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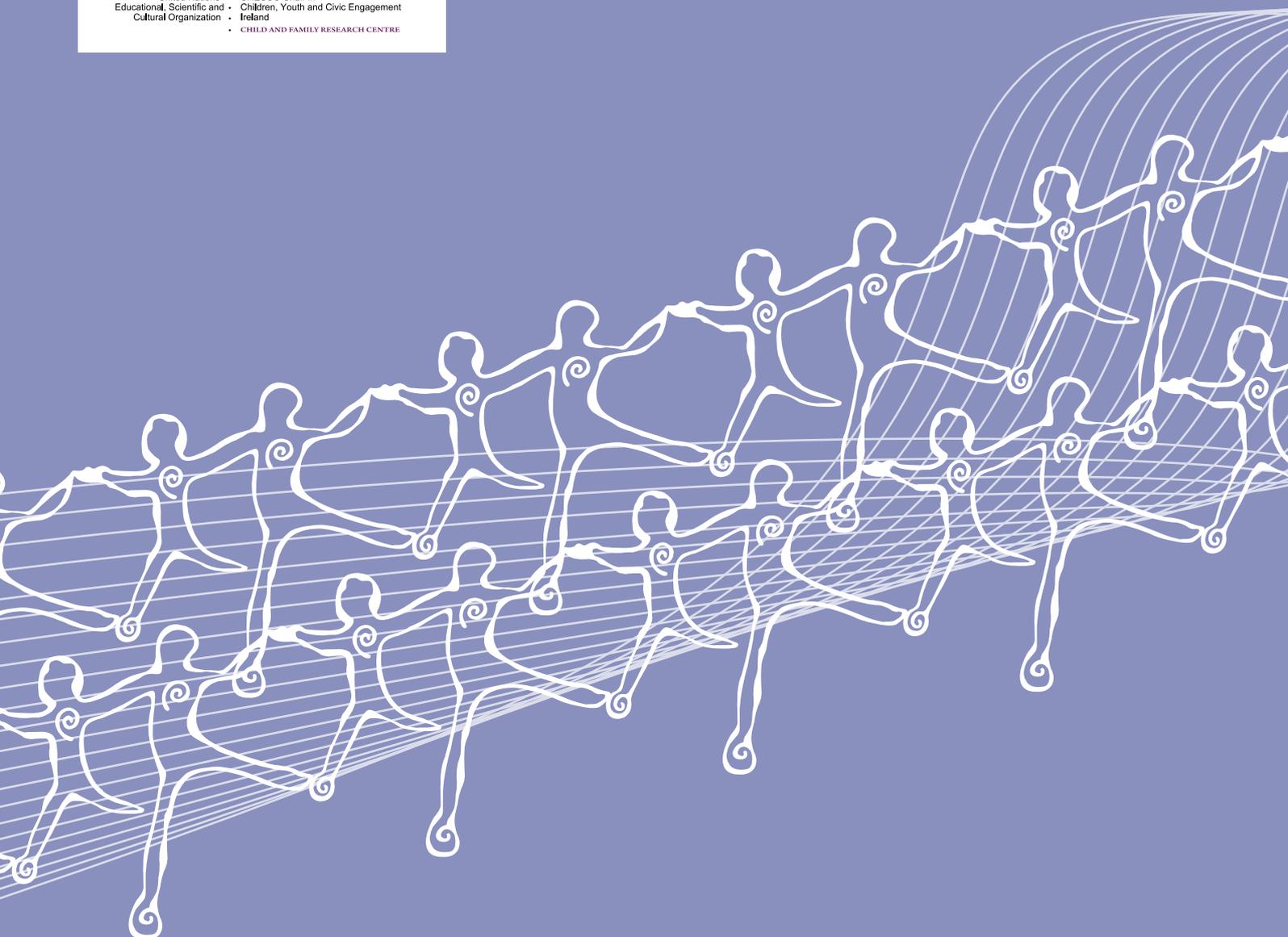
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Institute for
Lifecourse and Society



Tusla's Programme for Prevention, Partnership and
Family Support:

Meitheal and Child and Family Support Networks Final Report

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Development and Mainstreaming Programme for Prevention, Partnership and Family Support



The Development and Mainstreaming Programme for Prevention, Partnership and Family Support (PPFS) is a programme of action being undertaken by Tusla, the Child and Family Agency, as part of its National Service Delivery Framework. The programme seeks to embed prevention and early intervention into the culture and operation of Tusla. The UNESCO Child and Family Research Centre at NUI Galway has undertaken an evaluation study focusing on the implementation of and the outcomes from the PPFS programme. The study's overall research question is:

Is the organisational culture and practice of Tusla and its partners changing such that services are more integrated, preventative, evidence-informed and inclusive of children and parents? If so, is this contributing to improved outcomes for children and their families?

The evaluation study has adopted a Work Package approach reflecting the key components of the PPFS programme. The five work packages are: Meitheal and Child and Family Support Networks, Children's Participation, Parenting Support and Parental Participation, Public Awareness and Commissioning. While stand-alone studies in their own right, each Work Package contributes to the overall assessment of the programme.

This is the Final Report of the Meitheal and Child and Family Support Networks Work Package.

About the UNESCO Child and Family Research Centre

The UNESCO Child and Family Research Centre (UCFRC) is part of the Institute for Lifecourse and Society at the National University of Ireland, Galway. It was founded in 2007, through support from The Atlantic Philanthropies, Ireland, and the Health Service Executive, with a base in the School of Political Science and Sociology. The mission of the Centre is to help create the conditions for excellent policies, services, and practices that improve the lives of children, youth and families through research education and service development. The UCFRC has an extensive network of relationships and research collaborations internationally and is widely recognised for its core expertise in the areas of Family Support and Youth Development.

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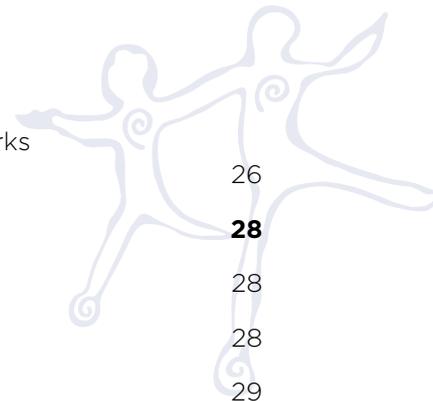
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Table of Contents

Development and Mainstreaming Programme for Prevention, Partnership and Family Support	i
About the UNESCO Child and Family Research Centre	i
List of Tables	iii
Glossary of Terms	iv
Acknowledgements	v
1 Introduction	1
1.1 Background to the Overall Study	1
1.2 The Meitheal and Child and Family Support Networks Model	1
1.3 Aim and Research Questions	3
1.4 Structure of the Report	3
2 Methodology	4
2.1 Sources, Methods and Data Analysis	5
2.1.1 Meitheal Process and Outcomes Study	5
2.1.2 Findings on the Child and Family Support Networks	9
2.1.3 Interviews with Internal and External Stakeholders: Common Data Collection	9
2.2 Ethical considerations	11
2.3 Partnership between Tusla and the UNESCO Child and Family Research Centre (UCFRC)	11
2.4 Limitations	12
3 Findings	13
3.1 What impact has the Meitheal and Child and Family Support Networks Model had on outcomes for children, young people, and families?	13
3.2 How has the Meitheal and Child and Family Support Networks Model been Implemented?	16
3.3 What Impact has the Child and Family Support Networks Model had on the Child Protection and Welfare System?	18
3.4 To What Extent is the Meitheal and Child and Family Support Networks Model Embedded in the Child Protection and Welfare System?	21
4 Discussion	23
4.1 Impact of the Meitheal and Child and Family Support Networks Model on Outcomes for Children, Young People, and Families	23
4.2 The Implementation of the Meitheal and Child and Family Support Networks Model	24
4.3 The Impact of the Meitheal and Child and Family Support Networks Model on the Child Protection and Welfare System	25



4.4 The Embeddedness of the Meitheal and Child and Family Support Networks Model in the Child Protection and Welfare System	26
5 Conclusion	28
5.1 Summary of Findings	28
5.2 Conclusions	28
5.3 Recommendations	29
5.3.1 The Meitheal Process	29
5.3.2 The Wider Tusla Organisation	30
5.3.3 External Organisations	30
5.3.4 The Service Provision System	31
5.3.5 Tusla Research and Evaluation	31
5.4 Final Reflections	31
References	32

List of Tables

Table 1: Summary of Data Sources	4
Table 2: Summary of Data Collection	5
Table 3: Participants in the Qualitative Strand of the Meitheal Process and Outcomes Study	6
Table 4: Participants in the Quantitative Strand of the Meitheal Process and Outcomes Study	7
Table 5: Tusla and Non-Tusla Participants	10
Table 6: Research Partnership and Collaboration with Tusla	11
Table 7: Outcomes Scores at Time 1 and Time 2	13
Table 8: Outcomes Scores at Time 3	14
Table 9: Model Fidelity	16
Table 10: Profile of Lead Practitioners by Sector/Service	16
Table 11: Meitheals Initiated 2015-2017	18
Table 12: Operating CFSNs 2015-2017	19
Table 13: Meitheal Training and Staff Trained	19

Glossary of Terms

Child and Family Support Network (CFSN): These are multi-agency networks (ideally one per 30,000–50,000 inhabitants) developed within each Tusla administrative area as part of Tusla’s Prevention, Partnership and Family Support strategy to improve access to support services for children and their families. These partnership-based networks are open to any services that have an input into families’ lives, including Tusla staff as well as statutory organisations and community and voluntary agencies.

Children and Young People’s Services Committees (CYPSC): The purpose of these committees is to bring together all relevant stakeholders in the statutory and community and voluntary sector at a managerial level across a county to jointly plan and coordinate services for children, young people and their families.

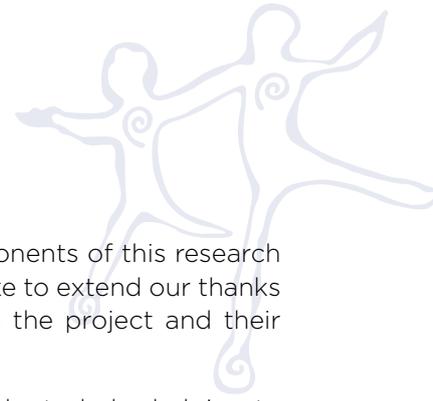
Integrated Service Area (ISA): Tusla is regionally divided up into 17 administrative areas, each with its own management structure and Child Protection and Welfare department(s).

Lead Practitioner: This is a key person in a Meitheal process. Typically, they are expected to have a previous relationship with the family participating in a Meitheal, and they are responsible for initiating a Meitheal with a family, which includes completing the required documentation. Lead Practitioners can work for Tusla, the community and voluntary sector, or other statutory services. They are expected to take a lead role in organising Meitheal Review Meetings and liaising with the family and other participants in a Meitheal process.

Meitheal: A national practice model focused on identifying, understanding, and responding to the needs and strengths of children, young people and families in a timely manner so that the help and support needed to improve outcomes are provided.

Meitheal Review Meetings: When a multi-agency Meitheal process is organised, regular meetings should take place with all the participants in the Meitheal. Their main purpose is to review progress to date and develop action plans for helping a child, young person, or family to reach their desired outcomes. They cannot be held without the presence of at least one parent.

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1

Introduction

1.1 Background to the Overall Study

The Development and Mainstreaming Programme for Prevention, Partnership and Family Support (PPFS) is a programme of action being undertaken by Tusla, the Child and Family Agency, as part of its National Service Delivery Framework. The programme seeks to embed prevention and early intervention into the culture and operation of Tusla. The UNESCO Child and Family Research Centre, NUI Galway has undertaken an evaluation study focusing on the implementation of and the outcomes from the PPFS programme. The study's overall research question is:

Is the organisational culture and practice of Tusla and its partners changing such that services are more integrated, preventative, evidence-informed, and inclusive of children and parents? If so, is this contributing to improved outcomes for children and their families?

The evaluation study has adopted a Work Package approach reflecting the key components of the PPFS programme. The five work packages are: Meitheal and Child and Family Support Networks, Children's Participation, Parenting Support and Parental Participation, Public Awareness, and Commissioning. While stand-alone studies in their own right, each Work Package contributes to the overall assessment of the programme as contained in the report 'Systems Change: Final Evaluation Report on Tusla's Prevention, Partnership and Family Support Programme'.

1.2 The Meitheal and Child and Family Support Networks Model

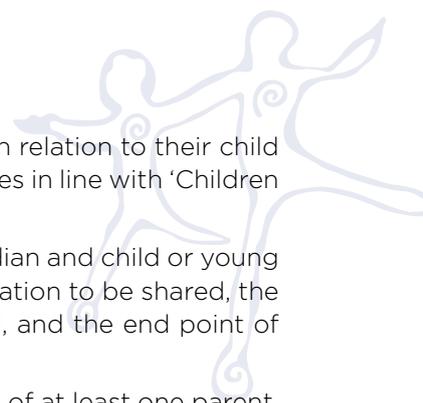
This is a summary report on Meitheal and the Child and Family Support Networks (CFSNs). The empirical evidence is based on three main data sources: Meitheal and CFSNs Process and Outcomes Study, CFSN Focus Groups, and interviews with key internal Tusla and external stakeholders undertaken as part of Common Data Collection covering the full PPFS programme. Data was collected for this research between January 2017 and March 2018. Data was collected with children and young people,¹ parents,² Lead Practitioners, and other key stakeholders in the Meitheal and CFSN model.

Tusla defines Meitheal as 'a national practice model to ensure that the needs and strengths of children and their families are effectively identified, understood, and responded to in a timely way so that children and families get the help and support needed to improve children's outcomes and to realise their rights' (Gillen et al., 2013: 1).

The Meitheal model is a process-based system, which is not linked to a physical infrastructure or network but rather revolves around the development of an approach that can be applied by disparate organisations in the community and voluntary sector, by Tusla and other statutory services. This is grounded in a set of principles and structures that help to ensure that the type of support a family can expect to receive is similar across the country irrespective of the Integrated Service Area (ISA) they live in (Tusla, 2015). There are several principles that Meitheal operates under:

¹ 'Children and young people' refers to all individuals who are under the age of 18.

² Where the term 'parents' is used in this report, it includes both parents and guardians.



- Parents are made aware at the outset that child protection concerns in relation to their child or children will be referred to Tusla Child Protection and Welfare Services in line with 'Children First: National Guidance' (DCYA, 2017).
- Meitheal is a voluntary process. All aspects are led by the parent/guardian and child or young person, from the decision to enter the process, to the nature of information to be shared, the outcomes desired, the support delivered, the agencies to be involved, and the end point of the process.
- A Meitheal Review Meeting cannot take place without the involvement of at least one parent.
- The Meitheal model looks at the whole child in a holistic manner, in the context of their family and environment. It considers strengths and resilience, as well as challenges and needs.
- The Meitheal process privileges the voices of the parent/guardian and child, recognising them as experts in their own situations and assisting them to identify their own needs and ways of meeting them.
- The Meitheal model is aligned with the wider Tusla National Service Delivery Framework.
- The Meitheal model should be focused on outcomes and implemented through a Lead Practitioner (Tusla, 2015: 15-16).

The Meitheal model operates outside of the child protection system in that, for instance, families cannot be involved with Meitheal and Child Protection and Welfare at the same time. Should child protection concerns be raised during the Meitheal process, a referral will be made to Child Protection and Welfare, and the Meitheal process will be closed. However, support can continue to be provided by individual agencies and practitioners. The Meitheal Lead Practitioner should have a prior relationship with the family and take on this role with the agreement of the family.

There are three initiation pathways into Meitheal. The first is the direct or self-initiated Meitheal, where a request is made by a practitioner or by a family. The second avenue is where a case is diverted by the Child Protection and Welfare Intake Team into Meitheal. In this situation, social workers must be satisfied that there are no child protection concerns but that there are unmet needs, which can potentially be addressed through this process. The final method is the step-down pathway, which again is initiated by the Child Protection and Welfare department. This occurs when child protection concerns have been dealt with by Child Protection and Welfare but where social workers feel that further support would be beneficial as the family transition out of the system or where there are still some unmet welfare needs.

To support Tusla's aim of developing an 'integrated service delivery' framework (Gillen et al., 2013: 14) for working with families, CFSNs were established. In each Integrated Service Area, a number of these multi-agency networks (ideally one per 30,000-50,000 inhabitants) were developed with either virtual or physical hubs such as Family Resource Centres. These partnership-based networks are open to any service that has an input into families' lives, including Tusla staff as well as other statutory organisations and community and voluntary agencies. A goal of the Meitheal model is to work with families to ensure that there is 'No Wrong Door'³ and that services are available to support them as locally as possible. CFSN members' roles include supporting the implementation of a Meitheal by agreeing to act as Lead Practitioners or participating in a process in other ways and working in a collaborative way with other agencies in their network (Gillen et al., 2013).

³ This is based on the idea that service providers are able to direct families to the appropriate agency even if they or the sector they operate in do not offer that service themselves (No Wrong Door Partners, 2014).

1.3 Aim and Research Questions

The overarching research aim of this study in relation to the Meitheal model and CFSNs is:

To establish whether Meitheal and the Child and Family Support Networks are established across all 17 management areas with meaningful engagement from a wide spectrum of practitioners and delivering timely, integrated support to children, young people, and families with additional needs.

The research aim can be broken down into a series of main research questions. These questions were modified over time to consider changes in how the programme has been implemented, dialogue with Tusla, and a broadening of the research team's learning on the model.

1. What impact has the Meitheal and CFSN model had on outcomes for children, young people, and families?
2. How has the Meitheal and CFSN model been implemented?
3. What impact has the Meitheal and CFSN model had on the Irish child protection and welfare system?
4. To what extent is the Meitheal and CFSN model embedded in the Irish child protection and welfare system?

1.4 Structure of the Report

This report is focused on the overall evaluation of the Meitheal and CFSNs model. It summarises the principal research carried out, which consists of three separate components: the Meitheal and CFSNs Process and Outcomes Study; CFSN Focus Groups; and Key Stakeholder Interviews. The findings from these components have been brought together to answer the aim and research questions. The research questions provide the structure for this report. Finally, these findings will be summed up to provide an overall conclusion on this research project. Following this introduction, the report provides a description of the methodological strategy for recruitment, data collection, and data analysis followed in each of the three components. Findings from all components are combined in the third section and discussed further in section 4. Finally, section 5 presents the overall conclusions on the evaluation of the Meitheal model and the CFSNs.

2

Methodology



This section briefly outlines the methodologies underpinning each component of the research included in this report. The report is a synthesis of three separate research components carried out to evaluate the Meitheal model and CFSNs: Meitheal and CFSNs Process and Outcomes Study, CFSNs Focus Groups, and the Key Stakeholder Interviews. Table 1 describes the data sources and their relationship with the research objectives. This section also provides details on the ethical considerations, the collaborative relationship between Tusla and UCFRC researchers in this study, and methodological limitations.

Table 1: Summary of Data Sources

Source	Data Type	Research Objective
Meitheal Process and Outcomes Study	Qualitative data consists of interviews carried out with families and Meitheal Lead Practitioners. Quantitative data consists of scales completed by families and Meitheal Lead Practitioners to evaluate outcomes over time. The connection between Meitheal and CFSNs and the CPW system is obtained from the secondary data analysis of Tusla Performance Activity Reports (2014-2018)	1, 2
CFSNs Focus Groups ⁴	Nine focus groups were carried out with members of CFSNs randomly selected nationwide.	2, 3, 4
Key Stakeholder Interviews: Common Data Collection	Data consists of interviews carried out with key stakeholders in the field of child and family services in Ireland.	2, 3, 4

These three components had separate methodologies, which are summarised in Table 2. The numbers of participants reflect the totals for all components of the study, and the specific numbers are explained for each component in detail in their specific sections.

⁴ Further information on the CFSNs focus groups can be found in the report by Cassidy, Rodriguez and Devaney (2018).

Table 2: Summary of Data Collection

Reports/ Outputs	Data Sources								Number of Pages
	Qualitative Interviews						Quantitative	Literature Review	
	One-to-One Interviews		Focus Group Interviews	Total number of participants	Total number of participants - when duplicates across interviews and focus groups are removed.	DA: No. of Documents	Surveys/ Questionnaires Data		Number of pages in this report
Face- to- Face	Tele- phone								
Meitheal and CFSNs Process and Outcomes Study	329 ⁵		-	165 (Qualitative at Time 1) 218 (Quantitative at Time 1)	-	-	874 ⁶		187
CFSN Focus Groups	-	-	9	75	-	-	-	Not published	35
Key Stakeholder Interviews: Common Data Collection	13	101	-	118 ⁷	-	-	-	-	(Included in the Process and Outcomes Report)

2.1 Sources, Methods and Data Analysis

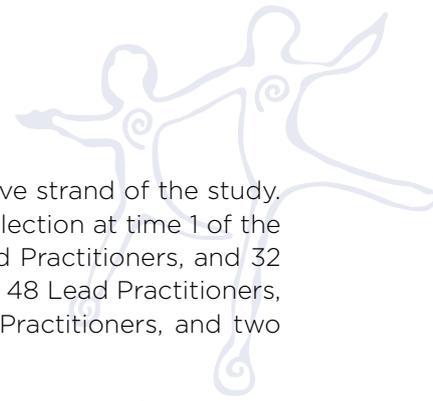
2.1.1 Meitheal Process and Outcomes Study

This study had a mixed method longitudinal design, including a quantitative and a qualitative strand. Data was collected with children, young people, and their parents who were taking part in Meitheal and their corresponding Lead Practitioner. Data was collected at three time points, and this served as the basis for a comparison of potential changes over time. Data was collected from participants in the initial stages of the Meitheal (time 1), roughly after 6 months (time 2) and after 12 months (time 3). In total, the qualitative strand consists of 329 semi-structured interviews carried out and analysed. For the quantitative strand, 427 participants completed 874 individual scales that were analysed over time.

⁵ Additionally, 43 interviews and 13 focus groups were carried out to evaluate the early implementation of Meitheal and CFSNs (Cassidy, Devaney, and McGregor, 2016).

⁶ Total number of individual scales completed by all participants at times 1, 2, and 3.

⁷ Number of participants is higher than the number of interviews, as some interviews were carried out in pairs.



Qualitative Strand of the Meitheal Process and Outcomes Study

Table 3 below includes the number of participants who took part in the qualitative strand of the study. A total of 165 participants took part in the qualitative component of the data collection at time 1 of the Meitheal Process and Outcomes Study. Of these, 87 were parents, 46 were Lead Practitioners, and 32 were children or young people. At time 2 there were 138 participants: 73 parents, 48 Lead Practitioners, and 17 children or young people. At time 3, 26 took part: 12 parents, 12 Lead Practitioners, and two children or young people.

Table 3: Participants in the Qualitative Strand of the Meitheal Process and Outcomes Study

	Participant Type	Total
Time 1	Children and Young People	32
	Parents	87
	Lead Practitioners	46
	Total	165
Time 2	Children and Young People	17
	Parents	73
	Lead Practitioners	48
	Total	138
Time 3	Children and Young People	2
	Parents	12
	Lead Practitioners	12
	Total	26
	Total	329

Participants' interviews were analysed using thematic analysis. Emergent themes provided evidence of the experiences of children, young people, families, and practitioners within the Meitheal process.

Qualitative Strand of the Meitheal Process and Outcomes Study

Participants were asked to complete several tools which were used to determine their levels of well-being and track changes in outcomes over time. Table 4 shows the number of participants who completed scales for the quantitative strand of the study.

Table 4: Participants in the Quantitative Strand of the Meitheal Process and Outcomes Study⁸

	Participant Type	Total
Time 1	Children and Young People	40
	Mothers	89
	Fathers and other	9
	Lead Practitioners	80
	Total	218
Time 2	Children and Young People	17
	Mothers	74
	Fathers and other	8
	Lead Practitioners	80
	Total	179
Time 3	Children and Young People	3
	Mothers	14
	Fathers and other	0
	Lead Practitioners	13
	Total	30
	Total	427

Scales completed were the General Health Questionnaires, Outcomes Star, and the Strengths and Difficulties Questionnaire. Model fidelity was measured with the Meitheal Fidelity Checklist. All scales are described in detail.

The General Health Questionnaire

The General Health Questionnaire (GHQ) is one of the most common, reliable, and effective measures used to assess mental well-being. The GHQ is a screening tool that can be used to detect people who are likely to or already suffer from psychiatric disorders and common mental health problems (Jackson, 2007). Due to its ease of completion, the 12-item version of the GHQ was selected for this study. The scoring method selected was binary, and the cut-off score selected was 3/4 (Goldberg and Williams, 2006).

⁸ Quantitative numbers are counted per child, not per family. Siblings had their own set of scales.



The Outcomes Stars

The Family Star Plus tool, which is completed with parents, is focused on ten areas that can be matched onto the five National Outcomes.⁹ It was designed to meet the needs of organisations working in the UK as part of the Troubled Families Initiative. The areas covered by the Family Star plus are: physical health, well-being, meeting emotional needs, keeping children safe, social networks, education and learning, boundaries and behaviour, family routine, home and money, and progress. Each of these domains is evaluated with a 10-point scale to specify any difficulties that parents may be experiencing in this area and where they consider themselves to be in terms of addressing these issues. The five stages are: (1) Stuck, (2) Accepting help, (3) Trying, (4) Finding what works, and (5) Effective Parenting. Although specific figures are not provided, the Outcomes Star Briefing (2014) has suggested that it performs well as a reliable outcome measure, demonstrating good internal consistency, low item redundancy, and good responsiveness. The Outcomes Star also has a child-friendly version called 'My Star' and a version for young people called 'Youth Star'. All child and youth participants in the study completed an outcomes tool suitable for their age (Triangle Consulting Social Enterprise, 2014).

The Strengths and Difficulties Questionnaire

The Strengths and Difficulties Questionnaire (SDQ) is a behavioural screening questionnaire that asks questions about 25 different attributes of child behaviour, both positive and negative. The scale is divided into five subscales with five items each, corresponding to conduct problems, hyperactivity, emotional symptoms, peer problems, and pro-social behaviour. All, excluding the last one, are added together to provide a total problem scale. This questionnaire has been previously used in outcomes evaluations (Long et al., 2012). It is available in different versions for different ages, starting at three years of age. Depending on the age, children and young people can complete the scale themselves; otherwise a parent or carer needs to provide the information for young people below 11 years. Goodman (2001) demonstrated that the questionnaire had a satisfactory level of reliability based on internal consistency (Cronbach's alpha 0.73), inter-informant reliability (mean 0.34), and retest stability between four and six months (mean 0.62).

Fidelity Checklist

Model fidelity was measured using the Fidelity Checklist. This scale determines how closely the model principles and stages were followed during the Meitheal process. The Meitheal Fidelity Checklist consists of three sections: planning, discussion, and delivery. The maximum score that can be obtained is 26 when all stages of Meitheal are complete.

Data from scales was inputted into SPSS Version 23. Descriptive statistical analysis was carried out to identify patterns in the data. A combination of parametric and non-parametric statistics had to be used due to restrictions in sample size. Analyses were carried out to identify if significant changes in outcomes had taken place over time, and models were evaluated to further understand the determinants that influence outcomes in children, young people, and their families in Meitheal. Bivariate analyses were carried out on the data set (independent sample t-test, analysis of variance ANOVA, Pearson correlation coefficient) to determine statistically significant changes over time. Predictors of child, parent, and family outcomes were analysed using hierarchical regressions. Anonymised socio-demographic data (age, gender, location, nationality, and number of siblings), the reason for the Meitheal's initiation, and referral pathways were obtained from Tusla's Meitheal database.

⁹ These outcomes are outlined in the 'Better Outcomes, Better Future: The National Policy Framework for Children and Young People 2014-2020' document, which outlines the Irish government's current policy for children and young people aged 0-24. These outcomes are for children and young people to be: active and healthy; achieving full potential in learning and development; safe and protected from harm; economically secure with opportunities and connected, respected and able to contribute (DCYA, 2014).

Secondary Data Analysis

To understand Meitheal within the overall child protection and welfare system, a secondary data analysis was carried out with Tusla Performance Activity Reports between 2014 and 2017, comparing Meitheal and CFSN activity with children in care, number of foster carers, number of social work referrals¹⁰ (child welfare concerns¹¹ and child abuse¹²), time waiting for allocation of referrals (high, medium, and low priority), and referrals to family support services, before and after the introduction of Meitheal. Meitheal and CFSN data was tracked and compared over time to identify any trends or changes in trends. Data was analysed at a national and a regional level. Information on the Meitheal Process and Outcomes study was complemented by including quantitative information on Meitheals initiated and operating CFSNs between Q4 2014 and Q4 2017.

2.1.2 Findings on the Child and Family Support Networks

A total of nine focus groups with 75 participants were carried out nationwide, including members of CFSNs from Tusla statutory partner agencies and community and voluntary sectors. A random selection of CFSNs was carried out, and this yielded a total of five CFSNs in DML, two in the West, one in the South, and one in DNE which were included in the study. Participants were asked about their overall experience of being involved in a CFSN and to identify any benefits of this to their practice and at a local level. They were also asked to identify limitations of the CFSNs and possible solutions for these to improve CFSNs and guarantee their sustainability into the future. Focus group data was transcribed and analysed in detail using thematic analysis and was informed by the research aim and questions.

2.1.3 Interviews with Internal and External Stakeholders: Common Data Collection

As referred to in 'Systems Change: Final Evaluation Report on Prevention, Partnership and Family Support Programme', the evaluation of Tusla's DMP: PPFS Programme at an overall level involved the undertaking of semi-structured qualitative interviews with key stakeholders in child protection and welfare and family support services in Ireland. The qualitative interviews sought to explore the overall implementation, sustainability, and outcomes of the PPFS Programme within the Child Protection and Welfare System. The interview contained questions that related to each of the Work Package areas: Meitheal and the Child and Family Support Networks (which relates to this report), Children's Participation, Parenting Support and Parental Participation, Public Awareness, Commissioning, and Systems Change. Due to the scope of this research study and the number of respondents required to be interviewed across all Work Package areas, a common data collection process was developed by the UCFRC. This was adopted to reduce the time burden on interview participants and to enhance efficiency in the data collection.

Sample and Recruitment of Respondents

In sampling participants, the research team compiled a comprehensive list of relevant Tusla and non-Tusla personnel. The inclusion or exclusion of participants in this study was determined by their:

- in-depth knowledge of Tusla structures and operations
- knowledge of the PPFS Programme and its components
- willingness to participate in an interview.

In selecting research participants for this study, both purposive and random sampling methods were used. A purposive sampling method was used for the selection of participants from Tusla who hold key roles relevant to the PPFS Programme. Participants external to Tusla were purposely selected on the basis of their senior roles and level of engagement with the PPFS Programme. An alternate process was also facilitated in the event of selected interview participants being unavailable.

¹⁰ Social work referrals include Child Protection and Welfare Social Work service.

¹¹ Child welfare concerns refer to any possibility that children may be or were suffering from any kind of abuse or neglect.

¹² Child abuse is categorised into four types: neglect, emotional, physical, and sexual abuse.



Due to the numbers in the key positions of Principal Social Worker and Children and Young Peoples Services Committees, and to avoid any potential bias, we adopted a stratified random sampling approach to select participants. This also ensured geographical representation in the selection process. The RAND function on Microsoft Excel was used for this purpose.

Once the list of interview participants was reviewed and finalised by both the research team and Tusla personnel directly involved in the PPFs Programme, 11 researchers from the UNESCO Child and Family Research Centre were assigned a list of respondents to be interviewed. Each interview participant received a standardised invitation email to participate in the study. In the emails, respondents were provided with a Participant Information Sheet, Participant Consent Form, and the list of interview questions to be asked. Research participants were given a two-week period to consider and consent to the interview request and to select a suitable date and time for the interview to take place. This timeframe was in line with ethical research practice and allowed participants the opportunity to consider the interview and discuss their participation with their employers and colleagues.

In total, 162 interview requests were issued to personnel in Tusla, external service providers, and stakeholders. A response rate of 79% was generated and 124 interviews were conducted, involving 128 participants as part of this study from September 2017 to February 2018.¹³ Both face-to-face (n = 13) and telephone interviews (n = 111) were undertaken. As Table 5 outlines, Tusla participants accounted for 75% of the total sample interviewed, while 25% were non-Tusla participants.

Table 5: Tusla and Non-Tusla Participants

Tusla Participants (75% of total sample interviewed)
<ul style="list-style-type: none">• National Office / Tusla Senior Management (n=18)• Tusla Operational Management (n=56)• Tusla key Functionalist Specialists¹⁴ (n=11)• Tusla Work Package Specific Working Group Members (n=11)
Non-Tusla Participants (25% of total sample interviewed)
<ul style="list-style-type: none">• Government Departments (n=7)• Community and Voluntary Sector (n=10)• Other External Stakeholder Organisations (n=15)

Interview recordings were distributed to transcribers with a track-record of working with the UCFRC and were subject to a standard confidentiality agreement regarding the management and disclosure of the data. Upon receipt, the transcripts were divided into sections relevant to each of the Work Packages while in Word document format. They were then distributed for analysis to each Work Package lead researcher. At this point, they were imported into the computer-assisted software programme NVivo using already-created individual files for each Work Package. To ensure quality and rigour in the data analysis, each Work Package NVivo file also contained five standardised nodes pertaining to the other Work Packages in the study. This was to ensure that information relevant to all Work Packages was captured and recorded in the data analysis.

Regarding interviews relevant to this Work Package, the interview questions centred on the impact/influence, embeddedness, and sustainability of Meitheal and the CFSNs in Tusla's Service Delivery System. A total of 114 interviews belonging to 118¹⁵ research participants were analysed. These were inputted into the qualitative data analysis package NVivo Version 11. Content analysis (Elo and Kyngäs, 2008) was

¹³ There were slightly more interview participants than interviews; four interviews were joint interviews. So 124 interviews = 128 participants.

¹⁴ Key functional specialists are those with responsibility for key functional areas in Tusla. Functional areas pertinent to this Work Package include Finance, Human Resources, Communications, national data information, and Workforce Learning and Development.

¹⁵ Some interviews (n = 4) were carried out in pairs per request of research participants.

used to analyse the data. This allowed an understanding of the themes and topics that participants found relevant, but also the frequency and patterns in the data. Content analysis also allowed for a comparison between Tusla and non-Tusla participants according to their level and role, to identify differences and commonalities in the views of Tusla employees and those of their partner agencies.

2.2 Ethical considerations

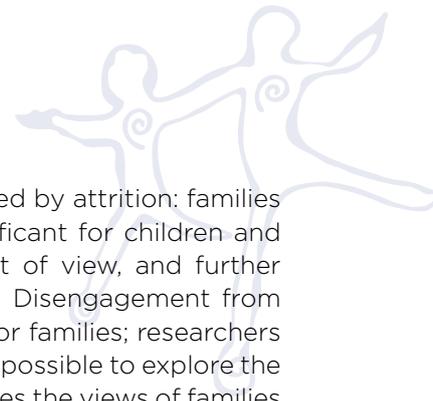
This study was submitted to NUI Galway’s Research Ethics Committee and to Tusla’s Research Ethics Committee, and full ethical approval was received from both. Careful consideration was taken to ensure that participants were fully informed about what taking part in the study entailed and their right to decline and withdraw if they so wished. Each component had separate participant information sheets and informed consent forms: for children and young people in age-appropriate formats, and for parents and Lead Practitioners. To protect the identity of children and young people, the researchers were provided by Tusla with the unique identifier that is assigned to each child or young person in Meitheal. In order to further protect participants’ anonymity, a code was assigned to each case in study databases.

2.3 Partnership between Tusla and the UNESCO Child and Family Research Centre (UCFRC)

The evaluation of Meitheal and CFSNs also included a working partnership with Tusla, which allowed an exchange of knowledge and expertise between Tusla and the UCFRC. Table 6 describes the partnership between Tusla and UCFRC.

Table 6: Research Partnership and Collaboration with Tusla

Research Working Group	Details of Research Working Group	Outline of engagement and partnership approach
Meitheal Forms	UCFRC researchers, representatives from Tusla, including a Regional Implementation Manager and a CFSN Coordinator as well as representatives from the community and voluntary sector	Formative input included: <ul style="list-style-type: none"> reviewing the Meitheal forms for content, structure, and ease of use joint responsibility for redesigning the Meitheal Strengths and Needs form
Process and Outcomes Study Advisory Group	Regional Implementation Managers, a Tusla Information Officer, a Tusla Workforce Learning and Development representative UCFRC researchers	Bi-monthly meetings were held between September 2016 and September 2017. The purpose was to: <ul style="list-style-type: none"> inform the design and implementation of the study collaboratively resolve issues relating to research design, scope and recruitment
Process and Outcomes Study	UCFRC researchers	Lead Practitioners were trained in data collection and given the skills to apply and score scales: The Outcomes Stars, the Strengths and Difficulties Questionnaire, and the General Health Questionnaire
Tusla Research Ethics Committee		All three components of the research study were submitted to and evaluated by Tusla’s Research Ethics Committee



2.4 Limitations

The Meitheal Process and Outcomes Study had several limitations. It was impacted by attrition; families were lost at the different data collection stages. Attrition was particularly significant for children and young people. Findings from this evaluation are mainly from a maternal point of view, and further exploration of the experiences of other family members should be considered. Disengagement from Lead Practitioners was also a limitation, as they were the main point of contact for families; researchers were therefore not able to contact specific families because of this. It was also not possible to explore the reasons why families disengaged from Meitheal; therefore this study mostly includes the views of families who engaged in the process and generally had a positive experience in it.

In general, the analyses were restricted by the type, quality, and availability of secondary data. Information in Meitheal databases is restricted, therefore the detail of the Meitheal process – including number of meetings, for example, and general details of the process – are not evaluated in this study. Additionally, data analysis was restricted to the format of Tusla Performance Activity Reports; on occasions units of measurement were changed and data from specific areas was incomplete or missing. All of this affected the depth of analysis. The style and content of the Tusla Performance Activity Reports have been modified over time; therefore, the information and the way it is presented differs during the reporting period, and not all the data could be followed with the same level of detail. Some of the data available from specific areas was also incomplete, so it had to be excluded from the analysis, as changes over time could not be reported accurately.

As the CFSN model has only been operational since 2015, a limitation of the research is that at the time the data was collected it was difficult to gauge participants' perceptions of the CFSNs' long-term benefits or challenges. Neither Meitheal nor the CFSNs are fully established, so their system value is hard to judge, but their existing contribution can be established and their future potential assessed within reason.

A final limitation is that within certain components of the research, such as the Key Stakeholder Interviews, some potentially key informants chose not to take part in the research, and there were varying levels of knowledge among those who did participate about the wider PPFS programme and specific aspects of it, such as the Meitheal and CFSN model.

3

Findings

This section of the report answers the research questions that were previously outlined. It uses empirical data from the three main components of this research study. Meitheal and the CFSNs are addressed separately to provide a deeper understanding of each.

3.1 What impact has the Meitheal and Child and Family Support Networks Model had on outcomes for children, young people, and families?

Meitheal

Meitheal is improving family outcomes over time, and although these changes were not all statistically significant, most were all moving in the desired direction. Table 7 includes the mean score of every scale at times 1 and 2.

Table 7: Outcomes Scores at Time 1 and Time 2

Scale	Time 1			Time 2		
	N	Mean	SD	N	Mean	SD
My Star	23	32.5	4.3	8	34.1	4.9
Youth Star	20	20.0	4.7	12	22.7	2.3
Family Star Mother¹⁶	90	67.6	14.0	74	75.9*	13.3
Family Star Father/other	12	74.7	10	8	73.3	17.9
GHQ¹⁷ Mother	88	5.3	3.7	75	3.4*	3.6
GHQ Father/other	12	3.6	2.9	10	1.1*	1.7
SDQ Mother	76	21.4	6.5	75	19.4*	7.0
SDQ Father/other	14	14.4	8.7	8	17.6*	11.9
SDQ Children and Young people	29	17.0	5.2	22	16.2	5.7

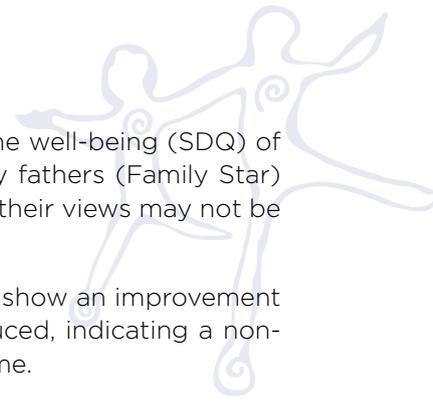
*Significant at ≤ 0.05

Maternal outcomes between time 1 and time 2 changed in the desired direction.¹⁸ Mother reports on family outcomes (Family Star) and child/adolescent well-being (SDQ mother) and their well-being (GHQ) showed statistically significant improvements. This change was so significant that mother scores changed from a clinical range to below a clinical range. This suggests that improving maternal well-being can have a positive impact on their families, children, and young people.

¹⁶ 'Mother' also includes female carers or guardians.

¹⁷ Cut-off clinical score is 4. Improvements are shown by reduced scores.

¹⁸ It is important to consider that these changes in the measures cannot be solely attributed to the programme, as other factors may have also influenced these changes over time. Changes can only be associated with the programme.



Father well-being (GHQ) improved significantly. By contrast, father reports on the well-being (SDQ) of children and young people worsened significantly. Family outcomes as rated by fathers (Family Star) also decreased. The number of fathers in the study was very small, however, and their views may not be generalisable.

Family outcomes reported by children (My Star) and young people (Youth Star) show an improvement over time, but this was not statistically significant. SDQ scores self-reports reduced, indicating a non-significant decrease in difficulties reported by children and young people over time.

Outcomes for Time 3 Families

A separate database was created including the 12 families that were followed over times 1, 2, and 3. Due to the small sample size, non-parametric statistics were used to determine if the change in mean scores was statistically significant. No fathers or children were included in this analysis, as only one child and no fathers took part in time 3 data collection. Mean scores are included in Table 8.

Table 8: Outcomes Scores at Time 3

Scale	Time 3		
	N	Mean	SD
My Star	1	-	-
Youth Star	2	20.5	9.2
Family Star Mother¹⁹	14	80.2*	15.7
Family Star Father/other	0	-	-
GHQ Mother	14	5.9	4.4
GHQ Father/other	0	-	-
SDQ Mother	14	17.8	6
SDQ Father/other	0	-	-
SDQ Children and Young people	3	16.3	1.5

*Significant at ≤ 0.05

Statistically significant differences were only found in family outcomes reported by mothers over time, suggesting that for this small group of 14 mothers, their rating of family well-being improved significantly between time 1 and time 2 and this improvement was maintained at time 3. This shows the potential of Meitheal to improve outcomes over time.

It is important to emphasise that the differences in outcomes were not due to characteristics of the sample (age, gender, region, reason for initiation, and initiation pathway), as these differences were not statistically significant. Changes in maternal well-being were the most significant, and this is very relevant, as the study also identified that maternal well-being is the largest predictor of overall family outcomes. Improving maternal outcomes contributed to improved family outcomes.

The qualitative strand of this study found that Meitheal can have positive unintended consequences for the service provider-user relationship such as improving parents' attitudes towards future help-seeking and their capacity to provide information to members of their own informal social networks about accessing services. Parents viewed Meitheal as empowering and as a catalyst for changes in their relationships with professionals, including being listened to more, developing constructive alliances, and having a central role in decisions about help provision. Where parents had prior negative experiences of service provision, Meitheal seems to have the capacity to rebuild trust and help increase confidence to

¹⁹ 'Mother' also includes female carers or guardians.

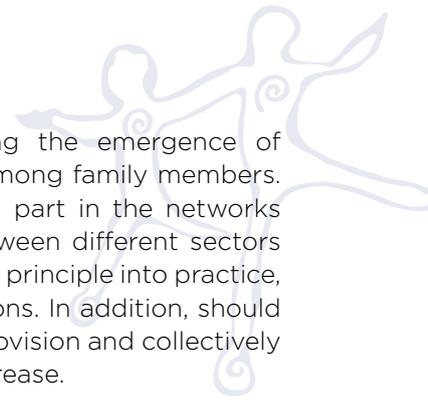
actively participate in the process of meeting their families' needs. The experience of children and young people is mixed: some found it helpful and supportive, but there were challenges around the extent of their participation and how they were treated by professionals in the process. Lead Practitioners felt that Meitheal was a mechanism that could facilitate changes in families' outcomes and in the system of service provision.

However, there are issues with meeting certain kinds of needs, particularly where specialist services are required to support children or young people, for example, who have co-morbid physical and intellectual disabilities, autism spectrum disorder, mental health difficulties, or who require speech and language therapy. In these instances, while some supports could be provided for the family, addressing families' needs through Meitheal was hampered by the delay in accessing services because of lengthy waiting lists. This means that children and young people are not able to access appropriate early intervention strategies. School attendance concerns also appear to be difficult to address within Meitheal, and it is important to carefully evaluate the issues that children, young people, and families are facing. School attendance is a statutory mandate, but children and young people also need positive learning environments to enable and facilitate their learning; attendance alone is not enough. Children with special needs may require supports to be in place, such as the support of a Special Needs Assistant, but this was not always available for these children, and their experience of school was very negative and could end in suspension or home schooling. The holistic nature of Meitheal can provide a family welfare approach instead of a punitive approach to the issue of school attendance; however, Meitheal intervention was limited by resources and professionals available in schools. Additionally, where underlying stressors such as insecure housing or financial difficulties are a factor, Meitheal's capacity to support the family can be limited, as it cannot provide these resources. Providing services for specific families such as Roma and Travellers is also challenging for practitioners. In the qualitative findings, a difficulty was also identified in children and young people's engagement with the Meitheal action plan and how this could reduce the effectiveness of the Meitheal.

Part of Meitheal's strengths lies with its structured approach, as this means that participants have a clearer understanding of what to expect from the process and their rights and responsibilities within it. Nevertheless, it also appears to show sufficient flexibility to allow individual contexts to be considered that enable the process to be tailored to the circumstances of each family and, indeed, the capacity of professionals to participate given their own resources and time constraints. The Meitheal Process and Outcomes study highlighted the role that families can play in helping to meet their own needs by identifying what their challenges are and resolving them. Meitheal's focus on the development of collaborative connections with professionals can reframe the service user/provider dynamic, thus helping to reduce parents' resistance to seeking and accepting help. Others who had little understanding of how the service provision system worked now had a greater understanding of how to access support. The positive formal support networks that families develop with professionals through the Meitheal process could act as a protective factor against future risk, help to ensure that support is sought before issues reach a crisis point, or reduce their reliance on continued access to one key service or individual. However, the development of better informal support networks for parents should be emphasised more within Meitheal, as there was little evidence of this occurring. This has been identified as an especially crucial form of support for families, which is most likely to be utilised in times of need (McGregor and Nic Gabhainn, 2016; Devaney et al., 2013).

Child and Family Support Networks

While a direct connection cannot be made between the CFSNs and outcomes of families involved in Meitheal because of the nature of the data collected and their early stage of implementation, there was some evidence to suggest that they could help to improve families' outcomes. Participants in the Key Stakeholder Interviews highlighted the capacity of CFSNs to facilitate and promote integrated support. CFSNs are characterised by shared responsibility and shared knowledge of services at a local level. Additionally, they can serve as a platform for organising important training sessions and awareness-raising events. Interagency collaboration was perceived as a tool for integrated work that improved



communication, understanding, and connection between services, facilitating the emergence of multidisciplinary, creative, timely, and integrated responses to complex needs among family members. Similarly, the participants in the CFSN focus groups also reported that taking part in the networks helped to improve interagency relationships and to facilitate collaboration between different sectors and services. Participants felt that this was helping to embed the 'No Wrong Door' principle into practice, which was leading to more referrals being made for families to other organisations. In addition, should the CFSNs reach their full potential in terms of identifying gaps in local service provision and collectively advocating for responses to this need, their potential to effect change would increase.

3.2 How has the Meitheal and Child and Family Support Networks Model been Implemented?

Meitheal

Data gathered from the Meitheal Process and Outcomes Study found a significant improvement in fidelity to the model over time, as shown in Table 9 below.

Table 9: Model Fidelity

Scale	Time 1			Time 2			Time 3		
	N	Mean	SD	N	Mean	SD	N	Mean	SD
Fidelity Checklist	80	16.8	4.4	78	21.7*	3.5	13	23.3*	1.8

As more stages of Meitheal were completed, it was expected that model fidelity would increase over time; the mean score was 16.8 at time 1 and 23.6 at time 3. At time 3, fidelity to the Meitheal and CFSN model increased significantly, suggesting that the model was applied following the guidelines and stages as stated in the model design. The qualitative findings also showed that where Meitheal is implemented according to its underlying principles and with the appropriate services and professionals available, it is perceived to have significant capacity to improve outcomes for children, young people, and their families.

According to the secondary data analysis of the Tusla Performance Reports, the majority of Meitheals initiated are through Direct Access, which suggests that access to the model is adequate and families can engage in Meitheal quickly, with their needs being responded to in a timely manner. The variety of sectors engaged in Meitheal can be identified in the profile of Lead Practitioners who took part in the Meitheal Process and Outcomes study. As illustrated in Table 10, the majority were Tusla staff but a significant number worked in the community and voluntary sector.

Table 10: Profile of Lead Practitioners by Sector/Service

Tusla	n	Non-Tusla	n
Family Support Practitioner	26	Youth Services	25
PPFS	6	Family Support Project	7
Community-Based Social Care	1	Education	1
Art Therapy	1	Community Development Project	1
Meitheal Lead Practitioner	10	Domestic Violence Service	1
School Completion Programme	1	Family Resource Centre	2
		Parent Support Project	1
Total	45	Total	38

Evidence from the Key Stakeholder Interviews identified differences nationwide in how the Meitheal model is being implemented. Participants reported that some areas still lack the structure and personnel necessary to complete the establishment of Meitheal, as stated by the original design. This creates fidelity issues that need additional resources to resolve.

The Key Stakeholder Interviews also identified important limitations in the knowledge and skill of practitioners to accurately identify the level of family needs and determine thresholds of need. This is a significant limitation, as it can compromise the identification of needs and the allocation of families to the services they require in a timely manner. In addition, participants in the Meitheal Process and Outcomes Study pointed to the issue of thresholds, as some families being recommended for and included in Meitheal appeared to have very high levels of need that would be more appropriately met through Tusla's Child Protection and Welfare Service. Consequently, in many instances the level of skill and knowledge required to work with families involved in Meitheal is quite high. This issue needs further consideration to ensure that families receive the type and level of support they require in a timely manner by practitioners who are trained and skilled to do so.

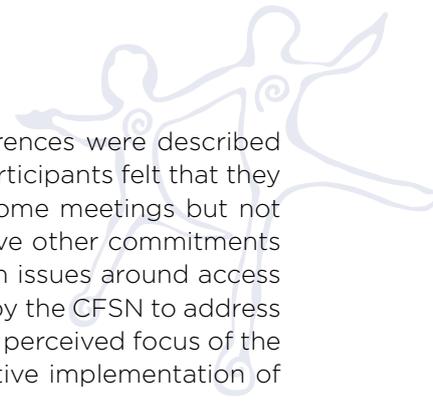
In the Meitheal Process and Outcomes qualitative findings, certain features of Meitheal were perceived to play a very important role in the process of implementation and its outputs. These include the Lead Practitioner, the Meitheal Review Meetings, its voluntary nature, and the promptness of its initiation. Lead Practitioners were perceived to be the most trustworthy point of contact for families that also facilitate access to services. Lead Practitioners also play an important role in supporting parents' engagement with the process, particularly in its early stages. By increasing opportunities to voice their opinion and have more input into the decisions that are made about the supports their families need, parents especially were repositioned as part of a responsive solution to challenges, rather than being viewed as passive recipients of services.

Two significant implementation challenges were identified in the qualitative findings relating to Meitheal principles. Firstly, where a referral is made to the Child Protection and Welfare System about child protection concerns and the Meitheal is closed, there are serious issues about what supports are made available to the family during this period. The lack of coordinated supports means that at a time of heightened vulnerability, the provision of help is reduced and becomes more fragmented until a decision has been made by the Child Protection and Welfare social work team about the family. In addition, there is little consistency in the timing of the assessment process across the Tusla areas: some referrals were dealt with quickly, while others had significant delays, leading to families' difficulties increasing with little support available in the interim. The second issue is the principle that a separate Meitheal needs to be opened for each child in the family. In some instances, this seems to be preventing children and young people from accessing Meitheal, where parents are wary of taking on the burden of a second set of Meitheal Review Meetings and the associated paperwork.

While parents seem to be highly engaged with the Meitheal process, including involvement in the creation of action plans and completing assigned tasks, this seems to be more challenging for children and young people. The process of engaging children and young people is at times questionable, with evidence emerging in the Process and Outcomes study that it can be tokenistic in terms of informed consent, the extent of their involvement in decision-making, and the priority placed on their involvement. Additionally, their engagement with the agreed action plan – which based on the evidence in this study is equally if not more important than their participation in Meitheal as a process – also warrants consideration. As child and youth disengagement emerged as one of the key factors where Meitheals could not meet a family's needs, this is an issue that urgently needs to be addressed.

Child and Family Support Networks

Findings from the Key Stakeholder Interviews suggest that while practitioners are willing to engage in the CFSNs and attend meetings, there are issues with attendance. Integrated support is limited by the nature and quantity of members that make up the networks, and the findings suggest that not all



services engage in all areas and not all services are available nationwide. Differences were described between rural and urban areas, with services in rural areas more limited. Some participants felt that they were not always invited to events, and in other cases professionals attended some meetings but not others. Attending meetings could be difficult for some professionals, as they have other commitments and are involved in other networks locally. Also highlighted were implementation issues around access to resources for organising events and supporting the development of initiatives by the CFSN to address gaps in local service provision. Furthermore, there was some confusion about the perceived focus of the CFSNs, and overall the CFSN Coordinator was viewed as essential to the effective implementation of these networks.

Connecting Meitheal and the Child and Family Support Networks

While the framework underpinning the Meitheal and CFSN model is based on developing it as one interwoven structure, this does not appear to be happening in practice. Participants in the Key Stakeholder Interviews viewed Meitheal as separate from the CFSNs, suggesting that they work as two separate entities. When viewed by region, data on Meitheals and CFSNs offer mixed messages. The South is the region with the highest number of operating CFSNs and the highest number of Meitheals. The region with the second-highest number of Meitheals is the West, but this region also has the lowest number of operating CFSNs, which suggests that Meitheal activity is not necessarily linked to CFSN activity. Information on Meitheals initiated can be found in Table 11, and the number of operating CFSNs is included in Table 12. This is explored in more detail in section 3.3.

3.3 What Impact has the Child and Family Support Networks Model had on the Child Protection and Welfare System?

Meitheal

Both the Meitheal Process and Outcomes study and the Key Stakeholder Interviews suggested that the level of Meitheal activity, compared to overall activity in the child protection and welfare system, is at an early stage, with low numbers nationwide. As described in Table 11, Meitheal activity had been steadily increasing in all regions between Q4 2015 and Q4 2016, but the number of Meitheals decreased in 2017. The inclusion of Meitheal and CFSN activity in Tusla Performance Activity Reports²⁰ shows that prevention and early intervention activity is now accounted for.

Table 11: Meitheals Initiated 2015-2017

	Q4 2015	Q2 2016	Q4 2016	Q2 2017 ²¹	Q4 2017	Total
	Meitheals Initiated					
DML	81	79	81	98	96	435
DNE	58	111	100	113	66	448
South	17	215	293	99	100	724
West	147	167	170	113	84	681
National	303	572	644	423	346	2288

²⁰ Detailed information about Tusla's Child Protection and Welfare System can be found in the Meitheal Process and Outcomes Study Final Report (Rodriguez, Cassidy, and Devaney, 2018).

²¹ Meitheals counted as initiated represent those that reached Stage Two (Discussion Stage).

As shown in Table 12, the number of operating CFSNs nationwide has increased steadily between 2015 and 2017.

Table 12: Operating CFSNs 2015-2017

	Q4 2015	Q2 2016	Q4 2016	Q2 2017 ²²	Q4 2017
	Operating CFSN				
DML	21	13	20	24	24
DNE	20	19	18	16	22
South	8	14	18	29	31
West	15	16	20	19	22
National	64	62	76	88	99

The Meitheal Process and Outcomes study found an important discrepancy between the number of staff trained in Meitheal and overall Meitheal activity. From this analysis it can be suggested that only a small group of staff who are trained took on the Lead Practitioner role.²³

In 2017, for example, 1,627 people were trained in Meitheal but 769 Meitheals were initiated. The total number of trainings and staff trained is included in Table 13.

Table 13: Meitheal Training and Staff Trained

Training	2016			2017		
	Trainings	Tusla	Non-Tusla	Trainings	Tusla	Non-Tusla
Meitheal Briefing	48	21	445	40	119	390
Meitheal Facilitators Chairs Meeting	6	38	48	17	65	97
Meitheal Record-Keeper Training	0	0	0	1	10	3
Meitheal Standardised Refresher Course	7	10	76	5	13	44
Meitheal Standardised Train the Trainer	0	0	0	1	7	4
Meitheal Standardised Training Course	53	106	614	48	118	569
PPFS/Meitheal Other	2	1	25	13	86	102
Totals	116	176	1208	125	418	1209

As described in section 3.2, most participants, both from Tusla and other organisations, reported that Meitheal had several strengths that influenced how families access and experience service provision. Meitheal was regarded as an empowering process which gives families a voice and an active role in decisions about the support they require. Its focus on a holistic understanding of the family's strengths and needs and the coordination of the services provided were viewed as crucial. The different types of Meitheal (one-agency or multiple agency), the completion of the Strengths and Needs form, and the

²² Meitheals counted as initiated represent those that reached Stage Two (Discussion Stage).

²³ It is also important to consider that Meitheal should only be used when deemed appropriate for a specific family, and as a need-based model it should be led by these principles.



development of the Meitheal action plan allow professionals to adapt and respond effectively to the characteristics and needs of each family, while also avoiding duplication of services. Meitheal supports the integration of services because it facilitates an interagency, partnership-based approach to meeting complex needs through providing access to specific services to meet the needs of children and young people and their parents.

In the research, Meitheal was perceived to have the capacity to work at a prevention and early intervention level, and according to participants this has improved family outcomes and reduced the risk of families being referred into the Child Protection and Welfare system. In some instances, Meitheal is supporting families with a level of need that may not previously have been a priority in the child protection and welfare system. However, its ability to provide help is hindered in individual Meitheals by the lack of key services and the level, complexity, and entrenched nature of some of the presenting issues. However, at times it can help to ensure that needs are addressed in an effective, coordinated manner which prevents issues from escalating. In developing families' formal networks of support, Meitheal can foster early intervention mechanisms for individual families even where it is yet to have an impact at a system level in terms of the number of Meitheals being carried out. However, there are challenges around Meitheal's capacity to influence the system. Where there are no services available, or where families face lengthy waiting lists for access to supports that are urgently required, Meitheal's capacity to act as an early intervention response to a child's needs is extremely limited.

Participants in Key Stakeholder Interviews had mixed views. Almost the same number of participants described the system as connected, as those who thought it was not connected. Meitheal was described by some participants as an initiative and not as a national programme embedded in the Service Delivery System. Those who perceived it to be linked referred to experiences where families had been successfully and promptly referred to the Child Protection and Welfare services and then effectively stepped down to resume with Meitheal once the child protection concerns were resolved. These positive experiences usually happened in areas with established RED Teams²⁴ that facilitated this transition; however, not all areas had a RED Team at the time of this research study. In other instances, as the Process and Outcomes study showed, there was poor communication and collaboration between the two parts of the systems. However, in the Process and Outcomes study, the qualitative findings demonstrate that the separation of Meitheal from the CPW system was important, as it can encourage families to participate, especially where they had negative experiences of CPW services in the past.

The Process and Outcomes study demonstrated that Meitheal is influencing practice. There appears to be some shift towards a sense of shared responsibility for supporting children, young people, and their families, as shown by the fact that Meitheal was suggested to families from professionals outside of the child protection and welfare system, such as teachers who then agreed to play active roles in the Meitheal. The clear, consistent structure in which Meitheal operates increased accountability and enables professionals to understand what is expected of them and the Meitheal process. Lead Practitioners also believed that they were able to support families more effectively through Meitheal, and that stronger interagency relationships were developing through the Meitheal Review Meetings mechanism. A striking feature of the Meitheal Process and Outcomes study was that many parents reported they had sought help for their children previously, but they felt their concerns had been dismissed, or because they lacked institutional knowledge of how to navigate the system, it took years to access appropriate help for their children. Through engaging with parents as equal participants in the service provision process, professionals can develop a better understanding of their circumstances and build more effective relationships with them that can have a positive impact on Meitheal outcomes.

²⁴ RED is an acronym for review, evaluate, and direct. This team screens referral reports and directs accepted cases either to a traditional CPW response or to a Family Support response (Merkel-Holguin et al., 2006).

The Child and Family Support Networks

Participants in the Key Stakeholder Interviews considered that CFSNs are at an early stage and it is too soon to make an accurate judgement of their impact. However, participants who are members of the CFSNs felt that these networks have a potentially important role to play in the development of early intervention and prevention strategies in local areas. This is due to the members' collective identification of gaps in service provision and the collaborative approach that the CFSN structure facilitates in responding to these. However, there are challenges around access to resources and the availability of appropriate services to support the development of this approach.

The CFSN focus groups demonstrated that participants were beginning to develop a better understanding of what services were available in local areas. This awareness was beginning to be manifested informally, through carrying out joint pieces of work with other practitioners whom participants had gotten to know through the CFSNs and formally through referring families on to other services. This supports the finding that the 'No Wrong Door' principle, which underpins the CFSN framework, seems to be working in practice.

The CFSNs' objective of supporting the development of practitioners' relationships and increasing their awareness of other services in an area appears to be working quite well. However, it was not possible to fully establish the influence of the networks in how they interact with the wider system of service provision. This is because structured relationships do not yet appear to have been established with, for example, the Meitheal process or Children and Young People's Services Committees (CYPSCs).²⁵

3.4 To What Extent is the Meitheal and Child and Family Support Networks Model Embedded in the Child Protection and Welfare System?

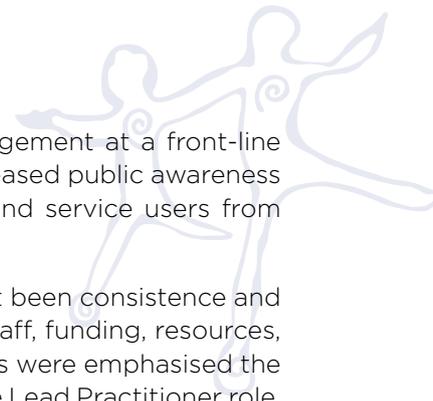
Meitheal

In terms of Meitheal's perceived embeddedness in the system of service provision, there were signs that the interface between it and CPW is working – albeit to varying degrees. There are challenges in the Meitheal framework about a child protection referral being made during a Meitheal, but from the analysis it is also clear that Meitheal is being suggested to families at a divert and step-down stage. However, some practitioners described experiences where they had lost complete contact with their families when they were referred to CP. This was frustrating for them and for families. Practitioners were not even certain if families were ever supported or were excluded from the support system altogether.

In the Process and Outcomes Study findings, there were indicators of Meitheal being a sustainable model of practice, at least in some areas. These included resourcing of structured supports such as administrative staff, increasing reliance on it by certain community and voluntary agencies, and the degree of commitment shown by most of the Lead Practitioners who took part in the research. Additionally, there was evidence that how Meitheal operates has evolved over time, such as the redrafting of its documentation, the introduction of training for Meitheal chairpersons, and the use of advocates for children and young people. Participants who described Meitheal as embedded emphasised the growth in Meitheal activity over time, as evidence of Meitheal being established. It is important to emphasise that only eight out of 118 participants who discussed the connection between Meitheal and the wider system believed that Meitheal was not sustainable.

Participants highlighted a lack of awareness within Tusla about the model, which could have an impact on Meitheal's embeddedness in the system. Across the research it was found that there continue to be issues in how Meitheal is engaged with by other statutory bodies, such as the HSE, Department of

²⁵ The purpose of these committees is to bring together all relevant stakeholders in the statutory and community and voluntary sector at a managerial level across a county, to jointly plan and coordinate services for children, young people, and their families.



Education, and several local authorities. However, there does seem to be engagement at a front-line level by individuals with Meitheal processes. Furthermore, there is a need for increased public awareness around Meitheal as, self-evidently, a lack of awareness prevents practitioners and service users from engaging with the model.

Participants in the Key Stakeholder Interviews noted that implementation has not been consistent and standardized as desired in all areas. Meitheal was perceived to need additional staff, funding, resources, managerial support, leadership, and staff training. Of these, funding and resources were emphasised the most. There are also challenges around the willingness of individuals to take on the Lead Practitioner role. While organisations seem to be becoming more engaged with the process, this is often as participants rather than as Lead Practitioners. In addition, the pressure felt by some Lead Practitioners who took part in the Process and Outcomes study possibly militates against Meitheal's longevity, especially where they are expected to take on an administrative role in the process as well. This could lead to fatigue and burnout unless appropriate resources are provided across the agencies and sectors involved in Meitheal to implement the model. Tusla staff and representatives of funded agencies were usually the ones who volunteered to take over these roles, even if this was perceived to lead to a risk of burnout.

The Child and Family Support Networks

The extent to which the CFSNs are embedded in the child protection and welfare system is not fully clear. At a structural level there appear to be issues with how connected the networks are to other bodies such as CYPSC and the Meitheal process. The development of more formal, structured links with these entities and clear long-term objectives are important elements in how the identity of a network is constructed and perceived by its current members, prospective members, and external institutions that it engages with. However, the findings demonstrate that at the time of data collection, these had not fully developed.

As highlighted in Section 3.3, but also relevant for this section, participants described different levels of engagement in CFSNs. Issues around engagement were mentioned, particularly regarding agencies that do not deal with families directly, as the benefit of taking part in a CFSN is not clear and this discourages agencies from engaging. While engagement is not uniform, nationwide representatives from the community and voluntary sector, as well as statutory organisations, take part in the CFSNs. Some sectors and organisations were identified as more resistant to engage, for example the Department of Education and the HSE.

Although it is too early in the development of the CFSNs to fully explore their sustainability, participants did appear to be satisfied with their decision to join the CFSN and were committed to it. However, the lack of clarity around the purpose of the CFSN, issues around securing and maintaining engagement by all relevant stakeholders, and the absence of a specific budget to support proposed activities in the network were identified as possible challenges to their long-term sustainability.

4

Discussion

This section of the report discusses the findings considering Irish and international literature. It is framed around the research questions that were explored in Section 3 but focuses on understanding the overall Meitheal model and the CFSNs in the context of previous research.

4.1 Impact of the Meitheal and Child and Family Support Networks Model on Outcomes for Children, Young People, and Families

Participating in Meitheal significantly improved outcomes for mothers and also improved their perception of outcomes for children, young people, and families. Father well-being improved significantly, but fathers' ratings of family outcomes and child and adolescent well-being decreased. Child and adolescent self-reports on their well-being and family outcomes improved, but this was not statistically significant. The positive impact of Meitheal on most outcomes is a very important finding, as policy and practice are currently targeted at outcomes as evidence of best practice, promoting the effectiveness of services, and evidence of accountability for funders and the public (Brady et al., 2017; Devaney et al., 2013). The impact of Meitheal on fathers' outcomes is complex: fathers reported an improvement in their well-being as measured by the GHQ, but they reported a decrease in outcomes for children, young people, and their families, as measured by the Outcomes Star and the SDQ, though these levels were never as low as maternal reports. The reasons for these gender-based differences could not be fully explored, since the sample of fathers in the study was low and overall participation of fathers in services is limited. Overall, studies agree that services are usually targeted at mothers and not fathers, even if unintentionally (Brandon et al., 2017; Connolly and Devaney, 2017), and therefore fail to engage fathers (Scourfield, 2015) or provide services effectively (Devaney et al., 2013). Men's participation in services needs to be improved with gender-sensitive and understanding approaches to the lives and relationships of fathers (Brandon et al., 2017; Featherstone, 2003).

Quantitative analysis suggests that fidelity to the model did not make a significant contribution to family outcomes, which suggests that how Meitheal was implemented was not the factor contributing significantly to outcomes evaluated (Carroll et al., 2007). These findings, however, are also limited by measuring fidelity with a single scale, as research has suggested that implementation is multidimensional and therefore requires a mixed method approach to really grasp the holistic nature of implementation processes (Moore, Raisanen et al., 2013).

Further reinforcing the importance of supporting parents in Meitheal, many parents in the Meitheal Process and Outcomes study reported positive changes to their own mental health and the development of better coping skills and greater self-confidence in their role as parents. Parents also experienced an improvement in their capacity to cope with their children's needs and a reduction in their stress levels. Previous research has described the connection between parental mental health and child maltreatment (Martin et al., 2012). Maternal well-being self-reports emerged as the only statistically significant predictor of variance of family outcomes, as assessed by mothers. McKeown and Sweeney (2001) stated that 'healthy mothers make for healthy children' and 'healthy children tend to become healthy adults' (p.13). Therefore, in line with previous research, supporting parents and improving parental capacity can positively impact on family well-being (Connolly and Devaney, 2017; Devaney, 2017).



Most participants in the Meitheals reported that they were satisfied with the experience of taking part and felt that the model could meet a range of identified needs in families. Meitheal also had a positive impact on families' experiences of help-seeking by enabling parents to develop better relationships with professionals and to take an active role in decisions made in the Meitheal. Empowerment has been described as crucial to supporting children and young people's development (Connolly and Devaney, 2017; Devaney et al., 2013). Meitheal's capacity to develop action plans based on needs identified by families fits with previous literature, where it is more effective to provide practical, individualised support to families rather than prescriptive interventions based on what 'experts' believe to be best (Featherstone et al., 2014). Meitheal however could not respond to every need; some issues were outside the remit of Meitheal, or the unavailability of services limited its capacity to respond from a prevention and early intervention perspective. Issues such as complex diagnoses, housing, finance, and school attendance were challenging for Meitheal. Overall, many services seem to have long waiting lists, which reduces Meitheal's ability to address identified needs.

Meitheal and the CFSNs have facilitated coordinated and interagency collaboration between practitioners at a community and area level. This has facilitated an integrated approach to family needs. This holistic approach has the potential to address wider contextual issues, such as insecure housing, and to address parental needs. Literature suggests the importance of focusing on a wider set of difficulties beyond the parent-child relationship as a means of preventing child maltreatment and meeting identified needs (Calheiros et al., 2014; Sanders et al., 2003). Literature also describes how supporting parents is a way of improving outcomes for children and young people (Devaney, 2017; DCYA, 2015b; Okafor et al., 2014).

4.2 The Implementation of the Meitheal and Child and Family Support Networks Model

This study identified Meitheal activity taking place in all regions of the country; however, this seems to be more challenging at an area level. The programme has not had a completely universal reach, neither has implementation been as consistent and standardized as desired. Public awareness was also identified as limiting the level of Meitheal activity nationwide. The study did not find significant issues with fidelity to the model, suggesting that where Meitheal is happening, practitioners are following the steps and stages as initially intended (Byrnes et al., 2010). Differences were also identified between the number of people trained in Meitheal and the number of Meitheals that are initiated. This discrepancy has been identified in literature before and is known as the 'transfer problem' (Saks and Burke, 2012), whereby only a small part of what is learnt in training is applied in the job. Further exploration is required to identify the barriers practitioners may be facing to meaningfully engage in Meitheal despite being trained in the model. The evaluation identified that practitioners involved in implementing Meitheal come from a variety of backgrounds, including Tusla and non-Tusla organisations. Some sectors were harder to engage, including public health nurses, disability services, general practitioners, local authorities, education, and government departments. This seems to be for a range of reasons, such as the absence of mandates from high-level management, lack of awareness, and organisations being under-staffed. Another implementation issue identified by practitioners was the need to open a Meitheal for every child in a family, as this requires time and the completion of paperwork that does not necessarily improve the quality or type of services provided to the family. This burden may also discourage parents from engaging with Meitheal.

Meitheal and the CFSNs appear to be operating largely independently of each other. This is an interesting finding, as the model was initially designed for both to work together. This could be described as a fidelity issue; however, the positive impact of Meitheal on outcomes for children, young people, and families shows that despite this, it is working effectively on the ground. Literature has described the 'fidelity versus adaptation debate' (Moore, Bumbarger et al., 2013), where some studies support the need to apply the essence of programmes to ensure that supports are provided as intended (Devaney and Dolan, 2014); however, adapting programmes may have benefits such as to better meet the needs of the community, participants' lifestyle, and culture.

The successful implementation of Meitheal at the individual family level appears to depend on certain key factors outside of issues such as the availability of services. Firstly, the centrality of the parents, children, and young people in the process needs to be maintained throughout. This reflects findings from Leese (2013) about the important role that key workers play in influencing service users' perceptions of help-seeking and the nature of their engagement with it. This is dependent on parents, children, and young people being informed about their rights and responsibilities in the process, with early and consistent facilitation of their involvement. As part of this, it appears to be important that parents' participation and that of their children are considered to be separate and facilitated accordingly. Being listened to has been identified as crucial to parents having a positive experience of help provision (Darlington et al., 2012; Anderson et al., 2006). Equally, previous research has suggested that the attitude of professionals is one of the major sources of stress for parents in the service provision process (Bishop et al., 2007, cited in Magán-Maganto et al., 2017).

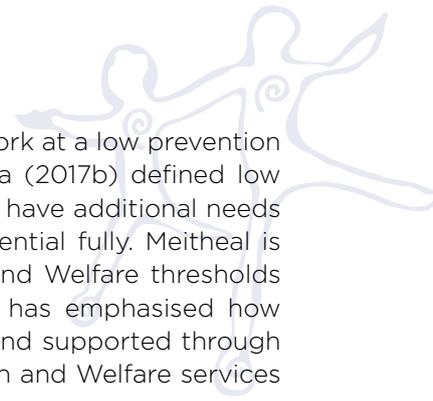
Challenges remain around the participation of children and young people. Some reported not having access to enough information about their role in the process, that they were treated differently than adults in the Meitheal Review Meetings or were peripheral, with their participation often mediated through parents or Lead Practitioners' perspectives of their capacity or interest in taking part. More efforts need to be made to ensure that children's voices are captured, as including children and young people in decision-making can promote their protection and increase their confidence, communication, and negotiation skills (Kennan and Dolan, 2017; DCYA, 2015a). The use of separate advocates can help improve how children and young people take part in Meitheal, which is in accordance with recognised best practice in this area (Kennan et al., 2016). The need to provide the family with continuous access to help should be focused on always including when a referral is made to the Child Protection and Welfare system during Meitheal. A strong and trusting relationship between the parents and a Lead Practitioner seems to be vital, especially in the early stages of the Meitheal. Whether the Lead Practitioner is known to the family or not in advance is perhaps not as important as their level of empathy and readiness to facilitate the family's involvement in the process and to engage with them empathetically and as equals. Ideally this relationship should be superseded over the course of the Meitheal by strong, evolving connections between the family and other respectful and interested professionals taking part in the process. Finally, the willingness and capacity of most families to participate in the resolution of their issues should be recognised and utilised as the most significant resource within the Meitheal.

4.3 The Impact of the Meitheal and Child and Family Support Networks Model on the Child Protection and Welfare System

Secondary data analyses found early signs of a shift in Tusla's Child Protection and Welfare system, as the number of children in care has decreased between 2014 and 2018 and the number of referrals from social work to Family Support has increased over this period. However, the level of Meitheal activity is low compared to other components of the system. In the qualitative findings from the Process and Outcomes study²⁶, there was some anecdotal evidence that Meitheal was helping to prevent families from being referred into Child Protection and Welfare services, as they were accessing coordinated help at an earlier point in time. Similarly, families that were stepped down from Child Protection and Welfare interventions into Meitheal were being supported with the aim of preventing a re-referral into the Child Protection and Welfare system.

Previous literature has highlighted that it is a requirement to respond to the needs of children in a timely manner, with an emphasis on partnership, prevention, and early intervention (Devaney and Dolan, 2014). Tusla's Child Protection and Welfare Strategy (2017-2022) (Tusla, 2017a) claims that Children First Principles inform Tusla's new child protection and welfare strategy. Principle Five states that 'early intervention is key to getting better outcomes'. The introduction of Meitheal enables Tusla to provide a

²⁶ Rodriguez, Cassidy and Devaney (2018)



stronger framework of support for families across levels of need and makes its work at a low prevention level more transparent by including it in the overall performance reports. Tusla (2017b) defined low prevention services as those which target children and young people who may have additional needs that require additional support, without which they may not achieve their potential fully. Meitheal is specifically targeted at families at lower levels of need than Child Protection and Welfare thresholds and therefore do not require social work interventions. Overall, the literature has emphasised how crucial it is for vulnerable children, young people, and families to be identified and supported through early intervention mechanisms before they require support from Child Protection and Welfare services (Devaney and Dolan, 2014).

There is some evidence that the Meitheal and CFSN model is influencing practice in the service provision system. There was a willingness from practitioners to engage in a partnership type of work. This is a very significant finding, as partnership can maximise service responsiveness, facilitate access to services (Blewett et al., 2011), and respond more effectively to the complexity of some families' needs (Devaney et al., 2013). Specific statutory bodies, however, have not fully supported the Meitheal and CFSN model and have not fully engaged, including the HSE and the Department of Education. Full acknowledgement of the government, statutory and community and voluntary sector is necessary for true partnership to take place, as prevention and early intervention cannot happen in a vacuum; a system-wide approach is necessary (Devaney, 2017). Besides this limitation, there seems to be some shift towards a perception of shared responsibility for supporting children, young people, and their families, as shown by the fact that Meitheal was suggested to families by professionals outside of the child protection system, such as teachers and public health nurses.

The importance of families as a resource in the system of service provision emerged strongly in the research. There was evidence that engaging with Meitheal can help to change parents' attitudes to the idea of accessing help. This could be particularly significant in the long term, as research demonstrates that help-seeking behaviours are strongly influenced by family and community behaviours and attitudes (Amar et al., 2010) and that in the Irish context most individuals rely on their own informal networks for support (McGregor and Nic Gabhainn, 2016). Given that current public awareness of formal services is low (McGregor and Nic Gabhainn, 2016), these parents could be agents of change in the perception of services and help-seeking behaviours in their local areas.

4.4 The Embeddedness of the Meitheal and Child and Family Support Networks Model in the Child Protection and Welfare System

This evaluation found that the interface between Meitheal and CPW is working – albeit to varying degrees. The literature has highlighted that Family Support and child protection tend to be perceived as two separate systems; however, the need for integration has been highlighted to maximise the potential of services and achieve better outcomes for children and families (Devaney and McGregor, 2016). A crucial finding from this evaluation was the need for additional training in accurate identification of needs and the associated thresholds. Devaney and McGregor (2016: 261) emphasised the need for clear 'forensic demarcated' child protection systems and a universal support system. Practitioners involved in child protection need skills and awareness to promote children's rights and Family Support in their daily practices. Those working in Family Support also need skills to identify, report, and manage levels of risk and need in their work with families. If practitioners lack this knowledge and awareness, the connection between Family Support and child protection will be jeopardised, with potential negative implications for children's and young people's outcomes. Devaney and McGregor (2016) proposed identifying Family Support and child protection as practices, and not as separate disciplines, in order to maximise the interface and integration between them to improve outcomes for families, which must be the goal.

There are challenges to the sustainability of the model. Some Lead Practitioners described difficulties and barriers to engage in Meitheal, including the length of time it took and how labour-intensive it can be. Specific challenges were identified in assuming the role of Lead Practitioner, as this can lead to fatigue and detachment unless appropriate resources are provided across the agencies and sectors involved

in the Meitheal to implement the model; both issues have been identified by previous research as key aspects of sustainability (Stirman et al., 2012). However, in comparison to earlier research carried out on this model (Cassidy et al., 2016), there seemed to be fewer issues in understanding what a Meitheal is, and fewer concerns about taking on the Lead Practitioner role (e.g. fears around their own capacity to take on the role), with the exception of the issue of workload. This is in line with findings from Brandon et al. (2012) that over time, professionals' confidence to take a leading role in a multi-agency process can grow, especially where they are appropriately supported.

In a systematic review of programme sustainability, Scheirer (2005) found five factors that contributed to longevity and against which the Meitheal and CFSN model can be briefly assessed. Firstly, a programme needs to be open to modification over its lifecycle. There is clear evidence that the Meitheal and CFSN model has evolved, considering the research that has been carried out on it to date as well as in response to challenges that have emerged in practice. Secondly, a programme must be championed within an organisation.

Research participants described inconsistencies in the level of activity, the distribution of resources, and the allocation of staff to implement the model; there are potential issues with this. Thirdly, a programme's goals need to be aligned with those of the wider organisation. Given Tusla's mandate of supporting children and young people to reach their outcomes and protecting them from harm, it would appear that the Meitheal and CFSN model fits within its stated objectives.²⁷ Fourthly, stakeholders in other organisations and agencies need to support its implementation. Evidence for this is somewhat mixed: while there is support for the model, this is not always accompanied by resources or a mandate from management to take leading roles in its implementation. Lastly, there needs to be clear benefits for professionals and service users. As the evidence demonstrates, both quantitatively and qualitatively, Meitheal has the capacity to help families to address their needs and meet their outcomes as well as supporting professionals in their own work. While there is less evidence to argue that the CFSNs have made a difference in this regard, they appear to have the potential to do so in the future.

²⁷ For additional information, refer to Malone and Canavan (2018).

5

Conclusion



This section of the report provides the general conclusions of this summary report. It also includes recommendations for practice and policymakers and concludes with some final reflections on the overall project.

5.1 Summary of Findings

The Meitheal and CFSN Process and Outcomes Study found that Meitheal can help children, young people, and families. Mothers reported statistically significant changes in maternal, family, and child well-being over time. Fathers experienced significant improvements in their well-being but not for their families, children, and young people; however, the sample of parents in the study was small. Significant changes in outcomes over time means that the needs of all family members can be addressed by Meitheal. Maternal well-being emerged as the only statistically significant predictor of variance in family outcomes, reported by mothers. This suggests that improvements in maternal well-being can also improve the perception of child and family well-being. Additionally, children, young people, and families felt empowered and listened to in the Meitheal process; however, capturing the voices of children and young people is an ongoing challenge. Most Lead Practitioners also have a positive experience of Meitheal and see the value of work at prevention and early intervention.

Meitheal and CFSNs are working independently on the ground, but despite this, as stated, Meitheal showed significant improvements in most outcomes, particularly from maternal reports. Even though the number of Meitheals initiated nationwide increased between 2015 and 2016, Meitheal activity is still low in the context of Tusla's overall operations²⁸. This suggests the need for more internal and public awareness of the model. Additional support and resources for Meitheal are also needed, to strengthen the model and ensure its sustainability. More institutional support at a government and statutory level is required for Meitheal and CFSNs to expand nationwide and to benefit more families.

5.2 Conclusions

This study provides a comprehensive and detailed understanding of Meitheal and CFSNs, drawing on evidence from different components that provide a significant breadth and depth of the evidence to support the findings and recommendations of this report. Even though limitations such as sample size and attrition affected the depth of the analysis, this study described the experiences of all relevant parties and their views on the model's effectiveness, implementation, and limitations.

Overall, the experience of Meitheal was satisfying and helpful for most families in the evaluation. They felt their needs were met and they were listened to and empowered in the process. The holistic nature of Meitheal also enabled the provision of coordinated services and interagency collaborations to respond effectively to complex needs. Including and privileging the voice of children, youth, and parents empowered service users and gave them an active role in decision-making. This had a positive impact on their experiences of Meitheal and their perceptions of the benefits of taking part in the model. Although Meitheal was successful in capturing the voices of parents, challenges remain around how best to include the voices of children and young people in the process.

²⁸ Meitheal data available for this report ends in Q4 2017.

Meitheal improved outcomes for families over time, although the impact it had for fathers was limited. Parents reported improvement in their mental health, coping skills, parenting skills, and self-belief. These benefits also translated into improved parent-child relationships and family functioning. Meitheal improved families' help-seeking behaviours and their awareness of available supports and how to access them. This created a positive attitude towards services and improved faith in the overall support system. Meitheal however could not always provide responses to very specific issues, including disability, developmental disorders, financial issues, and school attendance. The CFSNs can influence outcomes as well in a more indirect way, in that they can increase professionals' awareness of other services in a locality, and build capacity through organising training events and improving practitioners' relationships.

The role of Lead Practitioners was crucial to support families and engage them in Meitheal; however, some practitioners experienced barriers in taking up this role and perceive it as time-consuming and a potentially heavy workload. Lead Practitioners need additional support in understanding the relevance of their involvement in research as a crucial way to promote and engage in best practice that will benefit them and improve outcomes for services users. It is important to further evaluate the barriers experienced by practitioners to engage in Meitheal, as this study found a discrepancy between trained staff and the number of Meitheals carried out, suggesting that not all people that have been trained in the Meitheal model engage in it.

Meitheal can work effectively at a prevention and early intervention level of support, providing appropriate, timely supports for families at lower levels of need, in a coordinated manner, and avoiding duplication of services. The CFSNs also have a role to play in this, by increasing interagency collaboration and working to address gaps in local service provision. However, limitations to prevention and early intervention were identified due to lengthy waiting lists and the lack of engagement of statutory and government sectors in Meitheal and CFSNs at a local and national level. Additionally, this study found that the connection between Meitheal and the CPW system is not fluent or fully effective in all areas. This may have a negative impact on some families that are referred from Meitheal to the CPW system, because there is no clarity around the provision of services and some areas take longer than others to resolve referrals; in the meantime, families may not continue to receive the services and supports they need.

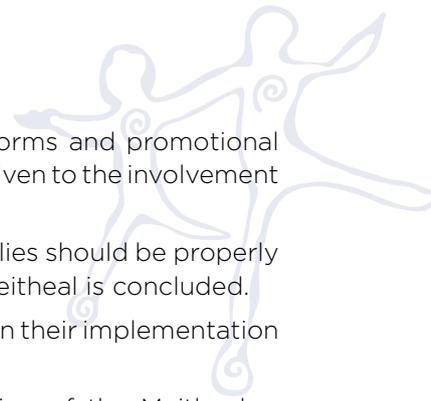
This evaluation identified some indication that the Meitheal model and the CFSNs are sustainable over time, as there is evidence to support the benefits of Meitheal to improve outcomes for children, young people, and families. The CFSNs also have an important part to play as a mechanism for professionals to collaborate in a systematic way. Sustainability may be hindered by specific implementation challenges identified nationwide. Despite these limitations, evidence from Tusla's Performance Activity suggests early signs of a transformation towards more prevention and early intervention activity within Tusla.

5.3 Recommendations

Detailed evidence supporting these recommendations can be found in the Meitheal Process and Outcomes Final Report (Rodriguez, Cassidy and Devaney, 2018).

5.3.1 The Meitheal Process

- Practitioners will benefit from additional training in working in partnership with families and practitioners in identifying levels of need (thresholds).
- Address the barriers and challenges experienced by Lead Practitioners to retain existing ones and to increase the number of people willing to take on this role.
- As a matter of priority, it is necessary to improve the approach currently employed to engage children and young people in Meitheal to be able to capture their voices in a meaningful way and ensure they are actively involved in the process.



- Meitheal documentation should be further improved to ensure the forms and promotional materials are child-friendly and accessible to all. Emphasis needs to be given to the involvement of staff in Child and Youth Participation Training.
- Attention needs to be paid to how the Meitheal process is closed. Families should be properly consulted with and involved in decisions around how and when the Meitheal is concluded.
- Additional resources should be provided to support Lead Practitioners in their implementation of a Meitheal, particularly with administrative costs.
- If a Lead Practitioner is unable to remain in the role for the duration of the Meitheal, a transition plan should be put in place to ensure that the family are informed and are involved in choosing the replacement.
- While a Meitheal is referred to the CPW system and is awaiting a response from CPW, it is important to ensure that services are still provided for families, even on an interim basis, while a decision is being made.
- Issues around the definition of Meitheal remain. While both single- and multi-agency response are classified as Meitheal within Tusla activity performance reports, in some areas single-agency responses are not viewed as Meitheal. Having a single and congruent definition is important to keep the integrity of the model and to avoid confusion for practitioners and service users in the future.

5.3.2 The Wider Tusla Organisation

- The relationship between Meitheal and CPW needs to be further developed. For instance, when a referral is made to CPW after a Meitheal has been initiated, attention should be paid to ensuring that the family continues to receive support and that the assessment is carried out promptly and decisions made arising out of this. A further issue concerns a seamless integration of the Child Protection and Welfare and Meitheal processes where there are no RED teams in place.
- Tusla needs to give careful consideration to the needs and difficulties that specific areas may be experiencing to implement the Meitheal and CFSN Model. This needs analysis must be informed by Tusla's Resource Allocation Profile and Commissioning approach to ensure a fair allocation and use of resources.
- Where Meitheal is resourced and implemented positive results are evident. Careful consideration should be given to the needs and difficulties that specific areas may be experiencing at a local level, to help them overcome any barriers they are experiencing in implementing Meitheal.
- The general public's awareness and internal awareness of Meitheal needs to be improved to ultimately respond to family needs at early stages.

5.3.3 External Organisations

- It is important that support from statutory bodies other than Tusla increases for the Meitheal process, especially for taking on the Lead Practitioner role. Continued work is needed nationally on securing an interdepartmental mandate to support this process, and locally to increase the commitment of managers and front-line professionals. To ensure this is actioned, the DCYA should give consideration to making the implementation of CFSNs and Meitheal a formal agenda item on the BOBF implementation consortium.
- Where representatives from services attend a Meitheal, care needs to be taken that, with the consent of the family, agreed strategies are communicated to all relevant personnel in the service. This can help to ensure that the action plan is adhered to.

- Care needs to be taken to ensure that a welfare perspective is taken about school attendance issues rather than focusing on a punitive/rewards-based model solely concentrated on the child or young person returning to school. A collaborative approach from all relevant practitioners to addressing school attendance issues is essential.
- Further training should be considered for teachers about how to support students with additional needs, such as behavioural disorders or mental health problems or who are being bullied.

5.3.4 The Service Provision System

- Government and statutory bodies need to engage with and support the work of Meitheal at a prevention and early intervention level, to be able to provide integrated services promptly and efficiently, responding to families' most complex needs.
- The accessibility and availability of specialised services for children and young people needs to be improved, particularly in the areas of mental health, emotional, and behavioural issues, as the demand for them is significant in Meitheal. It is important to ensure that services should be ongoing if families require them.
- Greater recognition is needed of the role that parents can play in identifying when their child has unmet needs that require an intervention. Professionals should recognise and value the concerns that parents express, and respond to them as appropriate, including referring them to other services if necessary.

5.3.5 Tusla Research and Evaluation

- Further efforts are needed to create a research culture within Tusla, where evidence-based practice is highly valued and encouraged.
- Further evaluation of Meitheal over time is required to determine the long-term impact of the programme and its influence on the overall help provision system.
- Research designs are needed that capture the voices of fathers and young children. This includes developing child-friendly methodologies that can fully capture their experience of service provision. Tusla needs to adopt a gender-sensitive approach that is sensitive to understanding men's lives as fathers as well as their needs and concerns.
- Practitioners need additional training on the importance of their participation in research, as this may increase their engagement and commitment.
- There is a need for a centralised Case Management Information System, which will facilitate the identification of families in the system and improve the flow of information in the continuum of support services in Tusla. Available data on need, gathered through Meitheal, could be used to inform Tusla's commissioning activity.

5.4 Final Reflections

The Meitheal and CFSN model has the capacity to transform families' experiences of the service provision process, by engaging with them as proactive participants rather than as passive recipients of help. Meitheal has the potential to meet a range of complex individual and familial needs, and to reframe practice so that it is based on partnership with service users, interagency collaboration, and efficiency. It can help to embed the principles of early intervention and prevention into how services are delivered to families, and through this, to reduce pressure on the wider child protection and welfare system.

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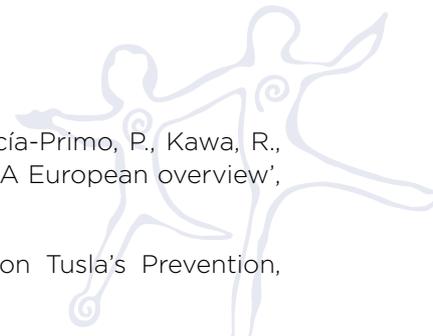
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