

# FINGAL PARENT + GUARDIAN SURVEY

Who is this survey for?

Are you a parent or guardian of children or young people under the age of 24?

Do you live in Fingal?

Would you like to share your views on services for children, young people and their families in your area?

Would you like to help us make the region a better place for children and young people?

If you said yes to these, this survey is for YOU!

What is in it for me?

Would you like to be in with a chance of winning a €50 voucher?

If yes, then please complete the questions in this survey now and you can enter a draw at the end for a €50 voucher of your choice!

What is this survey for?

The information gathered in this research will be used to plan services in the Fingal region, so it is very important we hear from as many parents and guardians as possible.

This survey is confidential and does not ask for your name. Your responses to the questions will be combined with others and completely anonymous.

Who is running this survey?

This survey is being run by independent researchers on behalf of Fingal Children's + Young People's Services Committee ([www.cypsc.ie](http://www.cypsc.ie)), which is a group that coordinates services and supports for children and young people in Fingal.

You'll find more information about Fingal Children's & Young People's Services Committee at: [www.cypsc.ie/your-county-cypsc/fingal.223.html](http://www.cypsc.ie/your-county-cypsc/fingal.223.html)

What if I have questions?

If you have any questions or concerns about this survey or the research generally, please get in touch with the Independent Researchers:

Aoife Dowling at: [dowling.aoife@gmail.com](mailto:dowling.aoife@gmail.com) or  
Aoife Collins at: [aoifecollinscc@gmail.com](mailto:aoifecollinscc@gmail.com)

What do I do when I'm finished?

It is important that your answers stay private. So when you have finished the survey,

**PLEASE PUT IT IN THE ENVELOPE PROVIDED + MAKE SURE THE ENVELOPE IS SEALED.**

**THEN PLEASE PUT IT IN THE POST.**  
No extra stamps needed.

**PLEASE TURN TO THE NEXT PAGE TO ANSWER THE QUESTIONS**

\* 1. **What area in County Fingal do you live in?**

2. **How many children do you have?**

3. **What stage are your child(ren) at currently?** (pick as many that apply)

0 - 3 years old

Finished school

Pre-school/Montessori (approx 3 -4 years old)

Studying/Doing a course after school (college/further education/university)

Primary school

Working

Secondary school

None of the above

Other (please specify)

4. **What age group are you in?**

24 years or younger

45 - 54 years old

25 - 34 years old

55 - 64 years old

35 - 44 years old

65 years or older

5. **How do you identify?**

Female

Male

Transgender

Non-Binary

Prefer not to say

**6. What is your ethnic or cultural background?**

- White Irish
- White Irish Traveller
- Any other White Background
- Black Irish
- Black
- Asian Irish
- Asian
- Other including mixed background (please specify)

**7. What is your current family situation?**

- One parent family
- Two parent family
- Other (please specify)

**8. Are you currently...** (tick as many that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Family carer (eg. caring role in addition to parenting) | <input type="checkbox"/> Unemployed        |
| <input type="checkbox"/> In education or training                                | <input type="checkbox"/> Volunteering      |
| <input type="checkbox"/> On sick leave   | <input type="checkbox"/> Working full-time |
| <input type="checkbox"/> Retired   | <input type="checkbox"/> Working part-time |
| <input type="checkbox"/> Stay-at-home parent                                     |  |
| <input type="checkbox"/> Other (please specify)                                  |  |

**9. Where do you get information about services and supports for children and families in your area?** (tick as many that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Children/young people's support groups | <input type="checkbox"/> Information services (e.g. Citizens Information Office) | <input type="checkbox"/> Parent/Family support groups |
| <input type="checkbox"/> Community Centre                       | <input type="checkbox"/> Internet searches (e.g. Google)                         | <input type="checkbox"/> Social worker                |
| <input type="checkbox"/> Employer/Work                          | <input type="checkbox"/> Local library   | <input type="checkbox"/> Schools/teachers             |
| <input type="checkbox"/> Family members                         | <input type="checkbox"/> Online news/newsletters                                 | <input type="checkbox"/> Facebook                     |
| <input type="checkbox"/> Family Centre/Family Resource Centres  | <input type="checkbox"/> Local newsletters/newspapers (hard copy)                | <input type="checkbox"/> Instagram                    |
| <input type="checkbox"/> Friends or other parents               | <input type="checkbox"/> Nowhere   | <input type="checkbox"/> Twitter                      |
| <input type="checkbox"/> Gardaí                                 | <input type="checkbox"/> Directories of services                                 | <input type="checkbox"/> Tik tok                      |
| <input type="checkbox"/> GP/Doctors/public health nurse etc     | <input type="checkbox"/> Government offices (e.g. MABS, INTREO/Social Welfare)   | <input type="checkbox"/> Other social media           |

Other (please specify)

**10. Have you or your children received any help or support from any services or organisations working with children and young people in the last month?** (tick one only)

- Yes
- No
- Don't know

11. If yes, what services or supports were they?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>Disability</b> services   | <input type="checkbox"/> <b>Physical Health</b> services<br>(Doctor/Hospital/Public Health Nurse etc) | <input type="checkbox"/> <b>Asylum seekers and refugees</b> supports (not including Ukrainians)                              |
| <input type="checkbox"/> <b>Domestic/gender based violence</b> services                           | <input type="checkbox"/> <b>Housing/Homeless</b> supports   | <input type="checkbox"/> <b>Traveller &amp; Roma</b> supports  |
| <input type="checkbox"/> <b>Educational</b> support services                                      | <input type="checkbox"/> <b>Legal</b> services  | <input type="checkbox"/> <b>Youth clubs</b> & youth activities   |
| <input type="checkbox"/> <b>Employment</b> supports   | <input type="checkbox"/> <b>Community groups</b>  | <input type="checkbox"/> <b>Drug &amp; alcohol services</b>  |
| <input type="checkbox"/> <b>Parent/Family</b> supports  | <input type="checkbox"/> <b>Mental Health services</b><br>(e.g. counselling/therapy/CA MHS)           | <input type="checkbox"/> <b>Primary Care</b> (e.g. public health nurse, speech & language support, occupational therapy etc) |
| <input type="checkbox"/> <b>Financial</b> supports for families                                   | <input type="checkbox"/> <b>Supports for Ukranian refugees</b>  |  |
| <input type="checkbox"/> <b>Gardaí</b> (police) or <b>Youth Justice/Youth Diversion</b> programme | <input type="checkbox"/> <b>Early Years services</b> (for children aged 0-5 years)                    |  |

Other (please specify)

12. Do you think there are enough supports for parents in your area?

- Yes
- No
- Don't know



13. If no, what type of parental or family supports are needed in your view?

14. What are the **BEST** things about your area for **YOUNG PEOPLE** in your view?

(pick between 1 and 5 options)

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Plenty activities for young people to do</b> in the area       | <input type="checkbox"/> <b>Safe community</b>  |
| <input type="checkbox"/> <b>Plenty sports &amp; other facilities</b> for young people      | <input type="checkbox"/> <b>Not too much drug use</b>                                   |
| <input type="checkbox"/> <b>Plenty safe spaces/places</b> for young people to hang out     | <input type="checkbox"/> <b>Little pressure to take drugs or alcohol</b>                |
| <input type="checkbox"/> <b>Good friends</b> and relationships                             | <input type="checkbox"/> <b>Little pressure to smoke or vape</b>                        |
| <input type="checkbox"/> <b>Happy family life</b>  | <input type="checkbox"/> <b>Good mental health supports - <u>in</u> schools</b>         |
| <input type="checkbox"/> <b>Nice community/environment</b> to live in                      | <input type="checkbox"/> <b>Good mental health supports - <u>outside</u> of schools</b> |
| <input type="checkbox"/> <b>Good schools</b> or good school supports                       | <input type="checkbox"/> <b>Good transport</b> options                                  |
| <input type="checkbox"/> Local <b>festivals/free events</b>                                | <input type="checkbox"/> <b>I don't know</b>  |
| <input type="checkbox"/> <b>Easy to get access to the services</b> that my child(ren) need | <input type="checkbox"/> <b>Nothing good</b> in my area for young people                |
| <input type="checkbox"/> Other (please specify)  |   |

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\* 15. What do you think are the **BIGGEST CHALLENGES OR PROBLEMS** facing **children and young people in your area in your view?** (based on yours or others' experience)

(pick between 1 and 5 options maximum)

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Alcohol use</b>   | <input type="checkbox"/> <b>Not enough transport options</b>  |
| <input type="checkbox"/> <b>Body image</b> (or pressure to look a certain way)                          | <input type="checkbox"/> <b>Not enough activities for young people to do in area</b>                        |
| <input type="checkbox"/> <b>Bullying (in person)</b>  | <input type="checkbox"/> <b>Peer pressure</b>   |
| <input type="checkbox"/> <b>Bullying (online)</b>   | <input type="checkbox"/> <b>Mental health problems</b> (e.g. feeling down/sad or other mental health issue) |
| <input type="checkbox"/> <b>Money worries</b> /Cost of living   | <input type="checkbox"/> <b>Physical health problems</b> (or difficulty getting healthy)                    |
| <input type="checkbox"/> <b>Covid19</b> related worries   | <input type="checkbox"/> <b>Pressure to take alcohol</b>  |
| <input type="checkbox"/> <b>Long waiting times for services/</b> difficulties accessing services needed | <input type="checkbox"/> <b>Pressure to vape or smoke</b>   |
| <input type="checkbox"/> <b>Drug use</b>  |   |

- Worries about the environment** in local community or globally
- Family problems or stresses**
- Vaping/smoking**
- Pressure to use drugs**
- Friends/relationships** problems or worries
- Having to care for others**
- Discrimination/unequal treatment due to being gay or transgender**
- Impact of violence or crime** on young people
- Not enough supports for people with disabilities**
- Not enough education supports for young people generally**
- Not enough education supports for young people with learning difficulties**
- Other** (please specify)
- Discrimination/unequal treatment due to being from a different country, race or ethnic groups** (racism)
- Schools generally** (e.g. bad experiences/unhappy in school)
- School pressures/stress** (e.g. exam pressures)
- Self-harm**
- Impact of social media**
- Stress/Worry/Anxiety**
- Feeling unsafe due to crime/violence** or threat of crime/violence
- Discrimination/unequal treatment due to a disability** or additional needs
- Worries about the future**
- I don't know**
- No challenges/problems**

\* 16. Which of the following do you think should be changed or improved in County Fingal (if anything)? (tick as many that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Alternative education options</b> for young people (different to regular school/college) | <input type="checkbox"/> <b>More opportunities for children and young people to have a say in decisions</b> that effect them     |
| <input type="checkbox"/> <b>Safe outdoor spaces/parks</b> for children and young people to hang out                  | <input type="checkbox"/> <b>Parent/family supports, groups or activities</b>   |
| <input type="checkbox"/> <b>Youth clubs and activities</b> for young people to take part in                          | <input type="checkbox"/> <b>Physical health services</b> (like doctors or physiotherapists) <b>for children and young people</b> |
| <input type="checkbox"/> <b>More/better childcare</b> options or more <b>affordable</b> childcare                    | <input type="checkbox"/> <b>Indoor spaces where young people can hang out</b>  |
| <input type="checkbox"/> <b>Disability services</b> for children and young people                                    | <input type="checkbox"/> <b>Safer community/less crime</b>   |
| <input type="checkbox"/> <b>Education supports</b> for children and young people                                     | <input type="checkbox"/> <b>Improve the quality of services</b>  |
| <input type="checkbox"/> <b>Employment supports</b> for young people   | <input type="checkbox"/> <b>Sports facilities for children and young people</b>  |
| <input type="checkbox"/> <b>Financial supports</b> for families  | <input type="checkbox"/> <b>Nothing needs to be improved</b>   |
| <input type="checkbox"/> <b>Better <u>access</u> to services when needed</b>   | <input type="checkbox"/> <b>I don't know</b>   |
| <input type="checkbox"/> <b>Community events</b>   | <input type="checkbox"/> <b>Shorter <u>waiting times</u> for services</b>  |
| <input type="checkbox"/> <b>Mental health services for children and young people</b>                                 |  |
| <input type="checkbox"/> <b>Other</b> (please specify)   |  |

17. If you could pick ONE thing only, what would you do, or change, to make life better for children, young people and parents/families in your area?

18. **Thank you for participating in this survey!**

**To be in with a chance of winning a €50 voucher please fill in your email address below.** Your email address will only be used to enter you in the draw and to let you know if you win. It will not be used for anything else.

Researcher's Names & Contact details:

If you have any questions or concerns about this survey or the research generally, please get in touch with Aoife Dowling at: [dowling.aoife@gmail.com](mailto:dowling.aoife@gmail.com) or Aoife Collins at: [aoifecollinscc@gmail.com](mailto:aoifecollinscc@gmail.com)

Insert your email in the box below