CYPSC

CHILDREN & YOUNG PEOPLE'S SERVICES COMMITTEES

Kerry

TUSLA

An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

NEEDS ANALYSIS & PARENT SUPPORT STRATEGY FOR COUNTY KERRY

January 2024

Children and Young People's Services Committees (CYPSCs) bring together all statutory, community and voluntary agencies who provide services and support for children, young people, and families.

Kerry CYPSC commissioned a parents' needs analysis and research to inform a Parent Support Strategy for the County.

1. INTRODUCTION

Children and Young People's Services Committees (CYPSCs) bring together all statutory, community and voluntary agencies who provide services and support for children, young people, and families. They provide a forum for joint planning and coordination of activities and initiatives to ensure children, young people and families receive optimum services.

To include the voice of the parent in the future development and coordination of services and support, Kerry CYPSC under the oversight of their Parenting & Early Years Working Group commissioned Business Improvement Solutions (BIS) through a procurement process to undertake research on the needs of parents in County Kerry.

1.1 METHODOLOGY

The work of this research took place in the months September to December 2023 and the methodology adopted by BIS to meet the terms of reference included:

- A desk review of data, to develop a deeper understanding of the work of Kerry CYPSC and to collate an area profile of the county based on 2022 Census data.
- Formulation of the strategic and policy context within which Kerry CYPSC operates.
- 1 web-based parents survey completed by 421 parents.
- 1 web-based survey completed by 39 professionals working with parents, young people, and families across the county.
- 1 focus group with Kerry CYPSC members. (25 in attendance)
- Focus group discussions with 3 parent and toddler groups (Ballyheigue, Firies, Tralee International Resource Centre (TIRC) with a total of 22 parents in attendance.
- Focus group discussions with the TIRC International and Ukrainian Women's group with 18 parents in attendance.
- 1 online focus group discussion with 4 parents with children attending Colaiste Na Riochta in Listowel.
- Focus group with 12 staff working in the Kerry Traveller Health and Community Development Project.
- Focus group discussion with the Integrated Services Manager for Tusla Educational Support Service (TESS), 4 Home School Community Liaison (HSCL) Coordinators in Tralee based schools and 10 parents with children attending same schools.

1.2 DATA ANALYSIS

Qualitative data analysis was conducted using both thematic and narrative approaches. Categories were developed, coded, and reduced. Survey data, researchers' observations and thematic data from interviews was cross referenced to identify emergent themes. Participant sampling and data collection continued until no new conceptual insights were generated and the research team felt they had gathered repeated evidence for the thematic analysis, thus reaching theoretical saturation.

1.3 REPORT STRUCTURE

The report is structured as follows

- **Section 2** sets out the strategic context for parenting support.
- **Section 3** presents an area profile of County Kerry based on 2022 Census data.
- **Section 4** outlines the findings from the parent and stakeholder surveys.
- **Section 5** explores the key themes emerging from the stakeholder focus groups and semi-structured surveys.
- **Section 6** includes discussion and learning and sets the scene for the 2024-27 Kerry parents support strategy.

We would like to thank everyone who contributed to this research. In particular, we acknowledge the contribution of the Kerry CYPSC Coordinator throughout the process.

2. STRATEGIC CONTEXT

This section sets out the strategic context within which supports for parents are positioned.

2.1 INTERNATIONAL POLICY

Supporting parents has been highlighted as a priority in scientific, educational and policy research due to increased evidence around factors influencing childhood development and learning. Supporting parents within the family is now embedded in the UN Convention on the Rights of the Child (UNCRC), which states that while the family is responsible for guaranteeing a child's rights, families must be supported in this role by the State (Article 18.2) (McClenaghan, 2012). Parenting support is seen as having the potential to improve educational outcomes and facilitate improved parenting skills, contributing to the reduction of poverty and social exclusion (European Commission, 2013).

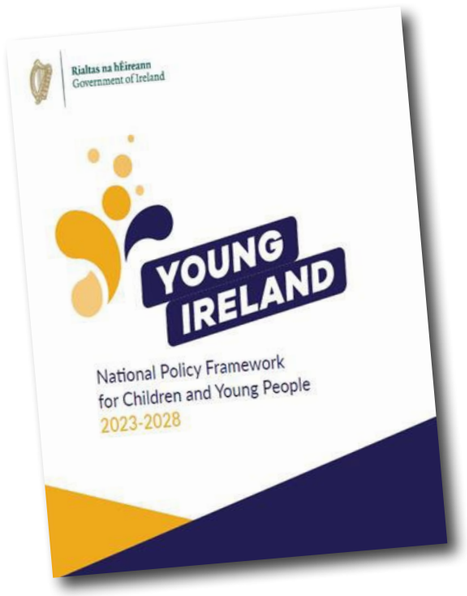
Policy makers in the UK and Ireland use parenting support to target vulnerable families to prevent later disadvantage, which is seen as a sound investment for the future. In the UK, Every Child Matters (ECM) (2004; DFES) placed supporting parents at the top of a list of four priority areas, followed by early intervention and effective protection, accountability, and integration of children's services.

Systematic reviews provide robust evidence that parenting programmes make a real and significant difference to both parent and child outcomes including, birth outcomes, health behaviours and child wellbeing and development. Parenting programmes improve the quality of the home environment, attachment, cognitive development, and socio-emotional development; reduce the incidence of child abuse, foster improved parent behaviour, skills and attitudes as well as enhance maternal life course outcomes (Sweet & Applebaum, 2004; Filene, et al., 2013; Paulsell, 2014; Rushton et al., 2009; Kendrick et al., 2000; Peacock et al., 2013).

2.1 INTERNATIONAL POLICY

Children and Young People's Services Committees (CYPSC's) are a key structure identified by Government to plan and co-ordinate services for children and young people in every county in Ireland. Their overall purpose is to improve outcomes for children and young people (0-24) through local and national interagency working. CYPSC's form an integral part of the structures provided for in the Young Ireland National Policy Framework for Children and Young People.

Section 3.8 of Young Ireland is dedicated to parenting support. It outlines five actions to address parent support needs, one of which is the establishment of parenting hubs in all CYPSC areas. Parenting support is also included in the ecosystem to fully recognise children and young people's rights illustrated below.



2.3 FIRST 5 (2019 -2028)

Support for parents is a key objective of Ireland's first whole of Government strategy for Babies, Young Children, and their Families, First 5 (2019 -2028). Acknowledging the essential role played by families in nurturing children's healthy development, the strategy aims to strengthen families in a variety of ways.

Alongside greater opportunities to balance work and home life through parental leave and flexible working, First 5 supports the development of parenting supports, ranging from universal to targeted and making high-quality programmes more accessible to all parents. First 5, Action A.2.2.1, commits to "Develop a national model of parenting services, from universal to targeted provision, covering key stages of child development, taking account of parents and children in a range of contexts and parenting relationships."

2.4 A NATIONAL MODEL OF PARENTING SUPPORT SERVICES

Supporting Parents: A National Model of Parenting Support Services addresses parenting support services from pre-birth up to adulthood. It describes the provision of parenting supports in Ireland and respective roles and responsibilities and sets out actions to improve parenting supports. It acknowledges that for parents to get the right parenting support, at the right time, the provision of high-quality, accessible information and high-quality services that are visible, inclusive, and easily accessible are essential.

It seeks to strengthen and develop mechanisms for effective coordination, co-operation, and collaboration. It recognises the roles and strengths of individual sectors in supporting parents and seeks to identify how stakeholders can work together to maximise all efforts and deliver better results for parents and their children. The model sets out the vision, principles and delivery mechanisms for parenting supports in Ireland. The four goals identified as essential to achieving the vision are: 1. Greater awareness of parenting support services 2. Greater access to parenting support services 3. More inclusive parenting support services 4. Needs-led and evidence-informed parenting support services.

This will help to guide the implementation of current and future parenting support actions and promote a cohesive, joined-up national approach across different sectors. The first stage in achieving these goals is described in its action plan illustrated in Figure 3 which will be realised through a 5-year implementation plan accompanying the model.

2.6 EARLY INTERVENTION

Kerry is the fourteenth most disadvantaged county in Ireland. In areas of higher deprivation, the need for early intervention is most profound. It is increasingly recognised that the greatest impact on socio-economic indicators such as health, education and employment will be delivered through early intervention, and it has become the most important stage to target resources.

Tusla's Prevention Partnership and Family Support (PPFS) mainstreaming programme includes transformational measures in relation to family needs assessment (Meitheal) and parenting support. The parenting strand of PPFS has five main projects which seek to help the improvement of family wellbeing and outcomes for children.

International research on child development shows that good quality evidenced-based parenting education and support contributes significantly to improved child protection by supporting vulnerable families and children; improved childhood resilience, health, school readiness, and educational outcomes; enhanced infant and child mental health and well-being and reduced incidences of youth delinquency and violence.

2.7 HEALTHY IRELAND FRAMEWORK 2019-25

The Healthy Ireland Framework is a roadmap for building a healthier Ireland. It is based around four key goals:

- to increase the proportion of people who are healthy at all stages of life
- to reduce health inequalities
- to protect the public from threats to health and wellbeing
- to create an environment where every individual and sector of society can play their part in achieving a healthy Ireland

Healthy Ireland draws on existing policies but proposes new arrangements to ensure effective co-operation and collaboration across Government, the health system, and other relevant areas. It is about each individual sector including early years helping to improve health and wellbeing, multiplying both efforts and results.

2.8 COUNTY CHILDCARE COMMITTEES (CCC'S)

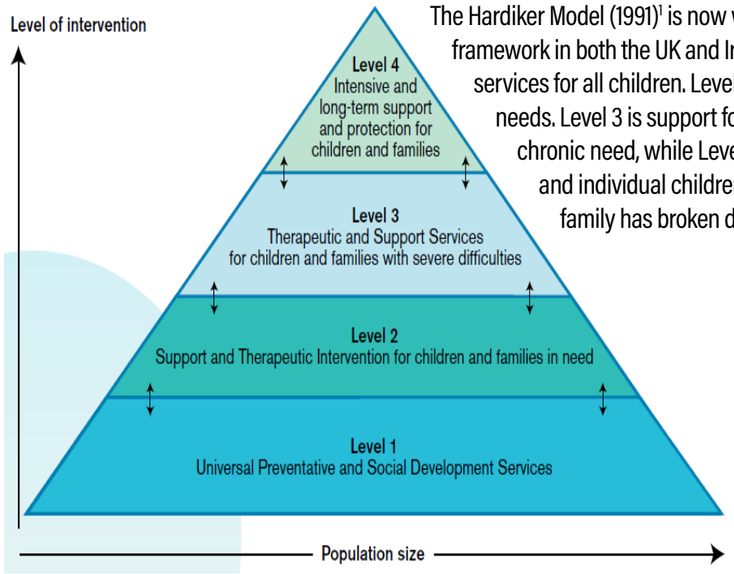
City/County Childcare Committees support and assist families and early learning and care and school age childcare providers with childcare matters at local county level. They are a Department of Children, Equality, Disability, Integration & Youth (DCEDIY) funded support, and are located nationwide. The 30 CCCs were established in 2001 and coordinate the implementation of the national childcare policy and programmes at a local level on behalf of the DCEDIY.

A key role of the CCCs is to facilitate and support the development of quality, accessible early learning and care and school age childcare services for the overall benefit of children and their parents by taking a child-centred and partnership approach. In addition, they provide parents with information on parenting courses available locally and distribute funding and provide support for parent and toddler groups.

2.9 SLÁINTECARE

The vision for healthcare set out in the Programme for Government (PFG) is Universal healthcare, a public health service which provides people with access to high quality, affordable care when they need it. Sláintecare is designed to enable the reorientation of service delivery towards general practice and community-based services, thereby providing health services closer to people's homes and reducing pressure on acute hospitals. This is particularly relevant to County Kerry, a rural county where people currently must travel significant distances to access services in regional towns. The Sláintecare 2023 Action Plan sets out the ongoing reform priorities aligned with the Programme for Government, the Sláintecare Implementation Strategy & Action Plan 2021—2023, Department of Health priorities and the HSE's National Service Plan 2023.

2.10 HARDIKER MODEL OF NEED



The Hardiker Model (1991)[1] is now widely used as a planning framework in both the UK and Ireland. Level 1 refers to mainstream services for all children. Level 2 is for those with additional needs. Level 3 is support for families and children with chronic need, while Level 4 represents support for families and individual children and young people where the family has broken down temporarily or permanently.

1 Department of Children and Youth Affairs (2012). Working Together for Children. Toolkit for the Development of a Children's Services Committee. 2nd Edition. Government Publications, Dublin.

3. AREA PROFILE

This section sets out an area profile of County Kerry.

3.1 POPULATION

156,458
population of Co. Kerry in 2022

an increase from
147,707 (5.92%)
from 2016

The population of Co. Kerry in 2022 was 156,458, an increase from 147,707 (5.92%) from 2016. It is the ninth most populated county in the state with a birth rate of 9.7% in 2022 which is slightly below the national average. Kerry has a higher than state average over 50 population which indicates that those who leave after school/college may come back in later years to establish long term residence in the county. About 35% of the population live in urban areas resulting in a high rural dispersion of the remaining two thirds of the population. This has significant implications for the delivery of services across the county. Tralee is the most populated town (26,079) followed by Killarney (14,412) & Listowel (4,794).

There were 34,994 (22.4% of the total population) children and young people aged 0-17 living in the county in 2022 -an increase of 1.35% from 2016. There were 1665 children aged 0-1 resident in the county in 2022. 355 births were registered in Kerry in the first quarter of 2023 (January to March) The 30-34 age category accounted for the highest amount of births, with 120 in the first three months of 2023. The 35-39 age category had the second highest amounts of births, with 102; followed by the 25-29 age bracket, where 60 births were registered in the county. 41 births were registered in the 40 years and over age category, almost double the number in the 20-24 age bracket, which accounted for 22 births

Town	Population
Ballybunion	1618
Castleisland	2536
Dingle	1617
Kenmare	2566
Killarney	14412
Killorglin	2163
Listowel	4794
Milltown	1118
Tralee	26079
Total	**56,903**

Age Group	2022	2016	2011
0-1 year	1665	1682	1923
1 year old	1550	1709	2033
2 year old	1651	1707	2009
3 year old	1714	1957	2080
4 year old	1720	1965	1980
5 year old	1873	2022	1879
6 year old	1848	2009	1945
7 year old	1957	2032	1911
8 year old	1876	2131	1918
9 year old	2071	1959	1961
10 year old	2066	1909	1815
11 year old	2116	1949	1956
12 year old	2255	1894	1941
13 year old	2194	1903	2004
14 year old	2200	1963	1997
15 year old	2128	1848	1870
16 year old	2007	1954	1914
17 year old	2103	1934	1804
Total	**34994**	**34527**	**34940**
%+/-	**+1.35%**	**-1.18%**	

3.2 FAMILIES

There are 39,118 families in Kerry of which 67% are families with children. There are 6,468 one-parent households in Kerry; 85% lone mothers, 15% lone fathers.

Family Description	Number	% of County Population
No Children[2]	12760	8.16%
1 Child	10837	6.93%
2 Children	9285	5.93%
3 Children	4535	2.90%
4 Children	1345	0.86%
5+ Children	356	0.23%
Total	**39,118**	**25%**

2 Children under and over 18

3.3 DIVERSITY

Kerry is becoming more ethnically diverse and has been impacted like no other county by the Ukraine war. 18% of the population in 2022 was born outside of Ireland. According to the figures from the Central Statistics Office (CSO)[3], as of June 7, 2023, based on PPS number allocations there were 7,971 refugees from Ukraine in Kerry. Only Dublin city and county, which is home to 12,735 Ukrainians, had a higher number.

The Kenmare Local Electoral Area (LEA) is home to the largest number with 2,244 refugees from Ukraine now living in the area. That's the highest figure of any of Ireland's 166 LEAs and accounts for 8.2 per cent of the LEA's total population. There are 2,500 Ukrainian refugees in the Killarney LEA (7.8% of the population) and 2,123 in the Tralee LEA (6%). Respectively, Killarney and Tralee have the second and third highest Ukrainian refugee populations of all 166 LEAs.

These three areas also have a far higher concentration of refugees per head of population than any other LEA. The Listowel LEA is home to 702 refugees while there are 534 in Dingle and west Kerry and 66 in Castleisland. There are 1,027 Ukrainian refugees enrolled in Kerry primary schools and 562 in the county's secondary schools. There are, currently, 651 international protection applicants (IPAs) accommodated in Kerry.

82% of the population were born in Ireland 7% were born in the Unted Kingdom with 2% born in Poland with the remaining 9% made up of many nationalities from every corner of the world. The ethnicity breakdown for the county which is substantially Irish and White is shown below. 60% of the 1107 members of the Traveller community live in Tralee or Killarney.

Ethnicity	Number	%
White Irish	123,427	80.85%
White Irish Traveller	1,107	0.73%
Other White	14,787	9.68%
Black or Black Irish	1,189	0.78%
Asian or Asian Irish	2,762	1.81%
Other	2,116	1.39%
Not Stated	7,274	4.76%
Total	**152,662**	**100%**

3 Kerry now home to almost 8,000 refugees from Ukraine | Independent.ie

3.4 EDUCATION

Over the past 20 years, there has been an increasing trend towards higher education attainment. The percentage of the population with no formal or primary education only has reduced consistently and is now at 11.4%. Those with third level qualifications from the county are at the national average and increased from 31% in 2016 to 36.65% in 2022. All these factors have implications for the employment opportunities available to residents of Co. Kerry

Highest Level of Education Completed	Number of Individuals	% of County Population	State Average
No Formal Education	2724	1.74%	1.58%
Primary Education	8811	5.63%	4.88%
Lower Secondary	15,808	10.10%	8.66%
Upper Secondary	20,617	13.18%	10.61%
Technical/Vocational	8700	5.56%	4.93%
Advanced Cert/Apprenticeship	7245	4.63%	3.70%
Higher Certificate	6566	4.20%	3.64%
Ordinary Degree	9143	5.84%	5.29%
Honours Degree	11,987	7.66%	8.75%
Post Graduate Degree	8565	5.47%	7.37%
Doctorate	708	0.45%	0.74%
Not Stated	6232	3.98%	4.28%

In 2022 an additional 15 schools in Kerry were granted DEIS (Delivering Equality of Opportunity in Schools) status. This will enable them to avail of a range of targeted supports aimed at tackling educational disadvantage, including additional classroom teaching posts, home-school community liaison coordinator posts, DEIS grant funding and access to the School Completion Programme (SCP). It also takes into consideration the significant educational disadvantage experienced by Traveller and Roma learners and of students residing in direct provision or emergency homeless accommodation.

3.5 DEPRIVATION

The affluence and deprivation index measures the relative affluence or disadvantage of a geographic area using 10 key indicators including proportion of skilled professionals, levels of education, and unemployment. The index does not refer to personal wealth, which is not covered in the census.

Deprivation Criteria	Kerry
Relative Deprivation Score	-1.86
Deprivation Rank by County	14th
Population Change	5.92%
Age Dependency Ratio	37.28
Lone Parent Ratio (with children under 15yrs)	17.51
Primary Education Only	11.44
Third Level Education	36.65
Unemployment for Males	9.23
Unemployment for Females	8.78
Local Authority Rented Accommodation	4683
Private Rented Accommodation	8377
Owner-Occupied Households	40,660

Kerry ranks as the 12th most affluent in the state with a deprivation score of -1.86 (-1.31 in 2016). While there is some variation within the county, overall, it is not characterised by extremes of affluence or deprivation. Of the 164 Electoral Divisions (EDs) in the county, the majority according to the deprivation index are classified as marginally below average, while 55 are marginally above average.

Unemployment rates are slightly below the national average. Just under one quarter of the working population are employed in the public sector. For the remainder of the working population there is a high dependence on the 'Hotel and Restaurant' and 'Agriculture' sectors. There are almost double the number of Kerry residents 'at work' in these sectors when compared to national averages. However, Kerry performs less favourably for 'Manufacturing, 'Information and Communications' and 'Professional, scientific and technical' activities, when compared to the State, Southwest or the Southern Region.

3 Kerry now home to almost 8,000 refugees from Ukraine | Independent.ie

4. SURVEY FINDINGS

This section presents the quantitative findings from the parents and stakeholder surveys. The parent survey questions were designed to elicit responses on:

- What are the existing parenting & family supports available to parents in Kerry
- Where parents in Kerry get information & support for their role as parents.
- Challenges in accessing support and information.
- Parents' perceptions in relation to the range of supports currently provided.
- Gaps in parenting supports that could be provided through CYPSC
- Specific and unique needs of parents in Kerry.

Direct quotes from the surveys are interspersed throughout the analysis to reinforce findings. Where n = is referenced, this denotes the number of respondents selecting an option or expressing an opinion.

4.1 PARENTS SURVEY

The survey attracted 421 responses in total, the following presents a profile of the respondents.

PARENTS' SURVEY RESULTS

64% of respondents lived in rural areas with **36%** living in urban areas

36% were aged between 18 and 40

46% were aged 40-50

76% were white Irish, **16%** other white

18% were aged over 50

21% of respondents lived in East (11%) and West (10%) Kerry

83% from a two parent family, **14%** from a one parent family

46% had children aged 0-6

69% had 2 or 3 children

47% had children aged 7-12

20% had children aged 18-24 living at home

48% of respondents had children aged 13-17

4.1.1 Parenting Programmes

22% (n=84) have completed a parenting programme accessed through Family Resource Centres (FRCs), Schools, Youth services and Community Groups. Parents Plus, Incredible Years, Positive Parenting, Supporting Parents & Children Emotionally (SPACE), Teen Life and Parenting for ADHD were some of the programmes referenced by contributors. The vast majority found the programmes to be effective.

> *"I did Parents Plus younger kids, then Parents Plus teenage kids. I am now doing Parents Plus for ADHD kids. I also did a course on how to advocate for your child with special needs, through the Kenmare FRC. I have done many other courses over the years from behavioural issues, to learning supports, to how to support our children from age 3 right through to now age 13. I would say I have completed approximately 25+ in the last 10 years".*

4.1.2 Accessing Parent Supports

Contributors were asked to select parenting supports that they access or had recently done so.

64%
attend/have attended Parent & Toddler (P&T) Groups

38%
attend/have attended Breast Feeding Groups

22%
have completed a parenting programme accessed through Family Resource Centres (FRCs), Schools, Youth services and Community Groups

14%
engage/have engaged with a Community Parent Support Programme

7%
participate/participated in a Parenting Support Peer Group

6%
attend/have attended Meet a Mum Groups

Respondents consistently referenced the positive benefits derived from P&T groups including the opportunity for both parent and child to make new friends. Parents new to an area with no natural or family support and those with their first child highlighted the positive impact on their wellbeing and integration into their new community.

> *"The Parent & Toddler group was instrumental for regaining my sense of self after childbirth. The connection of meeting mums in a similar situation and life stage was so beneficial to my mental health and reduced the feeling of being alone, and post-natal depression."*

The challenges of securing and sustaining voluntary input in setting up and maintaining P&T groups were highlighted. Such groups are not universally available throughout the county as they are dependent on local effort. Breast feeding groups were also popular, impactful, and well received by respondents. It was felt by some that the greatest concentration of supports was for parents of children aged up to four.

> *"Absolutely excellent. The Parent and Toddler and Breastfeeding groups were highly beneficial. However, the groups are only really for children under 4. It would be great if there was something available for parents with older children."*

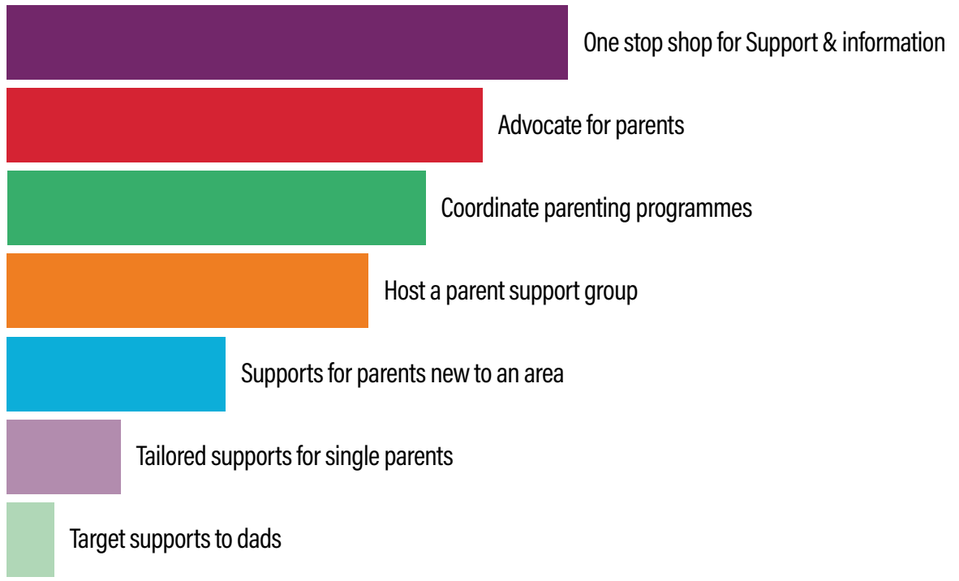
"The breastfeeding group was a fantastic support and resource for me. It was well run and led by the public health nurse. The parent/toddler group was good but run by parents so relied on someone taking the lead each week and if that parent moved on, sometimes there wasn't anyone willing to continue the work meaning the group would disappear for periods of time. This is a group that should be run by the family resource centre to ensure adequate support."

Parents have in cases taken the initiative to set up thematic based groups for autism.

> *"I started this group for parents with kids on the spectrum...it started at 4...we now have 30+ members. It has been priceless and we support one another, provide answers on how to negotiate and navigate the needs of our kids...as well as a much needed vent for issues and tough days, with compassion and a sense of humour. However, we have no funding...it is all voluntary and we tried in early 2023 to get funding locally with no success."*

4.1.3 How Kerry CYPSC can most effectively support Parents

Based on responses received to the question about how Kerry CYPSC could most effectively support parents, we have listed the most popular selections.



"I would like to see a one stop shop, a children's centre or building where parents can get all the services for children. It's difficult especially for people living in the country or without a car. I found it hard to get the services my child needed and I suffered anxiety over it."

"Cohesive, consistent response required. Proper, regular parenting services are required in the county - not brochures, websites - a full time dedicated person with a brief on advocacy, information, sign-posting parenting supports with clear barrier free pathways into supports."

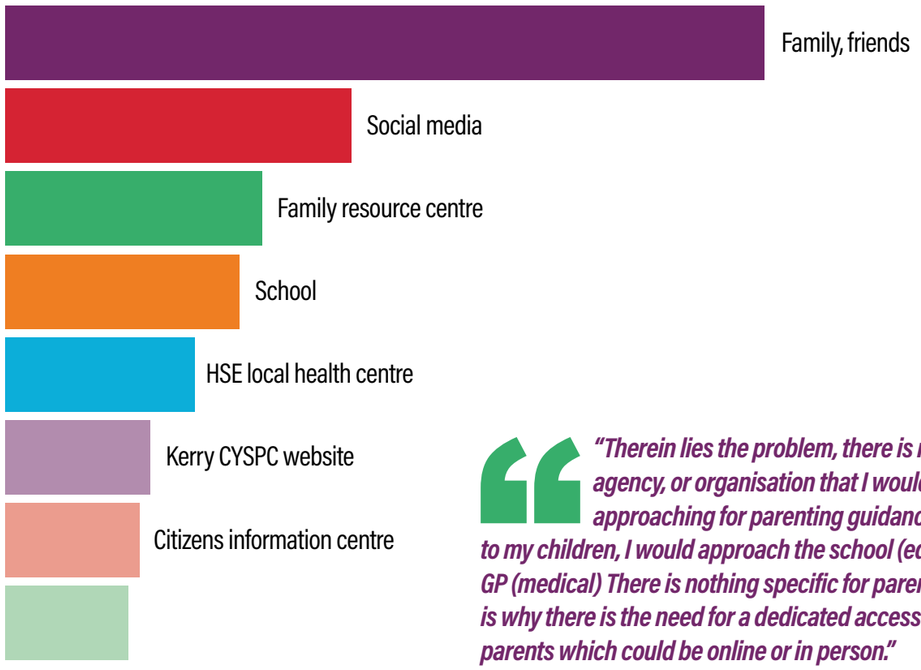
"Parents need confidence to make decisions re parenting and to be able to stick to them. They need to know that it is okay to say no to their child,"

"Course or support group for fathers. Even 1:1 counselling option or support forum for fathers who are struggling emotionally or mentally to support their partner or bond with baby etc. Men get no pre-natal classes to learn how to support in the early days. It's a huge shock to them and they struggle to express this and can't talk to anyone."

"I was lucky to get places in the after-school. This helps a lot for working single parents. Unfortunately, I don't have an opportunity to take part in parents' groups simply because I cannot leave kids and visit such groups. I'm concerned that there is not much support for single parents. I feel that I'm treated on the same level as families with two parents."

4.1.4 Where to Access Information on Parenting

Future actions by Kerry CYPSC in respect of the finding in Section 4.1.3 around prioritising information for parents should be cognisant of the answers to the survey question on where parents currently access information.



"Therein lies the problem, there is no individual, agency, or organisation that I would think of approaching for parenting guidance. If it related to my children, I would approach the school (education) or GP (medical) There is nothing specific for parents which is why there is the need for a dedicated access point for parents which could be online or in person."

4.1.5 Quality of Supports Available

24% good/very good

43% adequate

33% poor/very poor

24% of contributors felt that the supports available to parents were very good or good. 43% felt that they were adequate with 33% of the view that supports were poor or very poor. There are 14 FRCs in the county and respondents recognised their value in addressing Hardiker Level 1 and Level 2 need (See Section 2.10) There is clear alignment between FRCs and Tusla's Prevention, Partnership & Family Support (PPFS) and their common aim to prevent risks to children and young people arising or escalating through early intervention and family support.

The work of Family Support Workers (FSWs) in the FRCs was acknowledged in helping to connect families to services and advocate on their behalf where there is long waiting lists and assessment times for Child & Adult Mental Health Services (CAMHS), Occupational Therapy, National Educational Psychological Service (NEPS) and Speech & Language. However, it was reinforced that where there is an embedded lack of services, the influence of the FSW is limited:

"I found the support and guidance facilitated through the local Family Resource Centre extremely helpful. The Family Support Worker was patient, always obliging and "on call" at all times and I cannot praise her enough. She made me feel like any problems we encountered were manageable and she made us aware of services relevant to us we wouldn't have heard of otherwise."

"FRCs do great work though I think that they could promote themselves better as I am not quite sure about the geographic areas that they cover. They are very good for early intervention, however if there is a more specialist service need, they are limited in what they can do because of shortage of services and long waiting lists."

It is evident from responses that a perception exists that services are better in urban than in rural areas. Services in the two most densely populated towns in the county, Tralee and Killarney have improved significantly while gaps in services in South Kerry was a recurring theme.

"Taking into consideration the unrealistic distance parents need to send their children with additional needs (Beaufort), there is an injustice being made against families who are already being greatly challenged. If we are to entice and/or keep families in south Kerry, there should be serious thought put into providing for all children and families."

4.1.6 Top 10 Needs Identified

Based on the analysis of the survey findings, the top 10 needs for parents are presented below:

1. **Support and guidance on Child/Youth Mental Health**
2. **Access to Services for families living in Rural Areas and where there are Special Needs and Disability**
3. **Childcare**
4. **Cost of Living**
5. **Dedicated Support, Information and Self Care for Parents**
6. **Support where young people are vaping/using drugs and alcohol**
7. **Lack of activities/facilities for children/young people not involved in sports**
8. **Specific Needs of New Community and Traveller Parents**
9. **Guidance on Parenting Over 18s living at home**
10. **Supports for lone, first-time parents, those new to an area and for Dads**

The top two needs presenting was support and guidance on Child/Youth Mental Health services and access to Special Needs and Disability services. This chimes with the January 2022 Review of Child & Adolescent Mental Health Services – Mental Health Services Area A (South Kerry)[4] which contained 35 recommendations to improve clinical practice. Efforts are being made to develop a youth mental health and wellbeing hub in South Kerry and the potential to build this into the Kerry Parenting Hub (KPH) should be on the radar of the KPH steering group. This collaboration could in effect become an initiative equivalent to a Kerry Area Based Childhood (ABC) programme[5].

Some parents were unsure about the scale and scope of services available and were unable to differentiate between the various services and what they catered for. Many were reliant on schools as their first point of contact for guidance, advice, and support. For some the sense they felt that their child had an learning difficulty (Autism, Dyslexia) was not confirmed until after they had paid for a private assessment. They felt they had no alternative but to go private due to the long waiting lists.

> *"We lost so much time waiting for an assessment, the school did all they could but it just came down to long waiting lists and lack of resources. Once we had the private diagnosis of Autism things moved more quickly."*

4 Dr. Sean Maskey Consultant Child & Adolescent Psychiatrist
5 https://www.tusla.ie/services/family-community-support/prevention-partnership-and-family-support/i-am-a-funded-partner-practitioner/abc/

Youth mental issues have been compounded by the pandemic where two years of socialisation and face to face interaction was lost for children and young people. Among the needs identified by parents was guidance and education for parents on managing social media, digital devices, and appropriate screen time for children relative to their age.

> *"I only know the digital world through my own use of smart phones, the internet, and social media. My oldest is now six and I need to know more about safeguards that I can put in place at this age and the level of access that should be given."*

> *"I don't want to be too protective about screens and smart phones as I know that there are positives for education but direction and guidance on what is age appropriate is badly needed. I agree that there should be no smart phones at primary school but they might be on their siblings or friends' phone, we just don't know"*

Parents seeking support for their own wellbeing and self-care was a recurring theme in the consultation. This is noteworthy and reflects an emerging realisation that parents have unique individual needs and that parental wellbeing is crucial to effective parenting. Peer support groups, wellness activities and supports to return to education, training or employment could be part of self-care programmes for parents.

4.2 STAKEHOLDER SURVEY

The stakeholder survey attracted 39 responses including:

STAKEHOLDER SURVEY AND THE NEEDS IDENTIFIED

The stakeholder survey attracted 39 responses including:

12	9	9	9
respondents were PHNs or CAMHS	respondents were school based staff	respondents were family support workers	respondents were youth workers

The survey questions were designed to elicit responses on:

- The needs that stakeholders see presenting for parents.
- How Kerry CYPSC could most effectively support parents across the county.
- Priorities that should underpin a Kerry parents support strategy.
- Resources and infrastructure required for a successful parents support strategy.

56% of respondents (n=22) had a county wide remit, those who were area or place specific included teachers and Special Educational Needs (SEN) staff in schools in Tralee, Killarney, and Listowel. Regions/areas mentioned by contributors included Killorglin, Kenmare, and Castleisland. Direct quotes from are interspersed throughout the analysis to reinforce findings. Where n = is referenced, this denotes the number of respondents selecting an option or expressing an opinion.

4.2.1 Needs Presenting

Empowering parents with the capacity and skills to deal with the multitude of issues they must navigate on their parenting journey was the need most frequently identified in the survey responses. It was suggested that such enhanced capacity could emerge from a combination of parenting programmes to increase skills and accessing information on services and supports at the opportune time.

> *"I feel that by empowering parents through providing information, advice and support to help guide them through the challenges of parenting, which can be provided through both parenting programmes and peer support groups is crucial in supporting families."*

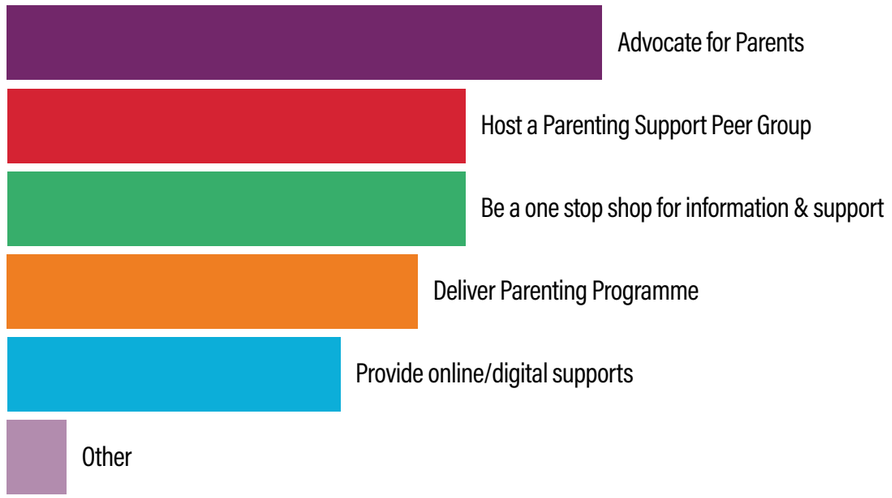
Stakeholders (n=5) felt that parents needed to have the fortitude to say no and be clear on the boundary between parenting and befriending their children. Respondents (n=4) felt that part of the capacity building for parents was their own self-care which could be strengthened through peer and social support groups, wellness therapies and access to counselling as required. It was highlighted that young first time and lone parents without a family or social network are particularly vulnerable.

Respondents referenced the need for parenting guidance for teenage children in respect of social media/phone usage, drugs, alcohol, relationships, and sexuality and indicated that these were areas covered in the Parents Plus suite of programmes. The need for prompt access to services (diagnosis and interventions) for children with severe anxiety /school refusal, diagnosed or undiagnosed Autism, and special needs was a recurring theme. Where challenging behaviour is prevalent Non-Violent Resistance (NVR) and Supportive Parenting for Anxious Childhood Emotions (SPACE) Programme for families were recommended.

Cost of living, affordable childcare that incentivises parents to return to work and access to good quality housing were among the most frequently referenced needs in the stakeholder survey responses. It was suggested that a money management programme with tips on budgeting, avoiding high interest loans/credit cards and other unnecessary expenditure be available on-line and in person to parents. Much of the focus of Money Advice and Budgeting Service (MABS) is on debt management, however it was felt that prudent approaches by families could mitigate some debt related issues before they escalate.

> *"Some parents are over-whelmed and are not coping due to challenges in their home life. We liaise with the FRC to find further support for these parents, and they are very helpful and will do whatever they can to help. We try to use school funding to support parents who are struggling financially. Parents are struggling to support their children and are finding it challenging to get support from external agencies. The school is many times the sign posting agency as well as everything else."*

4.2.2 How can CYPSC support Parents



> *"Advocate for parents in the area for mild to moderate Autism diagnostic and intervention services. I meet large numbers of families and parents who do not have access to ASD services and the child develops a mental health disorder due to lack of ASD services."*

"In-person Parenting Programmes and Support groups would be far more beneficial than just disseminating information via social media."

"There are good services but no overall system except Meitheal for working with families to ensure the supports are actually being put in place. Services need to be working together, unite as a working group and highlight the inadequate funding and come up with strategies which if implemented would make a massive difference for young people needing support. This would help parents massively; they are the ones telling us the systems do not work."

"Parents can sometimes not know where to start if they are trying to get support for their children, while they can also feel like their child is being passed around from one service to the next. As such, I think having a one stop shop available that would potentially ease this would be very beneficial. The other issue is they are unaware of all that is available at times, so the effective dissemination of information is also key."

"When I meet with parents, it seems to be meaningful for them to have a space to network with peers and talk about their concerns for their children and how it has been for them in trying to cope with how challenging that can be."

5. CONSULTATION FINDINGS

Focus group and semi-structured interviews were held with a further 63 parents and 25 professionals working with children, young people, parents, and families. This section sets out a summary of the interviews based on the thematic content analysis methodology. Many of the themes from the consultations were also prominent in the surveys discussed in Section 4.

5.1 PARENTAL PRESSURES

The majority of families have the two parents working which can result in children spending more time at home with siblings or grandparents from an early age. Given the dependence on tourism in the county, parents working anti-social hours in this sector can impact supervision of children and teenagers. Parents are under increased pressure to juggle priorities and children are often left to spend excessive amounts of time online or using screens with little focus on play within the home. This can lead to poor communication between parents and children with parents feeling powerless to influence the behaviour of their children.

There are ongoing issues in relation to online and social influences such as alcohol, drugs and bullying which continue to present challenges for parenting. The increasing trend of young people aged 18-24 living at home when working or after finishing college is changing the dynamic in some families and guidance for parents on how to manage this is required. Tailored employability guidance for parents who took time out from their job/ career to become the home maker and wish to return to employment was identified in addition to lifelong learning opportunities for those wishing to avail of further education or training.

5.2 ACCESS TO SERVICES

This research has identified the need for improved access to mental health, disability and addiction services for young people, parents, and families. Contributors to this research highlighted instances of children travelling by bus from Dingle in West Kerry to attend a Special Needs school in Killarney. There are unique physical and geographic impediments to service delivery in County Kerry. The population structure of the county is different to the average across the State, with 64% of the population living in rural areas or small towns/villages with populations of less than 1,000.

This means that it is more challenging to provide balanced services across the county. The size of the county creates dependence on cars and makes it challenging to provide adequate public transport which in rural areas impacts on children and young people being able to access services, socialise and limits their choice in relation to education. Having to travel long distances and the cost of transport impacts most the families who are poorer and those who live in the more remote areas. This is also a barrier to accessing parental supports highlighting the need for a variety of delivery mechanisms and outreach provision.

5.3 KEY TRANSITIONS

Based on the findings, parental need presents at all key transitions, Ante-Natal, Early Years, Primary to Secondary and an emerging need in respect of children aged 18-24 still living at home. For some the need presents from the point where the core development milestones relating to Public Health Nurse support are met. For others it was most acute after children start school at age 4.

There is a robust evidence base[6] that support and intervention at age 0-6 will positively impact children's development. The need within this age range is compounded for first time parents and those not surrounded by a strong family support system such as families from New Communities. Parents who availed on the Community Parent Support Programme[7] reported very positive outcomes from it, however some parents were unaware of the programme and the areas that it covered and the criteria for application.

5.4 INTERNATIONAL FAMILIES

18% of the population of Co. Kerry were born outside of Ireland. Though significant resources have been made available for English language classes, the demand for such classes remains high. English not being the first language of parents can reduce their role and influence in the home as children are often used as interpreters for their parents. It is also a barrier for parents in identifying and accessing key supports and advocating for their family. International parents highlighted that many Citizens Information Centres do not have translators and gov.ie does not have the linguistic capacity to deal with queries and applications from parents with limited English.

International parents highlighted the costs involved for their children to participate in groups, clubs, and activities which they felt should be subsidised. For many it is not affordable which means that they are increasingly dependent on organisations such as the Tralee International Resource Centre which has one part time role dedicated to supporting families. Due to the surge of families from Ukraine there is a need for a full-time TIRC family support worker for these vulnerable families and supports regarding the trauma experienced for both adults and children. This influx is putting a strain on pre-school and childcare places.

5.5 INFORMATION & INTERNET ACCESS

The need for information on activities, services, and signposting for parents, young people and families was consistently highlighted. There is currently no centralised conduit for disseminating information with Public Health Nurses, Family Support Workers, Teachers, and Childcare Professionals often signposting based on their own expertise and local knowledge of services.

The concept of a "one-stop-shop" for information for parents was a recurring theme. This would include information on the range of activities that are provided in the county and guidance on specific therapeutic services like mental health support and more general information on benefits, grants, courses, and money management. As there is no central database of parents for dissemination of information, it was suggested that efforts be made to engage the relevant statutory agencies about creating a comprehensive countywide database of parents. Any such initiative would have to be compliant with all GDPR guidelines.

6 Why early intervention matters | Early Intervention Foundation (eif.org.uk)
7 A parent to parent home visiting programme available to first and second time parents

Internet access of households in Co. Kerry has improved over the past decade with the number of households with broadband increasing by 18% in this period. However, there are still 7,613 homes in the county without any internet connection The critical importance of internet access was amplified during Covid and early research on the pandemic's impact is presenting lack of internet access as a poverty indicator that can negatively impact access to education and social connectivity.

5.6 CHANGING FAMILY UNIT

The composition of the family unit is changing, 15% are families headed by a single mother, and a further 2.4% are headed by a single father, that's a total of 17.4 % single parent households in the County. Parental relationship breakdowns are on the increase with a corresponding increase in the number of blended families. Targeting support at fathers (lads to dads) was identified as an emerging priority. Fathers have a profound and lasting impact on their children's development. As many parenting supports have been designed for, targeted at, and attended by mothers, fathers have traditionally been less likely to engage.

5.7 DISABILITY

The numbers of those aged 18 or under with a registered disability in Kerry is close to the national average at 7.3%. Parenting of children with a disability presents complex challenges for parents and more support is needed for this cohort. It was felt that coordinating a programme for parenting a child with a disability should be a priority for the Kerry parents support strategy.

5.8 TRAVELLER COMMUNITY

There are 1107 members of the Traveller community in County Kerry with 60% of the total in Tralee or Killarney. Sustaining their children in education, dealing with escalating drug and alcohol problems, the lack of life progression opportunities for young mothers (aged 18 upwards) and mental health issues were identified as the priority areas for targeted support.

Examples of some of the problems parents experience in their children's schools are the lack of clarity regarding the use of the enhanced Traveller capitation grant, excessive costs in post primary education, lack of school places and refusals to provide a school place and low expectations for Traveller children in schools. Traveller children with additional needs can be overlooked and leave primary school with poor literacy skills while long waiting times for NEPS assessments persist.

Insensitivity towards Traveller culture in some schools is according to one stakeholder "embedded." Rigid expectations to fit in, lack of school transport and reduced timetables used to deal with behavioural issues were other barriers highlighted. There is a lack of funding if young travellers want to continue their education through private course providers, which are usually more suitable for their needs.

6. LEARNING & DISCUSSION

This section sets out the key learnings from the research and discusses the main findings and how these should be integrated within the Kerry Parents Support Strategy.

6.1 PARENTING HUB

Section 3.8 of the recently launched Young Ireland National Policy Framework for Children and Young People stipulates that each Children and Young Persons Services Committee (CYPSC) should establish a Parenting Hub in their area. We recommend that this becomes the overarching priority of the Kerry Parents Support Strategy.
The findings from this research span a range of needs that can be categorised as Universal, Targeted and Specialist further illustrated in Figure 4 which should be adopted as the Parent Support Model for the Kerry Parenting Hub (KPH).

MODEL PATHWAY

STEP 1

UNIVERSAL

- Parent & Toddler Groups
- Parents Plus Programme
- Workshops ie Baby Reflexology/Massage, Baby weaning workshops, First Aid
- Breast Feeding Support
- Immunisation and developmental checks/School Based PHN immunisation & developmental checks
- Ante-natal visits up to -9 months to birth (Kerry University Hospital (KUH))
- Local post-natal check-up: PHN visits mum & baby within 72 hours of discharge & ongoing as required
- FRC universal supports: Parenting Programmes, information & signposting, workshops, support groups, activity programmes etc.
- Talks and seminars
- Kerry CYPSC website
- Kerry County Childcare Committee
- Information from other sources eg internet, leaflets and newspapers
- The National Healthy Childhood Programme (www.hse.ie)
- Kerry Parenting Hub supports (in development from 2024)
- Community Families Support Service (All parents of children aged 0-3 years) coordinated by PHN
- Education Pre-school (3-5) , primary (5-12) and secondary (12-18/19, Further Education & Training (Kerry ETB, Youthreach)
- Youth clubs/Groups (KDYS/Scouts/Girl Guides etc)
- Youth Information Centres (www.kdys.ie)

1st Year	School Team	2 contacts
8-9 y	Dental	3 contacts
5 y	GP	
4 1/2 - 5 y	School Team	2 contacts
46 - 48 m	PHN CMO	
24 - 36 m	GP	
21 - 24 m	PHN CMO	
13 m	GP	
12 m	GP	
9 - 11 m	PHN CMO	
6 m	GP	
4 m	GP	
3 m	PHN CMO	
2 m	GP	
6 w	GP	
2 w	GP	
<1 w	PHN	
Birth	H	

STEP 2

TARGETED

- Meet a Mum group (isolated new mums identified by PHN and local FRC)
- Parents Plus ADHD Programme (via Community Families coordinated by PHN)
- FRC targeted supports (1:1 support; Targeted Parenting Programmes i.e. NVR, SFP, IY; Meitheal family support & parent advocacy)
- Tusla Prevention Partnership & Family Support (PPFS) coordinates interagency family support for children with unmet needs
- Support for children 3-6 years (AIM – Access & Inclusion Model in Early Years Services)
- Infant mental health and wellbeing
- Incredible Years Parenting Programme
- Strengthening Families Programme
- Early Intervention & Prevention Youthwork programmes (KDYS & Foróige UBU Projects; KDYS Youth Justice)
- Education: Tusla Educational Support Service (TESS), National Educational Support Service (NEPS), DEIS Primary & Secondary Schools, Youthreach.
- Kerry ETB Mentor Service (www.kerryetb.ie)

STEP 3

SPECIALIST SERVICES FOR INDIVIDUAL OR SPECIFIC NEEDS

- Provision for international families
- Provision for Traveller families
- Provision for families with children with disabilities (HSE Primary Care/ HSE Childrens Disability Network teams)
- Provision for families with children with special needs/lifelong conditions
- Provision for families with child and youth mental health (Jigsaw, SWCC, KACS, Pieta, CAMHS, HSE Psychology)
- Provision for families with substance misuse (HSE Adolescent Addiction Services, Coolmine, HSE Adult Addiction Service Brandon House, HSE Family Service, The Grove Residential Treatment Centre)
- Tusla Prevention Partnership & Family Support (PPFS) coordinates interagency family support for children with unmet needs
- Coordinated actions to safeguard children - Tusla Child & Family Agency: Child Protection and Welfare which incorporates Domestic, Sexual & Gender Based Violence, Alternative Care, Adoption, Separated Children
- Local DSGBV Services: Adapt Women's Refuge & Support Service; Kerry Rape & Sexual Abuse Centre.
- Coordinated actions to support families where young person is in the youth justice system (KDYS, Probation, AGS)
- Coordinated actions for special/additional educational needs to optimise education attainment (www.kerryetb.ie)

The absence of a bespoke model to equip parents to deal with the complexities presented at different milestones in child development was prominent in this research. While early years, and child and adolescent programmes seek to address this, the KPH must have the capacity and influence to bring all agencies together to make the relevant pathways accessible to all parents in Kerry. Evidence based Parenting Programmes are included in the model encompassing universal (Parents Plus) and targeted programmes such as Incredible Years and Strengthening Families which have a case management element positioned as an intensive intervention.

As parenting supports are often one part of a wider range of services such as family, health, education, and disability, the need for inter-agency working and FRC representation on the KPH steering committee was emphasised. Stakeholders also endorsed the view that building parental capacity should be shaped by a community development peer led approach.

Parenting has always been recognised as a lifelong commitment encompassing childhood, adulthood, parents, and grandparents. KPH should consider addressing parenting needs as part of a life-cycle support package including healthy families and healthy communities. The old adage that 'it takes a community to rear a child' should become a cornerstone of how KPH supports parents going forward.

Parents need to be at the centre of the design, planning, and review of the KPH and in the roll out of the support strategy. Parents who deliver the Community Parent Support Programme should be invited to become members of the KPH steering groups with processes put in place to review parental input and representation on an annual basis. Some parents remain reluctant to reach out for support or participate in a parenting programme for fear of being judged. Intensive work is required in the promotion of the KPH to minimise such stigma. Availing of supports should be recognised as parents acting in their child's best interests and not a failure or shortcoming on their part.

This requires a strong message that parenting support is for all parents. Overemphasis on supports for "vulnerable" families and children can increase the stigma associated with services. A strengths-based approach recognising that parents are the experts in their own children's lives is crucial in the future promotion of KPH supports.

The finding in respect of the challenges and barriers encountered by parents when accessing child and young persons mental health service merits further research. The terms of reference for this work should include.

- Capturing the journey of parents in their navigation of youth mental health services, where did it start, the duration, services accessed, and how services were exited.
- What were the challenges they encountered
- What were the enablers for positive outcomes
- If they had to go through this again in the future for another of their children, what would they like to see in place and/or done differently to improve their experience.
- How did it impact on them and their child
- As parents, did they feel involved/ in control of the process

KERRY PARENTS SUPPORT STRATEGY 2024-27

Strategic Objective 1 – Establish the Kerry Parenting Hub			
Actions	**Lead**	**Timeframe**	**Success Indicators**
1. Agree the leadership, governance structure and branding (what it will be called) of the Kerry Parenting Hub (KPH)	CYPSC	Q1 2024	Structures in place
2. Invite membership from Family Resource Centres, teachers, Parent & Toddler Groups, and Community Parents	CYPSC	Q2 2024	Representation of all key stakeholders
3. Ensure county wide representation of parents (Single parents, Disability, Dads, LGBTQIA+, Direct Provision, UKR, Young Parents) on the steering group	CYPSC	Q2 2024	Countywide representation of Parents
4. Select a list of agencies/funds (Tusla, HSE Healthy Communities, Parenting Unit in DCEDIY) to approach for funding a full time Kerry parenting coordinator	CYPSC	Q2 2024	Number of applications submitted, and funding secured
5. Develop a standalone annual KPH Budget to include income projections, fixed and programme costs	CYPSC	Q3 2024	Standalone budget in place

Strategic Objective 2 – Coordinate programmes and supports to meet the needs of parents in County Kerry			
Actions	**Lead**	**Timeframe**	**Success Indicators**
6. Agree the offering of KPH (Website, Digital platforms, advocacy, peer support groups, parenting programmes, targeted support for fathers, leaflets, publications)	CYPSC & Parenting Coordinator	End of 2024	KPH offering in place
7. Work with FRCs, and other community agencies that host parenting programmes to map out the delivery across the county and identify gaps	CYPSC & Parenting Coordinator	End of 2024	- No of programmes delivered & parents completing - Profile of where the parents who completed the programmes are from - Nos participating on-line & face to face
8. Map other group based and 1-1 parenting interventions to support families with additional requirements e.g., disability, trauma, addiction language, health, ethnicity, family structure	CYPSC & Parenting Coordinator	End of 2024	Report completed on group based and 1-1 parenting interventions to support families with additional requirements
9. Merge the findings from Action 7 & 8 into a database of programmes that parents can be signposted to, upload to digital platforms and update on a regular basis	CYPSC & Parenting Coordinator	End of 2024	- Database of programmes that parents can be signposted to - No. of parents signposted - Database updates
10. Disseminate relevant information for parents (health and wellbeing, financial, grants, housing, education, training) through the most accessible channels on a bi-annual basis	CYPSC & Parenting Coordinator	End of 2024	- Number of parents reached, and topics covered
11. Develop an impact reporting template to strengthen funding applications	CYPSC & Parenting Coordinator	End of 2024	- Impact reporting template in place - No of parents engaged - Outcomes achieved
12. Monitor and evaluate programmes to capture the outcomes for parents and ensure that they are meeting need	CYPSC & Parenting	End of 2024	- Satisfaction levels with programmes - Outcomes achieved for parents (knowledge, Coordinator confidence, self-esteem, inclusion, improved skills)

Strategic Objective 3: Increase awareness and influence of the Kerry Parenting Hub			
Actions	**Lead**	**Timeframe**	**Success Indicators**
13. Launch the Kerry Parents Support Strategy 2024-27	CYPSC	Q2 2024	Launch event with all key stakeholders and influencers in attendance
14. Build the brand and identity of KPH	CYPSC	Ongoing	Recommendations on brand and identity tabled by Q2 2024
15. Undertake a website refresh of CYPSC website or create a new KPH website and invite sharing of links with other agencies to foster partnership and collaboration	CYPSC & Parenting Coordinator	End of 2024	- New/updated website - Website traffic, No of links shared - Google Analytics data monitored
16. Optimise KPH presence on Social Media platforms	CYPSC & Parenting Coordinator	Ongoing	- Social Media statistics
17. Design KPH leaflets and posters for dissemination to community centres and outlets not reached through digital and social media.	CYPSC & Parenting Coordinator	End of 2024	- Numbers of leaflets and posters circulated
18. Address stigma through messaging on the importance of parenting and that seeking support is acting in their child's best interests and not a failure or shortcoming on their part.	CYPSC & Parenting Coordinator	End of 2024	- Include questions on attitudinal change in post programme evaluations
19. Build links with preschool services, parent and toddler groups, nursery's, primary school, and secondary schools to promote KPH	CYPSC & Parenting Coordinator	Ongoing	Relationships formed and strengthened
20. Explore the possibility of creating a County Wide parents database through collaboration with hospitals, GP's, and Public Health Nurses	CYPSC & Parenting Coordinator	Q3 2024	Decision on viability of this initiative by Q3 2024
21. Lobby for additional Parenting resources for Kerry framed around the unique social and economic conditions of the County	CYPSC & Parenting Coordinator	Ongoing	Additional resources secured
22. Convene a Parents Conference in 2025	CYPSC & Parenting Coordinator	End of 2025	Attendance at and reach of conference
23. Disseminate a digital newsletter periodically to increase knowledge relevant topics and promote KPH	CYPSC & Parenting Coordinator	End of 2024	Audience reached through digital of newsletters

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CHILDREN & YOUNG PEOPLE'S SERVICES COMMITTEES

Kerry