and challenges of the area. As a result, not all recommendations from the broader strategy are included. Instead, the focus is on those that are most relevant, feasible, and likely to drive meaningful change at the local level, while other recommendations may be addressed in future phases or through different initiatives.

A robust monitoring and evaluation plan is vital for ongoing assessment of service accessibility, efficiency, and impact. This framework should incorporate participatory evaluation methods that include feedback from service users, providers, and community stakeholders. Regular assessments will ensure services remain responsive to the community's changing needs. By focusing on these achievable and measurable actions, this plan aims to deliver tangible improvements in the short term, laying the foundation for more comprehensive long-term strategies.

6.1 Improve Service Accessibility

- **Action:** Create an online community forum containing a centralised directory of services, including information on eligibility, operating hours, and contact details of services provided by each organisation. A community calendar would prove useful here for tracking services provided.
 - **Responsibility:** Local service providers, supported by a community liaison.
 - **Timeline:** Complete and disseminate the directory within 3 months.
 - **Evaluation:** Count website visits and conduct user surveys to assess awareness and ease of use after 6 months following implementation. In addition, set up an online mechanism/system by which ongoing feedback can be received from members of the community.
- **Action:** Pilot a transport assistance scheme for schools
 - **Responsibility:** Local school board, in partnership with local transport providers.
 - **Timeline:** Launch a pilot programme by the start of the next academic year.
 - **Evaluation:** Track participation rates, school attendance and collect feedback from schools and families.

6.2 Enhance Coordination Between Services

- **Action:** Use the existing local interagency task force to streamline service delivery.
 - **Responsibility:** Key stakeholders from healthcare, education, schools and community services. This should include both service providers and service users. Ensure that all stakeholders are invited to participate and that there are positions available for children, youth and parents living in the

town, representatives coming from disadvantaged backgrounds should be encouraged to participate and accommodations made to support them.

- **Timeline:** Convene the first meeting within 2 months.
- **Evaluation:** Document progress through quarterly reports on collaboration outcomes which need to be reported on a community forum.
- **Action:** Develop a shared referral pathway to reduce bottlenecks in accessing mental health and childcare services.
 - **Responsibility:** Interagency task force and service coordinators.
 - **Timeline:** Finalise the referral pathway within 4 months.
 - **Evaluation:** Measure changes in waiting times and service duplication. Document progress through regular reports on collaboration outcomes which need to be reported on a community forum.

6.3 Address Immediate Service Gaps

- **Action:** Increase the availability of interim mental health supports, such as group therapy and mini-assessments.
 - **Responsibility:** Mental health providers, including community and voluntary sector.
 - **Timeline:** Expand interim services within 6 months.
 - **Evaluation:** Monitor attendance and user satisfaction. Monitor impact of interventions on clients through the use of validated, reliable wellbeing measurement tools. Document progress through regular reports on user satisfaction which need to be reported on a community forum.
- **Action:** Provide after-school programmes targeting children aged 6–10 and young adults.
 - **Responsibility:** Local schools, community centres, and other service providers.
 - **Timeline:** Launch programmes by the start of the next academic year: August/September 2025.
 - **Evaluation:** Assess participation levels and impact on well-being through participant, parent, and teacher feedback. Consider the role of transportation in participation levels.
- **Action:** Provide school breakfast programmes.
 - **Responsibility:** Local schools and other service providers.
 - **Timeline:** Launch programmes by the start of the next academic year: August/September 2025.

- **Evaluation:** Assess participation levels and impact on well-being through participant, parent, and teacher feedback. Consider the role of transportation in participation levels.

6.4 Increase Communication and Outreach

- **Action:** Launch a social media campaign to promote available services and activities.
 - **Responsibility:** Local service providers, supported by a digital marketing volunteer or intern who has lived experience as a young person in Tipperary Town.
 - **Timeline:** Roll out the campaign within 2 months.
 - **Evaluation:** Track engagement metrics, such as likes, shares, and website visits. Document progress through regular reports which need to be reported on the community forum. Survey service users or participants of the services and activities promoted through this campaign to ask how they discovered them.
- **Action:** Host quarterly community information sessions to share updates on services and gather feedback.
 - **Responsibility:** Interagency task force.
 - **Timeline:** Begin sessions within 3 months.
 - **Evaluation:** Collect and analyse participant feedback to guide decision making.

6.5 Strengthen Support for Marginalised Groups

- **Action:** Partner with local schools and interpreters to provide cultural and language support for immigrant children and families.
 - **Responsibility:** Local schools and community organisations.
 - **Timeline:** Initiate support programmes within 4 months.
 - **Evaluation:** Measure participation rates and academic progress.
- **Action:** Provide targeted outreach to marginalised groups, such as young parents, Irish Travellers and immigrants to connect them with existing resources.
 - **Responsibility:** Community liaison and service providers.
 - **Timeline:** Begin outreach efforts within 2 months.
 - **Evaluation:** Track service uptake by marginalised populations. Regular reports should document outreach activities and progress, with updates shared on the community forum.

6.6 Monitor and Evaluate Progress

- **Action:** Develop a short-term evaluation framework to track progress on implemented actions.
 - **Responsibility:** Interagency task force and an independent evaluator.
 - **Timeline:** Interagency task force to search for funding and secure an independent evaluator within 6 months of the 1 year evaluation deadline. The first progress review is to be conducted after 1 year.
 - **Evaluation:** Use key performance indicators such as reduced waiting times, increased service uptake, and user satisfaction scores. See [section Z](#) for additional details.

7. Evaluation Framework for Tipperary Town Action Plan

Objective: To assess the effectiveness and progress of the action plan at 1 year following implementation, ensuring alignment with objectives, identifying challenges, and informing necessary adjustments. An additional evaluation should be conducted again after, at most, 5 years, to look at longer term changes.

This framework ensures systematic and participatory evaluation, providing a clear roadmap for assessing the impact of the action plan and enhancing service delivery in Tipperary Town.

7.1 Evaluation Goals

- Measure progress against defined actions and timelines.
- Assess the impact of implemented actions on service accessibility, coordination, and delivery.
- Identify barriers and opportunities for improvement.
- Ensure stakeholder and community engagement in the evaluation process.

7.2 Key Performance Indicators

| Action Area | Key Performance Indicators | Data Collection Methods | Baseline Data |
|-----------------------|--|---|---------------------------------------|
| Service Accessibility | Number of individuals accessing the service directory. | Website analytics, user surveys. | Current awareness of services. |
| | Number of individuals participating in the transport scheme. | Transport provider logs, family feedback surveys. | Current transport usage rates. |
| Coordination | Frequency of interagency task force meetings. | Meeting minutes, attendance records. | Current task force meeting frequency. |
| | Implementation of a shared referral pathway. | Referral system documentation, case studies. | Fragmented referral processes. |
| | Number of individuals participating in the new referral pathway. | Referral system documentation, | No shared referral pathway |

| | | | |
|---------------------------------|---|---|---------------------------------------|
| Addressing Service Gaps | Number of participants availing of interim mental health supports. | Service usage records, satisfaction surveys. | Existing interim support data. |
| | Attendance at after-school programmes. | Programme attendance logs, parent feedback. | Baseline participation rates. |
| Communication and Outreach | Social media campaign engagement metrics (likes, shares, clicks). | Social media analytics. | Current social media reach. |
| | Attendance at community information sessions. | Attendance records, feedback forms. | None conducted in recent months. |
| | Completion of website transparency metrics. | Online review of Organisation websites. | Limited online content. |
| | Assessment of online community forum usage. | Organisational participation & reports, Task force reports, Community feedback. | No online community forum at present. |
| Support for Marginalised Groups | Participation rates of immigrant children in language support programmes. | School attendance, progress reports. | Current participation levels. |
| | Service uptake by targeted marginalised groups. | Service provider reports, outreach logs. | Current service usage rates. |

7.3 Data Collection Plan

- **Quantitative Data:** Gather attendance records, engagement metrics, and service usage statistics.
- **Qualitative Data:** Conduct surveys, focus groups, and interviews with stakeholders, families, and service providers.

- **Comparative Analysis:** Compare post-implementation data with baseline measures.

7.4 Stakeholder Roles in Evaluation

| Stakeholder Group | Role in Evaluation |
|------------------------|---|
| Interagency Task Force | Oversee evaluation, ensure data collection, and review findings. |
| Service Providers | Provide data on service usage, feedback from users, and operational challenges. |
| Community Liaison | Facilitate engagement with families and marginalised groups. |
| Independent Evaluator | Analyse data, ensure objectivity, and draft the evaluation report. |

7.5 Timeline for Evaluation

1. Month 1-2: Develop data collection tools and establish baseline measures.
2. Month 3-5: Collect data on implementation progress, service usage, and community feedback.
3. Month 6:
 - Analyse collected data and compare it with baseline measures.
 - Conduct focus groups or interviews with stakeholders and families.
 - Draft and review the evaluation report.

7.6 Reporting and Feedback Mechanisms

- Midterm Evaluation Report:
 - Key findings on progress, challenges, and opportunities.
 - Recommendations for improving the action plan in the next phase.
- Feedback to Stakeholders:
 - Share findings in an accessible format (e.g., infographic, presentation) to be posted on the community forum and presented in person to community members.
 - Hold a review meeting to discuss adjustments and agree on next steps.

8. Conclusion

This research highlights the significant challenges and opportunities within the service landscape of Tipperary Town, focusing on the needs of children, young people, and families. By identifying key gaps in service provision and analysing systemic barriers such as accessibility, communication, and coordination, the study underscores the urgency of adopting more holistic and collaborative approaches to service delivery.

The findings reveal a complex interplay of factors, including under-resourced services, staffing shortages, long waiting times, and fragmented support systems. Despite these challenges, the consultations and data analysis also point to the community's resilience and the commitment of service providers. Stakeholders have proposed innovative interim measures and collaborative strategies, which, though limited, offer a foundation for building more comprehensive support structures.

To advance these efforts, this report outlines general recommendations aimed at fostering a more equitable, accessible, and coordinated system. These include addressing resource allocation, enhancing mental health and childcare services, improving transport infrastructure, and promoting inclusive recreational and educational opportunities. A sustained focus on collaboration, capacity building, and evidence-based planning will be essential for meaningful and sustainable progress.

Ultimately, this research aims to serve as a catalyst for change, guiding policymakers, service providers, and community stakeholders toward shared solutions that improve the quality of life for Tipperary Town's younger residents and their families. By working together, these efforts can create a stronger, more inclusive, and supportive environment for all.

9. References

Central Statistics Office. (2022). *Census of Population 2022*.
<https://www.cso.ie/en/statistics/population/censusofpopulation2022/>

Central Statistics Office. (2022b). *Survey on income and living conditions (SILC) 2022*.
Central Statistics Office. Retrieved from
<https://www.cso.ie/en/releasesandpublications/>

Haase, T., & Pratschke, J. (2016). *The 2016 Pobal HP Deprivation Index for small areas*. Trutz Haase Social & Economic Consultant. Retrieved December 16, 2024, from
<http://trutzhaase.eu/deprivation-index/the-2016-pobal-hp-deprivation-index-for-small-areas/>

Pobal. (2023). *Pobal maps*. Retrieved December 16, 2024, from
<https://data.pobal.ie/portal/apps/sites/#/pobal-maps>

Tipperary Town Revitalisation Task Force (2022). Unpublished report drafted by Curley Consulting.

10. Appendices

Appendix i - Comparison Table

Table A1. Characteristics of Tipperary town compared to Co. Tipperary, Roscrea, Carrick-on-Suir, Kinsale, Carrickmacross, Oranmore, Blessington, and the State

| | Tipp town (%) | Co. Tipp (%) | Roscrea (%) | Carrick-on-Suir (%) | Carrick-macross (%) | Oranmore (%) | State (%) |
|-------------|---------------|--------------|-------------|---------------------|---------------------|--------------|-----------|
| Sex | | | | | | | |
| Female | 51.4 | 50.2 | 50.1 | 50.2 | 52.3 | 51.3 | 50.6 |
| Male | 48.6 | 49.8 | 49.9 | 49.8 | 47.7 | 48.7 | 49.4 |
| Age (years) | | | | | | | |
| 0-4 | 6.1 | 5.8 | 6.5 | 5.4* | 6.6 | 8.1* | 5.7 |
| 5-9 | 6.1 | 7.4 | 7.1* | 6.0 | 8.0* | 7.6* | 6.7 |
| 10-14 | 6.8 | 6.6 | 7.8* | 6.3 | 7.3 | 7.6* | 7.3 |
| 15-19 | 5.9 | 5.2* | 6.6* | 6.7* | 7.2* | 5.0* | 6.6 |
| 20-24 | 5.2 | 4.7 | 6.0* | 5.6 | 5.0 | 3.9* | 6.0* |
| 25-29 | 5.1 | 5.4 | 5.7 | 5.2 | 5.8* | 5.4 | 5.7 |
| 30-34 | 6.5 | 6.7* | 6.0 | 5.7* | 7.0 | 9.1* | 6.5 |
| 35-39 | 7.8 | 7.5* | 7.7 | 6.0* | 8.2 | 10.7* | 7.4 |
| 40-44 | 8.5 | 7.3* | 8.0 | 7.8 | 8.5 | 11.2* | 8.0 |
| 45-49 | 6.1 | 6.6* | 7.2* | 6.3 | 7.4* | 8.5* | 7.3* |
| 50-54 | 6.1 | 6.8* | 6.6 | 6.8* | 6.2 | 6.1 | 6.6 |
| 55-59 | 5.7 | 6.6* | 5.4 | 6.3 | 5.1 | 4.4* | 6.0 |
| 60-64 | 6.5 | 5.9 | 4.7* | 6.5 | 4.5* | 3.0* | 5.3* |
| 65-69 | 5.8 | 5.3 | 4.3* | 5.9 | 3.8* | 2.7* | 4.6* |

| | Tipp town (%) | Co. Tipp (%) | Roscrea (%) | Carrick-on-Suir (%) | Carrick-macross (%) | Oranmore (%) | State (%) |
|------------------------------|---------------|--------------|-------------|---------------------|---------------------|--------------|-----------|
| 70-74 | 4.3 | 4.5 | 3.3* | 5.2* | 3.4* | 2.3* | 3.9 |
| 75-79 | 3.4 | 3.5 | 3.0 | 3.8 | 2.6* | 1.8* | 3.0 |
| 80-84 | 2.0 | 2.2 | 2.1 | 2.3 | 2.0 | 1.4* | 1.9 |
| 85+ | 2.2 | 1.9 | 2.1 | 2.2 | 1.4* | 1.1* | 1.6* |
| Country of birth | | | | | | | |
| Ireland | 78.0 | 85.5* | 78.5 | 85.3* | 68.9* | 75.6* | 80.0 |
| Poland | 4.8 | 5.4 | 3.6* | 5.4 | 5.8* | 6.6* | 5.7* |
| United Kingdom | 3.8 | 2.1* | 2.9* | 1.7* | 2.5* | 4.4 | 2.1* |
| India | 0.4 | 0.6* | 0.4 | 0.4 | 0.6* | 1.3* | 1.1* |
| EU27 (excl. Ireland, Poland) | 8.0 | 2.9* | 8.2 | 2.7* | 15.2* | 4.9* | 4.4* |
| Rest of World | 5.0 | 3.6* | 6.5* | 4.5 | 6.9* | 7.3* | 6.7* |
| Citizenship | | | | | | | |
| Irish | 78.0 | 88.6* | 83.2* | 91.2* | 78.2 | 84.5* | 84.2* |
| Non-Irish | 22.0 | 11.4* | 16.8* | 8.8* | 21.8 | 15.5* | 15.8* |
| Ethnicity | | | | | | | |
| White Irish | 76.8 | 87.4* | 76.7 | 88.3* | 69.0* | 77.6 | 81.6* |
| White Irish Traveller | 1.9 | 0.9* | 2.9* | 0.2* | 0.5* | 0.2* | 0.7* |
| Any other White background | 16.3 | 8.4* | 15.8 | 7.2* | 21.0* | 14.8* | 10.9* |
| Black or Black Irish | 0.2 | 0.4* | 0.4* | 1.4* | 2.4* | 1.2* | 1.6* |
| Asian or Asian Irish | 1.9 | 1.7 | 2.2 | 2.0 | 3.3* | 3.9* | 3.5* |
| Other | 2.9 | 1.3* | 2.0* | 0.9* | 3.8* | 2.3* | 1.8* |
| Religion | | | | | | | |
| Catholic | 77.1 | 83.5* | 80.7* | 85.3* | 72.9* | 74.4* | 74.1* |

| | Tipp town (%) | Co. Tipp (%) | Roscrea (%) | Carrick-on-Suir (%) | Carrick-macross (%) | Oranmore (%) | State (%) |
|---|---------------|--------------|-------------|---------------------|---------------------|--------------|-----------|
| Other religion | 12.4 | 7.2* | 11.4* | 7.3* | 16.0* | 8.3* | 10.4* |
| No religion | 10.5 | 9.3* | 7.9* | 7.4* | 11.0 | 17.3* | 15.5* |
| Speakers of foreign lang. by ability to speak English | | | | | | | |
| Very well | 45.0 | 51.7* | 40.6* | 48.5* | 46.4 | 63.9* | 59.5* |
| Well | 32.1 | 29.8 | 28.6* | 31.2 | 33.6 | 26.3* | 27.4* |
| Not well | 19.0 | 15.5* | 24.7* | 16.1* | 17.3 | 8.0* | 11.0* |
| Not at all | 3.8 | 3.0 | 6.1* | 4.2 | 2.8* | 1.8* | 2.0* |
| Speakers of foreign lang. by lang. spoken | | | | | | | |
| Spanish | 1.6 | 2.8* | 0.7* | 2.5 | 0.9* | 7.7* | 6.2* |
| French | 2.7 | 6.8* | 1.8* | 6.4* | 3.5 | 5.0* | 5.8* |
| Polish | 24.0 | 25.0 | 16.9* | 20.2* | 12.5* | 27.5* | 16.8* |
| Other (incl. not stated) | 71.7 | 65.4* | 80.6* | 70.9 | 83.0* | 59.8* | 71.3 |
| Total speakers | 18.8 | 10.2* | 19.3 | 9.6* | 26.0* | 19.4 | 13.0* |
| Ability to speak Irish | | | | | | | |
| Yes | 35.7 | 43.0* | 31.5* | 35.3* | 38.8* | 50.7* | 38.2* |
| No | 64.3 | 57.0* | 68.5* | 34.7* | 61.2* | 49.3* | 61.8* |
| Families with children | | | | | | | |
| Couples with children | 60.0 | 74.3* | 67.7* | 57.4 | 64.5 | 82.7* | 75.2* |
| Mothers with children | 35.7 | 21.4* | 27.8* | 36.5 | 31.4* | 14.6* | 21.1* |
| Fathers with children | 4.3 | 4.4 | 4.6 | 6.1* | 4.2 | 2.7* | 3.8 |
| Type of occupancy | | | | | | | |

| | Tipp town (%) | Co. Tipp (%) | Roscrea (%) | Carrick-on-Suir (%) | Carrick-macross (%) | Oranmore (%) | State (%) |
|--|---------------|--------------|-------------|---------------------|---------------------|--------------|-----------|
| Owned with mortgage or loan | 16.7 | 27.4* | 23.7* | 22.3* | 20.7* | 42.1* | 30.2* |
| Owned outright | 34.4 | 45.1* | 31.2* | 36.5 | 30.7* | 23.6* | 38.7* |
| Rented from private landlord | 23.3 | 14.0* | 22.5 | 16.6* | 26.4* | 29.7* | 18.8* |
| Rented from Local Authority | 20.8 | 9.5* | 18.3* | 17.6* | 16.4* | 2.3* | 8.7* |
| Rented from voluntary/co-op housing body | 2.9 | 1.7* | 2.5 | 4.1* | 4.4* | 1.1* | 1.7* |
| Occupied free of rent | 2.0 | 2.3 | 1.7 | 2.9* | 1.4* | 1.2* | 1.8 |
| Principal economic status | | | | | | | |
| At work | 46.3 | 54.4* | 51.3* | 45.2 | 54.5* | 69.6* | 56.1* |
| Looking for first regular job | 1.2 | 0.7* | 1.1 | 1.4 | 1.1 | 0.8* | 0.8* |
| Unemployed | 7.0 | 3.9* | 6.5 | 6.1* | 6.1* | 3.6* | 4.3* |
| Student or pupil | 8.4 | 10.1* | 9.2 | 9.2 | 10.8* | 8.7 | 11.1* |
| Looking after home/family | 7.3 | 7.0 | 7.8 | 7.4 | 7.4 | 4.0* | 6.6 |
| Retired | 18.9 | 17.8 | 15.6* | 20.9* | 14.7* | 11.0* | 15.9* |
| Unable to work due to sickness or disability | 10.0 | 5.6* | 8.0* | 9.3 | 4.8* | 2.0* | 4.6* |
| Other | 0.9 | 0.5* | 0.5* | 0.5* | 0.6* | 0.3* | 0.7* |
| Social class | | | | | | | |
| Professional workers | 3.2 | 7.4* | 3.2 | 3.2 | 4.3* | 17.1* | 9.3* |
| Managerial and technical | 18.7 | 29.0* | 18.3 | 18.1 | 23.5* | 41.3* | 30.7* |
| Non-manual | 16.9 | 16.0 | 14.3* | 15.7* | 14.2* | 13.7* | 16.2 |
| Skilled manual | 15.2 | 14.9 | 20.1* | 16.4* | 15.7 | 8.9* | 12.9* |
| Semi-skilled manual | 15.8 | 13.5* | 18.8* | 16.3 | 19.5* | 8.4* | 11.2* |
| Unskilled manual | 5.6 | 3.5* | 4.1* | 6.1 | 4.3* | 1.8* | 3.1* |

| | Tipp town (%) | Co. Tipp (%) | Roscrea (%) | Carrick-on-Suir (%) | Carrick-macross (%) | Oranmore (%) | State (%) |
|--|---------------|--------------|-------------|---------------------|---------------------|--------------|-----------|
| All others gainfully occupied and unknown | 24.5 | 15.8* | 21.2* | 24.2 | 18.5* | 8.9* | 16.6* |
| Highest level of education | | | | | | | |
| No formal education | 3.3 | 2.8 | 4.4* | 4.4* | 4.6* | 0.9* | 2.6* |
| Primary education | 11.2 | 8.7* | 12.0 | 12.2 | 8.7* | 2.1* | 7.9* |
| Lower secondary | 20.3 | 17.1* | 19.8 | 23.9* | 16.0* | 5.2* | 14.1* |
| Upper secondary | 27.6 | 22.4* | 24.7* | 23.8* | 19.9* | 13.2* | 19.4* |
| Technical or vocational qualifications | 9.1 | 8.5 | 12.0* | 8.6 | 9.6 | 7.5* | 8.0* |
| Advanced certificate/Completed apprenticeship | 4.6 | 7.1* | 6.3* | 6.5* | 6.9* | 4.8 | 6.0* |
| Higher certificate | 5.6 | 6.1 | 5.1 | 4.9 | 6.3 | 5.1 | 5.9 |
| Ordinary bachelor degree or national diploma | 6.3 | 7.6* | 5.1* | 4.6* | 8.6* | 10.3* | 8.6* |
| Honours bachelor degree, professional qualification, or both | 7.0 | 11.4* | 5.9* | 7.1 | 12.2* | 24.8* | 14.2* |
| Postgraduate diploma or degree | 4.5 | 7.8* | 4.3 | 3.6* | 6.9* | 23.3* | 12.0* |
| Doctorate (Ph.D.) or higher | 0.3 | 0.7* | 0.3 | 0.3 | 0.2 | 2.8* | 1.2* |
| Age when education ceased | | | | | | | |
| Under the age of 15 | 4.9 | 4.5 | 5.5 | 5.5 | 5.9* | 1.1* | 4.1* |
| Age 15 | 4.6 | 3.7* | 4.7 | 5.8* | 3.8* | 1.0* | 3.3* |
| Age 16 | 8.4 | 8.0 | 8.3 | 10.5* | 8.0 | 2.9* | 6.4* |
| Age 17 | 9.3 | 8.3* | 9.2 | 10.3* | 5.9* | 3.7* | 6.9* |
| Age 18 | 15.6 | 14.6 | 17.6* | 13.2* | 13.3* | 9.2* | 12.0* |
| Age 19 | 4.6 | 4.4 | 4.7 | 3.5* | 4.6 | 3.4* | 3.9* |

| | Tipp town (%) | Co. Tipp (%) | Roscrea (%) | Carrick-on-Suir (%) | Carrick-macross (%) | Oranmore (%) | State (%) |
|-----------------------------|---------------|--------------|-------------|---------------------|---------------------|--------------|-----------|
| Age 20 | 3.2 | 4.0* | 3.2 | 2.5* | 4.5* | 5.4* | 3.8 |
| Age 21 and over | 16.3 | 25.1* | 15.8 | 14.6* | 25.7* | 53.0* | 32.3* |
| Not stated | 33.1 | 27.4* | 31.0* | 34.1 | 28.3* | 20.1* | 27.3* |
| Disability | | | | | | | |
| Yes | 27.4 | 23.0* | 26.6 | 28.4 | 18.1* | 17.0* | 12.5* |
| No | 72.6 | 77.0* | 73.4 | 71.6 | 81.9* | 83.0* | 78.5* |
| Carers | | | | | | | |
| Yes, female | 3.5 | 3.8 | 3.2 | 3.3 | 3.2 | 2.8* | 3.5 |
| Yes, male | 2.2 | 2.5 | 1.9 | 2.6* | 1.8 | 1.8 | 2.3 |
| No | 94.3 | 93.7 | 94.9 | 94.1 | 95.0 | 95.3 | 94.2 |
| Children in childcare | | | | | | | |
| Age 0-4 | 45.3 | 53.0* | 42.3 | 38.0* | 47.9 | 60.5* | 34.0* |
| Age 5-14 | 18.8 | 29.6* | 23.9* | 21.0 | 21.1 | 38.2* | 16.5 |
| Smoking | | | | | | | |
| Yes (occasionally or daily) | 20.7 | 14.7 | 21.4 | 19.8 | 18.0* | 10.0* | 14.2* |
| No (used to or never have) | 79.3 | 85.3 | 78.6 | 80.2 | 82.0* | 90.0* | 85.8* |
| Self-rated health | | | | | | | |
| Very good | 45.5 | 55.1* | 49.0* | 48.3* | 52.9* | 64.0* | 57.1* |
| Good | 37.6 | 32.7* | 36.4 | 34.9* | 34.3* | 28.5* | 31.8* |
| Fair | 13.3 | 10.1* | 11.9* | 13.0 | 10.4* | 6.6* | 9.3* |
| Bad | 2.8 | 1.6* | 2.1* | 3.0 | 2.0* | 0.9* | 1.5* |
| Very bad | 0.7 | 0.4* | 0.6 | 0.9 | 0.4* | 0.2* | 0.4* |
| Car ownership | | | | | | | |

| | Tipp town (%) | Co. Tipp (%) | Roscrea (%) | Carrick-on-Suir (%) | Carrick-macross (%) | Oranmore (%) | State (%) |
|-----------------|---------------|--------------|-------------|---------------------|---------------------|--------------|-----------|
| None | 27.8 | 11.9* | 21.8* | 26.9 | 15.8* | 6.0* | 18.4* |
| 1 car | 49.2 | 39.3* | 47.6 | 43.9* | 50.8 | 42.2* | 44.3* |
| 2 cars | 19.8 | 36.7* | 24.7* | 22.9* | 28.1* | 44.7* | 30.5* |
| 3 cars | 2.6 | 8.7* | 5.0* | 4.7* | 4.1* | 5.2* | 5.2* |
| 4 or more cars | 0.6 | 3.4* | 0.9 | 1.5* | 1.3* | 1.9* | 1.6* |
| Internet access | | | | | | | |
| Broadband | 80.0 | 79.1 | 83.1* | 79.7 | 84.9* | 94.9* | 90.0* |
| No | 15.7 | 13.5* | 13.7* | 16.2 | 12.9* | 3.7* | 8.0* |
| Other | 4.3 | 7.4* | 3.2* | 4.2 | 2.2* | 1.4* | 2.0* |

Source: Central Statistics Office, 2022; TASC, 2024.

Note: Statistical significance of the differences between Tipperary town and Co. Tipperary, the State, and each of the six comparison towns was assessed through chi-squared analyses. * indicates statistical significance, that is, a standardised residual with an absolute value of 2 or greater, when comparing with Tipperary town. Respondents categorised as "not stated" are excluded from most variables unless stated otherwise. "Type of occupancy", "Car ownership", and "Internet access" are presented as a proportion of the total number of permanent private households, rather than the total population. "Families" is expressed as a proportion of the total number of families with children. "Principal economic status", "Highest level of education", and "Age when education ceased" refer to the 15+ population only. "Ability to speak Irish" refers to the 3+ population only. Data concerning speakers of foreign languages is expressed as a proportion of all speakers of foreign languages, except for the "Total speakers" figure, which refers to the entire population. All other variables refer to the entire population, unless stated otherwise.

Appendix ii - Service Provider Focus Group Questions

Child, Youth and Family Services Survey

We appreciate you taking the time to complete this survey. Your feedback is valuable in helping us understand and improve the services provided to children, youth and families in Tipperary Town.

Please ensure that each section of your organisation completes the survey with regard to the team/service remit. This may mean that multiple surveys may need to be completed for large organisations which have multiple departments covering different areas of service.

If you have any questions, please contact research@tasc.ie.

Section 1: General Information

1. What is the name of your organisation/agency?

2. What is the name of the service/team that you work in/under?

3. What type of organisation/service do you work in? (Select all that apply)

- Crèche /childcare facility
- School
- Other education service/body
- Youth Service
- Community Organisation/Group
- Local Authority
- Health
- Gardai
- Department of Social Protection
- Other (please specify)

4. Is your organisation:

- Statutory

- Voluntary
 - Community
 - Other (please specify)
5. What are the key statutory or non-statutory organisations/agencies/departments you work with? Please name each of them and at what level:
- Local Tipperary Town Statutory
 - Local Tipperary Town Non-Statutory
 - Regional Services Statutory
 - Regional Services Non-Statutory
 - National Level Statutory
 - National Level Non-Statutory
6. What is your role?
- Frontline Staff (e.g. youth worker, carer, counsellor)
 - Administrative and Support Roles (e.g. office manager, administrative assistant)
 - Operations Roles (e.g. coordinator, project manager)
 - Executive Roles (e.g. CEO)
 - Research and Development Roles (e.g. programme development, innovation manager)
 - Other Specialised Roles (e.g. business analyst, event coordinator)
7. How many staff on your team are working full time for this service?
8. How many staff on your team are working part time for this service?
9. What are the different roles that staff are engaged in?
10. Is your service located in Tipperary Town?
- Yes
 - No, it is located elsewhere in County Tipperary, but Tipperary Town is included in its catchment area
 - No, it is located outside of County Tipperary, but Tipperary Town is included in its catchment area

- No, it is a national organisation with a national scope of service provision, but no current projects in Tipperary Town.

11. What are the age groups that you serve? (choose all that apply)

- 0-4
- 5-9
- 10-14
- 15-19
- 20-24
- 25-29
- 30-44
- 45-54
- 55-64
- 65+

12. Does your team provide services that are:

- Universal
- Targeted
- Both

13. If your team targets a specific group with the service provided (e.g. a minority group or marginalised population), then please highlight them below:

- Carers
- Children and/or Youth
- Ethnic minorities
- Ex-offenders
- Gender minorities (e.g. transgender persons, women)
- Low-income households
- Older people
- Persons with a migrant background
- Persons with disability/Chronic disease
- Religious minorities (e.g. Sikhs, Buddhists, Muslims)

- Sexual minorities
- Victims/survivors of domestic and gender-based violence
- Other (please specify)

Section 2: Interagency Work/Collaboration

Interagency work/collaboration refers to the coordinated effort between multiple agencies/departments/organisations to work together towards common goals and address complex issues effectively, while achieving the aims of the individual organisations involved.

14. Does your organisation collaborate with other organisations (known as "interagency collaboration",) in order to provide services to children, young people and/or families?

- Yes
- No

15. If yes, indicate which types of organisations you link with:

- Crèche /childcare facility
- School
- Other education service/body
- Youth Service
- Community Organisation/Group
- Local Authority
- Health Service
- Gardai
- Department of Social Protection
- Other (please specify)

16. What is the nature of the interagency work that your team is involved in providing?

- Information sharing
- Experience sharing through formal and informal exchanges
- Performance indicators sharing
- Pooling of resources
- Pooling of expertise

- Jointly planning services
- Jointly implementing services
- Targeting groups
- Training on specifics (e.g. Children First guidelines) with other types of organisations
- Other (please specify)

Section 3: Services Provided

17. What types of services does your organisation/agency provide? (Tick all that apply)

- Childcare services
- Youth clubs/programmes
- Sports facilities
- Libraries or study spaces
- Parenting support groups
- Counselling or Mental health supports
- Educational support/tutoring
- Financial support and advice
- Health and wellness services
- After-school programmes
- Holiday clubs
- Arts and cultural programmes
- Disability Services
- Other (please specify):

18. Does your team provide services specifically designed to address the needs of children and youth?

- Yes
- No

19. If yes, please name and describe the services below:

20. Do you think that the current service capacity is sufficient to meet the demand?

- Yes
- No
- Unsure

21. What improvements, if any, would you suggest to enhance the balance between service capacity and service uptake for long-term sustainability?

- Facilities
- Funding duration
- Funding requirements/targets
- Funding resources
- Funding requirements/targets
- IT supports
- Location
- Service planning
- Staffing
- Strengthening interagency work/connections
- Training
- Other (please specify)

22. Please elaborate further on the areas where your service could improve:

Section 4: Perception of Service Effectiveness

23. How would you rate the overall quality of the child and family services provided by your organisation/agency?

- Excellent
- Good
- Average
- Fair
- Poor

24. To what extent do you agree with the following statements about the services provided by your organisation/agency? (Options to select: Not applicable, Strongly agree, Agree, Neutral, Disagree, Strongly disagree, I don't know)

- The services meet the needs of the Tipperary Town community.
- The services meet the needs of children.
- The services meet the needs of youth.
- The services meet the needs of families.
- The services are accessible and convenient.
- The staff are knowledgeable and supportive.
- A variety of social media platforms are used (e.g. Instagram, TikTok, X/Twitter)
- There is documented feedback that users feel supported by the community through these services.

25. What do you think are the strengths of the services provided by your organisation/agency? (Tick all that apply)

- Quality of care
- Accessibility
- Range of services offered
- Staff expertise
- Supporting the Community
- Affordability
- Other (please specify):

26. What areas do you think need improvement? (Tick all that apply)

- Quality of care
- Accessibility of service provision
- Range of services offered
- Staff expertise
- Community support
- Affordability
- Availability of online services
- Awareness and visibility of services within the community
- Inclusivity in service provision

- Other (please specify):

27. What improvements or additional services do you think would benefit young people in Tipperary Town? (Choose all that apply)

- More parks and playgrounds
- Improved sports facilities
- More cultural and arts programmes
- After-school tutoring and homework help
- Better public transportation
- Free Wi-Fi in public areas
- More events and festivals for young people
- Environmental projects and community gardens
- More bike lanes and safe walking paths
- Other (please describe)

28. Do you think that children, youth and families in Tipperary Town face any challenges or barriers in accessing your service? (Choose all that apply)

- Yes, lack of information about available services
- Yes, transportation issues or distance
- Yes, services are too expensive
- Yes, services are often fully booked or have long waiting lists
- Yes, not enough services or facilities available
- Yes, uncomfortable or unwelcoming environments
- Yes, limited accessibility for people with disabilities
- Yes, inconvenient opening hours
- Yes, lack of childcare supports
- No, they have not faced any challenges or barriers
- Other (please specify)

29. Any additional comments or feedback:

Thank you for completing this survey. Your input is essential in helping us understand the services available for children, youth and families in Tipperary Town.

Appendix iii - Community/Family Focus Group Questions

1. How do you feel about the services currently available for young people in Tipperary Town? *(Prompt: What aspects do you think work well? What areas could be improved?)*
2. How would you describe your experience with the services for young people that you or your family have used? *(Prompt: What has been positive? Have there been any challenges?)*
3. Are there particular services or facilities that you are especially satisfied or dissatisfied with? Why?
4. What types of activities or services do you feel there should be more of in Tipperary Town for young people? *(Prompt: Are there specific interests or needs that you feel are not being met?)*
5. What changes or improvements do you think would make Tipperary Town a better place for young people? *(Prompt: For example, more parks, improved sports facilities, more cultural programmes, etc.)*
6. Have you ever encountered difficulties accessing services or activities for young people in Tipperary Town? If so, what were the main challenges? *(Prompt: Was it a lack of information, transport issues, cost, etc.?)*
7. How do you think these challenges or barriers could be addressed?
8. Do you feel that young people's opinions are taken into account when planning services and facilities in Tipperary Town? *(Prompt: If not, why do you think that is, and what could change to improve this?)*
9. What would help you feel more involved in decisions affecting young people in the community?
10. What do you think is the best way to improve communication between service providers and young people in the town? *(Prompt: Where do you currently get information: social media, apps, websites, youth forums, etc.)*

Appendix iv - Inclusive Workshop Plan: Primary Schools

1. Preparation Before the Session

Materials:

- **Name tags** or stickers for each child

- **Coloured Stickers** to organise groups
- Large sheets of paper or flipcharts for drawing and writing
- Stickers (smiley faces, stars)
- **Visual aids for each station** (e.g., pictures of services, facilities, communication methods) with high-contrast images, simple text, printed and laminated by TASC.
- Drawing materials (markers, crayons, etc.)
- Post-its

Room Setup:

- Set up **four stations** with enough space for max 8 children per station, ensuring wide, clear pathways between tables.
- Place flipcharts or visual boards at each station with the laminated instructions
- Assign a **facilitator and note taker to each station** who will guide the activity and discussions
- Facilitators stay at their stations while groups of children move.

2. Arrival and Group Assignment (5 minutes)

- As the children arrive, **provide name tags**
- Facilitators and notetakers to help write names for smaller children
- Organise the children into two groups (1st/2nd/ 3rd class, 4th/5th/6th class).
- Use **coloured stickers** to assign groups (red team, blue team)

3. Introduction & Icebreaker (5 minutes)

- **Lead Facilitator (Sara):** Welcome the children and explain why they're there. Use **clear, simple language**, speak slowly.

"We're here today to talk about what you like to do in Tipperary Town and how we can make it better for all young people, you will be doing four different activities today with our facilitators Adeelia and Maria"

- Introduce the facilitators (Adeelia, Maria)
- Introduce note takers
- **Icebreaker:** Go around the room and ask each child to say their name and one thing they like doing in their free time (facilitator and notetakers start).

4. Station Rotations (40 minutes total)

- **Timing:** Two sets of two stations, each station lasting 10 minutes. Sara will use a **phone timer** to signal rotation time.
- **Instructions:** Explain in clear, simple language that each group will visit two different stations, where they will **share ideas by answering questions, drawing, or using stickers**.

First Set of Stations (10 minutes each):

Station 1: Services in Tipperary Town:

- Children use **star stickers** to show which services they use (e.g., youth clubs, sports facilities, libraries that are laminated on different A4 pages). Each child can mark multiple services with stars.
- Ask if there are any other services we have missed and write down on 'other' laminated page.
- Children can be asked to rate these services using **face emojis that can be placed on the page**.
- Questions can be asked if children want to share why they marked something a happy, sad or neutral face.
- Note taker to note down what is discussed.

Station 2: After-School Activities

- Children are asked to **put a tick with a colour pencil** to indicate which after-school activities they do **using two flip chart pages** (one with sports, one with other activities).
- Children are asked if anyone does any activities that aren't shown on the flip chart pages. **Notetaker takes these down on the laminated page**. A tick can be put beside each new activity if done by more than one child, i.e. in round 2.
- **Children are asked to draw OR write on the 'If I could do anything in my free time template'** to describe what they could do if they could do anything. Coloured pencils are provided for drawing and writing.
- Children can be asked to share what they think they would need to do their dream activity.
- Note taker to note down what is discussed.

Second Set of Stations (10 minutes each):

Station 3: Improvements for Young People

- Explain the **laminated images** to children of possible improvements (e.g., more parks, better sports facilities, cultural programmes)

- Each child gets **three stars** and is asked to put each of their three stars on what is most important to them.
- When all children have used their stars, talk about which improvements have received the most stars. Ask if anyone wants to **share what was important to them and why**.
- Children can be asked what else would improve things for young people in Tipperary town.
- Note taker to note down what is discussed.

Station 4: My Dream Tipperary Town

- Ask the children to draw one thing they would want in a town just for kids (like a big slide, a park with swings, a toy store, etc.). "If you could add one thing for young people, what would it be?"
- After 5 minutes of drawing, have a quick "show and tell" where each child shows their drawing and says what it is.

6. Closing & Thank You (3 minutes)

- Sara will thank the children for participating in a friendly, clear way
- Let them know that their ideas will be shared with people who can help improve Tipperary Town for young people.

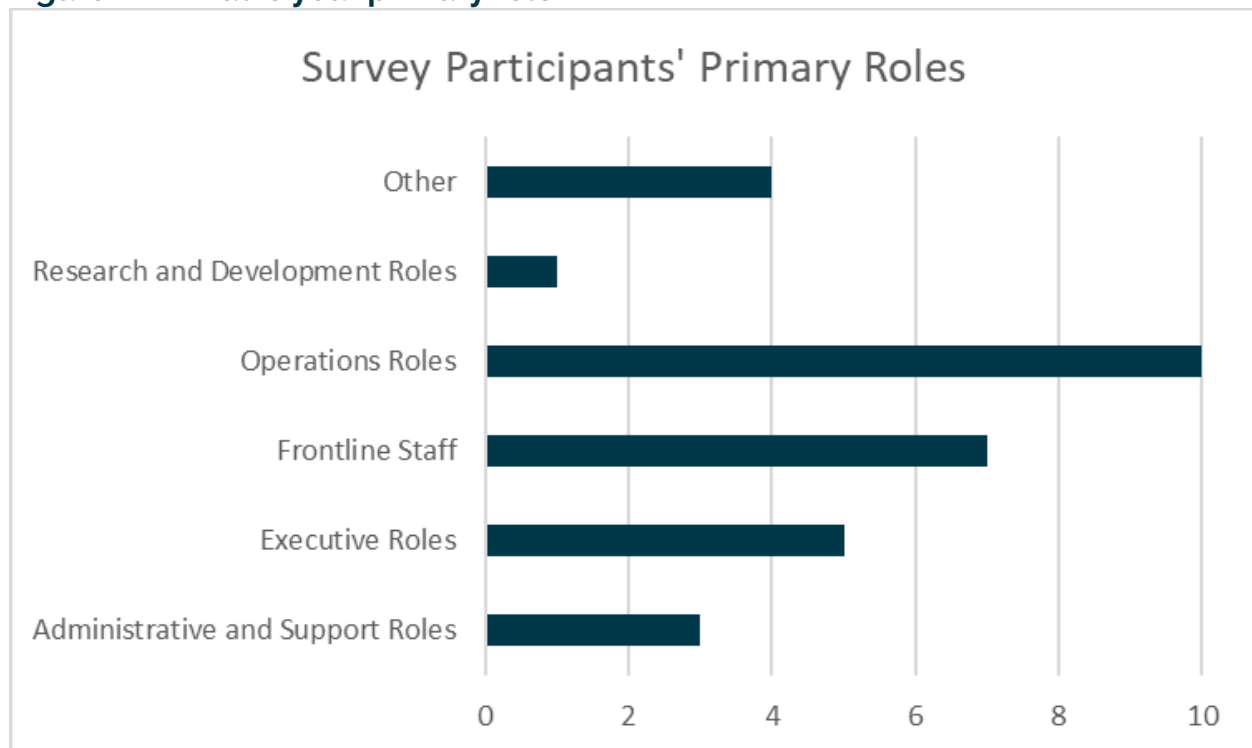
Appendix v - Focus Group Questions: Young People 18-24

1. How do you feel about the services available to young people in Tipperary Town? (Prompt: What do you think works well? What could be better?)
2. How would you describe your overall experience with the services you've used? (Prompt: What has been positive? Have there been any challenges?)
3. Are there specific services or facilities you feel particularly satisfied or dissatisfied with? Why?
4. What kinds of activities or services would you like to see more of in Tipperary Town for young people? (Prompt: Any particular interests or needs you feel aren't being met?)

5. What changes or improvements do you think would make Tipperary Town a better place for young people? (Prompt: More parks, better sports facilities, more cultural programmes, etc.)
6. Have you ever faced any difficulties accessing services or activities in Tipperary Town? If so, what were the challenges? (Prompt: Was it a lack of information, transport issues, cost, etc.?)
7. How do you think these barriers could be addressed?
8. Do you feel that young people's opinions are considered when planning services and facilities in Tipperary Town? (Prompt: If not, why do you think that is, and how could it change?)
9. What would make you feel more involved in decisions that affect young people in the community?
10. **What would be the best way to communicate between service providers and young people in the town?** (Prompt: Where do you get information now: Social media updates, apps, dedicated websites, youth forums, etc.)

Appendix vi - Service Provider Survey Results

Figure A1. What is your primary role?



Administrative and Support Roles (e.g. office manager, administrative assistant)

Executive Roles (e.g. CEO) Frontline Staff (e.g. youth worker, carer, counsellor)

Operations Roles (e.g. coordinator, project manager)

Research and Development Roles (e.g. programme development, innovation manager)

Other (e.g. community development officer, employment support, service development)

Figure A2. What are the age groups that you serve? (Select all that apply)

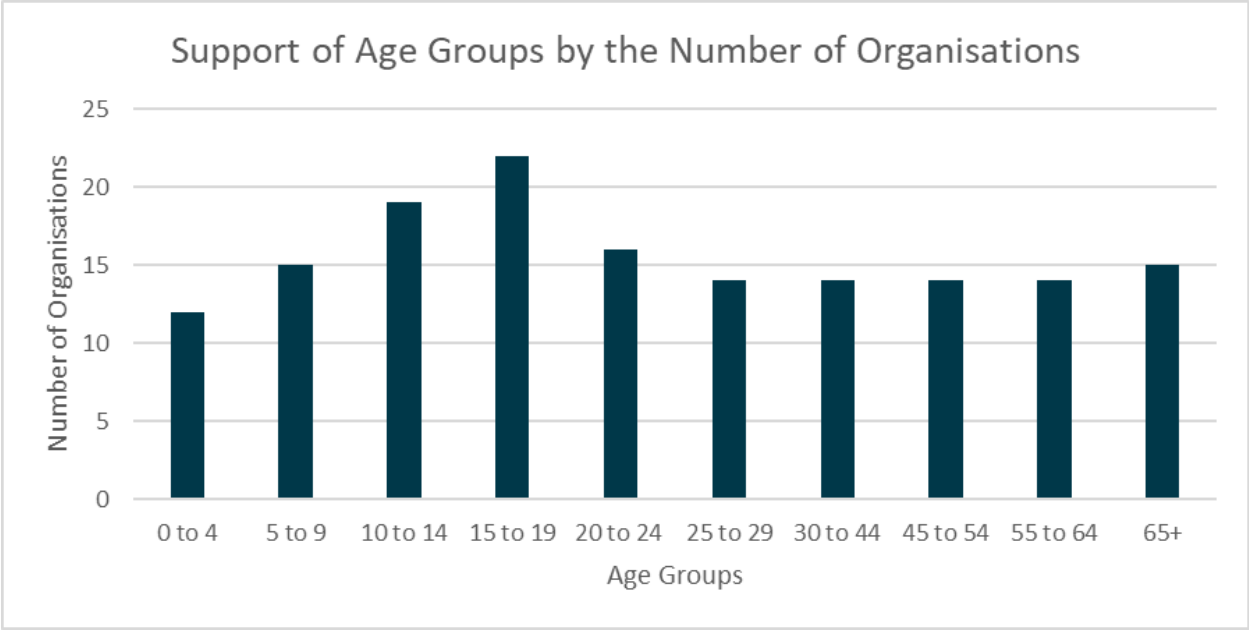
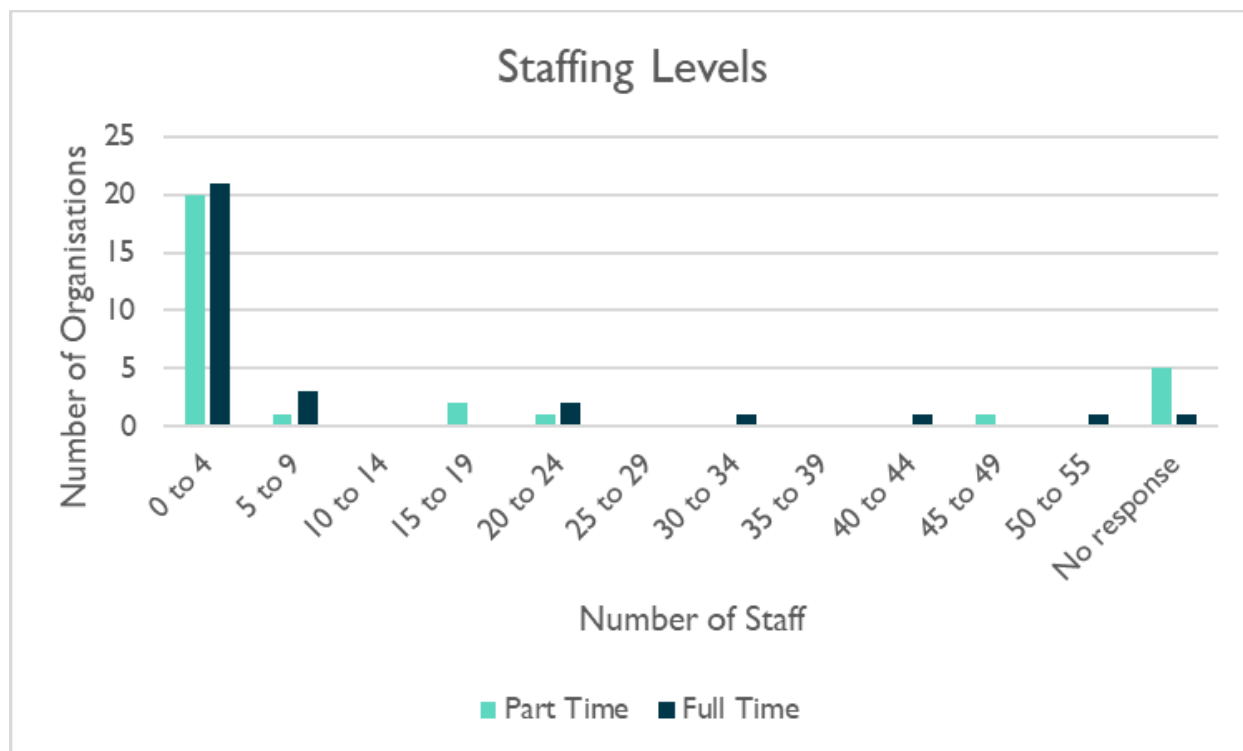


Figure A3. Staffing: Organisation Size

How many staff on your team are working full time for this service? (N=29)

How many staff on your team are working part time for this service? (N=25)



Assumption of 4 full time social workers providing services: In Tipperary Town, there are about 1,665 children and young people under the age of 25⁶. Social care workers usually help around 25 to 30 clients each. With 4 full-time staff, they can support about 100 to 120 clients. If about 10% of the children and young people need social care, the current staffing level seems low. In addition, if the cases are more complex and need extra attention, they might need more staff to handle the workload properly.

Table A2. What type of organisation/service do you work in? (Select all that apply)

| Categories of Partnered Organisation | N |
|--|---|
| An Garda Síochána | 1 |
| Community Organisation/Group | 6 |
| Countywide Community & Voluntary Network | 1 |

⁶ Calculated based on the population statistics in the town profile.

| | |
|---------------------------------|----|
| Crèche /childcare facility | 3 |
| Department of Social Protection | 3 |
| Health | 2 |
| Local Authority | 2 |
| Meals on Wheels | 1 |
| Money Advice and Budgeting | 1 |
| Other education service/body | 3 |
| Performance Music Education | 3 |
| School | 3 |
| Tusla | 2 |
| Youth Service | 4 |
| No response | 1 |
| Total | 36 |

Table A3. If your organisation targets a specific group (e.g. a minority group or marginalised population), then please highlight them below (Select all that apply):

| | |
|---|----|
| Targets | N |
| Carers | 5 |
| Ex-offenders | 5 |
| Sexual minorities | 5 |
| Victims/survivors of domestic and gender-based violence | 5 |
| Religious minorities (e.g. Sikhs, Buddhists, Muslims) | 6 |
| Gender minorities (e.g. transgender persons, women) | 8 |
| Persons with a immigrant background | 10 |
| Ethnic minorities | 10 |
| Older people | 10 |

| | |
|---|----|
| Low income households | 12 |
| Persons with disability/Chronic disease | 12 |
| Children and/or Youth | 17 |
| Other (please specify) | 2 |

As expected, the majority of organisations (17 of 27) provide targeted supports for children and young people.

Figure A4. At what level are the key organisations/agencies/departments you work with? (those mentioned in question 5a)

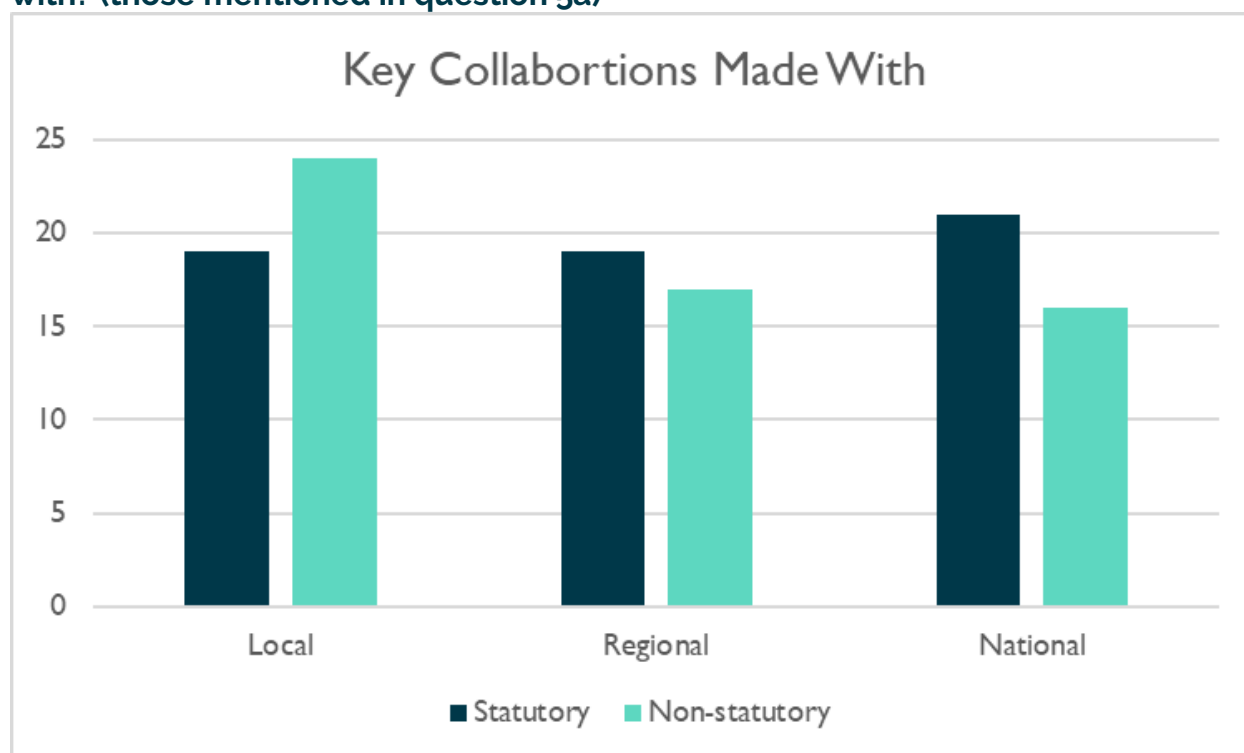


Table A4. What are the key statutory or non-statutory organisations/agencies/departments you work with?

195 organisations were listed, the top 5 included were

| Organisations | N |
|---|----|
| Tusla | 14 |
| Health Service Executive | 9 |
| Tipperary County Council | 9 |
| Tipperary Educational Training Board | 9 |
| Department of Children, Equality, Disability, Integration and Youth | 6 |

Table A5. If yes, indicate which types of organisations you link with (Select all that apply):

| Types of Organisations Collaborated With | N |
|---|-----|
| Community Organisation/Group | 22 |
| Crèche /childcare facility | 10 |
| Department of Social Protection | 23 |
| Gardai | 13 |
| Health Service | 15 |
| Local Authority | 17 |
| Other education service/body | 20 |
| School | 20 |
| Youth Service | 24 |
| Citizens Information Service | 1 |
| Various working groups with statutory and nonstatutory services | 1 |
| Various agencies and services which serve 0-24 year olds in ROI | 1 |
| Various arts centres, festivals and art practitioners in Tipperary | 1 |
| Various national art agencies/organisations (e.g. Music Generation National Development Office, Sing Ireland) | 1 |
| No response | 4 |
| Grand Total | 173 |

Table A6. What is the nature of the interagency work that your team is involved in providing? (Select all that apply)

| Nature of Interagency Work | N |
|--|----|
| Experience sharing through formal and informal exchanges | 15 |
| Information sharing | 16 |
| Jointly implementing services | 13 |
| Jointly planning services | 16 |
| Performance indicators sharing | 7 |
| Pooling of expertise | 14 |

| | |
|--|----|
| Pooling of resources | 15 |
| Targeting groups | 16 |
| Training on specifics (e.g. Children First guidelines) with other types of organisations | 11 |
| Cross referrals | 1 |
| Workshops | 1 |
| Youth participation | 1 |
| Other non-specified responses to priorities and/or action plans | 2 |
| No response | 3 |
| Grand Total | 27 |

Table A7. What types of services does your organisation/agency provide? (Select all that apply)

| Types of Interagency Programmes Provided | N |
|--|----|
| After-school programmes | 10 |
| Arts and cultural programmes | 7 |
| Childcare services | 7 |
| Counselling or Mental health supports | 5 |
| Disability Services | 4 |
| Educational support/tutoring | 11 |
| Financial support and advice | 5 |
| Health and wellness services | 7 |
| Holiday clubs | 6 |
| Libraries or study spaces | 4 |
| Parenting support groups | 6 |
| Sports facilities | 6 |
| Youth clubs/programmes | 8 |
| Other (e.g. capacity building, information sharing, mentoring, training) | 2 |

| | |
|---------------------------------|----|
| Food and Meals | 2 |
| Family supports | 1 |
| School supports | 1 |
| Link work | 1 |
| Comhairle Na Oig | 1 |
| Youth Justice Diversion project | 1 |
| Funding for youth work | 1 |
| Training for youth work | 1 |
| No response | 1 |
| Grand Total | 98 |

Educational and Developmental Support (N=26): Includes after-school programmes, educational support/tutoring, libraries or study spaces, and training for youth work.

Youth and Recreational Activities (N=28): Covers arts and cultural programmes, youth clubs/programmes, sports facilities, holiday clubs, and youth justice diversion projects.

Health and Well-being Services (N=16): Encompasses counselling or mental health supports, disability services, and health and wellness services.

Family and Parenting Support (N=14): Includes childcare services, parenting support groups, and family supports.

Practical and Financial Assistance (N=7): Includes financial support and advice, as well as food and meal services.

Community and Collaborative Initiatives (N=4): Comprises link work, Comhairle na nÓg, and other initiatives such as capacity building and mentoring.

Specialised Support for Schools (N=1): Focused on school-specific supports.

Figure A5. What improvements, if any, would you suggest to enhance the balance between service capacity and service uptake for long-term sustainability? (Select all that apply)

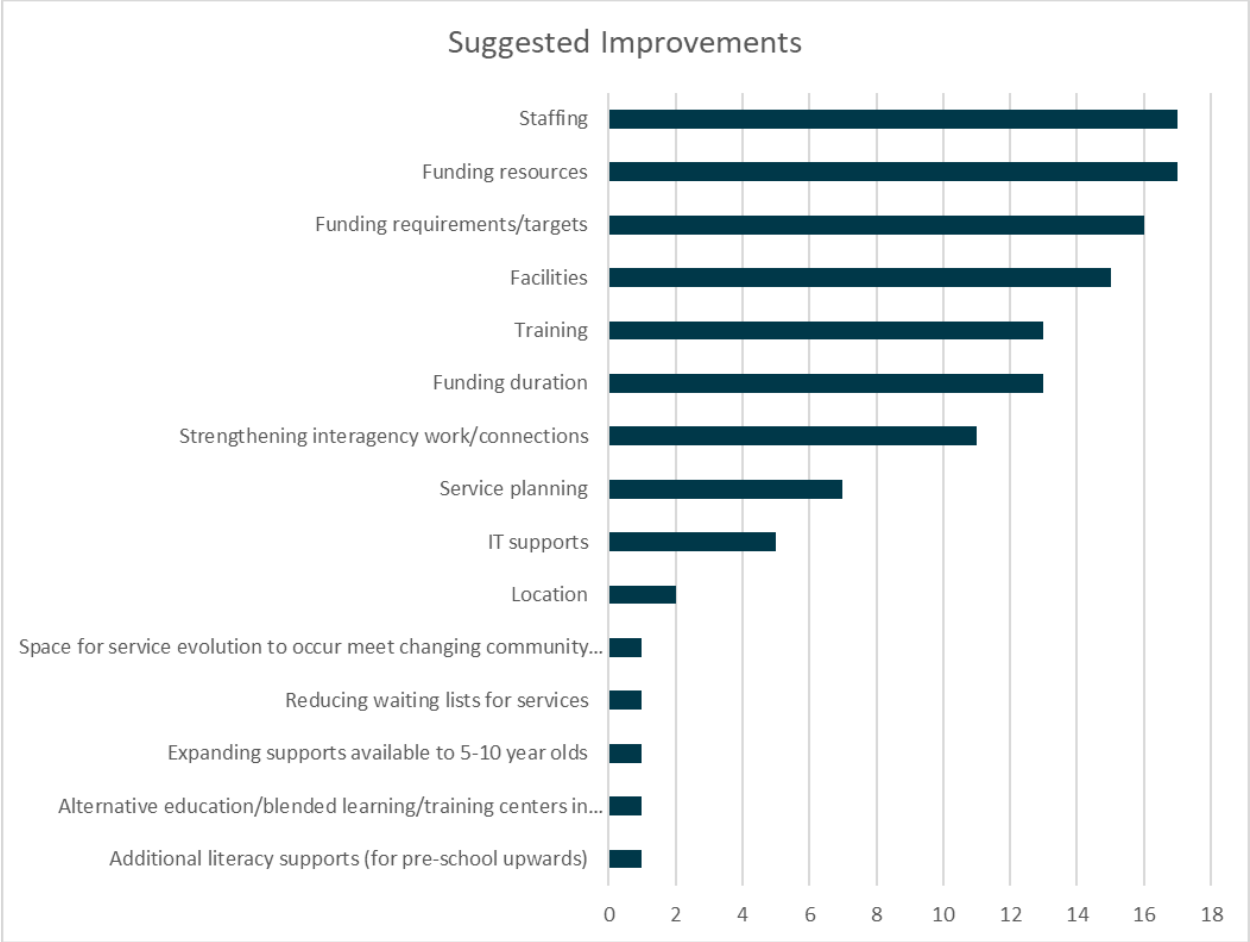


Figure A6. To what extent do you agree with the following statements about the services provided?

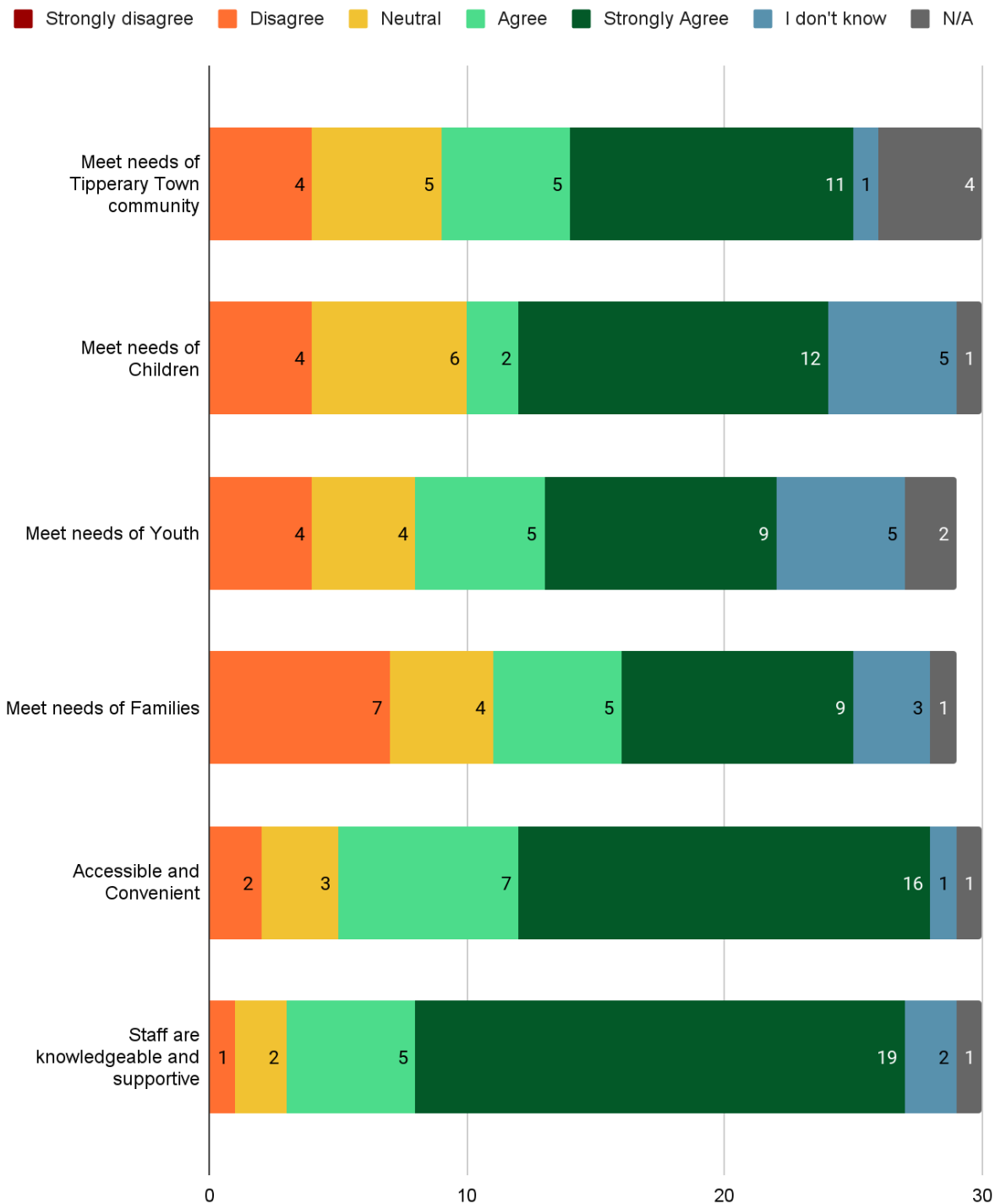


Figure A7. What do you think are the strengths of the services provided by your organisation/agency? (Select all that apply)

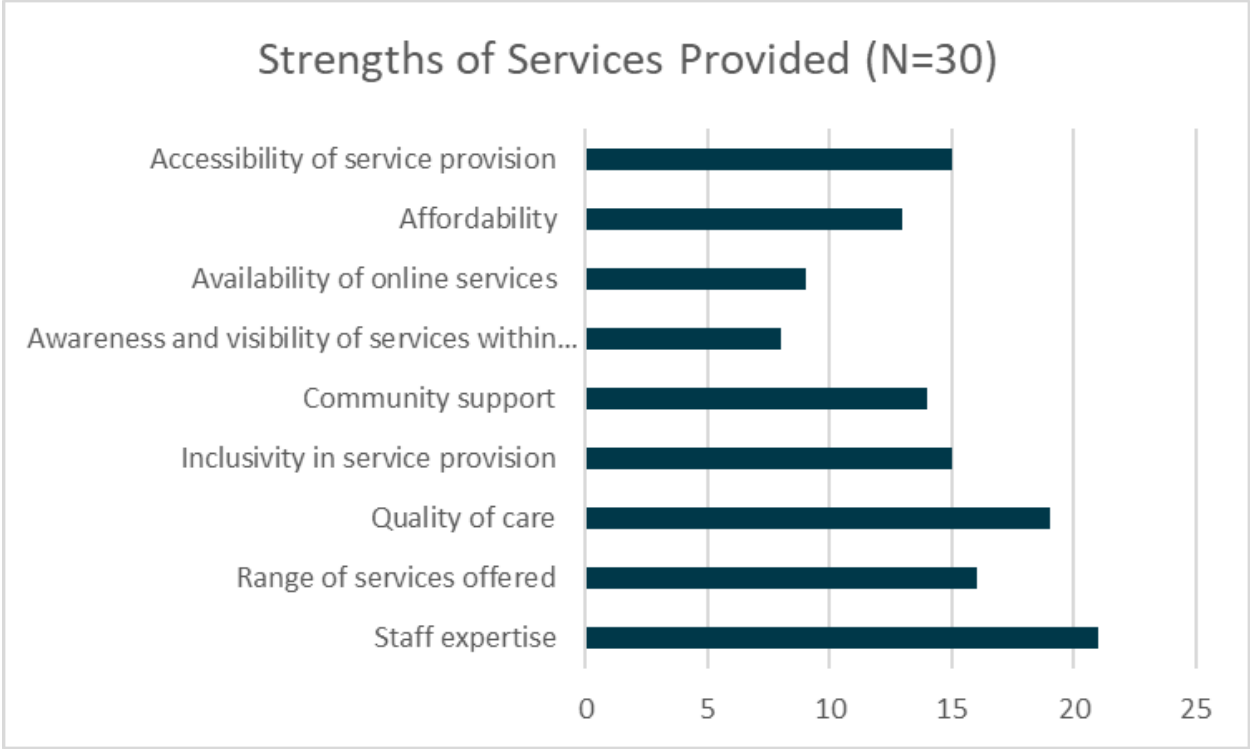


Figure A8. What areas do you think need improvement? (Select all that apply)



Figure A9. What improvements or additional services do you think would benefit children and youth in Tipperary Town? (Select all that apply)

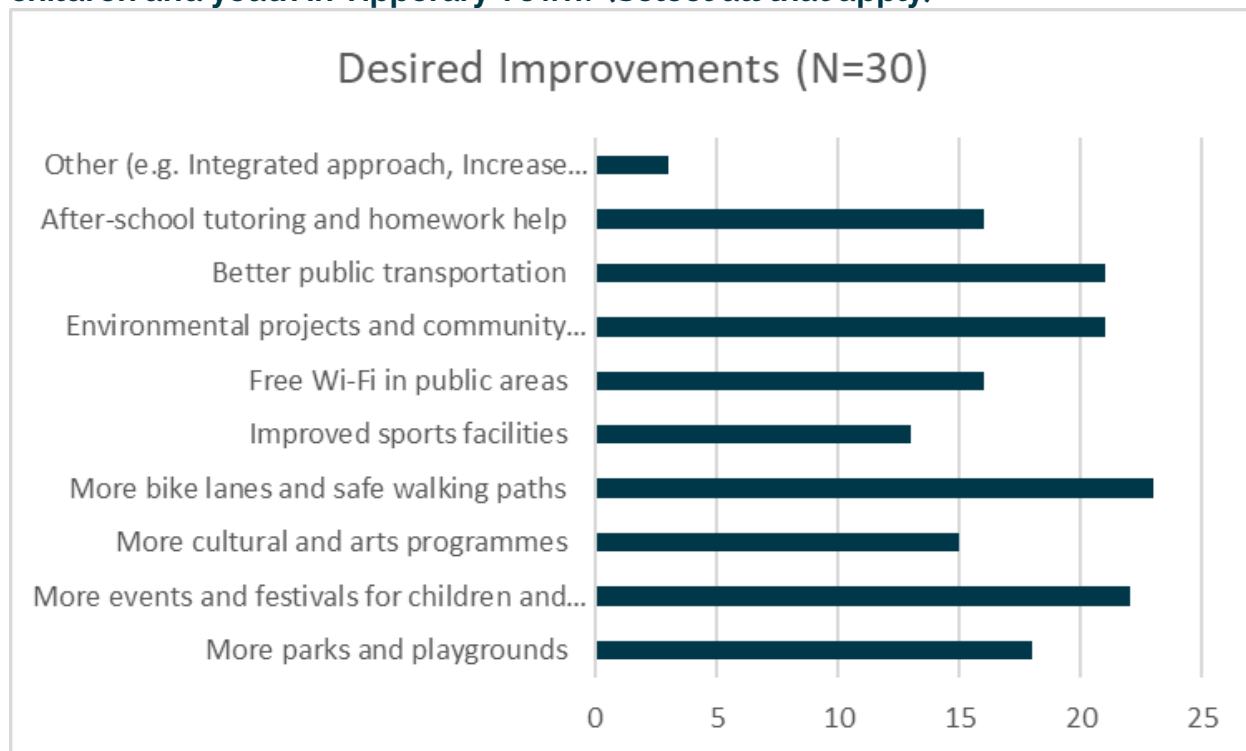
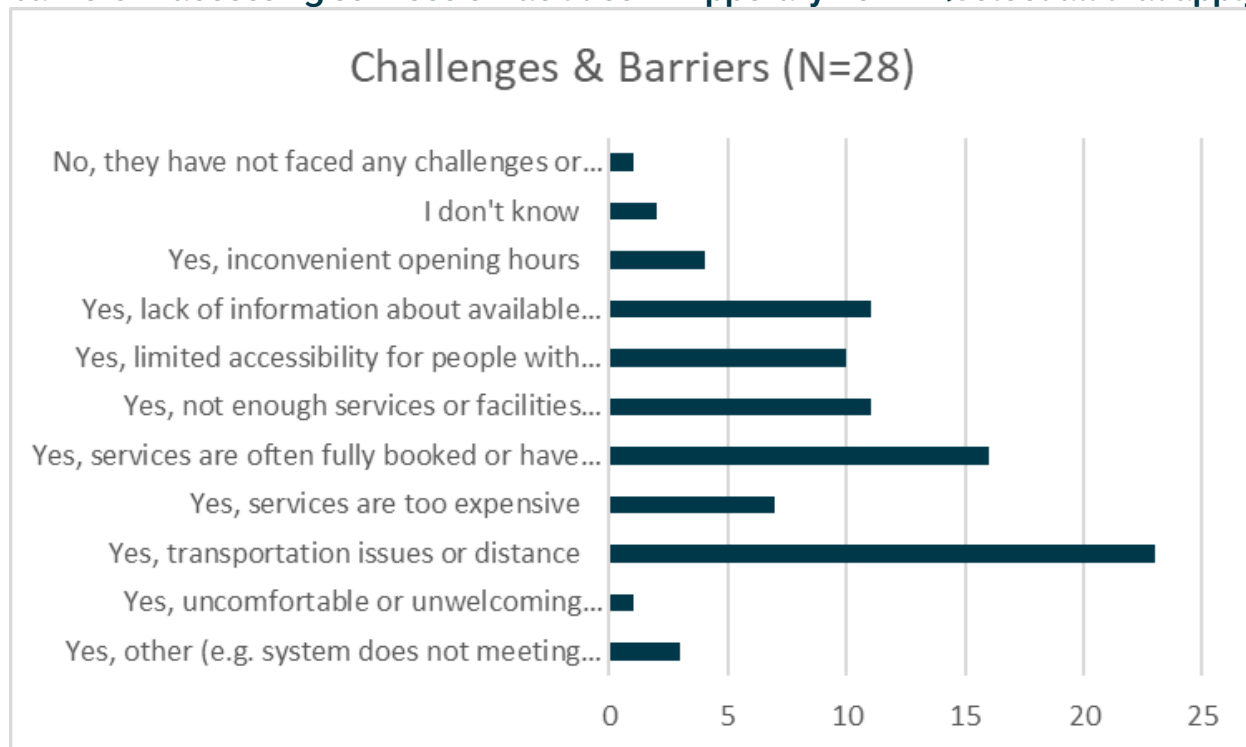


Figure A10. Do you think that children, youth and families face any challenges or barriers in accessing services or facilities in Tipperary Town? (Select all that apply)



Appendix vii - School Survey

Survey for Students

This survey is all about the services and facilities for young people in Tipperary Town.




This survey is part of a research project that aims to find out what services and spaces are helpful for young people and what could be improved.

Before you begin, it's important to know that **your participation is entirely voluntary**. You don't have to complete the survey if you don't want to, and you can stop at any time. **Your answers will be kept confidential** and used only for this research project.

The survey will ask you about places you visit, like youth clubs, sports facilities,

1. What age are you?
2. What is your gender?
 - Male
 - Female
 - Non-Binary
 - Prefer not to say
 - Other (please describe)
3. What is your ethnicity?
 - White Irish
 - Irish Traveller
 - Any other White background
 - Black or Black Irish - African
 - Black or Black Irish - Any other Black background
 - Asian or Asian Irish - Chinese
 - Asian or Asian Irish - Indian/Pakistani/Bangladeshi
 - Asian or Asian Irish - Any other Asian background
 - Other, including mixed background

- Arab
 - Roma
 - Any other ethnic group (please describe)
4. Have you lived in Tipperary Town all your life?
- Yes
 - No
5. If no, how long have you lived in Tipperary Town
- Less than 1 year
 - 1-5 years
 - More than 5 years
6. Which of the following services have you used in Tipperary Town? (Choose all that apply)
- Youth clubs or organisations
 - Sports facilities (for example, leisure centres, sports clubs)
 - Libraries or study spaces
 - Health clinics or services
 - Counselling or mental health supports
 - Help with schoolwork (for example, study club)
 - Arts and cultural programmes
 - Disability services
 - Other (please describe)
7. How would you rate the services and facilities that you have used? (Tick one answer per service/facility)

| | | | |
|--|---|--|---|
| |  Unhappy (I don't like it) |  Okay (It's fine) |  Happy (I like it a lot) |
|--|---|--|---|

| | | | |
|---|--|--|--|
| Youth clubs or organisations | | | |
| Sports facilities (e.g., leisure centres, sports clubs) | | | |
| Libraries or study spaces | | | |
| Health clinics or services | | | |
| Counselling or mental health supports | | | |
| Educational support services | | | |
| Arts and cultural programmes | | | |
| Disability services | | | |

8. How many after school activities do you do?

- 0
- 1
- 2
- 3
- 4
- 5 or more

9. What after school activities do you do?

10. Are there other activities that you would like to do, but can't?

- Yes
- No

11. If yes, what other activities would you like to do?

12. What improvements or additional services do you think would benefit young people in Tipperary Town? (Choose all that apply)

- More parks and playgrounds
- Improved sports facilities
- More cultural and arts programmes

- After-school tutoring and homework help
- Better public transportation
- Free Wi-Fi in public areas
- More events and festivals for young people
- Environmental projects and community gardens
- More bike lanes and safe walking paths
- Other (please describe)

13. Have you ever faced any challenges or barriers in accessing services or facilities for young people in Tipperary Town? (Choose all that apply)

- Yes, lack of information about available services
- Yes, transportation issues or distance
- Yes, services are too expensive
- Yes, services are often fully booked or have long waiting lists
- Yes, not enough services or facilities available
- Yes, uncomfortable or unwelcoming environments
- Yes, limited accessibility for people with disabilities
- Yes, inconvenient opening hours
- No, I have not faced any challenges or barriers
- Other (please describe)

14. Do you feel that your opinions and needs as a young person are taken into consideration when planning and designing the services and facilities in Tipperary Town?

- Yes, always
- Sometimes
- Rarely
- Never

15. What do you think would improve communication between young people and service providers in Tipperary Town? (Choose all that apply)

- More social media updates and information

- A dedicated website for young people's services
- Regular newsletters or emails
- Information boards in schools and community centres
- A youth committee or forums where we can share our ideas
- An app with all the information we need
- Workshops or info sessions at school
- Other (please describe)

Appendix viii - Student Survey Results

Figure A10 - What is your gender? (N=284)

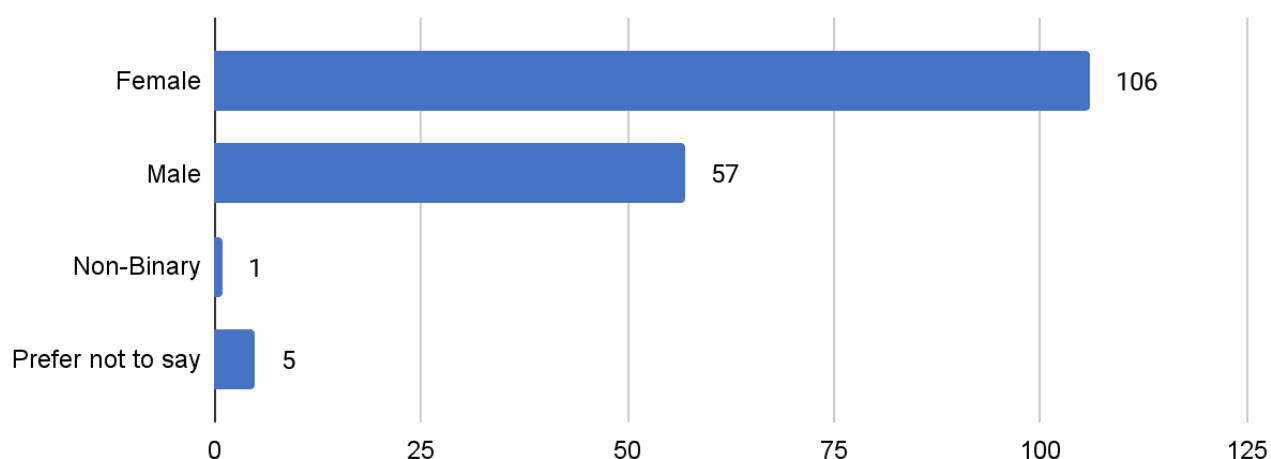


Figure A11 - Have you lived in Tipperary Town all your life? (N=284)

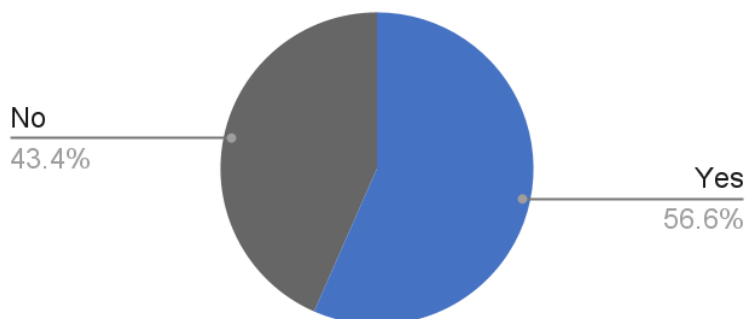


Figure A12 - If no, how long have you lived in Tipperary Town? (N=284)

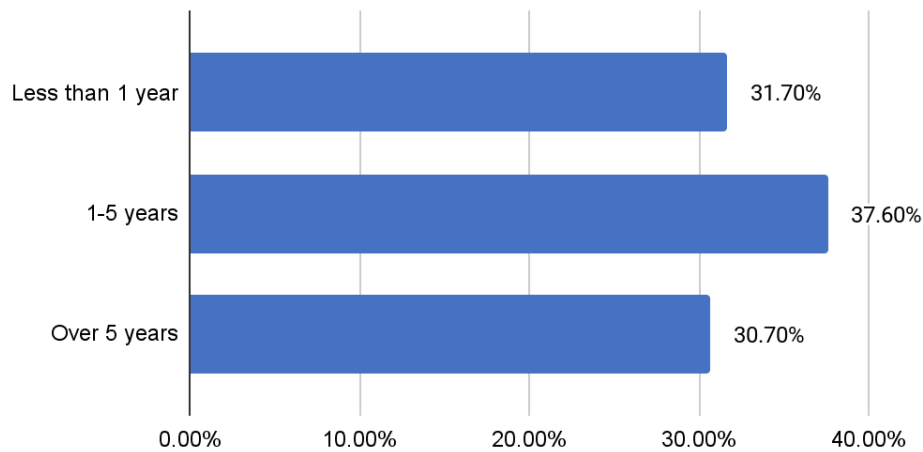


Figure A13 - Which of the following services have you used in Tipperary Town? (Choose all that apply)

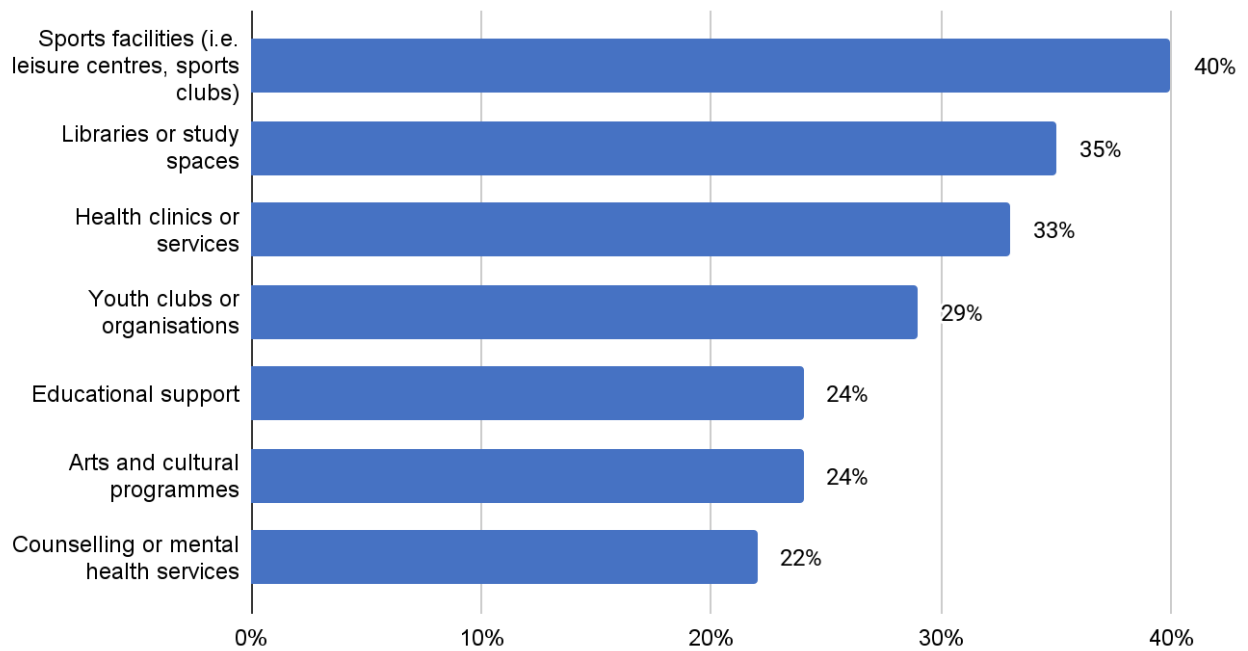


Figure A14 - How would you rate the services and facilities that you have used?

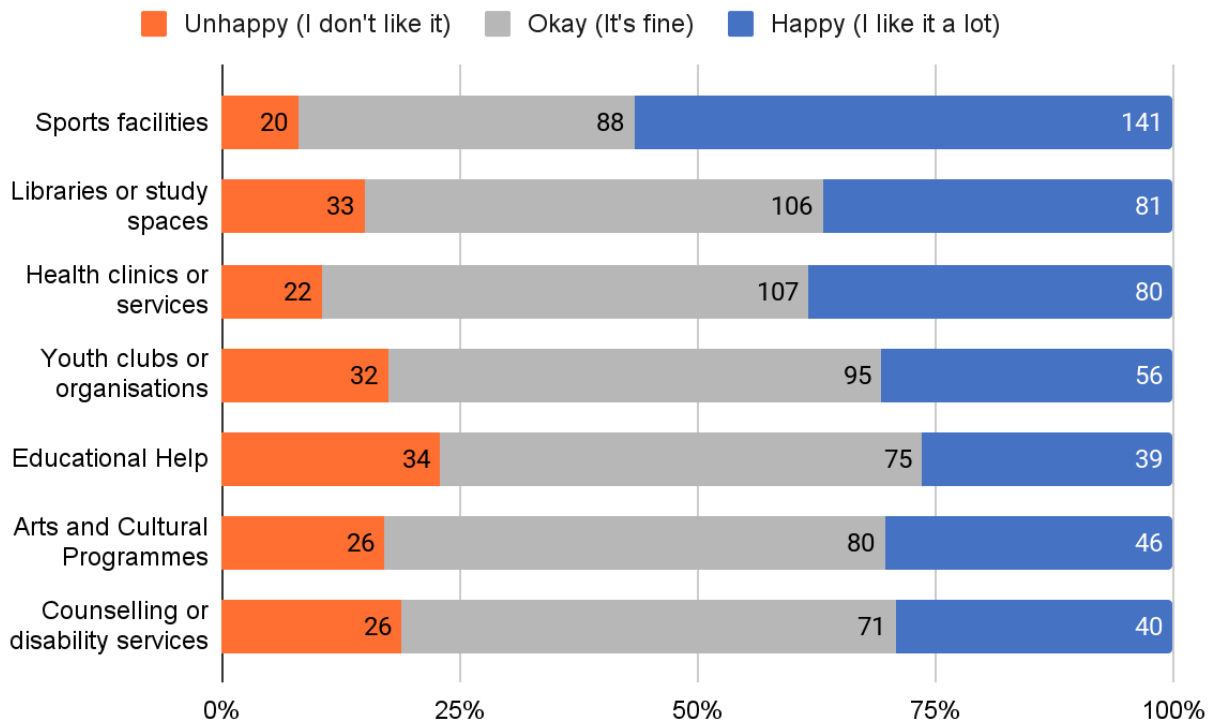


Figure A15 - How many after school activities do you do? (N=284)

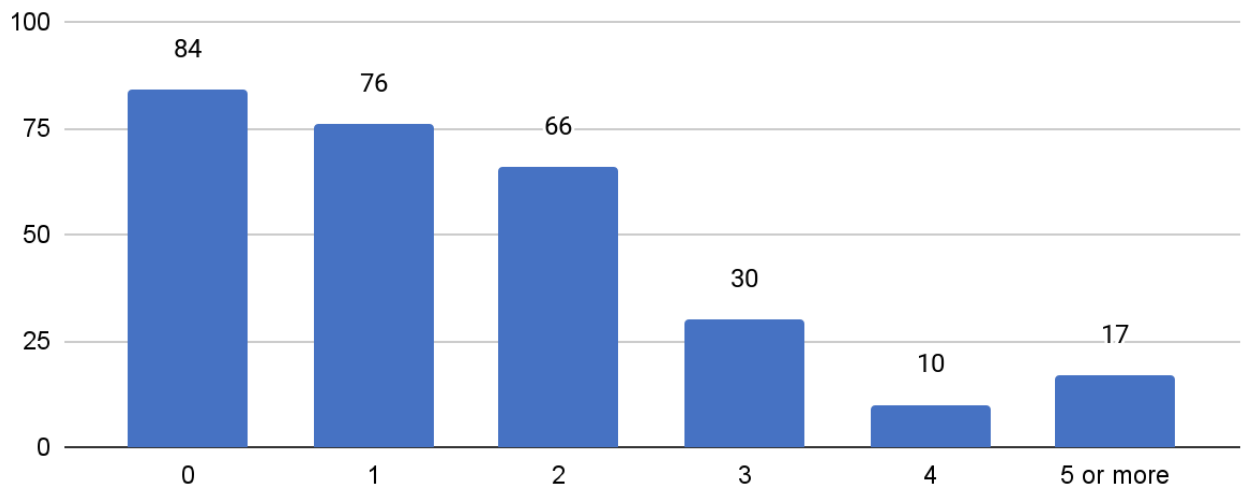


Figure A16 - Are there any other activities that you would like to do, but can't? (N=284)

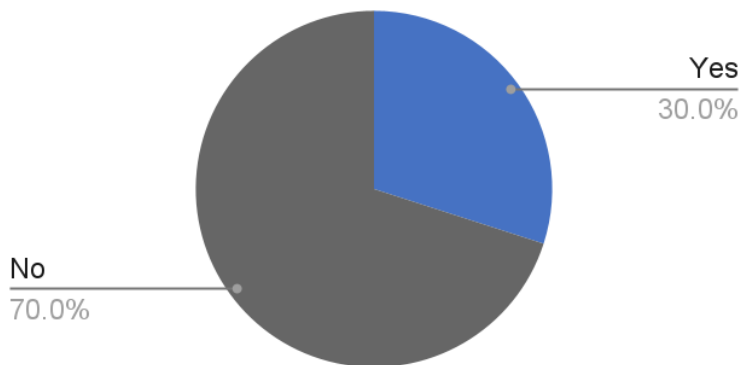


Figure A17. What improvements or additional services do you think would benefit young people in Tipperary Town? (Choose all that apply)

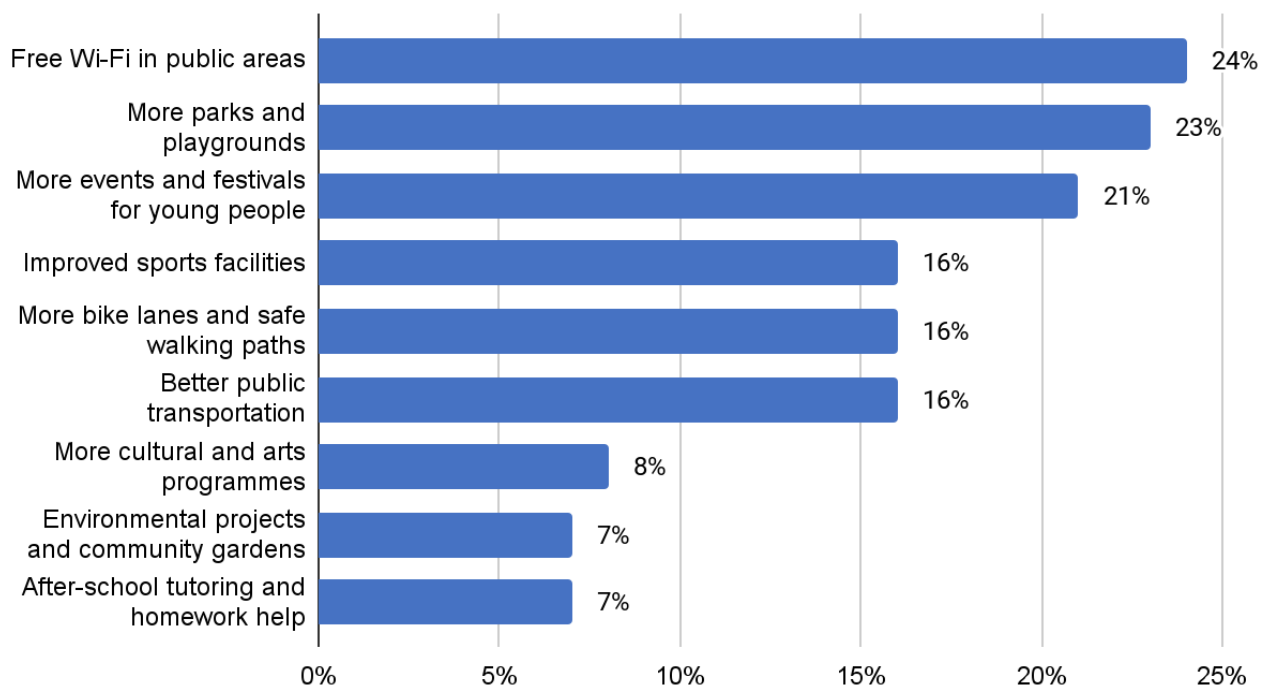
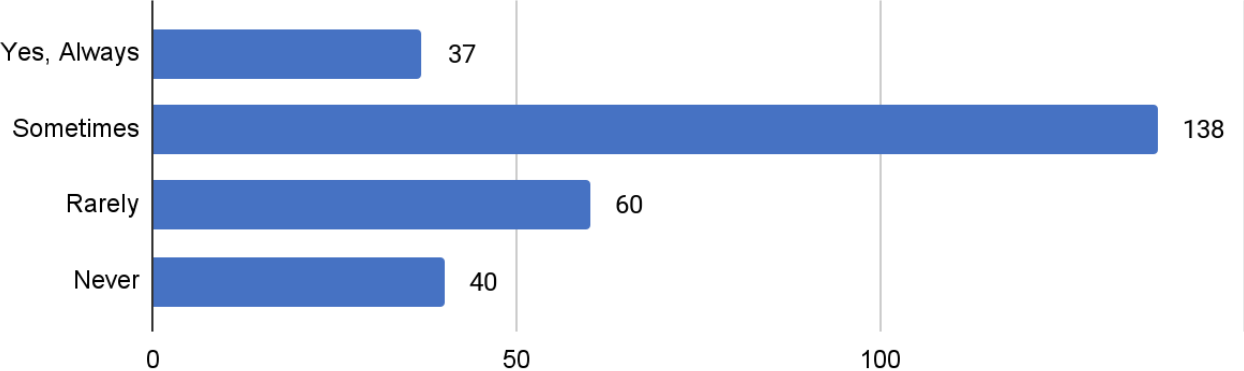


Figure A18 - Do you feel that your opinions and needs as a young person are taken into consideration when planning and designing the services and facilities in Tipperary Town? (N=284)



Appendix ix - Images From Primary School Workshop



Figure XX





tasc



Rialtas na hÉireann
Government of Ireland



pobal
government supporting communities

TASC receives support under the Scheme to Support National Organisations (SSNO) which is funded by the Government of Ireland through the Department of Rural and Community Development.