

Mental Health Ireland: Context and Background:

Mental Health Ireland is a national voluntary organization, established in 1966 as the Mental Health Association of Ireland. Mental Health Ireland promotes positive mental health and wellbeing to all individuals and communities, and through our network of 92 Mental Health Associations, we support people who experience mental health difficulties on their journey of recovery. The network of Mental Health Associations, all of which are led by local volunteers, provide a variety of local initiatives which firstly support people who experience mental health difficulties through social clubs, befriending and access to community activities and secondly promote mental health awareness to the whole community through education, events and interagency working.

Mental Health Ireland has a team of Area Development Officers (ADO's) who work on a regional basis throughout the country supporting the network of local Mental Health Associations, delivering awareness-raising initiatives and targeted education and training programmes on mental health issues in local communities and workplaces.

MHI's vision is for an Ireland where mental health is valued as being an essential part of personal wellbeing and the health of the nation. Through its work MHI aims to inform Irish society's understanding of mental health and foster a culture where people with mental health difficulties are respected and supported. Specifically we believe:

- that everyone is entitled to inclusion in society and opportunity for personal fulfilment and the right to be treated with dignity, respect and equality
- that people experiencing mental health difficulties have the right to be supported in their recovery.

Among its core aims, Mental Health Ireland is committed to supporting peer support and recovery initiatives throughout Ireland. Over the past 10 years peer initiatives such as [Gateway Mental Health Association](#) in Dublin, [ÁRAS Follain Peer Support Centre](#) in Nenagh, Get it Together Inishowen and the [Kerry Peer Support Network](#) have emerged. These grass roots projects/initiatives, which are based on the recovery model are examples of the national mental health policy, *A Vision for Change* in action.

Mental Health Ireland is committed to the development and delivery of a broad range of mental health promotion activities in conjunction with the HSE and other statutory, voluntary and community organisations and provides an Information Service on issues relating to mental health and mental ill

health via its provision of information fact-sheets, it's website and directly by telephone, post and email.

In 2015, following a review of its training provision, Mental Health Ireland developed and piloted its [Mind Your Mental Health \(MYMH\)](#) training workshop through the network of Family Resource Centers throughout Ireland. MYMH is currently being rolled out to community/voluntary groups, statutory partners and workplaces across Ireland. MHI also works in partnership with [NOSP, the National Office for Suicide Prevention](#), in the delivery of SafeTalk and ASIST and University College Cork (Adult Continuing Education) in relation to the rollout of the [Mental Health in The Community Certificate Programme](#). The MYMH training aims to improve mental health and wellbeing and incorporates the Warwick Edinburgh Mental Health and Well-being scale (WEMWBS), the outcomes of which we hope will help inform our provision into the future.

Among the national campaigns that Mental Health Ireland is actively involved are World Mental Health Day and the Solstice Wellbeing Day. During World Mental Health Week, Mental Health Associations throughout the country organise a wide range of local campaigns and events.

Partnership initiatives

Mental Health Ireland is actively engaged in local and statutory interagency networks and actively seeks to develop projects and partnerships to promote mental health awareness across sectors including education, arts and sport nationally. The following outlines a few of these initiatives:

- [Music in Mind Programme \(MIM\)](#). The Music in Mind Programme, which consists of a programme of choral and drumming workshops, is provided in partnership with the National Concert Hall. This programme is currently in its second year. To date the programme has facilitated groups of participants from a range of Mental Health Associations in Dublin, Wexford, Donegal, Sligo, Mayo and the Midlands. The program is continually evaluated to assess the impact of this intervention on the mental health and wellbeing of participants. As part of the evaluation of the *Music in Mind* programme participants complete a pre and post Warwick Edinburgh Mental Well-being scale (WEMWBS).
- [Woodlands for Health Project](#). The Woodlands for Health Project is a partnership initiative with Coillte and the HSE, Wicklow Mental Health Service. The project was evaluated by the HSE and University College Dublin in 2015. The outcomes of the evaluation highlighted an improvement in the mood of participants by 75 per cent and sleep by 66 per cent; in addition to a decline in participant thoughts of suicide by 82 per cent.

- Mental Health Ireland’s annual [Art and Photography competition](#) for post primary school students is now in its 10th year (see appendix 1).
- Mental Health Ireland partners with groups such as [First Fortnight](#) whose aim is to challenge mental health prejudice and stigma through the creative arts.

Interagency Partnership Networks

Mental Health Ireland is actively engaged both on a national and regional basis in a wide range of interagency partnership and network arrangements including the HSE Youth Mental Health Consultative Forum, the Mental Health and Housing Task Group (Housing Agency), Local Community Development Committees (LCDC’s), and Age Friendly Cities Committees. In addition Mental Health Ireland is actively engaged with a range of organisations, groups and networks including [Cairde](#), the [Integration and Support Unit](#) and HSE Social Inclusion, who support ethnic communities, refugees, asylum seekers and immigrants.

Challenges and Opportunities

“The Social conditions in which people live and work can help create or destroy their health. Lack of income, inappropriate housing, unsafe workplaces and lack of access to health care systems are some of the social determinants of health leading to inequalities”

World Health Organisation (WHO 2004)

The face of Ireland has changed dramatically over the past 20 years. Rapid advances in technology, medicine, communication, the impact of social media, legislative changes, challenges in the health and education sectors, changes in how public services are provided, accessibility to transport, the housing and homeless crises, changes in family status and legislation, the influx of ethnic minority groups, these, coupled with the increased complexity and speed of life, have undoubtedly had an impact and consequences for Irish society.

From a global perspective we need also be mindful that we are living in a world where country boundaries are becoming virtual, information, communication and media is instant, social media is part of everyday living, privacy is diminishing, multitasking is the norm.

While undoubtedly these advances have brought advantages to individuals, communities and countries the level of rapid change has also placed great stresses on individuals, families’ communities and workplaces. This is very evident in workplaces throughout the country where we experience first-hand how many workers and managers struggle with insecure/changing work conditions, competing

priorities, expectations to be 'connected' 24/7. Many cite fears that negative repercussions will ensue for their work and potential progression if they don't row in with workplace demands that may be untenable or if they highlight how this is impacting on their mental health e.g. stress, burnout.

A note on mental health and stigma:

In 2015 the HSE carried out an evaluation of the 'Little Things campaign' in 2015 the outcomes of which indicated:

- 81% of respondents considered that there's still a stigma associated with mental health problems
- 35% said that they would find it hard to talk to someone with mental health problems
- 55% said that if they were experiencing mental health problems that they wouldn't want people to know about it.

Given the range of mental health promotion initiatives in existence it is concerning that the statistics remain so high. Mental Health Ireland, through its Mind Your Mental Health training workshop provision aims to demystify mental health and set it within the wider context of health and in doing so help support the elimination of stigma.

Through its work with local communities, workplaces and strategic partnerships Mental Health Ireland is ever aware of both the changing societal needs in Ireland and challenges faced in relation to the promotion of mental health and wellbeing both in urban and rural areas throughout the country. We are ever cognisant of the range of factors that interplay and impact on the health of individuals, communities and our country. How we develop and grow old in our society is determined by factors such as our overall health, financial stability, sense of security, suitability of housing, security of tenure, level of social inclusion, sense of belonging, childhood experience. Within rural communities' factors such as loneliness, social isolation, limited transport links and fear in relation to security are common issues highlighted as areas needing attention. While for some the closure of local community post offices has impacted on their connection with their local community others cite the closure of local Garda stations as increasing their level of risk and level of fear.

In highlighting the areas of attention and issues faced by people it must be stressed we need to be mindful not to enforce a 'one size fits all' perspective or rule when addressing service provision.

Older Persons:

While for some old age will bring greater freedom and time to enjoy new experiences, for others it will be a time of decreasing independence and the challenges that go with that.

The rapid ageing of the global population is one of the major global demographic trends, driven by the reduction of fertility and increasing longevity. The number of people aged 60 years or over is expected to more than double, from 841 million people in 2013 to more than 2 billion in 2050 (United Nations, 2013). In most regions and countries, the population aged 60 or more is growing faster than younger adults and children (United Nations, 2013). This has important consequences for families, the labour market, health, housing and social care systems.

It is considered that the life expectancy of Irish people aged 65 rose by 9% over the period 2004 and 2013 (Eurostat 2016). The figures indicate that those aged 65 in Ireland have an average life expectancy of 19.45 years, bringing their overall average life expectancy up to 84.5 years. In fact by 2030 it is estimated that there will be more people over the age of 60 than under 10 and globally the number of people 60 years and over is expected to triple by 2100. This poses many important questions for Ireland as a society such as while life expectancy has increased is the person's dignity, quality of life, sense of purpose and meaning, feeling of usefulness and sense of belonging also improving? While acknowledging that not all people are the same, as we age the likelihood that many of us will experience diminishing health and independence is probable and for many having limited mobility, increased frailty or other physical or mental health problems will require that we have access to some form of long or short term care.

This ageing transformation poses many challenges such as:

- How to sustain an adequate standard of living and quality of life for older people
- How to provide appropriate services and facilities such as health and social care, while ensuring the effectiveness and financial sustainability of our systems and institutions.

This demographic shift offers considerable opportunities for society through the development of new technologies, new models of working, along with targeted interventions and prevention strategies to improve health and quality of life.

When considering vulnerable groups such as our older population we need to be cognisant of the range of factors that have potential to impact to a greater extent on them. As noted earlier, in rural areas one of the greatest risks, particularly for older people, is that of **social isolation and loneliness**. Many older people spend the majority of their waking hours alone (and in many cases the only visitor is the TV). Older people also find themselves living in one or two rooms of their family home the rest of which they are no longer able to maintain. It must also be borne in mind that many older people will have suffered as a result of bereavement, loss of social connection (often following retirement),

decreased capacity for independent living /fear of loss of independence, fear of victimisation, and loss of sense of purpose and usefulness. As such older people are at risk of [depression](#). (WHO 2013).

Accessibility to appropriate transport needs to be considered as a priority, if older people are to be facilitated to be able to access local services and engage in community life and in doing so remain independent for as long as possible. While for many living in rural areas access to transport is limited or non-existent it is heartening to see places such as Donegal where transport to the day centres is provided by [SITT](#)(See Appendix 3)

In addition access to home help services can often determine whether the person can live independently and for how long. While technology has increased 'virtual' connectivity this has created a wider divide between many older people and their wider community. For example many may not have access to credit cards, broadband and other technology that is a requirement when accessing online services.

Changing role of older persons

Given the financial strain and high cost of childcare that many parents face, it is not uncommon to find grandparents providing for this role. While many grandparents may be healthy and welcome the opportunity to support their children in this way, for others taking on such a role can place excessive strain, responsibility and stress on them at a time when they are faced with their own diminishing health, mobility limitations etc. (See article in the Irish Independent : [Grandparents minding children at greater risk of depression](#) (Phelan 2015)

According to Researchers at Trinity College involved in a major study on Ageing, Grandparents who provide high levels of childcare are more likely to suffer from the signs of depression, with grandparents providing over 60 hours' care per month experiencing significantly more depressive symptoms. The finding is included in a paper as part of the [Irish Longitudinal Study on Ageing \(Tilda\) project](#).

The study, involving 7,500 older people, has found a huge reliance on grandparents as parents seek to avoid crippling childcare costs. It found around 60pc of grandparents had looked after their grandchildren at some point in the previous month. And of grandparents providing childcare, almost one in five looked after their grandchildren for more than 60 hours a month. Negative health effects were also noted, according to epidemiology research fellow Christine McGarrigle.

"Grandparents who provide higher levels of childcare experience significantly more depressive symptoms," she told the Irish Independent. However, the research also found that depressive symptoms were moderated in cases where grandparents also participated in social or leisure

activities. The study also found that grandparents with higher levels of education are less likely to suffer from depressive symptoms. "This increase in depressive symptoms was seen in the lower educational attainment group," said Ms McGarrigle. Grandparents with third-level education were also less likely to be minding grandchildren more than 60 hours per month, the study found. Ms McGarrigle said the findings contradict the perception that all grandparents are alike, with similar abilities and interest in providing care for their grandchildren.

She said that how happy a grandparent is about providing childcare really depended on what their expectation was to begin with.

In addressing older age we need also as a society consider our attitude to growing old and what that means. Given that we are more likely to live longer we now faced with a cohort of retired people who will still have much to offer. In this regard we need to consider how we might harness the wealth and breadth of experience and knowledge of this group so that both they and society gains from their life experience.

Technology and health:

While technology has increased 'virtual' connectivity this has created a wider divide between many older people and their wider community. For example many may not have access to credit cards, broadband and other technology that is a requirement when accessing online services.

Examples of services and forums that support people in older age:

Active retirement, The ICA, Good Morning Inishowen (phone calls to elderly), the Senior Helpline, Older Age Council, Home Help service, the Irish Senior Citizens Parliament and the National Age Friendly Cities and Counties Programme (AFCC programme- In 2014 this was in 20 counties).

The following is an overview of some specific recommendations relating to older age:

1. **Values:** As a whole of society we need to examine the value we place on our aging population
2. **Family Supports:** There is a need to consider ways to support families with a view to helping minimise the burden of child care costs.
3. **There is a need to increase support** for carers and families
4. **We need to remain open to learn** from local best practice and other countries. i.e. we need to consider both our own and wider societal attitudes and beliefs around the value and respect we place on our ageing population.
5. **Older age and 'feeling useful':** work is required to consider innovative ways to ensure that older people are included within the wider community context. There is a need for

intergenerational initiatives that foster greater learning and understanding across the lifespan. In addition we need to consider how older peoples life experience might be harnessed as a valuable resource that will help inform how we develop our society.

6. **There is a need for greater consultation** with groups such as the Irish Senior Citizens Parliament (www.iscp.wordpress.com), active retirement associations, men's sheds, and senior social initiatives in the GAA as part of wider policy formulation.
7. **There is a need to provide ongoing support** for people as they age to maintain, improve or manage their physical and mental health and wellbeing" and "enable people to age with confidence, security and dignity in their own homes and communities for as long as possible." (Goal 2 and Goal 3 from the ([Department of Health, 2013. National Positive Ageing Strategy](#))
8. **There is a need to address/reform the current pension system** so that people are not caught in a poverty trap when they retire, as this can have a hugely negative impact on the mental health and wellbeing of older people, their families and their community.
9. **Review policies** to make it easier for families to look after their elderly parents in their home - as in previous generations. Note: Having a grandparent in the family home can potentially help children learn about life and enhance understanding of the value of intergenerational knowledge, empathy; wisdom; practical caring. This will also potentially support older people to feel much more connected, useful and part of the extended family and normal daily routine.
10. **Greater co-ordination and interagency communication practices in relation to assessment:** Currently services are organised around medical conditions. e.g. diabetes, heart etc. This places an extra burden on older people to repeat information at the point of assessment and to be treated multiple different times by different health care professionals at different locations. There is a lack of joined up practice in relation to assessment. It would make it much easier for people to navigate around services if services (including budgets) were organised around people.
11. **Improve access to home care services:** It can be easier to get approval to enter a nursing home then to get appropriate home care services. This is neither advantageous to the individual, family nor the economy. It is important that older people are supported to live independently for as long as is possible.
12. **Use of Technology:** There is a need to improve access to broadband, and technology for older persons. This brings great potential here for young people to get involved in the upskilling of older people the benefits of which would be reciprocal for both young person and older person (including greater intergenerational understanding, reduced fear etc.).
13. **Strengthen cities** throughout Ireland in line with the Age Friendly City and County Programme

14. **Implement national initiatives** such as [Galway Dementia Friendly Communities Initiative](#): This project aims to raise awareness of dementia in the community. The project is being managed by Galway City Partnership. Some examples of the types of initiatives involved in this project include:

- a. Training and awareness raising with local communities
- b. Developing a pool of volunteers to support people with dementia and their families
- c. Working with local businesses to assist them in becoming more dementia friendly
- d. Developing dementia-focused projects with local schools
- e. Working with the local media to raise public awareness around dementia

Disadvantaged groups

Through its team of Area Development Officers (ADO's) working regionally in local communities Mental Health Ireland works with a vast range of services who aim to address many of the determinants of health as outlined. The following outlines an example of the range of disadvantaged groups that come into contact with Mental health Ireland: new communities, the travelling community, individuals and families in direct provision, minority groups, those in the lower income bracket, older people, carers (including young carers), the homeless, those in insecure tenure, those who are struggling to keep up with rental costs, the disabled, the unemployed, students living away from home, those who might be isolated, those with addiction issues, disability or those struggling due to mental illness.

With regard to new communities and ethnic minorities these often face barriers due to language difficulties when seeking to access medical and education services and in particular culturally sensitive services (see Mental Health Reforms [position paper on Ethnic Minorities](#)). For those who have come to Ireland seeking refugee status many will present suffering from trauma. This is further compounded when left for long periods of time in direct provision, unsure of their future, unable to work and engage in pursuits that offer them meaningful use of their time. It cannot be underestimated the impact of having a sense of purpose and meaning. While in direct provision asylum seekers find themselves in situations where they don't have access to basic living conditions such as a means of cooking for themselves or their families. As such they not only suffer from a loss of cultural connection via what they eat, moreover they suffer due to a depletion of their societal roles within their families.

Farming Community:

It is important that we are aware of the isolation and loneliness that exists within the farming community. The nature of the work, reliance on the weather and unsociable nature of the working day can result in mental strain for farmers.

Housing

With regard to housing, the difficulty in urban centres has been highlighted over the past years. In rural areas, while the same level of distress is not always experienced there remains a significant problem for many disadvantaged people securing long term rental units. Due to social issues, council legislation or issues with landlords. This has resulted in people continually needing to move from place to place. This is neither good for individuals nor their families as this places them at risk of social isolation, disconnection, difficulty finding employment and has repercussions for school going children.

Recommendations:

While it must be acknowledged that there are a wealth of services throughout the country working to address many of the health determinants for local populations there is a clear lack of consistency in relation to the type and options available across the country.

Mental Health Ireland considers that if meaningful integrated responses are to be provided that address local need in line with the wider strategic objectives as outlined in [A Vision for Change \(2006\)](#), [Connecting for Life](#), [Healthy Ireland \(2013\)](#) , [Age Friendly Cities and Counties Programme](#) etc.

The following outlines a number of core guiding Principles to this end:

- **Whole of population approach:** There is a need to ensure that responses and initiatives encompass a whole of population approach
- **Commitment to Recovery:** There is a need to ensure that services and interventions have their foundations clearly in line with the recovery model (i.e. Vision for Change) i.e. there is a need for greater understanding and clarity across agencies and sectors in relation to what is meant by recovery i.e. while ‘recovery’ is considered and agreed to be the way forward, in practice there remains confusion and misunderstanding in relation to what it actually means in action. As such ‘recovery’ can often be consigned to a concept with services proceeding on a ‘business as usual’ basis. There is great potential here to adopt a whole of population approach. This includes interagency training interventions that would bring together the range of stakeholders with those with lived experience. (the UCC Certificate In Mental Health in The Community Programme is one

such example) Implementation of this across sectors would not only inform and enhance understanding of recovery but you also help reduce stigma.

- **Determinants of Health:** That there is a clear understanding of the range of determinants of health and wellbeing and their interconnectedness to health and mental health. i.e. that having poor mental health
 - Has an impact not only on the individual experiencing the difficulty but also their family, friends, work colleagues, networks etc. As such carers, family members etc. may also need access to supports
 - Has a knock on effect on a person's physical, social, emotional, spiritual, psychological and sexual health and wellbeing
- **Shared Vision and Enhanced Interagency Collaboration:** That a shared vision and clear set of principles are set down to manage interagency working practices. There is a need for greater interagency collaboration and joined up thinking. This is often hampered by the separation of funding streams/budgets.
- **Consistency:** There is a need for greater consistency in relation to the provision of core health and social services throughout Ireland.
- **One size does not fit all:** While service provision needs to be informed by evidenced based best practice caution needs to be taken to ensure that a one size fits all approach is not implemented.
- **Prevention and Early Intervention:** While crises interventions are needed there is a clear need to focus on prevention and proactive early intervention responses to the range of determinants of health.
- **Pathways Approach:** Clear pathways both in and out of health services need to be developed.
- **Flexible/creative approaches:** There is a need for greater flexibility in funding arrangements to allow for innovative and creative approaches that help enhance dignity, respect, hope, trust, meaning, understanding, purpose, enhanced engagement and empowerment in communities. This would require the addition of appropriate metrics to assess the effectiveness of interventions. E.g. : Music in Mind, First Fortnight. These creative approaches have potential to support the integration of disadvantaged and socially isolated groups in society and can serve to enhance capacity building, connection, whole of community integration and intergenerational social inclusion that recognises and celebrates diversity within communities.

The following outline a number of recommendations in line with the above principles:

- **Funding streams:** That seed funding/ a funding stream is put in place to support the development, resourcing and capacity building needs of peer initiatives (in line with *Vision for Change*)

- **Existing best practice:** There is a need to recognise and build on the volume of good practice that has already taken place (e.g. Peer initiatives, ARI) with a focus on learning from this (as opposed to focusing on deficits). Create forums where best practice can be shared and built up on. It is important that we do not seek to 'reinvent the wheel'. Moreover it is important that we avoid duplication of services.
- **Diversity and Services:** That a range of options are made available that meet the diversity of need and that are culturally sensitive to needs of minority populations. This will also help ensure that vulnerable and disadvantaged groups are not excluded or left behind.
- **Consistency in service provision:** While there is a wealth of innovation and best practice throughout the country this has a tendency to be 'location' based. The level of service a person receives should not be based on the area they live in. There is a need for a clear commitment from Government towards a 'whole of population' approach to the development and provision of services throughout the country. This needs to extend further than core services.
- **Clear Referral pathways:** The provision of appropriate referrals at the earliest opportunity will not only help minimise chronic longterm difficulties but would ultimately result in cost efficiencies. (note: this could be achieved via the provision of health 'triage' in local communities).
- **Technology:** That greater consideration is given to how technologies can be developed to support the whole population and to enhance timely access to services, interventions (e.g. out of hours services) and enhance greater connectivity i.e. services available when needed rather than during traditional office hours.(see also older persons)
- **Housing/homelessness/direct provision:** That attention is placed on the amount of time that people remain in untenable housing, direct provision and homelessness. The impact on the individuals, families and communities health is great. This includes the insecurities surrounding the rental sector.
- **Capacity building / co-produced training initiatives:** That interagency working practices, protocols and networks are enhanced to support capacity building and the creation of a shared vision. This can potentially be supported by the provision of co-produced educational and training initiatives that supports greater interagency understanding, support, trust and greater shared skill/knowledge transfer. It will also offer the opportunity to bridge the gaps between the medical and recovery model approaches to service provision and will support the creation of more seamless service and appropriate referral pathways for persons accessing services.
- **Statistical focus** While there is a need to highlight the prevalence of particular trends it is important that we do not lose sight of the bigger picture as this can serve to further isolate vulnerable population groups i.e. for every person who struggles due to a particular illness,

disability, mental health difficulty there is a need to recognise that there is a potential impact on their whole system i.e. within their family and wider community. Greater focus on this will support the tackling of stigma and the move towards a recovery rather than a medicalised focus.

- **Balance:** There is a need for a balance between strategic aims and meaningful local/community initiatives. There is a need for a holistic approach in communities and workplaces e.g. for employers to be aware of the level of stress insecurity of employment, change etc. puts on the workforce.

To close it is clear that no one agency has all the answers, moreover many agencies hold keys to a multitude of innovative interventions which if shared and built upon in a spirit of a shared vision have the potential to unblock many of the road blocks that currently exist.

Appendix 1:

Initiatives:

Expressions project in Wexford for 16-18yr olds.

This initiative offers students an opportunity to use whatever medium they choose to express their thoughts on mental health and wellbeing. In 2015 students created board games, drew sketches along with poetry, created musical shows, developed literature, presented powerpoints about what mental health means to them and some energetic public speaking.

MHI Photography and Art Competition

MHI's Art and Photography Competition is going from strength to strength and is in its 10th year. All Post Primary Schools are invited to submit entries from their students in both categories using the theme of mental health and wellbeing.

In 2015 a total of 895 pieces of Art and 164 photographs were submitted from Post Primary students from all over Ireland. In total of 68 schools submitted entries for the Art category and 42 for the Photography category

The provincial and national winning entries in both categories form our Mental Health Ireland calendar for the following year.

The 2016 competition culminated in a national exhibition of the 37 winning entries in Dublin City Councils Head Offices, Wood Quay, Dublin 8 for one week. The competition was supported by artist Lisa Butterly who adjudicated on the competition. Students from all over Ireland attended the event with their families, friends and teachers.

Appendix 2: Examples of the breadth of services in local areas

Services in Donegal:

- Home Help service
- Good Morning Inishowen (phone calls to elderly)
- Befriending Service – Alzheimer’s
- HSE Older Peoples Service
- Day Centres
- Transport to the Day Centres provided by SITT
- Vincent De Paul
- Family Resource Centres
- STEER

Galway:

- Age friendly Galway
- Galway Age Friendly City and County programme launched on the 27th September, 2011.
- Active Ageing In Partnership (see below)
- Project Lifecourse and the 3-Cities project
- Galway Healthy Cities Initiative
- Galway City Dementia Friendly Communities Initiative
- Active Ageing in Partnership (AAP) is a unique initiative of Active Retirement Ireland, Age and Opportunity and Third Age

Project Lifecourse and the 3-Cities project: Project Lifecourse involves a broad and in-depth programme of research activities. This includes working with colleagues from the three collaborating research centres on projects focusing on: children and youth, in terms of service evaluation; people with disability, in terms of knowledge exchange initiatives; and older people, in terms of social exclusion and deprivation. The main research focus of Project Lifecourse, is the

3-Cities Project.

The aim of the 3-Cities Project is to engage in a citizen-led and collaborative process to re-imagine and reconstitute services as an integrative means of maximising participation for children and youth, people with disabilities, and older people, in their communities and cities, and in Irish society

The 3-Cities Project has five objectives:

- Capture citizen perspectives of children and youth, people with disabilities, and older people on participation and integrate their voices into service design and innovation;

- Provide an overview of existing service infrastructure for supporting participation in the community for children and youth, people with disabilities, and older people in Galway, Limerick and Dublin;
- Critically review existing service infrastructure for participating in the community across Galway, Limerick and Dublin with a view to establishing new directions for conceptualising service provision and best practice;
- Underpinned by a commitment to citizen engagement, develop a shared understanding of the assets and opportunities of community living with children and youth, persons with disabilities, older people and service providers;
- Develop, implement and evaluate an integrative service model for participation that supports and enables children and youth, people with disabilities, and older people;

Healthy Cities Initiative

The programme recognises that the solutions to health challenges in towns and cities do not lie with the health sector alone but with decisions made by others: in local government, education, urban planners, engineers and those who determine physical infrastructure and access to social and health services. These professionals have to face the challenges of overloaded water and sanitation systems, polluting traffic and factories, lack of space to walk or cycle, inadequate waste disposal, crime and injury.

Urban planning can promote healthy behaviour and safety through investment in active transport, designing areas to promote physical activity and passing regulatory controls on tobacco and food safety.

Improving urban living conditions in the areas of housing, water and sanitation will go a long way to mitigating health risks. Building green, inclusive cities that are accessible and age-friendly

Annual Festivals:

- Bealtaine
- Social Inclusion Week / Community Inclusion Week
- Positive Ageing Week
- Burning Bright
- Galway Age Friendly City and County Alliance

Appendix 3:

SITT Transport Service: Donegal

A newly restructured daily transport service connecting West Donegal to Letterkenny via Churchill has been launched by Minister of State at the Department of Transport, Tourism and Sport, Alan Kelly TD. 28th June 2012; Working closely with local communities and business, SITT have restructured an existing service that operates from Dungloe to Letterkenny daily. This new service is to commence on Monday 2nd July 2012.

SITT, set up in 2002 by South West Donegal Communities Partnership Ltd. is managed by a Board of Management from the voluntary and community sector, funded by the Dept. of Transport, Tourism and Sport, managed by the National Transport Authority (NTA) and is based in Killybegs. The focus of rural transport is to address unmet transport needs of rural dwellers and provide an accessible affordable service based on that need.

SITT as part of its ongoing monitoring and reviewing of services, have restructured a daily service that runs from Dungloe to Letterkenny.

This service is now commencing at the Pier in Burtonport every morning to meet the ferries from Arranmor, stopping in Dungloe, Loughanure, Crolly, Dunlewy, Glenveagh, redirecting into Churchill, Sockar Road and on into Letterkenny.