

#### **Limerick Parent Survey**



Welcome to the Limerick Children and Young People's Services Committee (CYPSC) **Parents Survey**. Limerick CYPSC is an interagency committee that brings together the services that work with and for children, young people and families in Limerick.

Your answers will be used to help us identify gaps in services for **parents** in Limerick. Your information will be used, together with information taken from research and focus groups, to develop an overall picture of the services available to children, young people and parents in Limerick city and county. We will use this survey results to inform what and how services deliver supports to parents.

This survey should take no more than 5 minutes to complete. No identifying information is asked in this survey. Any information you share with us will be kept confidential. All survey results will be entered into a database. Any hardcopy surveys received will be destroyed. The database will be stored on a password protected file on a password protected computer. The data will be held for no longer than 5 years.

You can skip any question you do not wish to answer. You can withdraw your answers from this survey at any time, and without giving any reason, by contacting david.studer@tusla.ie.

If you have any questions about this survey, you are welcome to contact David Studer, Coordinator with Limerick Children and Young People's Services Committee: david.studer@tusla.ie.

\* Required

#### **General Information**

Are you? \*

Male
Female
Prefer not to say

Other

2
Are you a *
Parent
Foster Parent
Guardian
Carer
Other
3
Which of these bests describes your background? *
☐ Irish White
○ Irish Traveller
Any other White background
Black or Black Irish
Asian or Asian Irish
Prefer not to say
Other
4
Do you live in: *
○ Limerick City
○ Limerick County
Limerick suburbs
Outside Limerick City and County
Guidad Limener day and county
5
How many children aged 0 - 5 years do you parent?

6
How many children aged 6 - 12 years do you parent?
7
How many shildren agod 12 17 years do you parent?
How many children aged 13 - 17 years do you parent?
8
How many children aged 18 - 24 years do you parent?

# Disability

9
Does your child have additional needs or a diagnosed disability? *
Yes
○ No
10
If your child has additional needs or a diagnosed disability, what would make it easier to help you meet your child's needs? Please select all that apply. *
Support around issues of daily routine (sleep, toileting, meal times)
Support with accessing your child's education needs
Extra-curricular activities for your child
Peer support (meeting other parents with similar experiences)
Social opportunities (for children)
Social opportunities (for families)
Support around issues of School Attendance
Support for siblings
Other

# Parenting Advice

11
In the last year, how often have you looked for parenting advice? *
O Daily
O Weekly
Monthly
Once or twice a year
○ Never
12
Please place in order of preference who you go to first when you need parenting advice? *
Youth Workers
Other Parents
School or Early Years Service
Family or Friends
Community Service or Family Resource Centre
Social Media (e.g. Instagram, Facebook)
Online Search (e.g. Google)
GP
GP Tusla

Do you access or listen to any of the following for parenting advice? Please tick all that apply. \* Mychild.ie Parenting24Seven.ie LoveParenting.ie Mummypages.ie Rollercoaster.ie Parenting segments on the radio Podcasts Social media (e.g. Instagram, Facebook) Online Boards (e.g. Reddit, Boards.ie) I don't access parenting advice online or via podcast/radio Other 14 If you get parenting advice on social media or websites, or if you listen to podcasts/parenting segments on the radio, please tell us which ones you find helpful. If you go online or listen to parenting advice, what have you found helpful? \* Ideas for activities and games Advice about a medical issue Advice about your child's behaviour Information on supports/workshops/information evenings in your area Information about a specific service Experiences of other parents Advice about products for your children Other

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If you saw a QR code (like the one in the picture) on a poster in a GP waiting room, hospital or shop window offering information on parenting supports, would you scan it? \*



- Yes
- O No

# Services and Supports

1	7
Н	ave you ever accessed any of the following parenting supports? Please select all that apply. *
	Baby Massage workshops
	Baby Weaning workshops
	Breastfeeding support groups
	Home-based parenting supports (e.g. Community Families [formerly Community Mothers], Homemakers)
	Parent and baby toddler groups
	Parenting courses (e.g. Incredible Years, Strengthening Families, Circles of Security)
	Parent peer support networks (meeting others parents in a group setting with similar experiences)
	Managing challenging behaviours
	Supports around your child's substance use (e.g. drugs, alcohol, vaping)
	Supports around managing your child's dangerous behaviours
	Supports around school attendance
	One – to – One parenting support (e.g. a support worker working directly with you)
	I have never accessed parenting supports
	Other
1	8
lf	you have not accessed any parenting supports, and you would like to, what has prevented you? *
	I don't know how to access parenting supports
	I don't know what parenting supports are available
	I am working and nothing is run at a time that suits me
	There are none in my area / none for my child's age group
	Transport
	Childcare
	Other

19 What aspect of parenting would you most like support with? (You can select multiple options) \* Parenting apart from my child's other parent Anxiety in my child Ante-natal care Parent mental health Talking to my child or teen about sex and sexuality Grief or bereavement Supporting my child in school routines My child's weight (Out of home) child care Weapon-carrying Screen time School attendance issues (e.g school refusal) Preventing or addressing my child's substance use (e.g drugs, alcohol, vaping) Parent separation/divorce Play Toileting Promoting positive behaviour Infant care bullying

Sleep routines

Mental health of my child

Peer support/networking with other parents

Positive parent/child relationships

Eating / meal times

Other

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20
Please explain why you selected the above supports. (Optional).
21
What do you think would best support you in your parenting role? (Optional)
22
If you had the power to make one thing available in your area of Limerick that does not currently exist, what would it be? (Optional)

#### Survey Results

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The results of this survey will be compiled into a report which will be used to inform the Limerick Children and Young People's Plan. If you would like to a copy of this report, please provide your email address below. This email address with only be used to share the final results of the survey. Your email address will not be held on file or shared with any other individuals, organisations or companies.

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