

# CONSULTATION WITH PARENTS: EVERY VOICE MATTERS

Parents share their experiences of becoming  
a parent, & availing of home visiting

A consultation to inform the  
Community Mothers Programme  
Development Project

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Susan Brocklesby,  
Project Consultant  
& Parents from Community  
Mothers Programmes in Ireland



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# Every Voice Matters - Parents as Partners

## Background and rationale

The Community Mothers Programme is an early-years home visiting Programme for Parents from pregnancy until 3 years of age, sometimes extending to 5 years. It is delivered by trained Home Visitors, also called Community Mothers. Originally it was a volunteer Programme where local Mothers were trained and recruited to visit new Parents within their locality. This has changed, and the majority of Home Visitors are now employed.

The Community Mothers Programme Development Project is a 22-month initiative funded by the Sláintecare Integration Fund and a private donor, with oversight and support from the National College of Ireland, Tusla, the HSE and the HSE Katharine Howard Foundation. The Project started in response to concerns regarding the sustainability of the Community Mothers Programme, which commenced in 1983 in Dublin.

The Home Visitor supports, empowers and shares information, resources and builds connections between Parents and the local community. A strong and equal relationship of trust is established as the weekly visits gradually reduce, although the home visits can continue for over 3 years.

The focus of the home visits is supporting the Parent with all areas of infant and maternal self-care, child development, and positive health and well-being lifestyles, as Parents and their new babies learn more about each other. The Programme supports the development of a responsive relationship where Families thrive.

A lot has changed in Irish life during the 38-year history of the Programme. During this time, individual Programmes have also evolved. What was originally a Programme delivered in the same way became a Programme delivered slightly differently across the country – even the Programme's name has changed in different locations.

There has been a lot of new knowledge, research and learning in how to best care and look after babies and their Families so that they are healthy, grow and thrive. And we now know more about how to support expectant Parents and new Parents.

This Development Project aims to build on the existing work of the Community Mothers Programme and ensure that it is supported to grow and deliver a standardised Programme to Parents across the country. It is developing a new model for the Community Mothers Programme, and to do this, the Project is:

- bringing all new learning together,
- working with all 7 current Programme locations across the country along with the HSE, Tusla and other services that support Families,
- ensuring that Parents' views and feedback also shape the development of the Programme.

In developing a new model for the Community Mothers Programme, 21 Parents kindly offered to share their experiences of being a Parent and their journey with their local home visiting programme. This was initially scheduled for April 2020, but Ireland was adjusting to COVID restrictions, resulting in a delay until April 2021. Their answers have importance for the work we are currently doing in the

development of the Programme. However, the learning from Parent's feedback is invaluable for all of us working to provide supports of the highest quality to Families in pregnancy and beyond. This learning can help those funding, designing and delivering a range of services to support the best outcomes for all children and their Families. This is summarised here and is explored in greater detail throughout the document.

The Programme is delivered in each area using different names. Still, all of them have their origins in the Community Mothers Programme or a similar early-years Parent support home visiting programme.

- In Limerick, North Tipperary, South Tipperary and Longford-Westmeath, it is called the Community Mothers Programme
- In Kerry, it is called the Community Parents Support Programme
- In Laois/Offaly, it is called Parents First
- In Dublin, it is called the 0-2 Programme

### Why is it so important to listen to Parents?

Parents are at the centre of the Community Mothers Programme. Their relationship with their Home Visitor or 'Community Mother' is one of equals where the Parent's views, needs, and experiences direct how the Programme responds.

Parents' views, experiences, and expectations must be considered in any change to or development of the Programme.

### How was this done?

Locally based Programme Teams approached 3 Families from each area and invited them to share their experiences by phone or Zoom calls. Programmes were asked to invite Parents from a variety of backgrounds with different needs. In total, 22 Parents participated (20 Mothers and 2 Fathers).

Local Programme Teams:

- informed Parents about the purpose of the consultation, what it involved, how their stories would be used anonymously to inform both the Programme but also wider learning on what works for Parents
- provided information and consent forms to Parents and
- scheduled times and dates with Parents for interviews.

The Project Consultant:

- texted Parents in advance to confirm a phone call or Zoom meeting
- commenced the conversation by talking through why we were speaking with Parents and how the information they share will be used
- talked Parents through several open-ended questions through a conversational phone call/Zoom meeting and invited Parents to share their views on specific elements of the Programme and their own unique experiences and needs as a Parent.

## What kind of questions were asked?

A list of open-ended questions (appendix 1) guided conversations, and Parents frequently chatted openly about a wider range of areas. Not all Parents were asked all the questions. This was particularly the case if English was not the Parent's first language, if they had competing care or household demands happening in the background or if Parents had already answered the question earlier in the conversation.

## 1. What did we learn?

### 1.1. Which Parents and Families participated in the Community Mothers Programme?

"It didn't matter who you are or where you came from."

The profile of Parents and Families interviewed indicated a diverse range of Families, all with their own unique and specific needs.

33% of Parents were parenting alone, including those who had recently relocated to the area or did not have family living in Ireland.

52% of Parents were new to the area they lived in, had relocated just after the birth of their child or had family living abroad and were living in Ireland alone or with their Partner. In short, over 50% of Parents had no immediate family members to rely on for support, information, advice or childcare.

Some Parents had family members who could travel a distance to visit them and provide once-off or short-term support. However, 20% were both parenting alone and had no extended family support mechanism.

30% of Parents lived in city or urban areas, and the remaining 70% lived in rural settings or towns.

English was a second language for 14% of Parents, with 20% of Parents describing their nationality as non-Irish.

Parents outlined their unique circumstances, with some Parents identifying the need for a consistent level of support arising from complex demands on their day-to-day life. Some of these are explored in greater detail in section 3, but they included:

- parenting alone,
- parenting a child with a disability,
- reported mental health concerns,
- experience of past trauma, domestic violence or the care system as a child,
- housing, financial or other stressors.

For other Parents, their needs were perhaps more acute at key stages of their journey with their baby and child, but given their support network, they required less frequent support and input from the Community Mothers Programme. These Parents were more likely to suggest that the Programme should finish when their youngest child is 3 years of age. Parents with more stressors in their day-to-

day life were more likely to request the Programme continue either indefinitely or until their child is school-aged.

Some Parents reported that accessing the service shouldn't depend on a Parent's social background as it was beneficial to all Families, even if they didn't know about it.

"I don't think it's being widely advertised or widely offered as a support. I think many more people of all different social statuses would be taking up the offer."

29% of Parents were working across a variety of different sectors. 71% indicated that they were either in a caring role at home, a 'stay at home Parent' or were taking time out of work during this stage of their children's life.

### 1.2. How does the Community Mothers Programme impact the lives of Parents, their Children and Families?

While the specifics of this varied for Parents, their responses focused on having the right support at the right time in the right place.

#### *Reassurance, empowerment and confidence*

"Just seeing my Home Visitor provided reassurance, and if you have issues, you can just talk about them"

A majority of Parents outlined that the impact of the Programme on their lives was considerable. For Families with high levels of stress and limited or no support, the Programme was a lifeline at a time in their lives when they needed reassurance and emotional support.

For many Parents, the relationship with their Home Visitor was very strong, which empowered Parents on several levels. Most often, it was reassurance and confidence that parents felt.

"It made me come back to myself."

"...like I was really doubting myself as a Parent but the impact on my confidence, it was really important, and it should really be made known – like I was all over the place, looking back"

Some Parents had developed confidence in their parenting and understand that they are an expert in their child. Other Parents referenced this empowerment as trusting their judgement or their '**gut instinct**'.

For others, it was the safety and security to say things they might not tell another service.

"So many times in today's society, we are afraid to admit that we are not coping, or that we think we've done something wrong. I never felt that with the Programme – I think it's really important."

The impact on Parents was as individuals as well and not just in their parenting role. One Parent noted:

"She made me want to strive to want to do so much better. She's pushed me to be a better me. Just do the best I can."

### *Reduced stress*

Parents noted the impact on their children, particularly when they were happy or less stressed as Parents, and how this directly impacted their children.

"It definitely brings Parents stress levels down and then you are not so stressed out then around the kids."

This was a common point raised by many Parents. All Parents commented on the Home Visitor's role in reducing their stress – sometimes through advice, information, or advocating for them.

Other times, it might be just to go for a walk, go for a coffee, get out of the house, and the informality and support from the relationship supported parental mental well-being. Parents were aware of how this impacted their relationship with their baby and their wider family.

"She (my baby) did start to cry a lot, and when my partner came home from work like she'd settle for him, but she wouldn't settle for me, but when I got back to myself, she did settle for me."

"There's no doubt, Mammy's happy so the kids are happier."

"I got reassurance, I was not on my own and then it [mental well-being] kinda builds up and then my relationship got better."

### *Enhanced self-care*

Many Parents noted that the Programme helped them focus on themselves and their self-care. Parents felt that this should be reflected in the name of the Programme as it is about the Parent first. This support came in many formats. For some, it was the opportunity:

- To return to education
- To attend language classes
- To take up a hobby or fulfil a talent in art or cooking
- To take time for themselves to go for exercise or a catch up with a friend or have a coffee
- To take more time for sleep and to get outside and leave the house

During Covid, the focus on outdoor activities and walks was an unexpected bonus for Parents, particularly Parents who have a child with a disability.

### *Reduced social isolation*

Social isolation, loneliness and the absence of local peer or extended family systems were significant. Many parents referenced how they did not have extended family to rely on during their pregnancy or throughout the early years of their children's lives.

Over 50% of the Parents were new to their area and did not have family or established peer networks. 20% had no extended family support at all, including distant supports for once-off visits.

This was the case for some one-and two-parent Families, where they had no wider network of support to rely on for various reasons. In some cases, it was due to relocation from within Ireland or from another country.

In other cases, Grandparents were deceased or, due to ill health, were unable to provide the support required; in some instances, COVID resulted in additional care demands as Parents had to support cocooning family members.

Changing family structures and dynamics associated with a relationship break up also resulted in reduced family support. Some participating Parents grew up in foster care or had negative relationships with extended family due to substance misuse.

Parents spoke about the isolation, the loneliness and the emotional demands of trying to parent without support. This impacted their confidence, and as many Parents had their baby just before or during COVID, this lack of support was exacerbated.

A lack of family or peer support networks most profoundly impacted parents who had children with additional needs. The broader issue of not having extended family support significantly impacted those parenting alone as they stressed the absence of time or space for themselves. This is explored further in section 3.



“There’s an awful lot of young mothers out there with no family. Like me, I’ve no mother or father to visit or sisters or brothers or cousins, or there is literally just me, and that is, from what I’ve seen, every couple of houses, women isolated on their own from different towns”.

The role of the Community Mothers Programme as a *‘lifeline’* to all these Parents was stressed repeatedly by Parents, especially during COVID restrictions (explored further below).

The connectivity between the home visits and the groups that the Community Mothers Programme offered was essential. One Parent noted how she was looking forward to the resumption of face-to-face groups to re-establish a connection with someone she was just getting to know before COVID.

In many cases, Home Visitors visited twice a week or more if Parents experienced isolation and reduced support.

#### *Increased bonding and interaction with their children*

Some parents spoke about the increased enjoyment they had with their baby/child after adopting the guidance they were given by their Home Visitor or during a group session. Parents spoke about how they loved the interaction with their infant during group sessions and how infant massage was an excellent opportunity to get to know their child better.

#### *Knowledge, information and tips*

Parents noted that the most significant impact for them was learning more about being a Parent. Many reported that the ability to feel ‘comfortable enough to ask’ for advice or information was empowering. It reduced anxiety, and they noted how they gained more knowledge and information to help them grow as a parent. Many parents commented on how there is no training manual for being a parent and that this is where the Community Mothers Programme came into its own.

For some Parents, it was the ease of having access to someone regularly, and this provided reassurance as Parents knew they could ask questions. One parent referred to it as having a *‘sounding board’* or having access to someone and *‘if you have issues, you can just talk about them’*.

### 1.3. Awareness, knowledge and access to the Community Mothers Programme.

The majority of Parents were not aware of the Programme by name before commencing it or during pregnancy. One Parent was familiar with it as her own Mother had used the service in the past, and a second became aware of it through antenatal education classes. Three parents had a community knowledge of their Programme – they had heard friends, neighbours or others in the community talk about it. In one case, a friend of a friend **'put their name down'**, and another heard about it while at the hairdresser when a Home Visitor asked, **'will I put your name down?'**

Some Parents commented that they had found it difficult to access the Programme and often stumbled on it by chance. They wondered if the Programme was specific to more vulnerable Families as they had to go to considerable lengths to access this support. One Parent outlined what she described as **'the circuitous route'** through which she eventually got support from the Community Mothers Programme.

"I guess some people might not need or might not be looking for supports, but I was aware that I was struggling in various ways, and I was just trying to get any help that I could....I knew I needed help both in learning how to look after a baby, which we all need to learn and also for myself physically and mentally, like I did everything I could – I tried going through my GP, I tried my PHN, I tried the maternity hospital – I was very active in seeking support and it didn't come easily."

Only 30% of Parents approached the service without being referred or signposted to it. This would suggest that the Programme is not universally promoted or accessible to all Parents. In fact, like the Parent referenced above, for many Families, unless they were referred to the Programme, they had to be very proactive to seek it out.

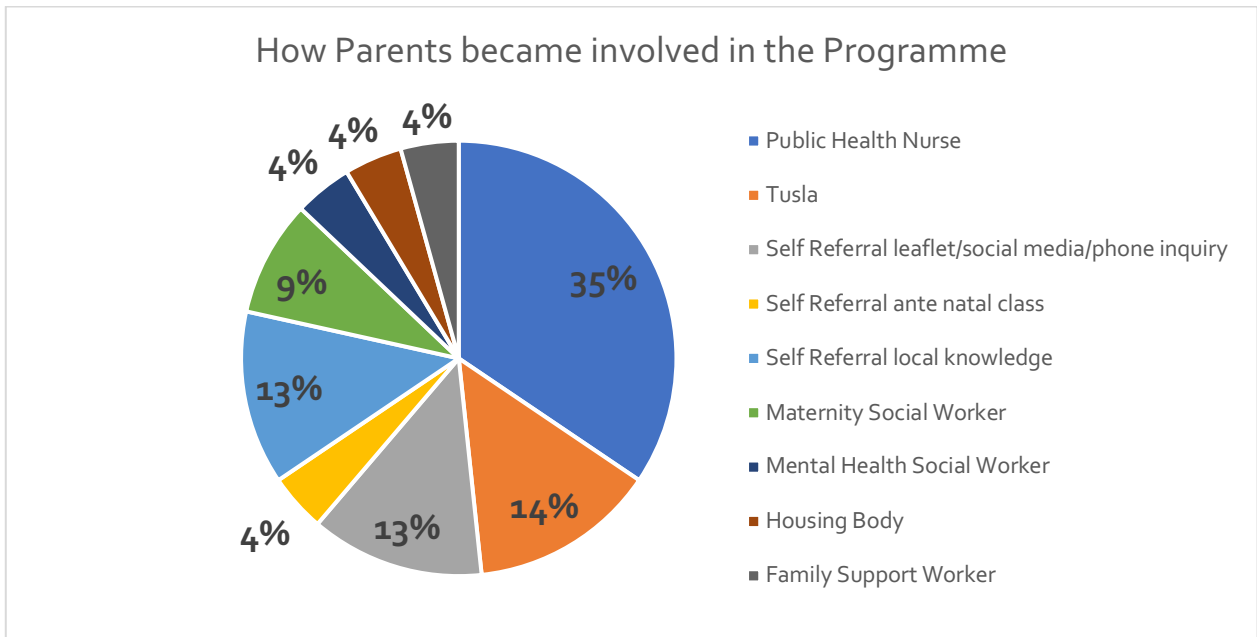


Figure 1 How Parents become involved with the Community Mothers Programme

"I didn't get in through the normal way, and I didn't know it was a support that was available to me, so I think in terms of planning for the future I think it would be great for it to be more accessible, more widely available and to have a GP or PHN link you in."

Parents spoke about finding out about the Programme through leaflets and social media. One Parent noted that she called local services, not knowing such a Programme existed.

One Parent outlined how, given that she had no extended family support locally, she wanted to have support and information lined up and ready for her after the birth. She approached different services in her area and discovered one of them offered the Community Mothers Programme.

"You know, so to me, that just ticks all the boxes, because I went asking the question, but I didn't expect to get so much back."

#### 1.4. Should the Community Mothers Programme commence during Pregnancy?

All Parents felt that a Programme like the Community Mothers Programme should commence during pregnancy. This was for a variety of reasons:

##### *Reduce the stress and anxiety during pregnancy*

For some, the experience of pregnancy was stressful, and some Parents noted that they might have been "overly-worried" about issues. One Parent noted:

"Pregnancy is very worrying - you know what it's like if you don't feel that kick, you're straight into the hospital."

Other Parents were very conscious that while services didn't want to scare or 'traumatise' pregnant women, it might be helpful to gently prepare Parents that things don't always go according to plan. This was the case when there had been a difficult or unexpected premature birth.

##### *Increased knowledge and being prepared for becoming a Parent and looking after a baby*

Many Parents reflected that they were not ready for parenthood or thought they were, which came as a shock.

" You're just kind of thrown into it, and you just don't know. I think it would be great as I had no one at the time aside from my Mam, whereas if they had a group for young women that could prepare them, where they could get advice, help and support, that would be great. I think there's a big need for it."

"I went from a very different lifestyle to becoming a mother like, literally did a complete 360, and I didn't really have much support there like I had no family."

"You're kind of ticking the boxes for the hospital, you have a hospital list, you know you're ticking all these boxes, but when you go in, I wasn't prepared, I had no idea what was coming, and you are very much on your own in my case anyway."

When it was their first pregnancy, some Parents noted that they had time to think and plan for the birth but did not plan what it would be like to care for and look after a baby. Even Parents who had had previous children noted that they were either not prepared given that their second child had unique health issues or because there was an age gap and '**everything changes**' or '**you forget everything**'.

Parents also noted that they wanted more information during pregnancy, even if it wasn't meaningful before the baby arrived. They felt it might sow seeds or provide a reference point to revisit when the

baby was born. Many noted that post-birth, things were too overwhelming to take in new information adequately.

Several parents suggested there would be a benefit in having a pregnancy group.

"You know the way there's like a mothers' group where people go, and I think there should be a pregnancy one, where you can all talk and say, 'oh, my God, I do have that same symptom', you know, and then they're not overthinking it with their first baby or second baby."

Providing the 'My Child: 0 to 2 years' book during pregnancy was another suggestion from a Parent who felt there was more time to read it before a first baby.

### *Increased awareness and knowledge of bonding and relationships*

Parents noted that they would have liked to learn more about being responsive to their baby's needs and "start thinking about the bonding piece" as well as the practicalities of being prepared for the birth and hospital stay.

### *Increased information about breastfeeding and where to get supports in the first six weeks post-birth*

This was a crucial point made by the 14% of Parents who breastfed. One engaged with the Community Mothers Programme during pregnancy and reported feeling well supported in the post-birth phase. This Parent was lucky to have an informal relationship with someone with breastfeeding expertise living in her local area. Others commented that had they received the support during pregnancy, it would have made it so much better.

"I think I would have felt a lot more prepared and a lot more empowered to make sure that I successfully breastfed."

### *Building a relationship with a Home Visitor during pregnancy*

This was referenced in several ways. Establishing a relationship with a Home Visitor before birth would provide Parents with a dedicated support mechanism and a gateway or access route to a whole range of other services and supports. This also provided reassurance and reduced stress, knowing that someone the Parent knew and trusted would be calling to them. Parents noted they had lots of questions at this time, and knowing someone they could contact if they needed to ask a question was invaluable – regardless of how 'silly' they thought the question was. Frequently a parent can feel overwhelmed when they arrive home from the hospital with their new baby. Having a pre-established relationship reduces one more uncertainty for Parents. The Home Visitor is a familiar face and reassuring presence.

## 1.5. Parent's views on the frequency and duration of home visiting

### *How often should Parents receive a home visit?*

The majority of Parents were happy with weekly home visits at the start, followed by a gradual reduction in visits, knowing that they could always get in touch with a query or concern.

Parents who had no support network felt twice-weekly visits were essential and preferred this on an ongoing basis. Some Parents felt that even twice a week wasn't enough.

The Parent's experience of COVID has resulted in an increased dependence on phone calls. Parents noted that there might be occasions when a phone call could be either an addition to home visits or, in exceptional circumstances, could replace home visits on a once off basis.

Finally, parents agreed that there should be a level of flexibility, and home visits and contact should respond to their emerging needs.

### *How long should the Programme support families – differing views!*

For some Parents, the start of preschool marked a natural finishing point for the Programme. They felt that as their confidence in parenting grew and their children became more independent and mature, ongoing support was unnecessary beyond 3 years.

Other parents, mainly those without a support network or children with additional needs, felt that commencing primary school marked the best finishing point. Children were more independent, and they would need different information and supports.

However, some Parents felt that the Programme should be available for all of childhood and they spoke passionately about this. They talked about how the Programme delivers Parenting Supports is unique, and they were not aware of any similar approach being available to Families of older children. This presents a unique challenge for the development of a Parenting Support infrastructure for Families.

## 1.6. What information do Parents want, and how do they want to receive it?

All parents were clear that they did not expect their Home Visitor to know it all. However, Parents saw their Home Visitor as an essential source of day-to-day practical information on a wide range of issues. The assumption was that their Home Visitor was a key go-to person for all relevant information about parenting during the pregnancy and early years life stages.

**Weaning:** For many Parents, weaning was stressful, and information and advice had changed from previous pregnancies. All Parents commented on how important it was to have information on key milestones like weaning, sleeping, toilet training etc.

**Caring for baby:** In line with being prepared for baby, most Parents noted they had done '*zilch*' to prepare for looking after a baby and thinking about responsive caregiving. One Parent said that she is a very confident and not easily fazed individual with a background working in health, but even she asked for help when bathing her baby for the first time.

**Bonding with your baby:** Parents also noted the need for information on understanding their baby better and tuning in and responding appropriately to their baby's cues. Some commented on how hard it can be at the start, especially if there are other stresses in day-to-day life, to tune in and figure out the best position for comforting the baby, whether they need their nappy changed or if they are hungry and so forth.

Others highlighted the information they received about parent-child relationships and bonding – **'the bonding would be number one on my list'**. For some, this was through the play-based activities they were introduced to or baby massage. In general, they responded differently to their baby and used alternative ways to soothe, comfort, or distract them.

**Infant massage:** Parents noted that infant massage was an invaluable skill, was practically helpful with digestion and constipation and was a real bonding experience for both Parent and child. One Parent commented that her child would lie down still and get ready for a massage as soon as she saw the bottle of massage oil in her Parent's hand, thus providing a positive method to change a nappy for an otherwise very busy little girl.

**Parenting:** Parenting information at crucial stages was also raised – tips or techniques to address a tricky phase a child was going through, e.g., fussy eating or managing the **'terrible twos'** or **'teenage threes'**. The information Parents wanted could not be easily categorised into different headings with much overlapping, e.g., bonding and parenting. For example, child development information, responsive caregiving, playing with your child and parenting all overlapped.

"110% made a difference the tips that I have got are just unbelievable. The one that I would have got is how much singing is great for a baby . And that's something I probably wouldn't have really done with my first child because I just didn't really know. So now we'd be singing songs together. She absolutely loves it. In the car, and she starts giving out or when your changing her nappy and she's a bit cranky .Even if I'm pushing the pram down the road. The minute I start singing she stops. I mean that tip alone is priceless "

Responding as a parent differently to children's behaviours either from advice or coaching was something that some Parents referenced. They spoke about understanding their children better and being able to manage their behaviours or responses differently. For example, one Parent noted that her Home Visitor explained the play and exploration young infants enjoy. In encouraging her child to explore, the Parent now saw her behaviour differently. Rather than restricting exploration, which might previously have led to frustration and tantrums, the Parent facilitated opportunities to explore new materials or objects, e.g., a treasure basket or playing with shoes in a wardrobe.

**Local information:** Some parents referenced information about preschools, groups, local activities, etc. were all referenced by some Parents as vital information.

**Information specific to first-time Fathers:** While only two Fathers participated in the consultation, one did raise the issue of having access or some information from the perspective of a first time Father. The

need to have specific ways of sharing this information was also discussed, and the option of having phone calls, weekend calls or out of hours visits was also raised.

Other Parents noted the following topics in the context of information provision :

- Child and specifically language development
- Parenting advice and managing behaviours at crucial developmental stages
- Tummy time
- Songs, play activities, and treasure baskets
- Common concerns that a Parent may have –e.g., managing a blocked nose, nappy rash etc.

### *Information should be shared in different ways for different Parents*

When discussing what information Parents would like to receive, they also described their preferred learning style, some preferring leaflets, some videos, and others preferred 'chats'. All Parents spoke about the informal, almost '**under the radar**' support and information, and the ability to ask questions without feeling 'silly' underpinned their growing confidence and competence.

For the majority of Parents, it was direct, timely information provided in an informal way by their Home Visitor. This could be a quick question via a text message, or a variety of questions explored during a home visit. Parents noted that sometimes they put some leaflets/information to one side while acknowledging other leaflets/information were repeatedly used, e.g., what foods were to be introduced at what stages of development.

It was the delivery of practical information and handouts along with a subsequent check-in for others. One example that demonstrates this was when a Parent was introduced to tummy time, and the Parent acknowledged that she was unsure of the benefits. There was a demonstration of 'tummy time' during a group and a handout followed by a check-in to see how it went the subsequent week. This mix of practical demonstration, paper-based information and informal chat seemed helpful when putting knowledge into practice.

Many Parents who had experienced a weaning group spoke positively about it. Those who had not had the opportunity to attend noted how their Home Visitor talked them through it over the phone during COVID restrictions. Parents found group-based or informal one-to-one chatting the most effective way of learning and building confidence and reassurance.

It was very clear from feedback from a majority of Parents that information provided in the early days post-birth could be quickly forgotten and should be repeated or followed up.

Receiving the information from someone on an equal footing with whom you could ask any question was reported by many as being important.

One Parent noted that she had always found the group learning environment so much fun and so enjoyable, prompting her to comment:

"When we attach a pleasure to learning, we learn more."





"I guess somebody who has humility - somebody who doesn't presume to know it all"

"She's always been, like, straightforward and said look, I'm probably not the person to be asking you should run it past the nurse."

In tandem with being non-judgemental, Parents described a skill set that was knowledgeable, confident and experienced. One Parent commented that if the Parent lacked confidence, they needed someone who had the confidence to support them. When parents referred to their Home Visitor as a friend, they meant in the context of a relationship of equals.

"It doesn't feel like we're on different levels, it feels like we're a kind of, not like a partnership but an equal relationship."

The non-directive approach of the Home Visitors was evident in words Parents used to describe their Home Visitor. While Parents frequently use the word advice, the Home Visitors strive to ensure that this is in response to Parents queries and needs and isn't directive.

"You don't want to be told what to do all the time – it's quite a skill to encourage somebody, to make people feel empowered and that they are doing it, they're able to do it – that's a great skill."

"You get a lot of people and they tell you what you should be doing and it's not helpful, when somebody says 'what can I do for you?' you know that's priceless."

Excellent social skills, including listening and communicating, were emphasised to ensure that Parents feel at ease and are comfortable chatting and asking questions.

Words like trustworthy, openness, genuine, honesty and someone you can trust were used to answer this question and were also referred to throughout the consultation. The word straightforward was used a lot, and often Parents spoke about how their Home Visitor 'told it to you straight'. A similar description was also evident in a previous parent consultation in 2017 when a Parent summed this up by stating, '*she doesn't sugar coat it*'.

This cluster of skills reflects the depth of relationships that Parents had with their Home Visitor.

## 1.8 What should be included in the training for Home Visitors – parents views?

This question elicited helpful suggestions as Parents outlined considerable insight and understanding in their answers. Furthermore, Parents were practical and noted that it was unreasonable to expect their Home Visitor to know everything. They also frequently commented on how reassuring it was for a Home Visitor to be upfront and say, 'I don't know the answer to that, but I will go and find out more or find someone who can help with that query'.

### *Awareness, knowledge and an ability to recognise and respond to mental health needs.*

The majority of Parents noted that it would be necessary for Home Visitors to have knowledge and awareness of mental health concerns. This ranged from recognising the signs and symptoms of postnatal depression and an awareness and understanding of mental health and how it impacts a Parent's day-to-day life.

"..postnatal depression or baby blues or things like that, and what signs to look out for, because some Parents just don't talk. But some people know by looking and, perhaps if they got to know you, and if they said it to you well then you might even admit to it."

Parents frequently commented on how '**straight talking**' their Community Mother was, usually referring to their understanding of their mental health needs and their ability to name it and respond to it straightforwardly but with compassion.

However, Parents were consistently clear that they knew their Home Visitor wasn't an expert, counsellor or '**psychiatrist**' but that they did expect them to be aware and understand mental health needs.

"Someone who is straight to the point and names how you are feeling – it's not even about training, I suppose it's about compassion and awareness."

### *Awareness and understanding of trauma and previous life experiences*

"I think trauma training is massive. I think that is extremely, extremely important because I think a lot of people in a lot of professions, how can I explain it's a bit like a midwife assisting you through labour when she has never been through labour herself, she needs training."

Several Parents raised this issue and outlined their experience of either childhood trauma or the experience of trauma in adult life.

Others outlined their background and experiences growing up and how these shaped their lives now. While not explicitly discussed, some Parents referenced adverse childhood experiences<sup>1</sup> and how it was essential to understand how past experiences and childhood backgrounds can impact Parents' daily lives.

“...like people's backgrounds [ including experiences of growing up] as well, because..when my Home Visitor rang me first, I kinda jumped down the phone at her, but it was only because I suppose I've had a past history with social workers, but I continuously apologise to my home visitor and she understood, and she understands why.”

### *Awareness, knowledge and understanding of child-specific needs*

Parents referred to their support needs when they had a:

- pre-term baby or
- child with a specific health-related issue or
- child with additional needs or developmental concerns

Several Parents noted that it would be important for Home Visitors to know about child development and supporting Parents in recognising and tuning into their child's particular needs. In some cases, Parents noted how helpful it was to have a home visitor who validated their concerns and supported them in seeking appropriate support.

Parents did note how helpful it could be if the Home Visitor had gone through a similar experience themselves, e.g. the Home Visitor also had a child with additional needs.

Parents outlined experiences that ranged from having a child with severe reflux or asthma to the experience of having a pre-term baby and the pressures this can put on both Parents and the whole family. For example, a Parent with the experience of having a pre-term baby noted how important it was for their Home Visitor to understand “the struggles of day-to-day life in a hospital with the noises of the machines”.

In terms of training, Parents described the importance of Home Visitors' awareness of children with additional needs to understand their behaviour when they visit. Another Parent noted that she learned about her child's needs with her Home Visitor, who accompanied her on some training courses. Other Parents noted how they had learned so much from their Home Visitor who had some knowledge of Autism Spectrum Disorder (ASD) and who was able to tailor-make the parenting information and advice specific to their needs

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<sup>1</sup> Adverse Childhood Experiences are a range of traumatic events that children may experience growing up ranging from parental separation or the death of a parent to substance misuse or domestic violence in the home. Experiencing a number of these events has been found to have significant impact on the lifelong physical and mental health and wellbeing of adults as well as impacting on their ability to reach their potential in education, and employment (<https://developingchild.harvard.edu/resources/aces-and-toxic-stress-frequently-asked-questions/>)

"She taught me how to use this with my son [with ASD], and I also use the tip in general with my other son too, and it actually works with him as well. That's why the training is actually very important – I'm so lucky to have someone to be able to coach me through certain things like, you know."

### *Child development*

Several Parents referenced the importance of Home Visitor's knowledge developmental milestones, especially language development. They noted that their Home Visitor would seek out information if concerns were raised or delays pointed out by the Public Health Nurse or the Parent, e.g. songs, books and information about promoting speech and language development.

Parents also noted that they always wanted some child development or life stages advice 'ahead of time'. They felt that being informed ahead of changes makes them better prepared to respond, e.g. that a sibling may react in a certain way when a new baby is born or that their sleep may be disturbed due to a leap in development.

### *Parent-child relationship, bonding and 'parenthood' – Infant Mental Health*

No Parent interviewed used the words infant mental health. Instead, parents referenced the need for their Home Visitor to have training in attachment, bonding and parenting.

For some, this was also important in supporting relationships with older children when a new baby arrives. For others, it reinforced their parental relationship with their new baby, which was the most crucial element as they grew in confidence as a Parent and the closeness of their relationship with their baby.

### *Core communication and interaction skills*

In outlining the strengths of their Home Visitors, Parents recognised a range of core skills that they thought would be important in training.

Many of these were what one Parent called 'soft skills' and focused around retaining calmness and confidence and being prepared for how a Parent was going to be. Parents noted there might be times when they were not up for a visit or felt emotional and upset. It would be necessary to 'hold' the situation in such contexts, not to panic and instead provide comfort and reassurance and perhaps have a gentle structured approach. In this way, the Parent could engage without feeling pressurised to talk, e.g. suggest going for a walk or some joint activity such as baking together.

Many Parents identified that **'it is so important to make the Parent feel comfortable'** in the interaction or visit and that all these skills should form part of the core training.

## 1.9. Parents contribute to developing a new identity for the Community Mothers Programme

### *The name of the Programme*

All Parents shared their views, thoughts and many creative ideas regarding the future name and branding of a new standardised model for the Community Mothers Programme.

Parents differed in terms of how important the name was, but all agreed it was the nature of the service that should define the name and not the name defining the service. They thought that having a common name with a greater level of awareness would be helpful, especially when telling friends and family about it as no one seemed to know about it.

"When I say to someone the Community Mothers, and they say ah the baby nurse."

"I didn't really know what a Community Mother was. You know I actually thought it was somebody who came to help with chores and stuff like that."

In general, Parents liked the existing name of the Programme they attended, but many raised the issue that it was not inclusive of Fathers.

"I wouldn't call it Community Mothers as to me it sounds like coffee mornings, walks or women's things – I couldn't see a man saying he wanted to join the Community Mothers."

Another view was that having 'mother' in the title placed a greater focus on mothers, so it might be seen as a Programme for mothers who were not coping. In this case, the Parent suggested a greater emphasis on the word family – **'family is just more approachable'**.

Two Parents noted that they like the name "Community Mothers" as it reflected their lived experience. However, in discussing it, they too acknowledged that while they liked it, they were mindful that it did not reflect the experiences of other Parents and contemporary life in Ireland today.

"If you say, 'Community Families', you know Dads might be more open to the idea."

For the majority of Parents, the word Community was central to the Programme, and only one Parent noted that she did not like it as it is often used in areas of disadvantages, e.g., Community Childcare.

"Community', you know it's a lovely word. You know it means so much more."

"My Home Visitor is a Community in herself."

When Parents referenced their affection for the existing name of their service, either 'Community Mothers' or 'Parents First', it spoke to them as Parents at that point in their lives. It put the Mother or the Parent upfront and at the centre of the support. This feedback suggests it will be important to communicate that the Programme is about Parents, with a primary focus on them and their unique needs as they become a Parent.

Another suggestion was to reference in a '**catchy way**' that the Programme focussed on the Parent at this early stage of life – '**a newbie Parents club**'.

When asked about 'Community Families' as a possible name, 86% of Parents asked<sup>2</sup> liked it. Several Parents commented that the word Family was very warm and inclusive.

### *An image for the Programme*

All Parents gave their suggestions for a logo or image for the Programme and its colour. The images were all very similar in their concepts, and all drew on similar themes of support, security and holding.

In terms of a representative colour, there were two distinct approaches. Some Parents favoured calming and reassuring colours, such as purple and dusky sunset pinks and purples. In contrast, others preferred warm, bright and vibrant colours such as multi-coloured rainbows or sunshine yellows.

When discussing the logo or image with Parents, it was suggested by one Parent that perhaps the options could be narrowed down to three with a Parent vote on the final one.

All suggestions are listed in Appendix 2. Those Parents who did not speak English or for whom the phone call had to be shortened due to family circumstances did not get the opportunity to answer this question.

### **1.10. How would Parents describe the Programme to a friend?**

Parents were asked to describe the Programme using three words, which proved difficult!

Parents went to great lengths to describe their relationship with their Home Visitor, the cornerstone of the Programme for them. Parents used a range of different words outlining their unique relationship. They were clear that this relationship was part of a professionally delivered service. Still, it was also informal, comfortable, warm, welcoming, and secure. Some Parents felt that, at times, it might seem like a friendship; however, they were clear that it was not. They thought that this type of relationship made it a unique service experience.

"You know it doesn't feel like we're on different levels. It feels like kind of a partnership, or maybe it's more that we have an equal relationship."

"It was accessible, and it opened doors for me into future parenting and future friendships."

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<sup>2</sup> For language reasons not everyone was asked this question

All Parents commented, "**it's very empowering**" or they used different words to describe how the Programme encouraged them in their parenting role. The following statements were also referenced when describing the Programme:

- "It's about confidence and growing as a Parent."
- "It's a Programme that is open and accepting of all Families."
- "Support with everything and anything in terms of learning about parenthood."
- "Supported me to enjoy and participate more fully in my child's life."
- "Informative, great advice, helpful."

Appendix 3 has a complete list of all the phrases Parent's used.

### **1.11. Parents commented on how the Community Mothers Programme was different to other services.**

#### ***Consistency, gentle reassurance and letting Parents know the service is always there for them***

Parents spoke about the consistency of support that they experienced. They noted the frequency of visits and how this was strictly attended to unless there were exceptional circumstances. Parents indicated that communication was consistent in visits and, more recently during COVID, with phone calls and texting to check in on Parents.

"I know it's different from any other services, and I've had a lot over the years with my son, different people coming in and out, and if people aren't persistent, they kind of fade away but with my Home Visitor, she'll send a message checking in on how we are— she just makes me feel relaxed."

#### ***Informality and trust***

Parents repeatedly referenced how comfortable they were with their Home Visitors. They used phrases such as 'put me at ease' or 'takes me as I am. Some Parents had had negative experiences of services in the past. They commented on how this Programme differed by providing them with a relationship of trust through which they could grow and learn as a Parent.

"Not a lot of mothers would trust or would be able to ring someone professionally, especially when you have social workers involved. I mean, I could never trust anyone like I grew up in foster care, so I never thought I'd trust anyone official like [before meeting my home visitor]."



### *Being able to support Parents by being straight and honest with them*

Many Parents referenced that given they had a 'bond' or a relationship of trust with their Home Visitor, they felt it was necessary and helpful that their Home Visitor was straight talking. Parents welcomed the strength of the relationship such that the Home Visitor was trusted, and as one Parent said, "she would be honest with me, and she told me when I was wrong". Parents reported that the frankness they had with their Home Visitor was invaluable, and yet it was all done within the context of a trusting and non-judgemental professional relationship.

"It's nice because it's not so official, you know someone's coming to your house, you can relax, not like going to the doctor, even going to the Mental Health Clinic is very daunting – [with the Community Mothers Programme] it is relaxed, and there's no pressure."

### *Going beyond what's usually considered 'part of the service'*

Many Parents spoke about their Home Visitor supporting them in ways that were beyond what would be recognised as part of the service – three Parents used the phrase '**beyond the call of duty**'. They said that sometimes it was:

- doing something extra or going out of their way to spend more time with a Parent
- unexpectedly call by if there was a family bereavement or if a Parent was unwell
- take a phone call out of hours when a child with additional needs was having a '**meltdown**'
- deliver some extra Christmas gifts

"That was above, and beyond the call of duty, I think just that compassion and empathy, and I really felt she held my hand through that bereavement – some people put everything into the job."

## 2. COVID pandemic

### Parent's experience of Covid

"It's crippling, whether it be male or female like, because when you think of what you see on the TV, you know 'knock on your elders and check on them' like little do they know like, I'm only thirty and it will be six weeks before anyone calls and I know of four or five women in this town in the same situation."

Many Parents spoke of the challenges of COVID. While all Parents commented on how difficult it was, this was strongly emphasised by those who had relocated, were parenting alone, had limited or no extended family support, or experienced considerable challenges.

Several Parents who had children with additional needs, particularly Autism Spectrum Disorder (ASD), outlined their challenges. Pre-Covid, they reported having difficulties taking their children out to groups or other venues. During COVID, the challenges were even greater as services and supports for children with additional needs were closed.

"It was so tough because he was at the door every week with the bag, and I had no answer to give him."

"I suffered awful with this lockdown – it was like crippling. I just can't explain the loneliness."

"[So much had changed], like it wasn't just the shops, like outside had change. People had changed. Like, I wouldn't have minded staying in myself, but he [my son] is not able to go for long periods of time inside the house."

For many Parents, the initial COVID lockdown came at a difficult time as they had just started with the Community Mothers Programme, and they were keen to attend groups and make new friends. While many referenced the benefits of virtual groups and visits and phone calls from their Home Visitors were **'life savers'**, the COVID lockdown limited their connectivity opportunities with other Parents in the community.

### What can we learn from how the service was delivered during COVID?

Parents referenced how their experience of increased phone calls and texts during COVID was great and that this should be something that should be retained in conjunction with the face-to-face visits. They outlined that sometimes it was really valuable to pick up the phone if they had a query or concern and many referenced the importance of just sending a quick text query to which their Home Visitor would always respond.

One Parent noted that instead of two face-to-face visits a week, it could be replaced by one visit and one phone call. Another Parent noted that

“Even when lockdown is lifted, Parents should be able to just pick up the phone and ring them if they need extra help if a Parent is having a bad week, but sometimes the number of home visits are limited to once or twice a week, so if you could call instead that would be great.”

Other Parents noted that ordinarily, it could be challenging to attend face-to-face groups. It could be hard to get out of the house, especially with a new baby and a lack of sleep, and for others, it was because they were nervous or hesitant about attending groups. For these Parents, they noted the benefits of Zoom groups or classes. They indicated that it would be great to have some face-to-face and some Zoom options. Many had the experience of baby massage, storytelling, song-time, and weaning on Zoom. They felt these could alternate virtual sessions with face-to-face sessions – whilst also acknowledged that this may be difficult to arrange logistically.

One Parent acknowledged how she really enjoyed a Christmas Zoom class with other Parents involved in the Programme. She noted that if there was the opportunity of doing a Zoom call first before a face-to-face group that it might encourage her to attend the group – ***'I probably would attend, yeah I think it's just the fear of going myself, I don't like new things'***.

### 3. Additional themes raised by Parents during the consultation

#### Awareness and access to local supports before and after pregnancy for all Families

Parents referred to not knowing what formal and informal supports or services were available in their local area throughout the consultation. Moving into parenthood brought new challenges as Parents had to learn how to navigate the services infrastructure and find out how to get the supports they needed in a timely fashion. For some Parents, this was more significant than for others. Different Parents stressed a different focus, with some requiring adult supports and services and others speaking about supports for their children, including the complex process of having their child assessed for additional needs or disabilities.

The **'system'** described was cited as being overly complicated, daunting and stressful.

#### Mental Health

72% of Parents interviewed reported that at least one Parent in the family had mental health needs and that these were significant enough to require services from either GP or mental health services.

A small number of Parents described their mental health needs as postnatal depression or linked to the trauma or impact of the birth itself.

"I was traumatised from the birth, and I moved in here [new house and new area] from within a week of having my baby – I was badly depressed, I was suicidal."

"I know myself, I suppose having my son, I struggled with post-traumatic stress disorder, I probably did have some mental health issues – I probably still do today, being locked in your own home for so long now doesn't help."

Other parents reported anxiety exacerbated by specific stressful situations, including their child's particular needs, e.g. a child with a life-threatening illness or the caring of a child with complex special needs. Some Parents did not seek professional support, preferring to not speak to their GP or Public Health Nurse about it.

"I didn't tell anyone about it, the only person I told was my partner, and even then, I wasn't completely honest, even though he knew, I never actually said the words."

"I have been down to the GP before about my mental health, and he put me on tablets, but I was too worried to go back because they are doctors and they know more than you, but with my Home Visitor it's nice, it's nice to be able to open up to them – like I know it's not her job, she's not a psychiatrist, but they understand."

Other Parents noted that their mental health needs pre-dated their first pregnancy, but the additional demands, stresses and pressures of parenting exacerbated those needs:

"I was a very independent lady, and it never dawned on me that I needed any support after having a baby. I thought I'd just wing it, and when the Public Health Nurse arrives, and I was in floods of tears for about two days."

For a small number of Parents, their mental health was impacted by having what they described as '**a previous chaotic lifestyle**' where there had been the experience of substance misuse or past trauma within past relationships or childhood experiences.

Parents frequently noted how their Home Visitor would be able to '**talk them down**':

"She knows how to put me back in my place, if I'm getting too confused or something, she's like relax yourself, you're going overboard".

All Parents who had experienced mental health issues referenced the importance of Home Visitors having knowledge and awareness to recognise the signs. They also referenced the advocacy and supports that might be required, such as '**hand holding a Parent to the doctor's**'.

For some, accessing and using adult mental health services was challenging.

"...seeing a different doctor every time, telling your story all over again and all they do is write a prescription and send you on your way to come back in three months' time. Whereas my Home Visitor was a rock, she brought me back down and supported me to tackle one thing at a time and asked 'what can I do for you' rather than a lot of people telling you what you should be doing."

## Breastfeeding

Only 14% of Parents indicated that they had an experience of breastfeeding. Two Parents were fortunate to have close contacts who had expertise in breastfeeding. They each relied on this person significantly to support them, so Home Visitors' support was an addition rather than their only essential support in these cases. They noted that these supports were **'a big part of why I was able to breastfeed so well'**.

One Parent had engaged with the Community Mothers Programme during pregnancy. She outlined how she was open to breastfeeding while pregnant. Still, she added that her home visitor

"My Home Visitor was a real-sounding board, and any doubts I had or you know like in terms of breastfeeding, you know she gave me all the information I needed, and she was very experienced in breastfeeding, so that was a big thing"

Other Parents, as noted earlier, commented on how having some supports during pregnancy would have informed and empowered them to ensure breastfeeding was a possible and positive experience.

However, these Parent's reflected on their experience of how breastfeeding is supported - in the following quotes:

"The hospital is quite rushed and busy, and the support isn't necessarily always there. They do try their best, but it's not particularly supportive there."

"I suppose I had a friend who pushed me to keep going with the breastfeeding even though the hospital were telling me to bottle feed and stuff. Without her support, I think I would have sunk into that way."

"I was really struggling to breastfeed and the midwives didn't have the time or the expertise to support me in breastfeeding, and you know they were pushing us towards formula."

"I know a good number of friends, and we all started off breastfeeding, and many you know they struggled with one thing or another and gave up much earlier than planned and kind of feel guilty, like they've not done their best and it has contributed to their poor mental health."

One Parent noted some of the difficulties in navigating supports once home from the hospital around breastfeeding.

“The groups I loved, but not really the breastfeeding one so much because I felt I was being confused – every week there was a different Public Health Nurse there, and I just kind of got confused with the advice, and I really didn’t need it because I had my own support locally, and I kind of had an inner confidence in myself.”

Another Parent noted that while she found the breastfeeding supports excellent, they were not arranged in line with Parents’ needs. They were once a week, which did not suit if you were struggling **‘midweek’**. One Parent summed her breastfeeding experience by identifying a critical window where supports are essential.

“If you are not getting the support in the early days and weeks in the hospital and also in the community, you know, you can’t get there, but once you get past those first six weeks, you’ve got the hang of it”

## Physical and Mental Health Services for Parents after their baby's arrival:

Some parents noted that there were gaps in the service provision post-discharge from the maternity hospital. One Parent described how she didn't get the clinical help and support when she needed it.

"I think the six-week postnatal check-up should be with a midwife or a consultant ..at my GP appointment, they did very little for [me] the mother, and actually that was when I really, really needed help."

The time around the six-week post-birth check seemed to be an essential milestone for Parents. Many referenced how unprepared they were and how overwhelmed they were about having to care for their child. At this busy time, it was then more challenging to seek out the help they needed.

Parents commented on how an absence of the correct physical and mental health supports at this crucial time could impact them and exacerbate issues.

"I needed to get into that system, not at six months but at six weeks, I think my condition would have deteriorated a lot less in that time – it wouldn't have taken a year and a bit to get fixed if it had been caught in time."

Some Parents spoke of a difficult birth or being 'traumatised' by the birth experience yet had no dedicated follow-up supports.

A central message from Parents was that you had to be proactive and assertive to seek out the services and supports you needed. Unfortunately for some, even when they did this, it took a long time to get appropriate support and services.



## When a child has a health issue or an additional need or disability

30% of Families interviewed had one or more children with additional needs/ASD or who had experienced hospitalisation or serious child health-related issues.

A high number (20%) of Families reported having children with additional and complex needs. In some cases, there were two or three children in the family undergoing assessment or with a diagnosis, and most commonly, this was ASD. The majority of Parents who described their child with ASD were parenting alone.

Parents did not expect their home visitor to be an expert in additional needs or child health. They commented that it was helpful if their home visitor had an experience or understanding of children with additional needs.

For some Parents, having a child with additional needs created another layer of pressure and demands. This was also the case if you had a pre-term baby. Parents felt pressure between dividing their time at the hospital and being home to care for an older sibling.

Equally, the juggling and balancing act of supporting more than one child through the assessment process and subsequent appointments was a challenge logistically, especially when parenting alone.

“Trying to get the other two looked after while you have these assessment appointments and then if you’re not doing that, you’re trying to make sure there’s someone there to collect them from school, and if you’re not doing that, you are trying to work appointments around your other kids, and your own schedule and the appointments are never-ending.”

For other Parents, there were extra considerations to navigate during their day-to-day life. Parents of children with ASD spoke about their reluctance to take their children into spaces where their child may become distressed – large halls, shops etc. They only felt comfortable using indoor spaces where Families of children with ASD met. This limited their likely participation in parent-toddler groups for siblings.

“And I was so panicky at the time about going into an indoor room environment – because with my son, the only group I went to was an Autism one – so going into a room would fill me with dread.”

This reflects the many struggles Parents face as they balance the needs of all their children with their own self-care.

## Alcohol and other substance misuse

Over 29% of Parents interviewed raised the issue of alcohol and other substance misuse. A few Parents noted that they had an experience of alcohol misuse in their own Families while growing up. This impacted their relationships with their own parents and their family support in caring for their new baby. It also had an impact on their mental health as they became Parents themselves.

For others, they had an experience of substance misuse with a Partner, and it was a cause of relationship breakdowns and, in some cases, domestic violence. A minority of Parents described their past lifestyle as 'chaotic', which impacted their lives today as they tried to leave it in the past.

## Domestic violence

19 % of Parents outlined that they found themselves in a new location and trying to re-establish a family life after considerable trauma and stress from a violent relationship. This was ongoing for some of these parents, coupled with the stress of attending court hearings and negotiating custody arrangements. For some, it resulted in losing contact with extended family and the subsequent loss of a valuable support network

One Parent noted that she was aware that this was not uncommon.

"I know a lot of young girls that are going through it"

## Housing

38% of Parents interviewed raised the issue of housing.

One family raised inadequacy of their housing conditions while other Families had issues securing a home after separation, securing housing through the council or HAP and being supported by housing bodies.

The additional pressure on securing rental property using Housing Assistance Payment (HAP) was brought up. This added to the stress experienced by Families, especially in cases where there were children with health or additional needs. The insecurity of renting under HAP was raised, and the need for securing a family home was one that many Families faced whilst also navigating other pressures. In several cases, the Community Mothers Programme was instrumental in advocating for and securing appropriate housing.

## Financial supports

24% of Parents raised concerns regarding finances.

This ranged from needing a cooker or Christmas toys to having sufficient money to travel by public transport every day to visit a sick or pre-term infant in the hospital.

While all Parents who outlined these needs were aware of their Community Welfare Officer, there were still times where things were really tight. These financial hurdles added to the Parent's experience of stress and increased the pressure they were under, whilst also trying to be the best Parent they could be.

One Parent noted that it would be helpful for the Programme to have access to a relief fund for once-off emergencies, as accessing supports from either the St Vincent De Paul Society or Community Welfare Officer took time.

## The need for practical supports

Some Parents raised additional areas where they would have liked help. These are not specific to the Community Mothers Programme but are essential for all services working with Parents using a 'no wrong door' approach. Also, they reflect gaps in current service provision.

### *Form filling, advocacy and navigating the bureaucracy of accessing services or supports*

Some Parents raised the issue of navigating supports and services.

One Parent had an experience of EPIC (Empowering People in Care) as an advocacy and support group for those in care and care leavers. She wondered if there was similar support for Parents.

Other Parents noted their lack of confidence in completing forms online. 3 parents commented on the challenges of accessing the National Childcare Subvention Scheme and setting up a mygov.ie account.

"Somewhere where women can go to get like information about anything you know – like I was there now the last three weeks, and I was really struggling to get a my Gov code and then get the child care code for the crèche. I tried the social welfare, and they said, 'you don't get it here, and Citizens Information were telling me to try social welfare, there was no one to ask."

### *Childcare and having local childminding supports out of hours and at the weekends*

Some Parents noted that it would be beneficial if there were options to access short periods of childcare – perhaps just an hour here or there so they could go for a sleep in the early days of pregnancy etc. This was most relevant for those Parents with limited social supports or limited financial means to pay for a babysitter.

For others, especially those parenting on their own, childcare was a significant issue, especially at weekends and holidays.

"Well, one of the things that I hate most is hearing 'Oh, thank God it's Friday, or 'it's the holidays'. That's my biggest fear. That's my biggest dread because I am thinking to myself, Jesus, how am I going to get through the next few days or weeks."

### *Out of hours supports*

One-parent Families also referenced the challenges in accessing many parental online resources such as talks by Parenting Professionals or organised by school PTA's. Many of these events are timetabled to suit two-parent Families. The start time, be it online or face-to-face, is frequently at the same time a Parent might be settling a baby or putting an older child to bed.

Other Parents referenced the need for out of hours phone supports, and while there were times that their home visitor accommodated these supports, Parents were aware that this was above and beyond the call of duty. However, many Parents, particularly those parenting alone, felt this type of support was essential and should be provided by a service they knew and trusted.

*Practical hands-on help with household duties*

This was also raised as a need for some Parents, especially those who did not have local supports or family. It may have been at critical times of stress, ill-health or in the early days of having a baby. One Parent noted that she had been provided with Home Help support but was frustrated that she could not leave the house while receiving this support.

## Summary of insights and conclusions

- 💡 All Parents need support, and Programmes' should be flexible in meeting Parents' needs.
- 💡 Programmes like the Community Mothers Programme have a significant impact on Parents lives.
- 💡 Parenting Support Programmes like the Community Mothers Programme need to be widely advertised and universally available to all Families.
- 💡 Pregnancy is the time when Parents should be informed about the range of local community supports available to them and how to access them once their baby is born.
- 💡 Parents benefit from informal supports, such as the Community Mothers programme, during pregnancy.
- 💡 Parents want more information during pregnancy in preparation for parenthood.
- 💡 The level of support offered by services needs to be flexible to meet parent's unique needs with the ability to increase/decrease as required. It should not be a one size fits all approach.
- 💡 Parents of school-aged children identified the need for ongoing support from a similar relationship based Parent support home visiting Programme.
- 💡 Parents need different types of information at different stages of their parenting, delivered in various ways.
- 💡 Informal, relevant and timely access to a trusted person for '*tips*' or information is valued.
- 💡 Putting new knowledge into practice followed by an informal check-in was also seen as helpful.
- 💡 Parents value providers who create an equal, non-judgemental and supportive relationship.
- 💡 All those working with Families during and after pregnancy should have diverse training in:
  - parental mental health,
  - trauma-informed practice,
  - essential core knowledge of
    - pregnancy,
    - childbirth and prematurity,
    - child development,
    - additional needs/disability and
    - infant mental health.
- 💡 Informal and consistent supports delivered through trusted relationships, with opportunities to meet others in the community, is valued highly by Parents. Parents commented on how this support was also lighthearted and fun, which was important for them.

The above insights are essential for the Community Mothers Programme Development Project in ensuring the new standardised model addresses the needs raised by Parents throughout this consultation. However, these insights are also invaluable to all those working with Families during this crucial stage of their lives. Ensuring that Parents and Children get off to the best start in their journey together will deliver the best outcomes for children, Parents and their Families.

However, parents raised a range of broader needs and issues beyond the scope of what the Community Mothers Programme can address. These are beyond the limits of any one service or agency. This strengthens the argument for a wraparound and integrated service approach. Bringing together services to create a 'No Wrong Door' approach is necessary to ensure Parents don't meet obstacles in

securing the help and support they need in a timely fashion. This could provide a safety net to ensure the 'right care at the right time in the right place'.

Better coordination and routine multidisciplinary appointments could anticipate Parents concerns. This report advocates that we proactively offer Parents support, which would prevent them from navigating services, supports, and systems post-birth when they may feel overwhelmed.

A clear message from this consultation is that Parents value informal supports, which allow them to raise their concerns, and needs in a non-judgemental context. Allowing time and opportunity for Parents to be listened to and heard will ensure that Parents will engage meaningfully with the service and work together with them to have their needs met.

The Community Mothers Programme is uniquely placed to support Parents in this way. It can work at an interagency level with partners to help Parents secure the support and services they need.

The Development Project of the Community Mothers Programme will result in some changes for the Programme locally. However, Programme sites will continue, as before, to provide Parents with a 'safety net' responding to their needs whilst also supporting them to grow and thrive as Parents. The new learning from Parents from this report will help shape the Programme's development, ensuring Parents remain at the heart of the Programme.

"God, this, this was such an impact for us, or for me as a mother, I think in a way she made me strive to want to do like so much better, like so she has, she really has like she's, I suppose. She's been so amazing. I think like, since I've met her, she's always just kind of, she pushed me to be a better me."

## Appendix 1: Questions

1. Can you tell me a bit about how you became aware of the Programme?
2. Can you remember your first contact with the Programme? What was it that encouraged you to continue to participate in the Programme/receive visits?
3. We are looking at whether the Programme should start to work with Parents/Families during pregnancy – would you have liked this option?
4. How often did you have visits? What would have worked best for you?
5. How long were you receiving home visits? What should be offered to parents?
6. Did you participate in any groups run by the Programme? Can you tell me a bit more about this? What worked well? What would you do differently?
7. We are looking at how the Programme can make a difference to parents and their children. What would you say has been the most significant impact on you, your child and your family?
8. Can you outline what information was important for you to receive, and did it matter how you received this information?
9. What do you think services should be looking for when they are recruiting new home visitors? What are the essential things which should be covered in their training?
10. If you were a home visitor, can you tell me how you would support Families?
11. The Programme uses four different names, and we want to pick one name for all Programmes. Do you think the name of a Programme is important?
12. We were thinking of changing the name of the Programme to Community Families – what do you think?
13. If you met a friend at the playground or in the shops and described the Programme to them – can you give me three words you would use?
14. We are designing a leaflet for the Programme, and we have to come up with some colours and an image to reflect or symbolise the Programme – what image or colours would you think would work best?
15. Have you been receiving the Programme during the last year – during COVID? Can you tell me what you thought about this? Was there any element of this virtual way of working with Families helpful, or could be used more once COVID is finished?
16. Finally, can you tell me a bit more about yourself and your family? This will help us learn if different Families, with different lives, have different needs from the Programme. (prompts include -
  - a. Who do you live with?
  - b. Do you have other/older children – tell me a bit more?
  - c. Do you have family or friends around you for support?
  - d. Do you have any health needs? Does your child or other members of your family have health needs?
  - e. Can you tell me about your school, study and work experience?
  - f. Do you have other caring responsibilities for an older child/parent etc.?
  - g. Anything else you'd like to share would help us understand how the Programme met your unique family needs.)



## Appendix 2: Logos or Images to represent the Programme

Using the lettering, use the letter C of Community to hold the rest of the word. Use different font sizes – make a small o and an elongated M and oversized N. It could use blues and reds with funky font. It should say we are a group that holds you, we're not serious, we're fun inviting. Perhaps you could put a small family inside the C where it dips.
Picture of the sun, or bright colours like a rainbow, pictures of a parent or a family then someone coming to the door, might catch Parents' eyes
A picture of a parent who looks worried and then a picture of a friendly person with their hand reaching out both dark and then moving to the brightness
A family with kids in the centre and a symbol going around in a circle – we are better together that Community Families is here to help – bright so that it can stand out
It's a tree the middle of the tree is like a mother, and roots are coming out of the tree which are our kids, and then the branches and the Mother go into a heart shape in the centre of the tree and its pink and purple flowers around it
Hands supporting another person – support through hands - red/yellow
Purple, laughter and children
A hug around a mother and her baby, something nurturing, pinks and purples, soothing colours like lavenders – real gentle, like the colour of the sky at night
People holding hands in a circle, maybe underneath this could be a palm and a palm on top, so it's kind of protected – vibrant colours may be yellow or green – kind of friendly sun colours – sunlight, a light at the end of the tunnel
A picture of different types of Families all walking up a road, kind of a symbol that like you're there to help any family or any family that walks through the door to get back to their life – a lot of colours, approachable and happy looking
A family – eye-catching – bright colour
I would I see maybe mommy and daddy holding the baby and people around, you know, members of the community - yellow
Two children holding hands – warm, inviting, peaceful, catches your attention, yellow.
Together we are stronger – a family image
A family picture, a family in a park doing something together

### Appendix 3: Describe the Programme in three words

<ul style="list-style-type: none"><li>• good advice</li><li>• helpful</li><li>• reduce your stress</li></ul>
<ul style="list-style-type: none"><li>• support</li><li>• home visits</li><li>• non-judgemental</li></ul>
<ul style="list-style-type: none"><li>• kind</li><li>• helpful</li></ul>
<ul style="list-style-type: none"><li>• relief</li><li>• have someone to talk to</li><li>• experienced person</li><li>• reassurance</li><li>• compassion</li><li>• friend</li><li>• connection</li></ul>
<ul style="list-style-type: none"><li>• they bring the community together</li><li>• kind</li><li>• warm-hearted</li><li>• accepting</li></ul>
<ul style="list-style-type: none"><li>• safe space</li><li>• fun</li><li>• supportive</li><li>• fantastic</li><li>• safe</li><li>• fun</li><li>• refreshing</li><li>• freedom</li><li>• freedom to say how you feel without fear</li></ul>
<ul style="list-style-type: none"><li>• amazing</li><li>• comfort blanket</li><li>• support</li><li>• my support network</li></ul>
<ul style="list-style-type: none"><li>• trust</li><li>• bright</li><li>• listening ear</li><li>• comfort</li><li>• laughter</li><li>• joy</li><li>• friendship</li><li>• connections</li></ul>
<ul style="list-style-type: none"><li>• involved</li></ul>

<ul style="list-style-type: none"> <li>• supportive</li> <li>• trustworthy</li> </ul>
<ul style="list-style-type: none"> <li>• very helpful</li> <li>• very informative</li> <li>• and it's about confidence-building yourself as a mother</li> </ul>
<ul style="list-style-type: none"> <li>• paired up with a more experienced parent who'd received some training</li> <li>• supported me with anything and everything in terms of learning about new parenthood</li> <li>• enjoy and participate more fully in their child's life</li> </ul>
<ul style="list-style-type: none"> <li>• give advice</li> <li>• accessible</li> <li>• joy</li> <li>• open doors</li> <li>• parenting</li> <li>• friendships</li> </ul>
<ul style="list-style-type: none"> <li>• jolly</li> <li>• relaxing</li> <li>• everyone is so nice</li> </ul>
<ul style="list-style-type: none"> <li>• support</li> <li>• relief</li> <li>• you're understood</li> </ul>
<ul style="list-style-type: none"> <li>• support</li> <li>• tips and advice</li> <li>• friendly face when you run into trouble</li> </ul>
<p>I found it hard to describe the Programme to my friends</p>
<ul style="list-style-type: none"> <li>• amazing</li> </ul>
<ul style="list-style-type: none"> <li>• supportive</li> <li>• informative</li> <li>• motivating</li> <li>• gives you confidence</li> <li>• time for interaction</li> </ul>
<ul style="list-style-type: none"> <li>• baby massage</li> <li>• baby reading</li> </ul>