

A national review of the **COMMUNITY MOTHERS PROGRAMME**

Summary Report
Susan Brocklesby

April 2019



ACKNOWLEDGEMENTS

The author and Katharine Howard Foundation would like to acknowledge the contribution from a number of individuals and organisations throughout the review process.

Considerable thanks and appreciation to each of the 9 Community Mothers Programme (CMP) sites, the Coordinators, Community Mothers, Managers, Board members and all who accommodated the review over the 6-month process and subsequently supported any calls for additional information.

We are very grateful also to the parents who gave of their time to share their experience of the CMP. Thanks to all the 22 Stakeholders from each local area who participated in an interview process.

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Katharine Howard Foundation (also representing Community Foundation for Ireland)

- Noelle Spring, Director
- Francis Chance, Programme Manager
- Marguerite Hanratty, Strategy Implementation Consultant

FOREWORD: KATHARINE HOWARD FOUNDATION AND THE COMMUNITY FOUNDATION FOR IRELAND

The Katharine Howard Foundation (KHF) and the Community Foundation for Ireland (CFI) have been aware for many years of the work carried out through the Community Mothers Programme in locations around Ireland. Both Foundations have provided financial supports to a number of these projects on occasions. From our experience, the Community Mothers Programme has been an important resource in providing early and valued support to families in their own homes and communities.

In recent years, CFI and KHF were concerned to hear that a number of Community Mothers Programme sites had closed while others had significant fears for their future. As a result, we agreed that it would be beneficial to conduct a review of the current status of the Community Mothers Programme in Ireland with a view to informing the development of a strategic plan for the future of the Programme.

The focus of this review is on the nine remaining sites delivering the Community Mothers Programme or an equivalent and similar programme.

Two key statutory agencies currently provide most of the funding to the Programme, the Health Service Executive and Tusla: The Child and Family Agency. The two Foundations felt that it was imperative that these key funders would actively engage in and support the review process. We were pleased that senior managers in both agencies responded positively to a request to nominate key staff to sit on an Oversight Group and subsequently the Steering Group which have advised and supported this review process.

The review was undertaken by an Independent Consultant, Susan Brocklesby who has worked with thoroughness, professionalism, tact and great attention to detail in gathering the data to develop this report and in framing the recommendations.

The review process has involved:

- Gathering data from the nine identified project sites by email and through meetings with Programme Coordinators, representatives of management structures, Community Mothers and service users as well as obtaining the views of key local stakeholders including key personnel from funding bodies and other local partner agencies.
- Holding a workshop in November 2017 with representatives from the nine sites where the key findings of the review were presented, and potential recommendations were discussed.
- Engaging with a range of key stakeholders to get their input to reality check and fine tune the recommendations in this report and in developing a plan for the first stages of their implementation.

The Katharine Howard Foundation and the Community Foundation for Ireland look forward to the key stakeholders progressing the recommendations contained in this report and clarifying the future strategic direction and potential of the Community Mothers Programme in continuing to meet the needs of children, families and communities.

NOËLLE SPRING,
DIRECTOR,
KATHARINE HOWARD FOUNDATION

TINA ROCHE,
CHIEF EXECUTIVE,
COMMUNITY FOUNDATION FOR IRELAND

FOREWORD: HEALTH SERVICE EXECUTIVE AND TUSLA, THE CHILD AND FAMILY AGENCY

The Health Service Executive and Tusla are committed to working together to ensure that parents are given the best possible supports in raising their children.

We welcome this review of the Community Mothers Programme undertaken by the Katharine Howard Foundation in conjunction with the Community Foundation for Ireland which has been undertaken in close collaboration with our two agencies.

The Community Mothers Programme in Ireland has its genesis in the early 1980s in the Public Health Nursing service in the Eastern Health Board area. Since the establishment of Tusla in 2014, the Community Mothers Programme sites have been supported separately by both Tusla and the HSE. This review has provided us with the opportunity to explore the development of a joint strategic approach towards the Programme.

The review process has increased the level of awareness of the Programme and its important work locally, within both the HSE and Tusla at all levels. The review has also enabled us to take a national strategic view of the Programme and its future sustainability. We have worked with the Foundations who funded this report in order to stabilise the funding for the Programme sites in 2019. We are committed to maintaining our support to the Community Mothers Programme.

This review is timely as it coincides with the publication of First 5: The Whole-of-Government Strategy for Babies, Young Children and Their Families (DCYA, November 2018). First 5 commits to the development of a joined-up approach between Government Departments and State Agencies towards the provision of a continuum of supports to parents.

Specifically, First 5 commits that:

“... an approach to home visiting services, across a continuum of need, will be agreed, having regard to Irish evidence on the implementation of prevention and early intervention initiatives.”

Tusla and the HSE are committed to working together with the Department of Children and Youth Affairs to support the implementation of this action. We recognise that the Community Mothers Programme, with its over 35 years of experience in delivering a home visiting based family support programme, will have a significant contribution to make in this process.

We look forward to collaborating with the Community Mothers Programme sites along with the wider service environment to develop a national home visiting approach which will address the support needs of young children and their families as a key element of a comprehensive continuum of supports to families.

AISLING GILLEN
REGIONAL SERVICE DIRECTOR - WEST
TUSLA – THE CHILD AND FAMILY AGENCY

SIOBHAN MCARDLE,
HEAD OF OPERATIONS PRIMARY CARE,
HEALTH SERVICE EXECUTIVE

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1. INTRODUCTION

1.1 BACKGROUND

This is a summary report of a review of the Community Mothers Programme carried out in 2017. This report and the full report can be accessed on the Katharine Howard Foundation website – links available below.

The Katharine Howard Foundation and the Community Foundation for Ireland came together to commission a review of the Community Mothers Programme (CMP) in Ireland. Both organisations had a history of involvement with the Programme and had concerns about its future.

The review of the CMP nationally was commissioned with the active support and participation of the Health Service Executive (HSE) and Tusla with the hope that it could inform the development of a strategy for the future of the Programme.

The review represents a snap shot of the status of the CMP between the months of June and November 2017. This information was subsequently shared with key funding and policy stakeholders to develop recommendations, culminating in the final report which contextualises this review in the current policy and service delivery framework in 2019.

Full report can be accessed here:

www.khf.ie/2019/community-mothers-programme-full-report

Summary report can be accessed here:

www.khf.ie/2019/community-mothers-programme-summary-report

1.2 DEVELOPMENT OF THE COMMUNITY MOTHERS PROGRAMME IN IRELAND

Established in 1983, the term 'Community Mothers Programme' was first used to describe an innovative peer support programme led by a Public Health Nurse (PHN), Brenda Molloy, in Dublin. The Programme's origins are outlined in detail within the full report and are grounded in the Childhood Development Programme (CDP) developed by Walter Barker in Bristol University (Barker, 1984). Modifying the design of Barker's 'First Parent Health Visitor Scheme', the Programme recruited and trained volunteers who, supported by a PHN, visited local families monthly to share structured information, knowledge and support on a peer to peer basis.

The original Programme was funded and overseen by the Eastern Health Board (EHB) as an extension of the PHN service. PHNs managing the programme had the title Family Development Nurses (FDNs) and they co-ordinated a team of volunteers in 11 areas across Dublin, Wicklow and Kildare. Brenda Molloy was appointed as Programme Director within the EHB area. The original model offered universal access to families within areas of disadvantage (Johnson, Molloy, 1995).

The criteria for recruiting volunteers was based on personal attributes e.g. caring, sensitive and that they must be from the local community (Johnson, Molloy, 1995).

The material and structure of the Programme was adopted from the Barker CDP and supported by the Bernard Van Leer Foundation. It involved a manual with cartoon-like scenarios to talk through with parents about how to care for themselves as parents (specifically mothers) and how to promote the health and development of their baby.

The Programme focused on:

- maternal diet, sleep and overall health
- childhood vaccinations
- infant diet and health
- infant stimulation and development

The Programme was one of the first Irish prevention and early intervention programmes evaluated through 3 separate randomised controlled trials (RCTs). Based on this, the Programme has been rated as a 'promising practice' by the European Platform for Investing in Children (EPIC, 2017). Despite some methodological limitations of the original research (outlined in the full report), the 3 RCTs demonstrated positive trends in the following areas:

- higher level of uptake of immunisation
- diet consisting of 'more appropriate' foods as reported by parents
- parents reported increased levels of reading to their child
- parents reported that they engaged in higher level of 'stimulation', nursery rhymes/games (excluding motor games), with their child
- parents were more likely to feel positive when asked to rate their feelings since their child was born
(Johnson, Howell, Molloy, 1993)

A subsequent 7-year follow up evaluation (Johnson, et al., 2000) found the outcomes were sustained for the mother and there was some evidence of the Programme's benefits extending to subsequent children. There was also an evaluation of the Programme's extension to the Traveller community replicating the promising results in relation to diet, maternal wellbeing and child stimulation (Fitzpatrick, Molloy, & Johnson, 1997). However, the positive impact on uptake of immunisations was not replicated within the Traveller community (Fitzpatrick, Molloy, & Johnson, 1997).

In parallel to the original model developed in the EHB area, an alternative approach was taken by other Health Board Areas as documented by Pat O'Conner (O'Conner, 1999). This model had a community governance and management structure in 3 sites¹ originally and was not directly managed by the Health Board. This model was replicated in other Health Board area sites representing 4 of the existing sites still in operation today – see table 1.

An additional programme was established under the Southern Health Board in Kerry in 2001 with funding support from the Bernard Van Leer Foundation. This model replicated the original EHB model, with governance from the Health Board and co-ordination through a PHN in the role of FDN.

Parents First in Laois / Offaly was also included in the review due to its similarities to the CMP community model. This was originally established as a Home Start Programme but moved away from this model and developed a greater alignment to the CMP community model in its approach.

Subsequently, the ABC 0–2 Programme, established under the Area Based Childhood (ABC) Programme by the Early Learning Initiative (ELI) in the Dublin Docklands area, was developed and influenced by the CMP community model.

All CMP sites participating in this review are listed in table 1 on the next page and their individual origins are outlined in detail within the full report. Full contact details for all CMP sites are available on page 36.

¹ The 3 sites were Limerick (Mid-Western Health Board), Athlone now incorporated in Longford - Westmeath (Midlands Health Board) and a third Health Board site was in the North Eastern Health Board area and is no longer operational. Subsequently additional CMP sites had their origins in this 'community' model developed by the Health Board: Clonmel (South Eastern Health Board) and North Tipperary (Mid-Western Health Board).



**SITE /
PROGRAMME**



**TITLE OF
PROGRAMME**



**YEARS
OPERATING**



**ORIGINS AND
INFLUENCES**



**HOST
ORGANISATION**

SITE / PROGRAMME	TITLE OF PROGRAMME	YEARS OPERATING	ORIGINS AND INFLUENCES	HOST ORGANISATION
Clonmel	Clonmel Community Mothers Programme	19	CMP community model; Bernard Van Leer Foundation	Clonmel Community Parents Company
Dublin Docklands	0-2 Programme, ABC	3	CMPs nationally; Parent Child Home Learning Programme	Early Learning Initiative National College of Ireland
Dublin Finglas	Community Mothers Programme Finglas	29	CMP original model; Bernard Van Leer Foundation	HSE
Dublin Loughlinstown	Community Mothers Programme Loughlinstown	25	CMP original model; Bernard Van Leer Foundation	HSE
Kerry	Community Parent Support Programme	17	CMP original model; Bernard Van Leer Foundation	HSE
Laois / Offaly	Parents First Laois / Offaly	17	Home Start	Parents First Laois / Offaly
Limerick	Community Mothers Programme	25	CMP community model; Bernard Van Leer Foundation	Limerick Social Services Council
Longford / Westmeath	Longford / Westmeath Community Mothers ²	10	CMP community model; Bernard Van Leer Foundation	Westmeath Community Development Company
North Tipperary	Community Mothers Programme ³	18	CMP community model; Limerick CMP	North Tipperary Community Services

Table 1: Outline of all CMP sites participating in the review

²The original midlands CMP site was in Athlone. This model influenced the development of the Programme in Longford / Westmeath and more recently has been merged under the governance and management of the Longford / Westmeath Programme.

³North Tipperary Community Services CLG has been reconstituted and has become Silver Arch Family Resource Centre.

1.3 CONCERNS REGARDING FUTURE SUSTAINABILITY OF THE COMMUNITY MOTHERS PROGRAMME

A number of changes within the early intervention and family support sector have impacted in different ways on the CMP in Ireland, some of which have caused increased concerns regarding the Programme’s future viability. Some of these changes coincided with the establishment of Tusla in 2014 which had an impact on many sites, including all the original model sites (covering 11 areas) within the former EHB area. The impact of this has been summarised in figure 1.

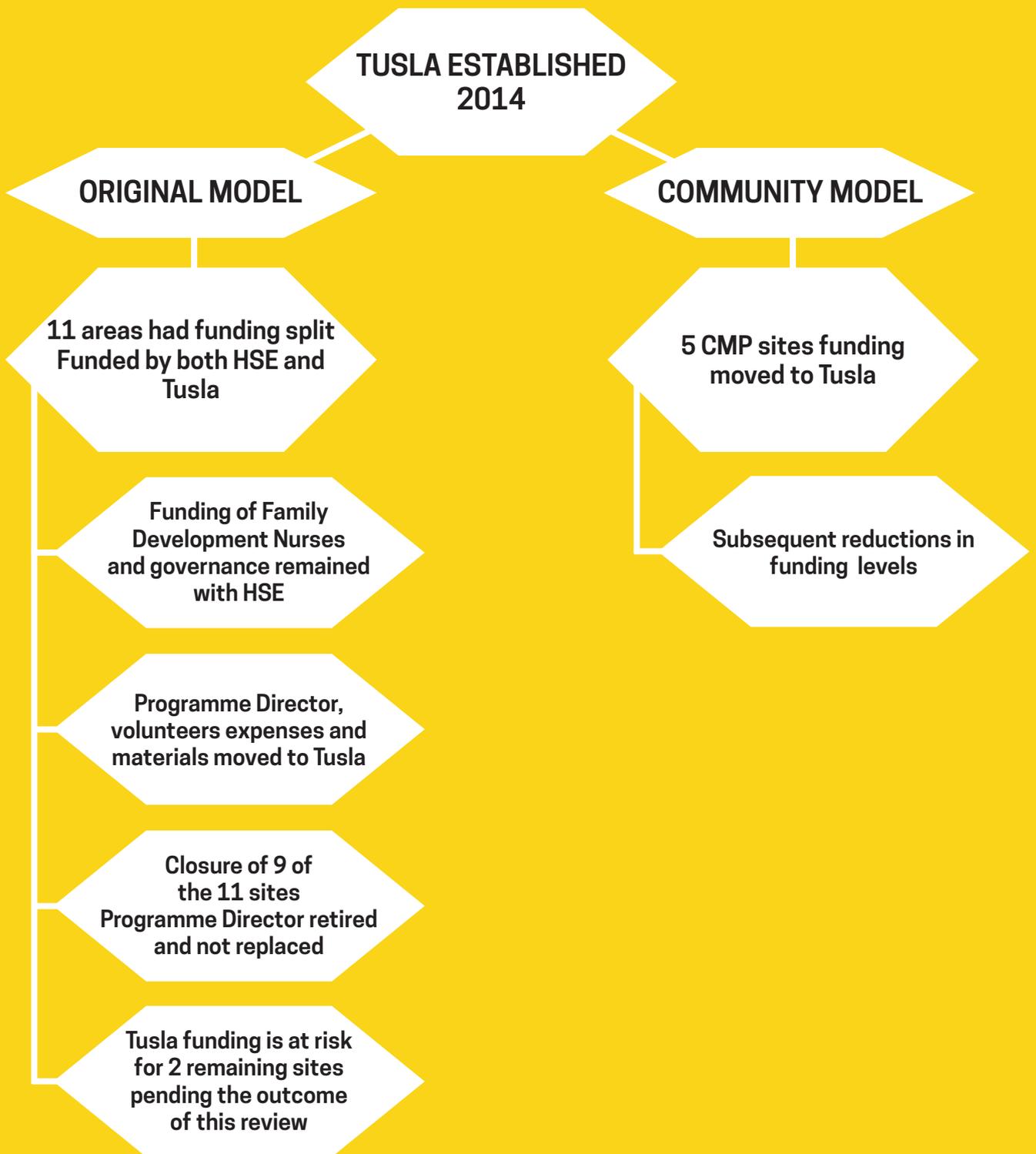


Figure 1: Changes impacting on some of the original and community model sites since the establishment of Tusla from 2014 to 2017

Since the recession in 2008, the PHN services within the HSE have come under considerable pressure. This, aligned with difficulties in recruitment within PHN services and a move to trial more contemporary service models, resulted in a decline of support for the CMP within the HSE. This had a dramatic impact on the CMP within the Eastern Health Board area as summarised in table 2 below.

DESCRIPTION AND NUMBER OF SUPPORTS TO THE CMP	STATUS IN 2013 ⁴	STATUS IN 2017 ⁵
Programme Director	1	0
Catchment areas	11	2
Family Development Nurses	9	2 (1 on long term leave)
Volunteer Coordinators	3	0
Community Mothers	119	18
Families availing of the Programme	1891	205

Table 2: Changes to CMP in the former Eastern Health Board area 2013 to 2017

1.4 NATIONAL POLICY CONTEXT IN THE DEVELOPMENT OF EARLY INTERVENTION AND PREVENTION SERVICES IN IRELAND

In addition to the funding changes outlined above, the CMP sites have seen significant developments in the past 8 to 10 years because of a changing national context in relation to early intervention and prevention programmes. One example of this is that all 9 sites have adopted an evidence-based parenting programme as core to their work.

There have been a number of key policy and strategic changes in addition to changes in key structures over the last 17 years which have shaped the development of children’s services nationally including the CMP. These developments have culminated in the launch of ‘First 5: A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028 (Department of Children and Youth Affairs, 2018) in November. This strategy proposes a home visiting approach across the continuum of need and is explored further in section 6.5. These key strategic developments are outlined in detail in the full report, but developments are listed in figure 2 on the next page.

The considerable role played by Atlantic Philanthropies in recent years in the development of prevention and early intervention services for children and families must also be referenced along with that of the Katharine Howard Foundation, the Community Foundation for Ireland and the Tony Ryan Fund for Tipperary. This strong philanthropic influence mirrors the initial role of the Bernard Van Leer Foundation in the establishment of the CMP in Ireland.

⁴ Information based on Annual CMP report for the Eastern Health Board region (Molloy & Harper, 2013).

⁵ Information gathered through the course of the review process in 2017.



Figure 2: Key policy, strategic and structural changes 2000-2018

The agreed purpose of the review process was 'to undertake a review of the current status of the Community Mothers Programme (CMP) in Ireland with a view to the development of a strategic plan for the future of the Programme' (Katharine Howard Foundation/Community Foundation for Ireland, 2017).

An oversight group was established which included representatives from Tusla, the Health Service Executive, and the Katharine Howard Foundation (representing both KHF and CFI). This group advised on the methodology, supported the review process and was involved in formulating the final recommendations. Following a tendering process, KHF contracted a consultant to undertake the review.

A methodology was developed which included:

- **Site visits:** To each of the 9 CMP sites and included pre-visit questionnaires
- **Interviews:** Semi structured interviews with the coordinators and the 'host organisation'
- **Focus groups and paper-based surveys:** Carried out with a total of 44 Community Mothers (CMs)
- **Parent interviews:** 18 semi structured recorded interviews with 1 to 2 parents from each CMP site
- **Stakeholder interviews:** 22 semi structured interviews with key local stakeholders including funders⁶
- **Interviews with other home visiting programmes:** Semi structured interviews were carried out for comparison purposes with 3 other home visiting programmes operating in Ireland:
 - Preparing for Life (Dublin Northside)
 - Home Start (Blanchardstown)
 - Lifestart (National model)
- **Consultation:** Once the report was drafted it was presented to a wide number of stakeholders (listed below) and they were consulted on the final recommendations:
 - **Representatives of all 9 CMP sites** (participated in a workshop – see section 6.3.)
 - **Directors of PHN, HSE**
 - **Representatives from the Department of Health**
 - **Representatives from the Department of Children and Youth Affairs**
 - **Representatives from Tusla.**

⁶ 27 external stakeholders representing HSE, Tusla (PPFS), CYPSC and ABC Programme Coordinators were contacted as part of the review process, which resulted in 22 stakeholders being available for interview.

1.6 WHAT WORKS IN EARLY INTERVENTION AND PREVENTION HOME VISITING PROGRAMMES?

There is now a growing body of evidence exploring how we deliver effective quality services and early intervention and prevention programmes.

The full report explores some of different frameworks and key foundational principles for the successful delivery of a programme grounded in recent developments in implementation science

The National Implementation Research Network outlined one framework for delivering outcomes:



Figure 3: Formula for successful implementation from the National Implementation Research Network (Van Dyke, 2013)

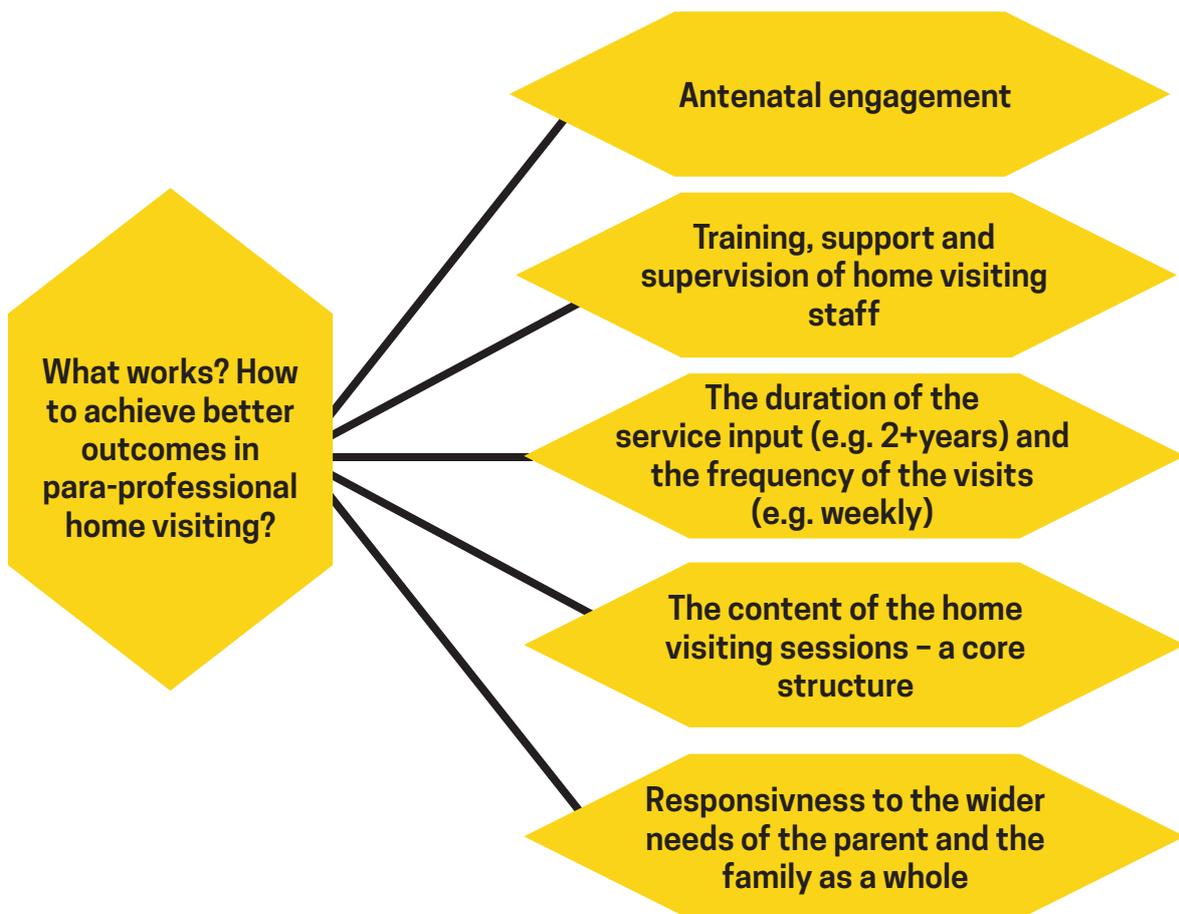


Figure 4: Para-professional home visiting - what are the factors of an effective programme based on research?⁷

⁷ Para-professional home visiting: The research differentiates the term 'para-professional' from professional and defines it as a home visitor who has training in an aligned area but does not have a specific clinical or professional qualification (Moran, et al., 2004; Peacock, et al., 2013).

1. Effective approaches: What are the ‘right’ or effective programmes or ‘what works in early intervention home visiting’?

The full report explores the evidence supporting the effectiveness of a number of Irish and international home visiting programmes.

The strongest evidence for the effectiveness of prevention and early intervention home visiting programmes is for those that are professionally led. However, there is a growing body of research supporting the effectiveness of para-professional home visiting e.g. Healthy Families America. There is qualitative evidence supporting the effectiveness of volunteer-based home visiting but limited quantitative evidence. The factors that would appear to contribute to the effectiveness of a para-professional home visiting programme are summarised in figure 4.

2. Effective implementation: Ensuring the successful delivery or implementation of a programme relies on a number of factors and can be summarised by the Hexagon tool developed by the National Implementation Research Network:

- a. Evidence
 - b. Usability
 - c. Supports
 - d. Need
 - e. Fit
 - f. Capacity
- (National Implementation Research Network, 2018).

3. Enabling contexts: Figure 5 below, from the National Implementation Research Network, outlines the key drivers which ensure an organisation can sustain effective delivery of programmes and deliver outcomes for children and families.

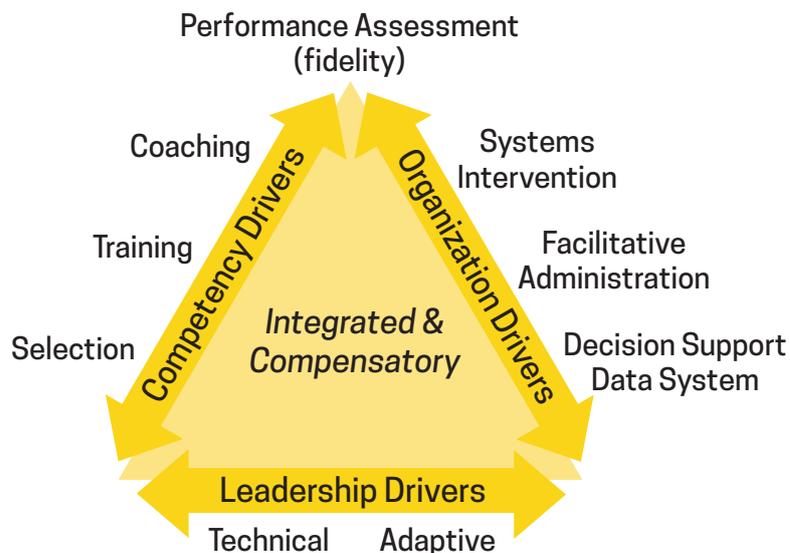
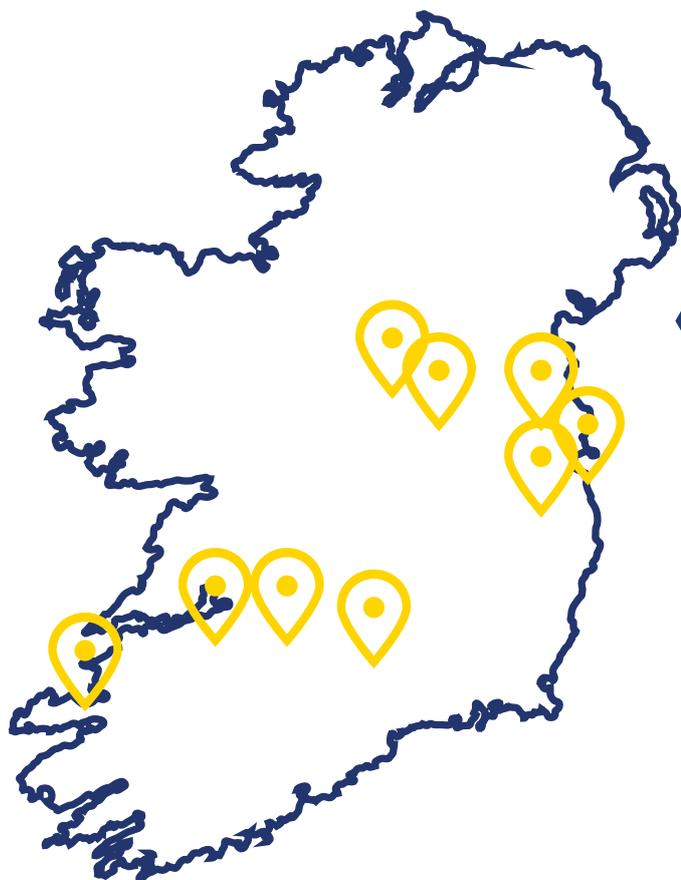


Figure 5: Enabling contexts: Implementation drivers within an organisation to deliver effective practice (Fixsen, Blase, Naoom, & Duda, 2015)

2. OVERVIEW OF COMMUNITY MOTHERS PROGRAMME IN IRELAND



CORE PROGRAMME CONTENT



COMMUNITY SUPPORTS AND TARGETED GROUPS

- | | |
|-----------------------------------|--|
| Parent and toddler/baby groups | Infant massage 1:1 and groups |
| Ante-natal classes/input | Parenting groups |
| Breastfeeding 1:1 supports/groups | Weaning/nutrition 1:1 support and groups |
| Provision of information | |

HOME VISITS

Frequency of home visits	5 CMPs visit monthly	4 CMPs visit weekly
	4 CMPs visit time 1.5 hours	5 CMPs visit time 1 hour
Length of home visits		

ADDITIONAL SUPPORTS

- Phone Support
- Advocacy
- Signposting to other services
- Responsiveness and accessibility
- Supporting integrated service delivery

Figure 6: Overview of the CMP in Ireland

2.1 AIMS AND ETHOS OF THE COMMUNITY MOTHERS PROGRAMME

The primary aims, and ethos of the CMP were explored through interviews and focus groups with:

- Coordinators (9)
- Board members/ Managers (10)
- Community Mothers (44)

Overall the most striking trend across all data was the similarity of ethos and commonality of core aims of the Programme. An analysis of common themes and clustering of words and phrases was carried out. The results are summarised in figures 7 and 8 below.

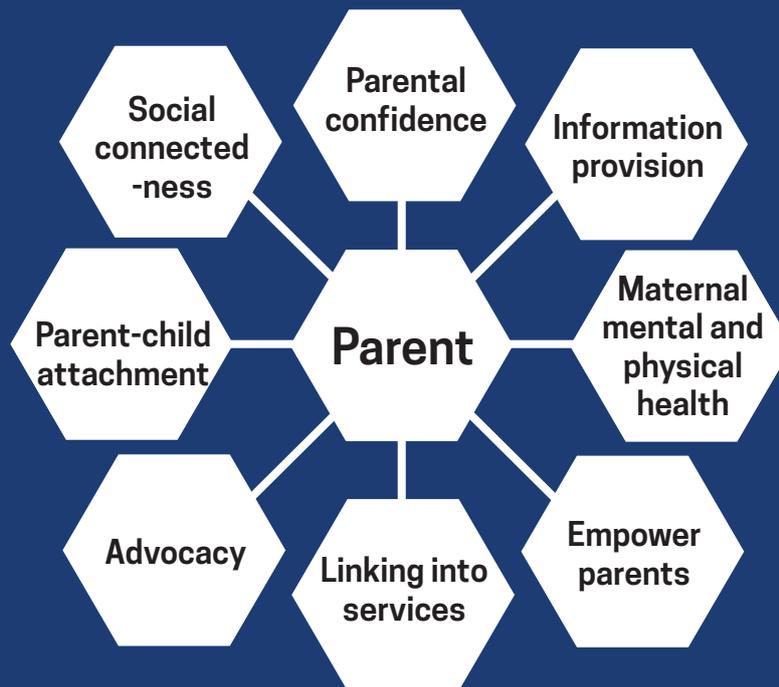


Figure 7: Key programme aims

The learning from the data gathered outlines the skilful role of the Community Mother in the balancing of informality and trust whilst maintaining professional boundaries. The role of the Community Mother is underpinned by a clear ethos that was enshrined in the original former EHB area model but has grown in line with societal change e.g. practice-based changes such as a greater focus on infant mental health approaches.

The ethos and role of the Community Mother is reflected in figure 8 below.

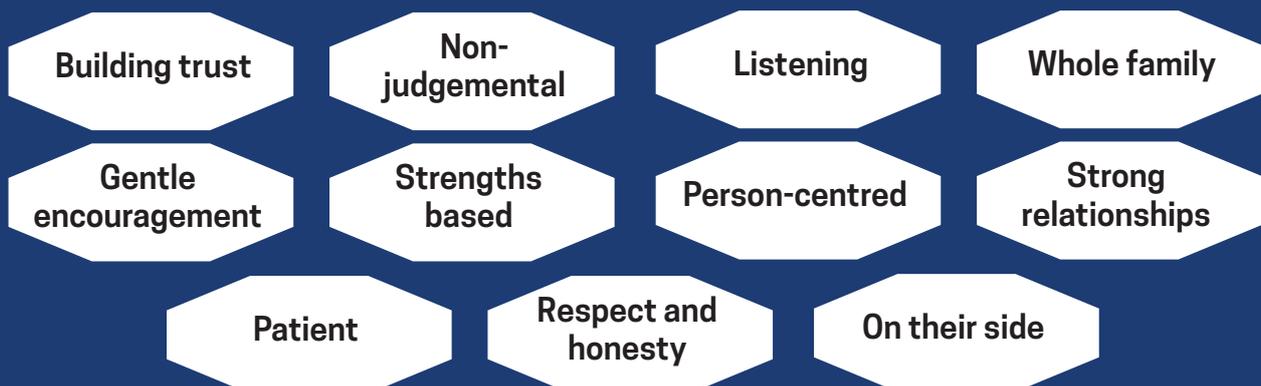


Figure 8: How the role of the Community Mothers reflects the ethos of the programme

2.2 CRITERIA FOR AVAILING OF THE COMMUNITY MOTHERS PROGRAMME

While the original model was targeted at areas of disadvantage, it was universally delivered within such areas. A majority of CMP sites have moved away from this original model. Many now offer an enhanced provision to families with greater levels of needs within a universal service i.e. progressive universalism within geographical catchment areas. Figure 9 below outlines the criteria for engaging with a CMP.

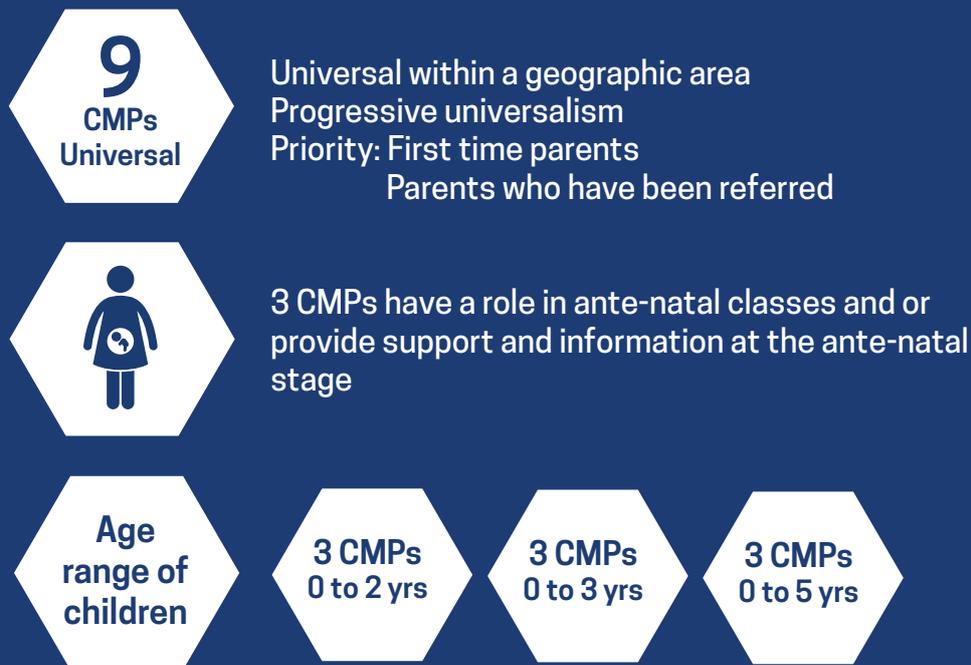


Figure 9: Criteria for participating in CMP across the 9 sites

A majority of CMP sites deliver a service at levels 1 and 2 of the Hardiker scale (Hardiker, et al., 1991) and at level 3 within an integrated package of support. The frequency of CMP sites working at an integrated level 3, varies with some CMP sites supporting a high number of children and families and some only a limited number.

All CMP sites reported working with families who were in homeless accommodation and/or living in direct provision.

2.3 CONTENT OF THE COMMUNITY MOTHERS PROGRAMME

As summarised in figure 6, the core content of the CMP is a home visit by a trained Community Mother. Figure 6 also lists some of the variations in time and frequency of home visits across the 9 sites. The full report provides a greater exploration of how each site delivers their home visiting programme.

Supplementary to the home visit, a majority of sites also provide a range of community supports and targeted groups as outlined in figure 6 and expanded on below in figure 10.

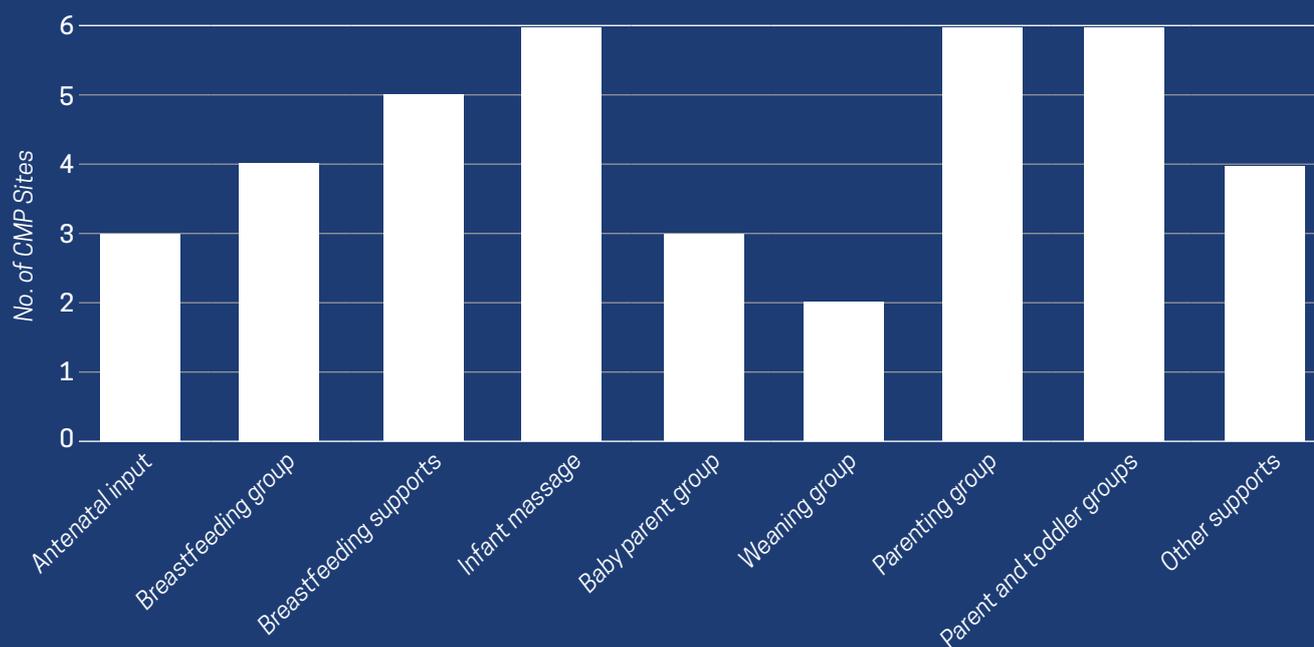


Figure 10: Range of community supports and targeted groups offered by the CMP sites

Additional supports offered by the CMP are reflected in figure 6 and expanded upon below. These would appear to be key elements which differentiate the Programme from other home visiting models:

- **Time:** CMPs were responsive and flexible to needs of families in terms of the time they allowed for home visits. This could result in a home visit lasting over 1.5 hours or the frequency of home visits increasing from once to 3 times a week depending on needs
- **Responsive phone support:** The ability to contact the CMP site with a once-off phone query or with a pressing concern was frequently referenced by families
- **Signposting to services:** Many parents referenced how they accessed additional services through the CMP. It was clear that the CMP provided a safety net by signposting parents to additional and relevant supports as required
- **Interagency working:** The CMP repeatedly demonstrated strong interagency working on the ground and was noticeable in particular through the joint delivery of programmes e.g. parenting programmes or weaning workshops. Additionally, stakeholders referenced that the CMP supported and reinforced key elements of other services' work. For example it was noted that the CMP in some areas can broker the relationship between Tusla and a parent. In other areas PHNs referenced that the CMP reiterated key shared public health messages to parents (e.g. breastfeeding)

- **Advocacy:** Parents, local interagency stakeholders and CMP teams all referenced many examples where the Programme acted as an advocate for parents and their children.

These areas were very important for parents and this additional support would seem to differentiate the CMP from other models of service provision.

“Probably wouldn’t have felt the same approaching a PHN with the queries and concerns, I was lucky with the PHNs I had, but...like, my Community Mother stayed with me for 3 hours one day and she didn’t make me feel like I was taking her time” - Parent

“They [parents] are very wary of social workers, but they needed support and the CMP was just so accessible and acceptable”
- Stakeholder

“I can’t praise them enough. It’s made such a difference. The boys are in proper routines, they are eating more, they are getting on better with other kids.”
- Parent

2.4 GOVERNANCE

The CMP sites are governed by a range of different structures – see table 3 below.

Number of CMPs	Governance Structure
3	HSE
3	Medium sized community and voluntary company with a wide range of service delivery provision
2	Small community and voluntary company with responsibility for delivering the CMP only
1	Large educational, community and voluntary structure

Table 3: Current governance arrangements within CMPs

The full report outlines the opportunities and the challenges of working within the various governance structures. The increasing pressure on the boards of community and voluntary structures was raised as a challenge. Additionally, in larger organisations who deliver a range of services, the Programme could find it difficult to secure the support and attention required to enable it to grow and develop.

2.5 FUNDING AND FUTURE SUSTAINABILITY

An in-depth outline of the funding position for the CMP nationally can be found in the full report with a summary outlined below. Figures 11 and 12 below outline the current funding levels and funders. All CMP sites reported many pressing concerns in relation to their current funding, including the:

- level of funding
- insecurity of funding and uncertainty for the future
- lack of consistency of funding provision
- communication regarding funding contracts e.g. some sites were not aware of approved funding levels until mid-way through the contract year
- funding being split for the 2 Dublin HSE CMP sites between the HSE and Tusla. Tusla has placed restrictions on recruitment and funding has only been agreed on a limited time basis to allow this review to take place.



Figure 11: Funding position for the CMPs in 2016

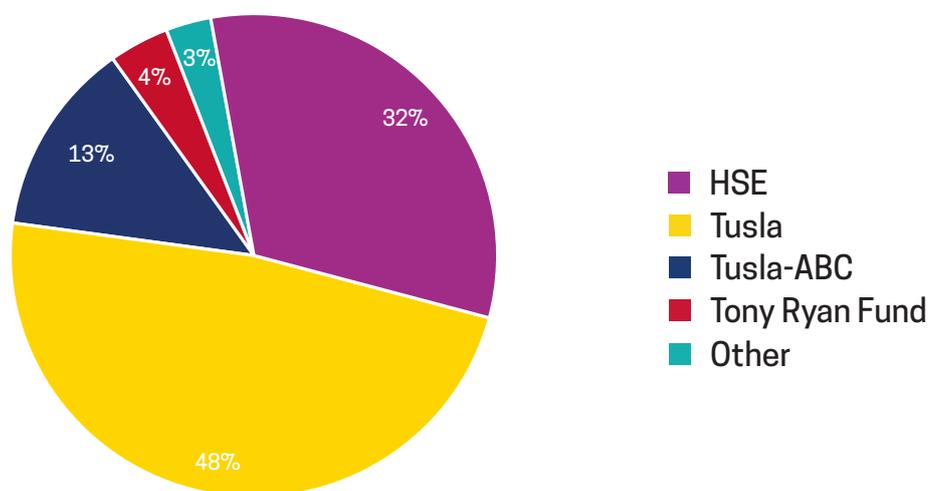


Figure 12 Funding sources for the CMP sites in 2016

All the CMP sites expressed concerns regarding future sustainability and many CMP sites identified funding that was at imminent risk i.e. funding which is known to be time limited – see figure 11. They reported that all funding has a high level of uncertainty attached to it, and this uncertainty is likely to increase in the context of the development of commissioning processes in Tusla and across the wider public sector.

“It’s embarrassing as a board, we feel like we are taking advantage of the staff and we don’t know what we can do about it” - Board Member

2.6 COST OF DELIVERING THE PROGRAMME

It was not possible to fully extrapolate a 'real' cost of each CMP site for several reasons:

- 7 of the 9 sites are part of a wider organisation with shared overheads and so it is difficult to estimate comparable costs across sites
- working out a unit cost for a family per year is also difficult because there were:
 - different data collection practices in each site so data is not comparable
 - different levels of input for different families with varying levels of need
- the Programme is a mix of volunteer and paid Community Mothers which reflect considerably different cost bases
- finally, there is a need for costings to be based on realistic pay rates, employment conditions, training needs, management and governance costs.

Curran (2017) outlined an annual cost per family which considered those families with low and high support. This model proposed:

- low/medium support: €40 per visit with an average of 35 visits per year giving an annual cost per family of €1,400
- high support: €60 per visit with an average of 52 visits per year giving an annual cost per family of €3,120 (Curran, 2017)

The Programme requires a full review of the 'real' costs of running the Programme. It is, however, clear that the CMP offers a low-cost service provision in comparison to other services and would remain so even if funding levels accurately reflected 'real' and sustainable costs.

3. PROFILE OF COMMUNITY MOTHERS

The number of Community Mothers involved in the **original EHB model**⁸ has diminished considerably from **119 in 2013 to 18 Community Mothers in 2017** actively visiting families⁹. Combining the 18 Community Mothers from the original EHB model areas with all the national CMP sites, there are a total of 97 Community Mothers delivering the home visiting and community wraparound supports nationally. Through the course of the review 44 Community Mothers engaged in focus group discussions and completed a brief paper survey representing 46% of Community Mothers. Figure 13 summarises their feedback.

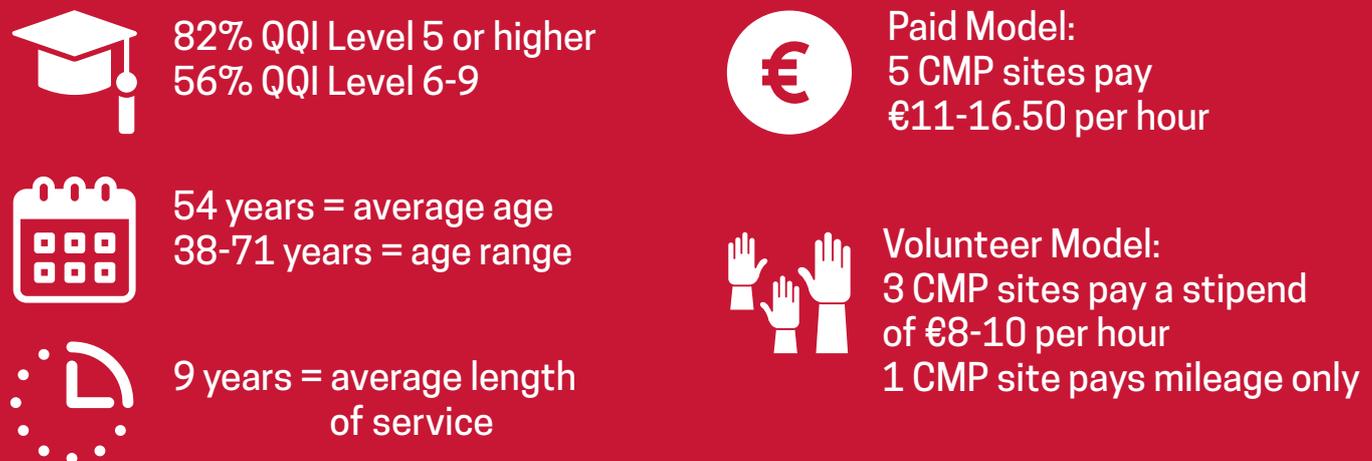


Figure 13: Profile of Community Mothers

The full report outlines in greater detail feedback from the Community Mothers, their work experience background, the reasons why they became a Community Mother and their likes/dislikes about the role.

⁸Former EHB region CMP sites - see table 2.

⁹We do not have a total figure for the number of Community Mothers nationally at the peak of all Programmes circa 2010-2013 but a reasonable estimate would be at least 190 Community Mothers.

3.1 RECRUITMENT, INDUCTION, TRAINING AND PROFESSIONAL DEVELOPMENT SUPPORTS

Recruitment, induction, training and professional development supports have all been identified by the research as key elements in a successful para-professional home visiting programme. The full report explores this aspect of the CMP in greater detail. Below is a summary of the findings.

Recruitment: the recruitment criteria in all sites remained the same as the original model which is based on personal attributes, being from the local area, having experience of parenting or being a parent. Some sites have noted that a QQI level 5 in Childcare was a desirable qualification during the recruitment process.

Induction training duration: on average 16 hours, ranging from 6 hours to 33 hours.

Support and supervision for Community Mothers: on average twice a month, ranging from weekly to monthly.

Additional/external training: Many sites noted that it was difficult to secure funding to provide the relevant training for the CMP team as a whole. In some areas CMPs have availed of training opportunities through local Children and Young Peoples Services Committees (CYPSCs), Tusla or ABC programmes as relevant. Others noted that in the past it was possible to secure in-house training from health care professionals from the HSE, however this was now more difficult to access.

All **Coordinators** had external training in the following:

- Parenting programmes (in 5 sites this was extended to all Community Mothers)
- Meitheal (in 3 sites this training was extended to all Community Mothers)
- Child protection (in all sites Community Mothers have child protection training).

The most common training within **Community Mothers Teams**¹⁰ is listed below:

- Infant mental health
- Infant massage
- Breastfeeding – both lactation consultancy¹¹ and breastfeeding counselling
- QQI level 5 childcare
- Paediatric first aid.

There was a significant range of training received by CMP teams see table 4 below.

Baby Yoga	Circle of security
Home visiting QQI level 5	Counselling skills
Signs of safety	Drugs and alcohol training
Play therapy	Marte Meo
Nutrition	Safe Talk – suicide prevention
Hanen – language development	Facilitation and group skills
Highscope	Supporting refugees and understanding trauma

Table 4: Range of training received by some Community Mothers

¹⁰In some cases, this was all the team and in other cases it was 1-2 representatives from the team who availed of the training.

¹¹Lactation consultancy was only within a small number of CMPs and only 1-2 members per team.

The majority of Community Mothers indicated that they would like to access additional training and figure 14 below outlines the most commonly requested training needs.



Figure 14: Training needs outlined by Community Mothers¹²

¹²Note professional skills included a range of skills specific to the role of home visiting e.g. managing boundaries and difficult situations.

4. STAKEHOLDERS: FAMILIES

“I really feel like it nearly trained me as a parent because I didn't have my mother by my side” - Parent

At the time of the review 2511 families were availing of the Programme nationally. Gathering data on the profile of families was limited by differing data collection processes, a lack of IT systems and not having agreed definitions across the sites. The full report explores this area in greater detail.

4.1 PROFILE OF THE FAMILIES AVAILING OF THE COMMUNITY MOTHERS PROGRAMME

The profile of families attending varies across all CMP sites but reflects a service operating in line with progressive universalism. Figure 15 below outlines the range of referrals to all CMP sites.

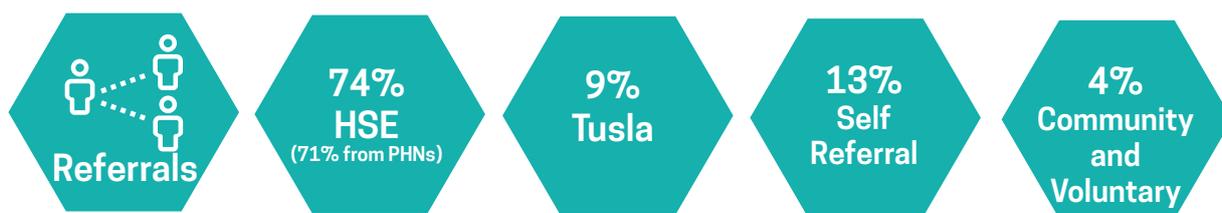


Figure 15: Referral sources to the CMP

The range of families availing of the CMP is reflected in Figure 16 below and is outlined in detail in the full report.

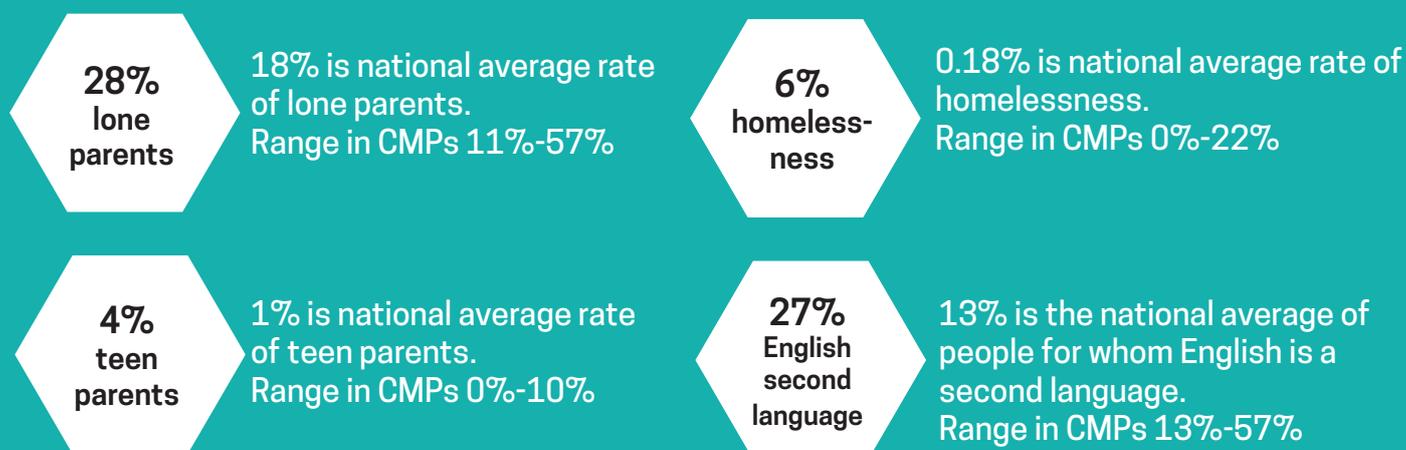


Figure 16: Profile of families attending the CMP¹³

¹³Central Statistics Office, 2019; 2019a, 2019b
Rate of homelessness used was the national figure for November 2017 (Focus Ireland, 2019).

20 parents (18 families) were interviewed through the course of this review and their experiences are reflected in-depth within the full report. All parents discussed the importance of the service at a crucial time in their lives and described how the CMP helped them and their families through a wide range of concerns and stages. The following themes did emerge but are in no way conclusive. They are accompanied below by quotes from parents.

1. Supporting breastfeeding

“Well it was so different to other services, she took a real holistic point of view and gave me reassurance and confidence. I knew my baby was going to be ok”

2. Supporting families where there is a child with an additional need

“She (my baby) was discharged from hospital and it was a big thing for me, as she was born at 23 weeks. Last minute they taught me CPR in case she stops breathing and still my Community Mother was there for me. She visited 3 days a week”

3. Supporting infant/child bond and parental confidence

“I was really stressed out and couldn't relax. I didn't get to enjoy him and watch his development. But once I became involved with the CMP I started to relax and enjoy him”

4. Supporting families undergoing social work assessment

“I was coming off drink and drugs, I mean the whole lot, like I was really low, really down in the dumps and she was able to link me into all these different things, I mean looking back now what 3 ½ years ago, like you know, it's a big, big change like”

“She came with me to every Child Protection Conference (CPC) meeting and she was sitting beside me and reminding me to keep calm, stay cool. CPCs are the most horrible intimidating things going”

5. Supporting maternal mental health

“In the prevention of post-natal depression, I do believe that having a few visits from a Community Mother versus going on anti-depressants is huge”

“I was kinda struggling a bit with anxiety after having my baby and I still am actually, so I was a little bit apprehensive, but she was so understanding and said I’m just here to support you and it really gave me something to look forward to every week and helped me focus on the week ahead”

6. Supporting good nutrition and healthy eating

“I was really scared [about weaning], what do you give them and how do you get started and you know like years ago, like me nanny and all that, they’d have given the kids anything and they spoon fed them and all at 3 months, and like I waited the whole 6 months, and she [Community Mother] just said, ‘take your time’”

7. Breaking the cycle of parenting behaviours across generations

“I was worried about the littlest things and she learned me literally everything, things that my Mam and my Nanny wouldn’t have done with me. And I’m like to them (my family), ‘no you don’t do it like that now’”

“Our younger one is well able to start preschool, well able to draw and hold a pencil, none of our others were like that as they didn’t get the chance”

8. Supporting parents who do not have a social network

“Or just like people who have no support, I mean there are so many people out there with no support, who have broken away from their families or whatever. If they [the CMP] weren’t there, I don’t know... it would be, oh God, it would be mental”

“I was feeling isolated after having my first baby, my family didn’t support me, and I knew no one in the town and so that was it. For my first child I thought I am going to be doing this on my own... I think it was great to have someone to talk with and great to have her come once a week”

The interview scripts were analysed in detail and all references to the Programme, contact with the Programme team or engagement in any groups were coded. The feedback was overwhelmingly positive and reflected a range of sub headings which Parents valued. These were subsequently clustered under headings as in figure 17 and reflect in part why the Programme is so important to Parents.



Figure 17: The frequency of positive statements describing the Programme, made by parents during the interviews

The most frequent comments made by parents highlighted their relationship with their Community Mother as outlined above. This finding was replicated by another Irish home visiting programme, Preparing for Life (Doyle, O., & PFL Evaluation Team, UCD Geary Institute for Public Policy, 2016), which found that the relationship established between a parent and the home visitor was key to the success of the Programme. Figure 18 outlines the key terms used by parents to describe their relationship with their Community Mother.

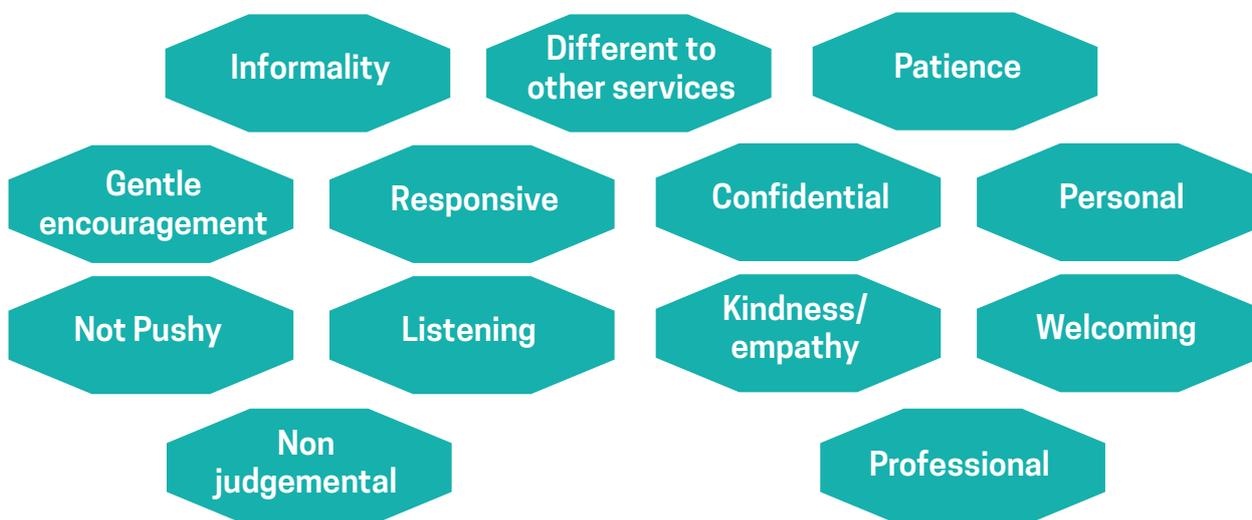


Figure 18: How parents described their relationship with their Community Mother

5. STAKEHOLDERS: INTERAGENCY PARTNERS AND FUNDERS

“Competent, capable and professional” - *Stakeholder*

Semi structured interviews, either in person or over the phone, were carried out with 22 of the following key local stakeholders as appropriate to the site:

- Tusla (PPFS Coordinator)
- HSE (Director or Assistant Director of Public Health Nursing)
- CYPSC Coordinators
- ABC Programme Coordinator (as appropriate)

“They are really respectful of families and that’s what works” - *Stakeholder*

Most stakeholders reflected very positive feedback in relation to their experience of their local CMP. Many referenced the responsiveness and the universal acceptability of the Programme to all families. Others referenced progressive joint working initiatives to best meet the needs of local families. A minority of those interviewed reflected the need for some clarification of the Programme model or updating of the Programme.

Others acknowledged the increasing challenges of engaging in interagency working within regional structures and noted that it was hard for a small service to have a presence at such structures given their limited resources. However strong interagency working on the ground on behalf of individual families was acknowledged in a majority of areas as a strength.

Two stakeholders questioned whether the CMP had the skill set to extend their service provision to work with high need families as part of a package of care. However, this was specific to some areas and it contrasted the majority stakeholder feedback which reflected this as a strength of the Programme in the same and other areas.

“They [families] are very wary of social workers, but they needed support and the CMP was just so accessible and acceptable” - *Stakeholder*

A summary of feedback from Stakeholders is outlined below and expanded on within the full document.

The Programme:

- is a highly regarded programme
- has positive interagency working relationships
- has limited, if any, duplication of services
- would benefit from review, update and clarification of the CMP model
- can provide key supports to high need families within a package of care and with relevant resources
- has strong interagency working on the ground and while the level of engagement with local CYPSCs, Child and Family Support Networks and Meitheal is strong in most CMP sites, this does vary
- has a vulnerability of funding and a need to secure additional funding particularly in relation to child and parental health, particularly from the HSE.

“Very good working relationship with the nurses, it’s very organic, fantastic”
- Stakeholder

6. CHALLENGES, OPPORTUNITIES AND THE CASE FOR A SHARED NATIONAL MODEL

6.1 SIMILARITIES AND DIFFERENCES ACROSS COMMUNITY MOTHER PROGRAMME SITES

This section outlines the similarities and differences between all CMP sites, their shared challenges and explores the many opportunities inherent in the Programme to address national priorities for young children and their families.

While the review has highlighted a number of differences across the 9 CMPs, it has also highlighted considerable similarities, most especially those that form the essence of the CMP and differentiate it from other home visiting models. These are outlined in detail within the full report but table 5 below summarises key similarities and differences.

The 9 CMP sites have similar ethos and values despite the:

- variations in their origins
- divergence from the original model.

7 CMP sites no longer use the original model materials and structure and have adopted contemporary materials and practices drawn from HSE resources and best evidence-based practice nationally.

SIMILARITIES	DIFFERENCES
All are a community based early child and family home visiting programme	There are 4 different governance structures across the 9 sites
All support levels of need from 1 to 2 on the Hardiker model	7 out of the 9 provide supports at level 3 as part of an integrated package of care
All have home visiting as a core input/activity	5 operate as a para-professional and 4 as a volunteer home visiting programme
All have parenting programmes as a standard additional activity	There is wide variation in the range of additional community wraparound supports/activities provided – see figure 10 and full report
All have the same core values	Variations in funding arrangements
All have the same core practices	Variation in the type of material and manuals used
All have the same common aims	Variation in the intensity of input – weekly vs monthly home visit
All have induction training	Variation in the duration of input. The range of engagement is from pre-birth to 5 years with some offering service only up to 2 years of age
All have rigorous support and supervision	Variations in the training opportunities for Community Mothers

Table 5: Key similarities and differences summarised

6.2 COMMON CHALLENGES FACING ALL COMMUNITY MOTHER PROGRAMME SITES

All Community Mother Programme sites face a range of different challenges in terms of their future sustainability. The full report outlines these in detail, but the common challenges are summarised in figure 19 below.

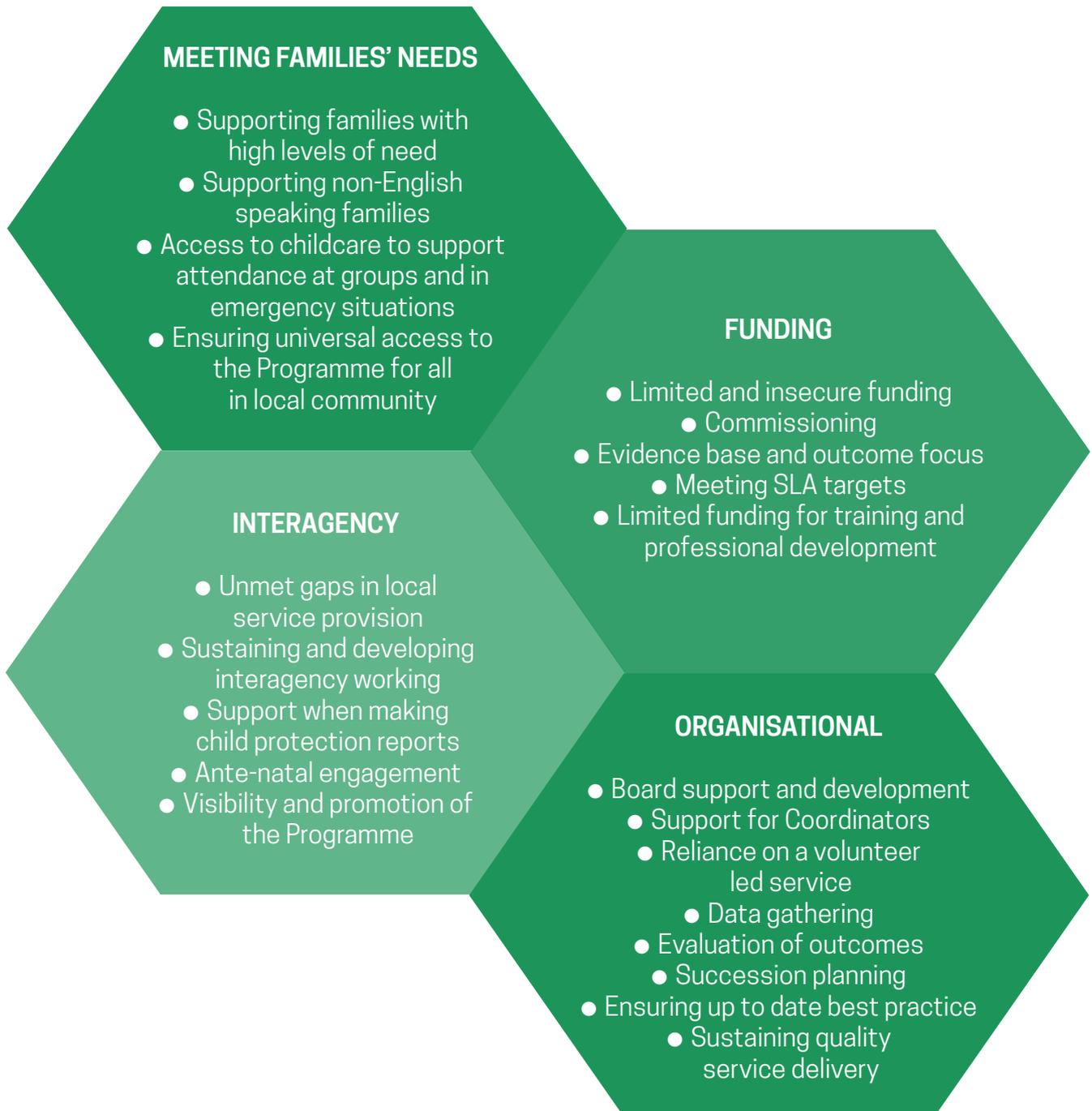


Figure 19: Common challenges facing some of the CMPs which emerged during the review

6.3 TOWARDS A SHARED NATIONAL MODEL

On the 21st November 2017, representatives (23) from each of the 9 CMP sites came together for a facilitated day of feedback on the review findings and consultation on the recommendations.

There was very positive engagement by all 9 CMP sites during the day and many sites expressed that it was the first time they had met or had the opportunity to attend such a forum. The CMP sites indicated a strong commitment to collaborate and there was considerable openness and willingness to share information and materials and to work together collaboratively.

There was an articulated sense of shared ownership of the Programme and a strong agreement that the Programme needed to develop, grow and become more standardised in line with local needs and national policy objectives.

The representatives were divided into groups to explore:

- areas for collaboration across the CMP sites
- what a national standard model might look like.

A number of areas for future collaboration were explored and are listed in figure 20 below.

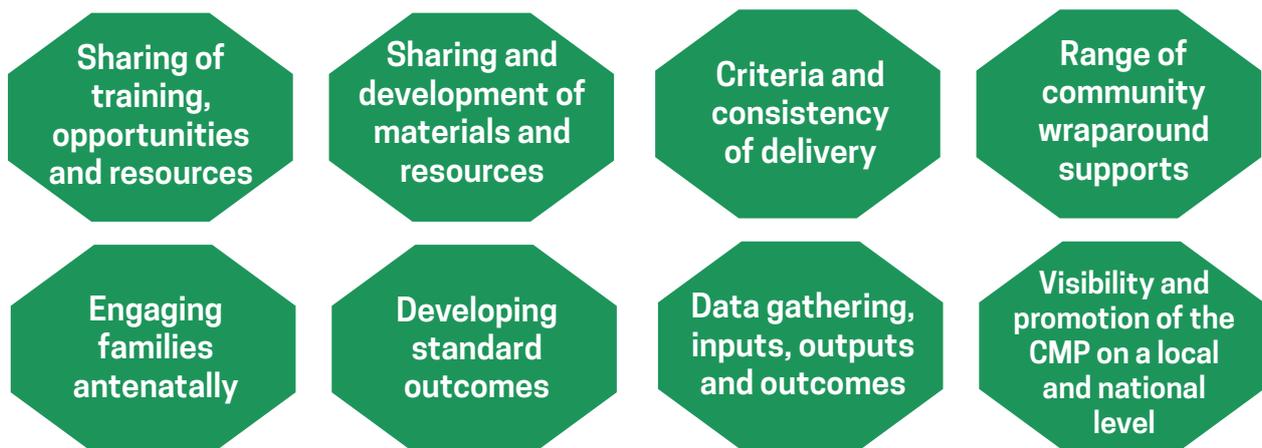


Figure 20: Areas for potential future collaboration between CMP sites

6.4 WHAT WOULD A NATIONAL MODEL LOOK LIKE?

CMP sites were keen to see the establishment of a national standardised model. Such a national model could be developed through collaboration of existing services with supports from key national stakeholders. It could have core and optional elements reflecting the need for flexibility to be responsive to local needs and service contexts.

This national model could also support the development of new CMP sites in areas of identified need. The full report outlines one possible vision for a national model which incorporates the following:

- **Outcome measures** which fit with the ethos of the Programme, are easily implemented and in line with local and national outcomes
- Standardised **electronic data gathering and support for the development of a standardised CRM¹⁴ system**
- A standardised suite of **core training** for all home visiting Community Mothers
- A **standardised manual** supporting the delivery of the Programme along with additional programme materials based on current HSE publications, National Healthy Childhood Programme resources and learning from the ABC Programme
- Developing and maintaining a **national profile** for the CMP
- Ensure key **training and professional development** supports for Coordinators and Community Mothers
- Explore mechanisms to provide **support and supervision** to all Coordinators and agree a consistency of approach for Community Mothers
- A **National Steering Committee** including Coordinators and relevant key stakeholders to support the development of a standardised model
- **Developing a sustainable staffing model** e.g. explore how remaining volunteer led CMP sites could move to a para-professional model resulting in all Community Mothers being paid based on an agreed national pay scale.

It was clear from the consultations that arriving at a position where a national model could be developed and subsequently adopted by all existing sites would require considerable engagement with the CMP sites and the involvement and support of the key national and local stakeholders.

¹⁴ CRM or Customer Relationship Management systems support efficient communication between a health or social support service and their service users/clients.

6.5 OPPORTUNITIES INHERENT IN THE COMMUNITY MOTHERS PROGRAMME

‘...building on the current PHN home visitation programme, an approach to home visiting services, across a continuum of need, will be agreed, having regard to Irish evidence on the implementation of prevention and early intervention initiatives.’
(Department of Children and Youth Affairs, 2018).

The publication of First 5: The Whole-of-Government Strategy for Babies, Young Children and their Families outlines a commitment to the exploration of home visiting approaches as one of a continuum of supports for children and their families. First 5 references the Community Mothers Programme along with other national home visiting programme and these could help to shape a national evidence-based home visiting approach.

There are many other opportunities inherent in the CMP model to address national policy priorities. It is a holistic multidimensional family support approach delivered within the community. It is a low-cost preventative programme and engages at an early stage in the life of a child and so has considerable cost benefits in the longer term. This universal non-threatening prevention and early intervention model has the potential to play a key role in improving outcomes for children and families as measured by deliverable indicators within national policy and service delivery strategies as outlined in table 6 below.

DEPARTMENT OF HEALTH AND HEALTH SERVICE EXECUTIVE
<ul style="list-style-type: none"> ● National Maternity Strategy/ Women and Infants’ Health Programme ● Sláintecare ● National Healthy Childhood Programme/ Nurture Programme ● Healthy Ireland ● Community Nursing and Midwifery Model ● Breastfeeding Action Plan ● A Healthy Weight for Ireland - Obesity Policy and Action Plan
TUSLA
<ul style="list-style-type: none"> ● 50 Key Messages in Supporting Parents ● Parenting Support Strategy ● Prevention, Partnership and Family Support (PPFS) ● Meitheal: A National Practice Model ● Child and Family Support Networks ● Area Based Childhood Programme ● Family Resource Centre Programme
DEPARTMENT OF CHILDREN AND YOUTH AFFAIRS
<ul style="list-style-type: none"> ● High-Level Policy Statement on Supporting Parents and Families ● Better Outcomes Brighter Futures ● Quality and Capacity Building Initiative (What Works) ● First 5 – A Whole-of-Government Strategy for Babies, Young Children and their Families ● Parenting Support Policy Unit
DEPARTMENT OF PUBLIC EXPENDITURE AND REFORM
<ul style="list-style-type: none"> ● Prevention and Early Intervention Unit

Table 6: National policy and agency strategies with outcomes and key indicators which could be progressed through the CMP

7. SUMMARY AND RECOMMENDATIONS

7.1 SUMMARY

The Community Mothers Programme was one of the first parent support programmes in Ireland to recognise the need for a strong evidence base using Randomised Control Trials.

The Programme has benefited from the support of a number of philanthropic organisations over the years, highlighting the role of philanthropy in prevention and early intervention: the Bernard Van Leer Foundation, the Community Foundation for Ireland, the Tony Ryan Fund for Tipperary and the Katharine Howard Foundation.

Both the original and subsequent evaluations highlight that the Community Mothers Programme can make a sustainable difference to the lives of children and their families. This has been supported by the 18 interviews with parents carried out during this review which highlighted the significant impact it has on families and children.

Despite the high regard in which it is held by families, the future of the Programme is at risk.

To address this and secure a sustainable, nationally recognised programme the following recommendations are proposed.

“It should be available everywhere in Ireland”
- *Parent*

7.2 RECOMMENDATIONS

The Community Mothers Programme is a programme which is worthy of enhanced and secure investment from a number of key funding stakeholders.

SHORT TERM RECOMMENDATIONS

1. To bring together the current core funders of the Programme, the HSE and Tusla, to form a national Working Group, to **agree a shared strategic engagement and approach** to sustain and develop the Community Mothers Programme nationally.
2. To support the above recommendation, the national working group should include representatives from current core funders along with additional key national stakeholders and should explore:
 - 2.1 A process for joint strategic development, oversight and funding at a national level
 - 2.2 The primary aims of a national model in line with national priorities and its fit in the continuum of service provision
 - 2.3 A framework and process for the development of a national model
 - 2.4 Engagement of current funders to clarify a national funding structure and the identification of potential additional funding sources.
3. To sustain the existing service provision, pending the processes outlined above, there is a need to address a number of **site-specific priority issues** in the immediate future including:
 - 3.1 Securing sufficient levels of funding for current service provision including the provision of sufficient staff/volunteer levels to ensure service delivery capacity
 - 3.2 Support for the development of sustainable governance structures.

“It’s amazing the impact one person can have on your life, at that very stressful and vulnerable time, it can make a considerable impact on you and then your family”
- Parent

MEDIUM TERM RECOMMENDATIONS

4. Following the development of an agreed future strategy for the Programme arising from the short-term recommendations, the national working group should be expanded into a **National Oversight Committee** with engagement from all key stakeholders including representation from the 9 Community Mothers Programme sites to address the following:

4.1 The development of a **national standardised model**

This model should have standardised core elements drawing on best practice from the existing Community Mothers Programme sites, incorporating the learning from the ABC Programme and other relevant initiatives to address national outcomes. However, it should also allow for a sufficient level of flexibility to respond to local needs and contexts. A possible outline of such a model is shown in section 6.4 and expanded upon in the full report.

4.2 The establishment of a **national profile for the Community Mothers Programme**

This is to ensure greater levels of integration of the Programme into the delivery of relevant front line statutory and community services and strengthening joint working, to include the following services:

- Maternity services
- Primary care services especially Public Health Nursing and GP services
- Tusla, Child and Family Support Networks and Meitheal
- Family Resource Centres
- Children and Young Peoples Services Committees
- Area Based Childhood Programme

4.3 The **promotion of the Community Mothers Programme** to potential funders and policy stakeholders highlighting the opportunities inherent in the Programme to address key national outcomes as outlined in table 6.

LONG TERM RECOMMENDATION

5. Following the development and implementation of an agreed national standardised model and allowing for a period of establishment, the Community Mothers Programme should secure funding to commission a national evaluation, to contribute to the current body of evidence supporting the Programme's effectiveness.

7.3 CONCLUSION

“We will tackle child poverty by increasing community based early intervention programmes”
- *Department of Taoiseach, 2016*

The Community Mothers Programme in Ireland represents a unique ‘home grown’ community based early intervention and prevention programme. It is one of a small number of home visiting Programmes in Ireland and could play a key part in informing the development of a national approach to home visiting as outlined within First 5: A Whole-of-Government Strategy for Babies, Young Children and their Families.

It is an extremely cost-effective intervention which is presently vulnerable due to uncertain and limited funding, and the need for a national strategy in relation to the Programme. Addressing this would place the Programme on a secure and sustainable footing to deliver high quality services at a low cost in comparison to many existing health and family support services.

CMP sites have sought to be responsive to the local needs of their areas and of their funders. They have seen a change in the profile of families availing of the services with more families presenting with higher levels of need. Interagency working at a local level has increased substantially within CMP sites in line with national policy changes, reflecting best practice in family support. The impact of these developments needs to be reflected in the level of funding and support provided to the Programme.

These challenges are too great for any one CMP site to face in isolation and this review highlights the need for CMP sites nationally to develop a sustainable future for the Programme through greater levels of collaboration both between the sites themselves and in partnership with their 2 key funders, the HSE and Tusla.

This review documents the core similarities of approach, ethos and aims of the programme while acknowledging logistical, organisational and governance differences. It also identifies many areas for the development and strengthening of the Programme nationally and locally. With the support of funders and potentially of philanthropic bodies, these developmental needs can be addressed effectively through national and local collaboration.

This review recommends supporting CMP sites and key national funding and policy stakeholders to work together towards a sustainable and secure future for the CMP in Ireland as part of a continuum of services for parents and their young children.

BIBLIOGRAPHY

Bibliography available in full report document which can be accessed:
www.khf.ie/2019/community-mothers-programme-full-report

CONTACT DETAILS FOR ALL COMMUNITY MOTHERS PROGRAMME SITES IN IRELAND

AREA	PROGRAMME NAME	ADDRESS	TEL / EMAIL
DUBLIN DOCKLANDS	0-2 Programme	Early Learning Initiative, National College of Ireland, Mayor Street, IFSC, Dublin 1	01 - 4498717 Marion.Byrne@ncirl.ie
DUBLIN FINGLAS	Community Mothers Programme	Wellmount Health Centre, Wellmount Park, Finglas South, Dublin 11	086 - 0261034 mary.callaghan1 @hse.ie
DUBLIN LOUGHLINSTOWN	Community Mothers Programme	Loughlinstown Dr., Ballybrack, Loughlinstown, Co Dublin	01 - 2822122 Triona.lucey@hse.ie
KERRY	Community Parent Support Programme	Cork-Kerry Community Services, Rathass, Tralee, Co. Kerry	066 - 719 9702 agnes.luceykeane@ hse.ie
LAOIS / OFFALY	Parents First	St Mary's Youth and Community Centre, Harbour St., Tullamore, Co Offaly	057 - 9322996 coordinator @parentsfirst.ie
LONGFORD / WESTMEATH	Longford / Westmeath Community Mothers	Westmeath Community Development Ltd., Enterprise Technology and Innovation Centre, Clonmore Business Park, Mullingar, Co. Westmeath	044 - 9348571 ccorcoran@westcd.ie
LIMERICK	Community Mothers Programme	Limerick Social Services Centre, Upper Henry Street, Limerick	061 - 314 111 liz.dunworth@lssc.ie
NORTH TIPPERARY	Community Mothers Programme	Silver Arch Family Resource Centre, 52 Silver St., Nenagh, Co. Tipperary.	067 - 31800 brigid.murphy@ silverarchfrc.ie
SOUTH TIPPERARY	Clonmel Community Mothers Programme	Room 3, Clonmel Community Resource Centre, Kickham St., Clonmel, Co. Tipperary.	052 - 6128199 ccpspl@gmail.com



